mortality. Secondary outcomes included rate of endoscopic procedures, length of hospital stay (LOS), total hospital charges (THC), discharge diagnoses of hypocalcemia, septic shock, acute renal failure (AKI) and acute respiratory failure (ARF). Multivariate regression analysis was used to adjust for patients' sociodemographic factors, Charlson comorbidity index as well as hospital characteristics as confounders.

Results: A total of 128995 hospitalizations were principally for BAP, with 75.7% and 12.0% of these patients classified as nonobese and MO respectively. There was a significantly higher proportion of females (66.1 vs 54.5%, p<0.001) and lower mean age (50.1 vs 58.7 years, p<0.001) in patients with MO. There was no significant difference in adjusted odds of mortality (aOR=1.34, 95% CI: 0.88 - 2.03, p=0.174), or rate of endoscopy (aOR 1.00 95% CI: 0.91 - 1.11, p=0.958), in MO compared with patients who were nonobese. However, MO patients had increased mean LOS of 0.8 days (95% CI: 0.5 - 1.0, p<0.001), increased mean THC of $10760 (95% CI: 7077 - 14442, p<0.001), increased odds of hypocalcemia (aOR=1.60, 95% CI: 1.22 - 2.09, p=0.001), septic shock (aOR=2.13, 95% CI: 1.39 - 3.25, p<0.001), and AKI (aOR=1.48, 95% CI: 1.30 - 1.68, p<0.001).

Conclusion: Even though we did not find any significative difference in mortality, patients with MO appear to have and increased LOS and THC, as well as more complications like septic shock, AKI, and hypocalcemia. This calls for a greater recognition of this association for further research studies and to recognize this potential association during clinical practice.

Adipose Tissue, Appetite, and Obesity

NOVEL INSIGHTS FROM THE CLINIC INTO THE DEVELOPMENT OF METABOLIC DISEASE: CASE REPORTS

Novel Heterozygous LMNA Variants Causing Familial Partial Lipodystrophy, Dunnigan Variety

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Familial partial lipodystrophy (FPLD) is a rare, mostly autosomal dominant disorder characterized by selective loss of subcutaneous fat from the extremities. Patients with FPLD are predisposed to insulin resistance, dyslipidemia, diabetes mellitus, cardiac abnormalities (coronary heart disease [CHD], cardiomyopathy and conduction system disorders) and hepatic steatosis. FPLD2 (the Dunnigan variety) is the most common subtype which is caused by heterozygous variants in the lamin A/C (*LMNA*) gene. Over 50 *LMNA* causal variants have been reported in patients with FPLD2, with p.R482W and p.R482Q comprising ~75% of the families. We report 5 novel *LMNA* variants (c.722T>C, p.L241P; c.848A>G, p.N283S; c.1396A>G, p.N466D; c.1543A>G, p.K515E; c.1744C>A, p.R582S) in 5 families, where a female proband presented to us with moderately-severe FPLD, from among a total cohort of 264 FPLD2 families, with 259 families harboring other known pathogenic *LMNA* variants. The p.L241P variant was found in a 62-year-old female with a body mass index (BMI) of 28 kg/m^2. She had hypertriglyceridemia. She is adopted and has two offsprings, who have not yet been examined and genotyped. The p.N283S variant was found in two males and two females from the same family (Age 40–74 y; BMI 18–45 kg/m^2). Of these, only the 74-year-old female proband had clinical lipodystrophy, diabetes and hypertriglyceridemia. The other three subjects did not have lipodystrophy. Thus, this variant did not segregate with the phenotype of lipodystrophy in this family likely due to low penetrance or reduced clinical expressivity. The p.N466D variant was found in a 53-year-old female (BMI 26 kg/m^2) who had diabetes and hypertriglyceridemia. The p.K515E variant was found in 4 females and 1 male who belonged to the same family (Age 29–62 y; BMI 19–26 kg/m^2). All of them had lipodystrophy and hypertriglyceridemia and three of them had diabetes. The p.R582S variant was found in 3 males and one female who belonged to the same family (Age 19–76 y; BMI 16–30 kg/m^2). All of them had lipodystrophy but only two of them had diabetes and hypertriglyceridemia. Eight of them had hypertension, three had CHD, one of them had acute pancreatitis and another one had a stroke. None of these patients had cardiomyopathy, cardiac conduction system defects or myopathy. In conclusion, we report genotype-phenotype relationship of 5 novel *LMNA* variants in patients presenting with FPLD2, with variable prevalence of diabetes, hypertriglyceridemia hypertension and CAD. None of these variants are associated with cardiomyopathy or myopathy or progeroid features. Our report adds to the allelic and clinical heterogeneity associated with *LMNA* variants.

Adipose Tissue, Appetite, and Obesity

NOVEL INSIGHTS FROM THE CLINIC INTO THE DEVELOPMENT OF METABOLIC DISEASE: CASE REPORTS

Obesity Is Associated With Higher odds of Hepatorenal syndrome in Patients Admitted With Alcoholic Hepatitis: Analysis of the National Inpatient Sample (2016–2017)

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Introduction: Obesity is a significant independent risk factor for the development of liver disease. There is some available data suggesting worse outcomes of alcoholic hepatitis (AH) in obese patients however, national sample data supporting these findings are scarce. The aim of our study was to study the severity of AH in patients with concurrent obesity thus we analyzed data from the national inpatient sample.

Methods: We queried the National Inpatient Sample (NIS) 2016 and 2017 database. The NIS was searched for hospitalization of adult patients with alcoholic hepatitis as a principal diagnosis with and without Obesity (BMI = 30 and above) as a secondary diagnosis using ICD-10 codes. The primary outcome was inpatient mortality while the secondary outcomes were severe sepsis with shock, hospital length of stay (LOS), NSTEMI, hepatorenal syndrome