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Abstracts of the 2021 Annual meeting of the ALEH (Asociación Latinoamericana para el Estudio del Hígado)

P-1 PREVALENCE AND EPIDEMIOLOGY OF BACTERIAL INFECTIONS IN PATIENTS WITH ALCOHOLIC HEPATITIS: A RETROSPECTIVE STUDY OF PATIENTS ADMITTED AT THE SAN RAFAEL DE ALAHUELA HOSPITAL, COSTA RICA

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Introduction: Bacterial infections in patients with alcoholic hepatitis have a high incidence and can contribute to the developments of organ failure and death.

Aims: To determinate the prevalence and epidemiology of bacterial infections in patients with alcoholic hepatitis; to evaluate the epidemiological and clinical characteristics in patients with alcoholic hepatitis; to identify predictive factors associated with infections in patients with alcoholic hepatitis; to determinate the proportions of patients with positive microbiological cultures; and to investigate the mortality in patients with alcoholic hepatitis with and without infection.

Methodology: This is a retrospective and observational study that included patients admitted to the San Rafael de Alajuela Hospital-Costa Rica; between November 2019 and February 2020. The medical records of all the patients who met the selection criteria were reviewed.

Results: 41 patients (80% male, mean age: 50 years \pm 10) were analyzed. A high prevalence of concurrent sepsis was observed (73%, 36% nosocomial), with a proportion of culture positivity of 45%. Only the presence of leukocytosis and neutrophilia was associated with an increased risk of infection. The AUROC of the presence of leucocytosis was 0.86 (95% CI: 0.73-0.98) and the cut-off was 9520/mm³ presented the best diagnostic accuracy (S: 90%, E: 72.7%). Acute on chronic liver failure and severe alcoholic hepatitis was associated with high mortality.

Conclusion: The results confirm the high prevalence of bacterial infections in patients with alcoholic hepatitis. Leucocytes value was a risk factor for the development of infection and acute on chronic liver failure was associated with higher mortality.

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P-2 HEPATIC STEATOSIS AMONG PEOPLE LIVING WITH HIV IN SOUTHERN BRAZIL: PREVALENCE AND RISK FACTORS

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Introduction: Chronic liver disease is an important cause of morbidity and mortality among people living with human immunodeficiency virus (HIV) and is frequently related to non-alcoholic fatty liver disease (NAFLD).

Objective: The objective is to estimate the prevalence and risk factors of hepatic steatosis among consecutive patients with stable HIV infection on antiretroviral therapy (ART). Also, the use of transient elastography (TE) as a mean to identify a subgroup at risk for non-alcoholic steatohepatitis (NASH) and/or liver fibrosis.

Methods: HIV infected patients were enrolled between August 2016 and February 2017. Inclusion criteria: \geq 18 years with undetectable HIV viral load. Exclusion criteria: pregnancy; alcohol intake \geq 20 g/day and co-infection B or C viruses. Patients underwent ultrasound (US) to diagnose liver steatosis. Significant fibrosis (\geq F2) was estimated if at least one of the following were present: APRI > 1.0, FIB4 > 3 and/or liver stiffness \geq 7.1kPa. Subjects with TE \geq 7.1kPa were proposed a liver biopsy and NAFLD Scoring System (NAS) \geq 3 was considered as diagnosis of NASH.

Results: A total of 98 patients were included. Liver steatosis was diagnosed in 31 patients (31.6%) and was independently associated with male gender, BMI, ALT and total bilirubin levels. The prevalence of significant fibrosis assessed by TE, APRI and FIB4 was 26.9%, 6.4% and 3.2%, respectively. Seven patients had a TE result ≥ 7.1 kPa. NASH was found in 5 (83.3%).

Conclusion: Among HIV infected patients undergoing ART, almost one third have NAFLD. Neither TE, APRI or FIB4 were able to act as surrogates for significant liver fibrosis. Nevertheless, TE ≥ 7.1 kPa was able to accurately select a subgroup of patients at risk for NASH.

