13 P

METABOLIC LIVER DISEASES, IMMUNOLOGY, ETHER

**METABOLIC LIVER DISEASES IN ACUTE ALCOHOL INTOXICATION: A DOUBLE BLIND RANDOMIZED PLACEBO CONTROLLED STUDY**


*ITALIANO DI MEDICINA INTERNA, UNIVERSITA CATTOLICA DEL SACRO CUORE, ROMA, **MEDECIINA INTERNA, UNIVERSITA CATTOLICA DEL SACRO CUORE, ROMA, **D EffEMEDICINA DALLA CUCINA, UNIVERSITA CATTOLICA DEL SACRO CUORE, ROMA, **CENTRO ALCOLOGICO C FONTANA, UNIVERSITA DEI BOLOGNA

Background: Acute alcohol intoxication (AAI) is a common cause of liver damage, and patients may deteriorate due to complications such as acute alcoholic hepatitis (AAH) or acute alcoholic cirrhosis. This study aimed to evaluate the effectiveness of different treatment regimens for acute alcoholic liver disease.

Methods: A randomized, placebo-controlled trial was carried out in 60 patients with acute alcoholic liver disease. Patients were randomized to receive either placebo or the investigational drug. Clinical outcome measures were assessed at baseline and at 24 hours, 7 days, and 14 days.

Results: The investigational drug improved liver function tests and clinical parameters compared to placebo. The drug was well tolerated, and no significant adverse events were reported.

Conclusion: The investigational drug showed promise in improving clinical outcomes in patients with acute alcoholic liver disease, indicating potential for future clinical use in this patient population.

14 P

MELD (MODEL FOR END-STAGE LIVER DISEASE) IS MORE ACCURATE THAN MADDREY DISCRIMINANT FUNCTION IN ORDER TO PREDICT SURVIVAL OF PATIENTS WITH ALCOHOLIC HEPATITIS (AH):纹理

**MELD (MODEL FOR END-STAGE LIVER DISEASE) IS MORE ACCURATE THAN MADDREY DISCRIMINANT FUNCTION IN ORDER TO PREDICT SURVIVAL OF PATIENTS WITH ALCOHOLIC HEPATITIS (AH):纹理**

U. LENA*, I. BERTO*, J. MIRANDA*, M. SALVATORE.

*Department of Gastroenterology, University of Padua, Italy

Introduction: The MELD (Model for End-Stage Liver Disease) score is a widely used tool for predicting survival in patients with end-stage liver disease. The MADDREY discriminant function is another model used for this purpose. The aim of this study was to compare the accuracy of MELD and MADDREY in predicting survival in patients with alcoholic hepatitis.

Methods: A retrospective analysis of 100 patients with alcoholic hepatitis was conducted. The MELD and MADDREY scores were calculated for each patient, and survival was assessed at 6 months.

Results: The MELD score was more accurate in predicting survival than the MADDREY score. The area under the ROC curve for MELD was 0.85, compared to 0.72 for MADDREY.

Conclusion: The MELD score is more accurate than the MADDREY discriminant function in predicting survival in patients with alcoholic hepatitis.

15 P

SUSTAINED ALCOHOL ABSTINENCE IMPROVES BIOCHEMICAL PARAMETERS IN PATIENTS WITH CHRONIC ALCOHOLIC LIVER DISEASE

I. Herrera, M. Caprani, D. Nigro, M. Biagi, V. Pauini, S. Milani, C. Surrenti

Dipartimento di Fisiopatologia Clinica - Sezione di Gastroenterologia - Ospedale Careggi - Università di Firenze

Background: Long-term alcohol abuse is one of the most important causes of chronic liver damage. Prognostic abstinence is considered the basis of alcoholic liver disease treatment. AIMS: To assess biochemical liver improvement after prolonged alcohol abstinence in comparison with continuous alcohol consumption.

Patients and methods: We analyzed 102 patients with chronic alcoholic liver disease. Alcohol intake was more than 150-200 g/day for at least 5 yrs. 51 pts (35 M and 15 F, mean age 52 yrs, range 27-76 yrs) initiated alcohol abstinence after diagnosis and maintained it for at least 12 months. A second group of 51 pts (37 M and 14 F, mean age 53.5 yrs, range 29-77 yrs) continued alcoholic abuse. Serum parameters were evaluated after 12 months. Data were analysed by t-test and chi-square test.

Results: Significant decreases of mean AST level (41.6 ± 40 vs 78 ± 95 IU/L, p < 0.001), ALT (24.7 ± 5 vs 14.2 ± 2.2 IU/L, p < 0.001), and total bilirubin (0.9 ± 2 vs 2.4 ± 0.6 mg/dL, p < 0.009) were observed in abstinent patients (p < 0.001), while plasmatic creatinine showed the highest specificity (100%) for abstinence. In abstinent vs drinking patients, liver biopsy showed a significantly higher rate of worsening for AST (9 vs 5 pts, p < 0.03), ALT (10 vs 2 pts, p < 0.04), GGT (15 vs 2 pts, p < 0.004), total bilirubin (9 vs 3 pts, p < 0.003), albumin (20 vs 6 pts, p < 0.04) and platelet count (16 vs 6 pts, p < 0.001) in abstinents. Conclusions: The group of patients who maintained abstinence showed significant biochemical improvement compared to the group that continued alcohol consumption.

16 P

NASH AND HOME PARENTERAL NUTRITION: HEPATIC SIDEROSIS A ROLE IN DISEASE PROGRESSION

F. Guglielmi*, A. Cravera* (FG) Cravera*, S. Mancinelli* N. Rega*, C. Pratesi* A. Francavilla*

*Department of Gastroenterology, University of Firenze, Italy

Introduction: NASH (Nonalcoholic Steatohepatitis) is a significant form of chronic liver disease in adults and children. Pathology ranges from nonalcoholic fatty liver disease (NAFLD) to nonalcoholic steatohepatitis (NASH) and may progress to cirrhosis. The treatment of NASH remains challenging, and hepatic iron accumulation is a feature of advanced fibrosis and cirrhosis. The role of iron in the progression of NASH is not well understood.

Methods: A retrospective review of electronic medical records of patients with NASH was conducted. Hepatic iron content was measured using quantitative iron imaging techniques, and correlation analysis was performed.

Results: Hepatic iron content was significantly higher in patients with NASH compared to those without. No significant differences in other liver parameters were observed.

Conclusion: Hepatic iron accumulation may play a role in the progression of NASH. Further studies are needed to fully understand the role of iron in the pathogenesis of NASH.