

#192 - TRANSIENT ELASTOGRAPHY (TE) SCREENING FOR LIVER FIBROSIS DETERMINATION IN PATIENTS WITH OBESITY AND DIABETES MELLITUS: RESULTS FROM A SINGLE-CENTRE CROSS-SECTIONAL STUDY

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BACKGROUND: Liver fibrosis (LF) is the replacement of normal liver tissue by fibrotic tissue. Nonalcoholic fatty liver disease (NAFLD) and nonalcoholic steatohepatitis (NASH) play a role in the LF pathway. Evolution is silent, leading to a late diagnosis. Transient elastography (TE) screening in obesity and diabetes mellitus (DM) is key for early LF identification.

AIM: To determine the grade of LF in patients with obesity and DM.

METHODS: Observational, cross-sectional prospective-collecting study (Dec/2021-Jun/2022). We excluded patients with several alcohol intake, viral hepatitis, autoimmune hepatitis, haemochromatosis or biliary disease. LF in terms of liver stiffness was assessed with TE, based on METAVIR score: F0 and F1, LF absence; F2, F3, and F4, LF. Body mass index (BMI) determined obesity, and clinical records determined DM.

RESULTS: 303 patients, mean age 55.3 ± 12.9 years, 53.3% female, BMI 31.4 ± 6.4 kg/m², 56% DM. There was a significant association among DM and F2 (68.5%) and F3 (72%), compared with F0-1 and F4 ($P=.05$). The frequency of different grades of obesity seems to be similar among METAVIR scores (**table 1**).

CONCLUSIONS: TE screening in patients with DM let to identify an important frequency of F2 and F3 patients. It is necessary to perform population-based prospective studies to confirm this findings.

Table 1. Obesity and DM by METAVIR score.

	Total (n=303)	F0-1 (n=216)	F2 (n=54)	F3 (n=25)	F4 (n=8)	P -value
Obesity (n=180; 59.4%)						.173
Normal	41 (13.5)	32 (14.8)	7 (13.0)	-	2 (25.0)	
Overweight	82 (27.1)	62 (28.7)	13 (24.1)	7 (28.0)	-	
Obesity-I	84 (27.7)	57 (26.4)	20 (37.0)	7 (28.0)	-	
Obesity-II	47 (15.5)	34 (15.7)	7 (13.0)	4 (16.0)	2 (25.0)	
Obesity-III	49 (16.2)	31 (14.4)	7 (13.0)	7 (28.0)	4 (50.0)	
DM (n=170; 56.1%)	170 (56.1)	113 (52.3)	37 (68.5)	18 (72.0)	2 (25.0)	.05