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P-3 IMPACT OF THE SUSTAINED VIROLOGICAL RESPONSE ON THE GLUCOSE METABOLISM IN PATIENTS WITH HEPATITIS C

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Introduction: Hepatitis C (HCV) is a systemic disease with hepatic and extrahepatic repercussions, its association with some diseases, such as hepatocellular carcinoma is well documented, however its relationship with glucose metabolism is still unclear. Objective: to analyze the impact of the sustained viral response (SVR) on the glucose metabolism in patients with HCV, before and after 12 weeks of treatment with direct acting antivirals (DAA).

Methods: 207 HCV patients attended at the Outpatient Clinic for Viral Hepatitis of the Hospital de Clínicas de Porto Alegre, from October 2015 to December 2018, participated in the study. Participants who obtained SVR and had data on glucose metabolism (fasting glucose and/or HbA1c) were included before and after the treatment.

Results: Of the 207 participants, 52% (107) were women. Type 2 diabetics (DMT2) and pre-diabetics had a higher frequency of comorbidities and polypharmacy, compared to the normoglycemic ones. Regarding blood glucose classification, 98 (47%) were normoglycemic, 58 (28%) pre-diabetic and 51 (25%) diabetics at the beginning of treatment. After the treatment, 17/98 (17.3%) normoglycemic patients came to be pre-diabetic and none were diagnosed with T2DM. Among the pre-diabetics, 11/58 (18.9%) went to DMT2 and 29/58 (50%) returned to being normoglycemic. As for pre-treatment DMT2 patients, 12/51 (23.5%) returned to pre-diabetes, while 3/51 (5.9%) became normoglycemic.

Conclusion: Most patients who achieve SVR after treatment with DAA show improvement or stability of the glycemic parameters, including among those already diagnosed with DMT2. However, a subgroup shows worsening of glucose metabolism, including progression to diabetes.

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P-4 ALBUMIN LEVELS HAVE STRONG ASSOCIATION WITH MORTALITY IN COVID-19 INFECTED PATIENTS

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Introduction: To optimize hospital management of COVID-19 patients it is important to have parameters that allow us to identify patient with an increased risk of death. Although hypoalbuminemia has been related with severity in COVID-19, there is no agreement of the albumin cutoff points with a potential clinical use. Additionally, a measure of strength of the association between albumin levels and mortality has not been reported.

Therefore, the aim of this study is to evaluate if Child Pugh albumin categories are associated with mortality and obtain the strength of the association.

Methods: Patients admitted to hospitalization with a positive SARS CoV 2 PCR from 4 April to 24 June 2020 were analyzed. Three groups were formed based on Child-Pugh albumin categories. Death frequency were compared between groups and statistical significance of the difference were assessed using a χ^2 test, strength of association between albumin levels and death was evaluated with a Kendall's Tau B test.

Results: A total of 348 patients were studied, age was 54.4 \pm 14.7 years, 250 (71.8%) were male and 182 patients died (52%). Association of Albumin level and Death is presented **Table 1**, Kendall Tau B shows that knowing albumin level improves in 32% the prediction of death and since it has a negative coefficient at a lower level of albumin, risk of death increase.

Table 1
Association of albumin levels with death

N = 348	Total n	Alive (n=166) n (%)	Death (n=182) n (%)	P-value
Albumina				
Normal >3.5 g/dL	106	77 (72)	29 (27)	<0.001*
MH 3.5-2.8 g/dL	157	66 (42)	91 (57)	
SH <2.8 g/dL	85	23 (27)	62 (72)	

MH: Mild hypoalbuminemia; SH: Severe hypoalbuminemia

*Obtained with χ^2 test, Kendall's Tau-B = - 0.32 ASE = 0.046.

Conclusions: Kendall's Tau-B shows a strong association between Child-Pugh albumin categories and death, so is possible its use in clinical decisions as a marker of severity.

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P-5 HEPATITIS E VIRUS INFECTION INCREASES THE RISK OF DIABETES AND MORTALITY IN HCV INFECTED PATIENTS

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