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 ≥7.1kPa. 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 ≥ 7.1kPa was able to accurately select a subgroup of patients at risk for NASH.

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.

P-4 ALBUMIN LEVELS HAVE STRONGASSOCIATION WITH MORTALITY IN COVID-19 INFECTED PATIENS

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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 Pug 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 Xi^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 ± 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 Xi^2 test, Kendall's Tau-B = - 0.32 ASE = 0.046.

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

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

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