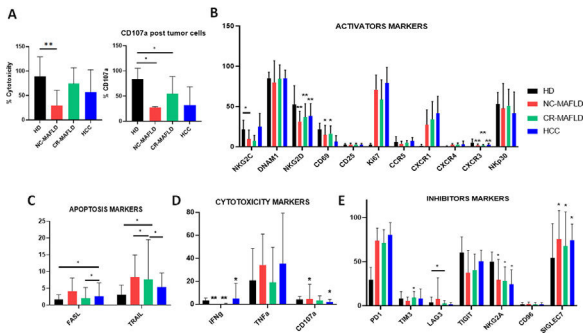


MAFLD=54.06%, p=0.0115).CD107a, a marker of NK cell degranulation, was significantly reduced in NC-MAFLD and CR-MAFLD after exposure to tumor cells. IFN- (cytotoxicity marker) is reduced in all three MAFLD groups compared to HD. Activation of NKG2D and CXCR3 receptors is significantly decreased in all 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.



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

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**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.

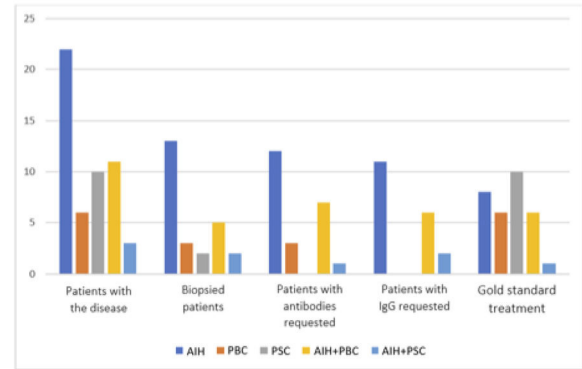
**Materials and Methods:** Observational, retrospective study of a cohort diagnosed as AILD based on the digital records of a specialized hospital: autoimmune hepatitis (AIH), primary biliary cholangitis (PBC), primary sclerosing cholangitis (PSC) and variant syndromes.

**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



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

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**Introduction and Objectives:** Acute liver failure (ALF) is a severe clinical entity that requires a rapid diagnosis and for its proper management requires adequate intensive care support and the possibility of liver transplantation. This study aimed to show clinical epidemiological characteristics of ALF and the problematics of its management in Peru.

**Materials and Methods:** Google forms electronic survey answered (February-March 2023) by specialists who work in hospitals that care for patients with ALF throughout Peru with the sponsorship of 3 Peruvian scientific societies: intensive care (SOPEMI), Transplant (APTOT) and Hepatology (APEH).

**Results:** Representatives of 33 public and private hospital centers from the entire health services system responded the survey: Adults: 27/33 (81.8%) and Pediatrics: 6/33 (18.2%). ALF criteria diagnosis: severe acute liver injury with encephalopathy and impaired synthetic function (INR >=1.5) in a patient with preexisting liver disease and with an illness < 26 weeks duration. Geographical regions: Lima (12 million inhabitants: 66.7%) and 7 other regions of Peru: Arequipa, La Libertad, Junin, Tacna, Cajamarca, Huanuco & Puno (9 million inhabitants: 33.3%). Specialties: ICU: 36.4%, GI/hepatology: 30.3%, emergency: 15.2%, Pediatric CU: 9.1%. Male/female ratio 2-3/1: 57.6%. ICU stay: <1 week: 12.1%, <4 weeks: 57.6%, 4-8 weeks: 21.2%, > 8 weeks: 10.1%. ALF Diagnostic Criteria severity: MELD: 54.5%. Kings: 24.2%. Clichy: 3%. Possibility of being transferred to a transplant center: 51.5%. ALF Mortality: Multiorgan failure: 90.9%. ICU with multi-organ support: 57.6%.

**Conclusions:** ALF in Peru is a serious entity that especially affects the adult population, with high mortality, limited access and limited possibility of liver transplantation. It is necessary to have adequate resources from the government and scientific societies (SOPEMI, APTOT and APEH) to adequately attend this entity which requires support from human resources and adequate care from multidisciplinary health team.

**P- 56 TUBERCULOSIS IN LIVER TRANSPLANT RECIPIENTS: EXPERIENCE OF A SINGLE CENTER**

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**Introduction and Objectives:** In Peru the tuberculosis (TB) is an endemic infectious disease. This disease is a serious opportunistic infection in transplant recipients (LTRs) and has 20 to 74-fold increase in a chance of developing compared to the general population. The prevalence of TB in (LTRs) is variable between regions. This study aims to describe the rate, clinics characteristics and mortality of TB in LTRs from a high-prevalence area.

**Materials and Methods:** We conducted a retrospective review of liver transplant recipients with tuberculosis diagnoses at Guillermo Almenara Hospital between Mach 2001 and March 2022.

**Results:** A total of 294 patients underwent LT during this period. 7 (2.3 %) adult patients were diagnosed with active TB. Mean age was 49 (32- 64) years; 5 (70 %) were males. Time interval from LT to TB diagnosis was 57 months (2-136) and 42 % had early tuberculosis (< 12 m). Three patients had disseminated TB and Four pulmonary involvement. 72 % received individualized treatment to avoid hepatotoxicity related to treatment, 28.5% had DILI with standard treatment. We found 28.5 % mortality no related to TB infections.

**Conclusions:** We observed a low rate of TB in LTRs (2.3%) from a high prevalence region. Most of our patients received individualized treatment.

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**P-57 CHARACTERIZATION OF HEPATOCELLULAR CARCINOMA AND ITS RELATIONSHIP WITH ALPHA-FETOPROTEIN LEVELS**

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**Introduction and Objectives:** Hepatocellular carcinoma (HCC) is the most common cancer of the liver, with differences in its incidence due to variance in risk factors and geographic locations. In Ecuador the incidence is 3.3/100000 with a mortality of 6.45/100000. Alpha-fetoprotein (AFP) is a biomarker used as a tumor marker for diagnosis, monitoring therapy and surveillance in HCC. This study aims to know the clinical and demographic characteristics of HCC and its relationship with AFP levels.

**Materials and Methods:** An observational descriptive analyze was used between 2018 and 2023, with a total of 65 patients with HCC, using percentages and frequency for qualitative data and central variance analyses for quantitative data.

**Results:** from 65 patients, 35 (54%) were men and 30 (46%) women. The mean age of diagnostic was 67.7 years old. 46(71%)

Table. Etiology, age, Cases/y, Classification, ICU admission time and evolution in ALF

Etiology	No	%	Age group	No	%	ALF Cases /y	No	%
Unknown	20	60.6	> 60 y	4	12.1	> 10	4	12.1
HAV	5	15.2	35-60 y	16	48.5	5-10	8	24.2
HILI	4	12.1	18-34 y	7	21.1	3-5	10	30.3
DILI	4	12.1	< 18 y	6	18.3	< 3	10	36.4
<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>
ALF Classification	No	%	ICU admission time (days)	No	%	ALF Evolution	No	%
Hiperacute	6	18.2	< 7 d	21	63.6	Spontaneous recovery	8	24.3
Acute	19	84.8	7-14 d	5	15.2	Death	19	63.6
Subacute	8	24.2	> 14 d	7	78.8	Liver Tx	4	12.1
<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>

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