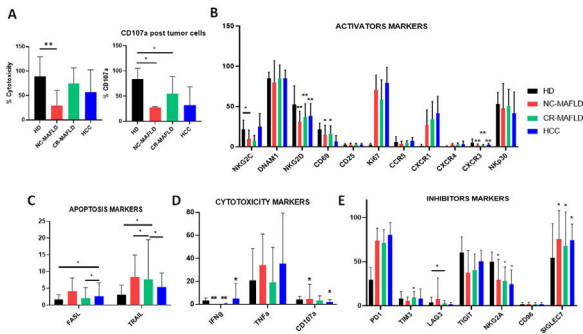


MAFLD=54.06%, p=0.0115).CD107a, a marker of NK cell degranulation, was significantly reduced in NC-MAFLD and CR-MAFLD after exposure to tumor cells. IFN- (cytotoxicity marker) is reduced in all three MAFLD groups compared to HD. Activation of NKG2D and CXCR3 receptors is significantly decreased in all three MAFLD groups compared to controls, while CD69 is decreased in NC-MAFLD and CR-MAFLD. In addition, the NKG2A (inhibitory receptor) is also decreased (Figure N°1, attached). Markers known to be involved in the NK cell apoptosis process, TRAIL, and FASL, are increased in the cirrhosis and HCC group.

Conclusions: These results suggest that early stages in patients with MASLD (particularly NC-MAFLD) have NK cell dysfunction with reduced cytotoxic capacity and activating receptors. These findings suggest NK cells exhaustion could be present in early stages of MASLD.



<https://doi.org/10.1016/j.aohep.2023.101240>

P-54 EVALUATION OF DAILY CLINICAL PRACTICE IN A CENTRAL AMERICAN COHORT WITH A DIAGNOSIS OF AUTOIMMUNE LIVER DISEASE: THEORY VS. PRACTICE

Alejandra Ochoa, Rosemary Sawyers, Aldo Carvajal, Álvaro Villaobos, Óscar González, Carlos Campos, Mario Láscarez, Alessia Ávalos, Rolando Páez, Gerardo Avendaño, Pablo Coste

Gastroenterology and Liver Transplant Program, Calderon Guardia Hospital, San Jose, Costa Rica

Introduction and Objectives: Autoimmune liver diseases (AILD) are entities of uncertain cause that affect all ages, genders, and ethnicities. Timely treatment drastically modifies the prognosis, but epidemiological heterogeneity represents a challenge. Adherence to international guidelines for its management is especially important for liver transplantation programs. This study aims to establish the epidemiological profile of a Central American cohort and analyze adherence to diagnostic and therapeutic guidelines in the specialized clinical practice of a Liver Transplant center.

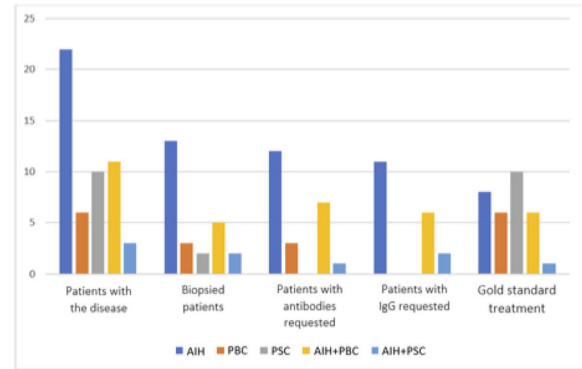
Materials and Methods: Observational, retrospective study of a cohort diagnosed as AILD based on the digital records of a specialized hospital: autoimmune hepatitis (AIH), primary biliary cholangitis (PBC), primary sclerosing cholangitis (PSC) and variant syndromes.

Results: From 1998-2021, 52 patients were identified: 42% HAI, 19% CEP, 12% CBP, 21% HAI+CBP, 6% HAI+CEP. Mean age: 59 years (SD +/-12.2), 81% women. The main comorbidities were autoimmune diseases 52% (Hashimoto's thyroiditis 19%, Sjögren's 10% and rheumatoid arthritis 10%). Liver biopsy was performed in 25 patients (48%) (F3+F4: 16%). The serological study with antibodies and IgGs was requested in 60% of those classified as HAI, the simplified score for HAI was calculated in 55% (9% probable, 0% definitive) and one of 11

(9%) patients classified as HAI+CBP fulfilled the Paris criteria. Thirty-six percent of patients classified as HAI were treated according to current guidelines (37% complete response and 31% partial response) and all PBC and PSC were treated with ursodeoxycholic acid. Female sex and histological grade of fibrosis were significantly associated with better response to HAI treatment (p=0.003 and p=0.044, respectively).

Conclusions: A high percentage of patients approached as AILD in daily clinical practice does not conform to established guidelines and is based on individualized medical judgment. The application of protocolized guidelines for the management of AILD minimizes the possibility of etiologic overdiagnosis.

FIGURE 1: Diagnostic and therapeutic approach to patients with autoimmune liver diseases



<https://doi.org/10.1016/j.aohep.2023.101241>

P- 55 ACUTE LIVER FAILURE IN PERU: EPIDEMIOLOGY AND PROBLEMATIC OF SUPPORT AND MANAGEMENT

P. Martin Padilla¹, Carmen Cerron¹, Jaime Zegarra², Gustavo Matias¹, Mayra Galindo¹, Gelsing Vásquez³, Anderson Solano⁴, Javier Chian⁵, Lorena Castro⁶, Catherine Peña⁷, Oscar Canchari⁸, Yessica Castillo⁸, Marilia Montes de Oca⁹, William Condori³, Pierre Azabache¹, Liliana Chambi¹⁰, Angel Bardales¹¹, Lida Castillo⁵, Walter Manrique¹¹, Wilhelm Bauer cordova¹², Steephany Sanchez¹³, Zully Placido⁶, Katia Acuña¹⁴, Walter Diaz⁷, Katherine Zevallos¹⁵, Raul Castro¹⁵, Manuel Munaico⁶, Juan De la Cruz¹⁶, Albel Sanchez¹, Rosa Lopez¹

¹ Unidad de Hígado, Hospital Nacional Guillermo Almenara. EsSalud, Lima, Perú

² UCI, Clínica Sanna San Borja, Lima, Perú

³ UCI, Instituto Materno Perinatal, MINSA, Lima, Perú

⁴ UCI, Hospital Ramón Castilla, EsSalud, Lima, Perú

⁵ UCI, Hospital de Alta Complejidad Virgen de la Puerta, EsSalud, Trujillo, Perú

⁶ UCI, Hospital Nacional Edgardo Rebagliati, ESALUD, Lima, Perú

⁷ Emergencia, Hospital Central de la Policía, PNP, Lima, Perú

⁸ UCI, Hospital Emergencias Ate, EsSalud, Lima, Perú

⁹ Medicina Interna, Hospital III Iquitos, EsSalud, Puno, Perú

¹⁰ Medicina Interna, Hospital Nacional Hipólito Unanue, MINSA, Lima, Perú