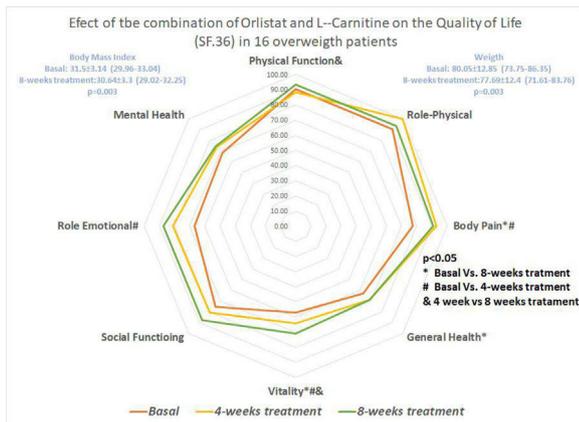


Conclusions: These results suggest a beneficial effect of the combination of Orlistat and L-carnitine on the treatment of overweight.



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P- 49 DECOMPETATIONS CAUSING ADMISSION, READMISSION AND MORTALITY IN CIRRHOTIC PATIENTS ADMITTED AT EUGENIO ESPEJO SPECIALTY HOSPITAL. QUITO, ECUADOR

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Introduction and Objectives: Liver cirrhosis is the seventh cause of death in Ecuador and highest morbidity and mortality is a consequence of the decompensation of the disease. This study aimed to analyze the decompensations that cause admission, readmission and mortality in cirrhotic patients admitted to the gastroenterology unit at Eugenio Espejo Specialty Hospital from January 2020 to December 2021

Materials and Methods: a descriptive, observational and cross-sectional view study was conducted, with non-probabilistic random convenience sampling. We obtained the data from the medical records using the data collection instrument developed for this purpose and the data were analyzed using the statistical package IBM SPSS Statistics v28.

Results: 251 admissions for decompensated cirrhosis were analyzed, corresponding to 147 patients, of which 65.31% registered only one admission and 34.69% readmitted at least once during the study period. In the sample, 51.7% were women, and mean age was 62.08 (+/-12.8) years. The main etiology of cirrhosis was cryptogenic in females and enolic in males. The main cause for admission in the first hospitalization was upper gastrointestinal bleeding, reported in 37.4%, followed by encephalopathy and ascites (32.0% and 23.8%). The 30 and 90-days readmission rates were 41.3% and 32.7%, respectively, and the main cause for readmission was encephalopathy in 50% of patients, followed by upper gastrointestinal bleeding in 47.1% (mostly non-variceal). In-hospital mortality was 8.4% and the main associated complications were encephalopathy and acute kidney injury, both described in 47.6% of patients.

Conclusions: the main complication that led to hospital admission in the first hospitalization was variceal upper gastrointestinal bleeding and encephalopathy on readmission. The complications associated with higher mortality were encephalopathy, acute kidney injury and ACLF.

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P- 50 VALIDATION OF S-ANT FOR THE DIAGNOSIS OF HEPATIC ENCEPHALOPATHY MINIMUM

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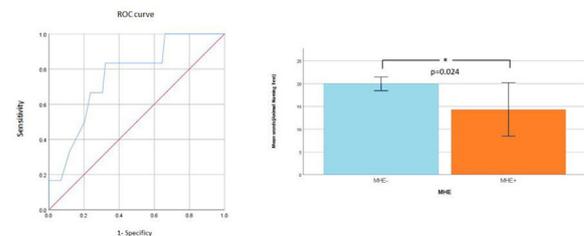
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Introduction and Objectives: Hepatic encephalopathy (HE) is one of the most frequent complications of cirrhosis. Minimal hepatic encephalopathy (MHE) is the initial stage and is characterized by the fact that it has no clinical data; its diagnosis is made with neuropsychological tests, the MHE produces a deterioration in the quality of life of patients and an increased risk of accidents. Hence, it is relevant to diagnose. Performing neuropsychological tests requires prolonged time, so validating an MHE count test that is easy, reproducible, and in less time is recommended. The S-ANT test is performed by asking the patient to nominate 20 animals in one minute. In the reference score for the non-Mexican population, the test is negative; if it is less than 15 animals, it is positive and suggests MHE. This study aimed to assess the validity of the S-ANT scale as a screening test in patients with cirrhosis without overt HD.

Material and Methods: We present a prospective, descriptive, and analytical study of patients with cirrhosis of different etiology, without manifest HE to those who underwent S-ANT, PHES, and Flicker test. to validate the S-ANT test, the area under the curve of the receiver operator characteristic (AUROC) curve was calculated. Its Sensitivity (S) and specificity (SE) were determined, and MHE was considered when PHES and Flicker were positive for MHE. Statistical analysis The number of animals that patients with and without MHE were compared with the student's t-test for independent groups. The Sensitivity and specificity were calculated with the AUROC cut-off point for the S-ANT score for MHE+.

Results: The mean S-ANT for MHE- was 19.35±5.4 and for MHE+ 14.7±5.6, p=0.024 AUROC was significant .760 (.577- .942, 95%CI); p=0.037 with an S=83% and SE=77% cutoff= 17.5 words.

Conclusions: In the Mexican population, S-ANT reliably discriminates against patients with cirrhosis without overt HE with cognitive impairment, confirmed by PHES and Flicker test.



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P-51 SERUM MICRORNA EXPRESSION ACCORDING TO THE PRESENCE OF LIVER DISEASE AND SARS-CoV-2 INFECTION

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Introduction and Objectives: Covid-19 presents as a multisystemic disease with described liver impact. MicroRNAs (miRNAs) are small non-coding RNAs which regulate different pathological processes, including hepatic conditions associated with SARS-CoV-2 infection. This study aimed to investigate serum miRNAs expression in patients with liver diseases according to the presence of SARS-CoV-2 infection.

Materials and Methods: Serum were obtained from 70 individuals from 4 groups: (i) hepatitis/Covid-19 (n=11); (ii) hepatitis-only (n=20); (iii) Covid-19-only (n=19) and (iv) control subjects without both infections (n=20). MiRNAs were isolated from the samples using a commercial extraction kit. After reverse transcription, three miRNAs (mir122, mir143 and mir223) and exogenous control (mir39) were evaluated using relative quantification by real-time PCR. Statistical analysis was made using GraphPad Prism 9.5.1 software.

Results: There was a higher expression of mir122 in the liver disease group when compared to other groups. Statistical significance was founded in the lower expression of mir143 for hepatitis/covid group when compared to control (relative quantification average=0.55 vs. 2.10, p=0.0094) and covid-19-only (relative quantification average=0.55 vs. 3.19, p=0.0037). Mir223 showed a lower expression in groups composed of liver patients, with or without covid-19. Also, a statistical significance was observed for hepatitis-only group when compared to control (relative quantification average=1.1 vs. 7.52, p=0.0406) and covid-19-only (relative quantification average=1.1 vs. 12.94, p=0.0268). The same was suggested for hepatitis/covid-19 group when compared to control (relative quantification average=1.1 vs. 7.52, p=0.0009) and covid-19-only (relative quantification average=1.1 vs. 12.94, p=0.0006).

Conclusions: The different expression of these miRNAs has already been described in association with liver conditions. The description of the different expression of these markers will contribute to future studies that will evaluate associations with predispositions to clinical worsening, inflammation, or therapeutic failure in liver patients with covid-19.

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P- 52 CORRELATION AMONG DIFFERENT METHODS TO ESTIMATE BODY AND LIVER FAT IN HEALTHY ADULTS

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Introduction and Objectives: An increase in body fat is a risk factor to develop fatty liver disease. Until now, few studies have related different methods to estimate body fat related to liver fat. We aimed to

determine the correlation among different methods to estimate body and liver fat in healthy adults.

Materials and Methods: In a cross-sectional study registered in ethics and research committees GAS3794 evaluating healthy adults; chronic illness, uncontrolled diabetes, hypertension or thyroid, bariatric surgery or pacemaker, were not included. The estimation of body fat (BF) was by 3 methods, two with bioelectric impedance of 19 frequencies (19F), 4 frequencies (4F) and the third by the Durnin-Womersley (DW) skinfold thickness formulae; also, were measured body mass index (BMI), waist circumference (WC) and visceral fat (VF). The liver fat was estimated by controlled attenuation parameter (CAP) using transitory elastography. Correlations were calculated with Pearson coefficient among body composition methods and CAP; each anthropometric isolated parameter was associated with hepatic steatosis grades by a logistic regression analysis using SPSS v21.0.

Results: In 231 participants, mean age was 41.8 years (SD 11.3), WC 91 cm (SD 12), BMI 27.8 kg/m² (SD 4.6). 112 had some grade of steatosis (S3 n=72, S2 n=18). The correlation among 3 methods was on average r= 0.853 (p=0.000), and between CAP and BF was 0.290 (p= 0.000). BMI, WC, VF and suprailiac skinfold thickness showed correlations of r=0.570 (p=0.000), r=0.477 (p=0.000), r=0.393 (p= 0.000) y r= 0.471 (p=0.000) respectively. Regression analysis demonstrated that BMI (OR=1.32, p=0.000), WC > 80 women and > 90 cm men (OR=14.7, p=0.010), VF (OR=1.8, p=0.008) and suprailiac skinfold thickness (OR=1.14, p=0.000) showed association with steatosis.

Conclusions: Three methods were like to estimate body fat although they were not able to represent the liver fat; waist circumference was the best indicator related with steatosis

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P- 53 NATURAL KILLER CELLS OF EARLY STAGES OF METABOLIC FATTY LIVER DISEASE PRESENT REDUCED CYTOTOXICITY AGAINST TUMOR CELLS. CASE- CONTROL ANALYSIS

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Introduction and Objectives: The liver is considered an important immunological site where natural killer (NK) cells mediate the immune response and tumoral immune surveillance. Understanding the involvement of NK cell function at different stages of metabolic fatty liver disease (MAFLD) is crucial to understand the oncogenic risk of MAFLD and hepatocellular carcinoma (HCC) carcinogenesis. This study aims to characterize the phenotype and function of peripheral NK cells in subjects with different stages of MAFLD.

Materials and Methods: We recruited 15 patients with non-cirrhotic MAFLD (NC-MAFLD), 18 with cirrhosis (CR-MAFLD), and 7 with HCC and compared them with 10 control subjects (HD). Peripheral blood NK cell analysis was performed using multiparametric flow cytometry to characterize NK cells in terms of maturation and function. LDH (lactate dehydrogenase) release assay was used to assess cytotoxicity against tumor cells in isolated NK cells. The results are expressed in percentages in Figure 1 with statistical analysis.

Results: NK cells from patients with NC-MAFLD have a significantly lower cytotoxic capacity than controls (HD=89.7% vs.