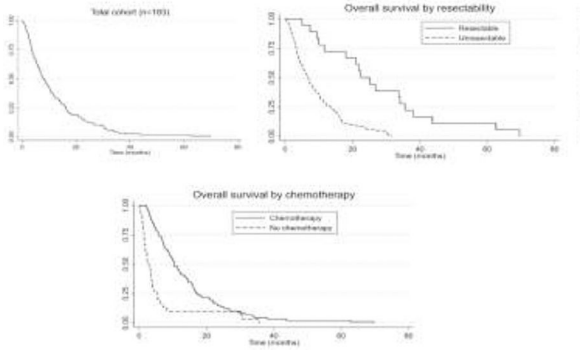

Figure 1: Kaplan Meier curves. Left: total cohort; Middle: resectable CCA versus unresectable; Right: candidates to palliative modalities submitted to chemotherapy versus no-chemotherapy

https://doi.org/10.1016/j.aohep.2021.100376

P-11 POTENTIALLY HEPATOTOXIC DRUGS ARE STILL BEING PRESCRIBED TO LIVER DISEASE PATIENTS UNDER TERTIARY CARE: IT IS TIME TO SAY ENOUGH

Rodrigo Dorelo[1,5,*], Samantha T.A. Barcelos[2,5], Magela Barros[1,5], Valeria Elustondo[1,5], Ysela Y.P. Pérez[2,5], Martin Oricchio[1,5], Nelson D.S. Uribe[2,5], Nelia Hernandez[1], Dvora Joveleviths[2], Mário R. Álvares-da-Silva[2,3,4,5]

[1] *Department of Gastroenterology, Hospital de Clínicas, Facultad de Medicina, Universidad de la República, Montevideo, Uruguay*
[2] *Graduate Program in Gastroenterology and Hepatology, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil*
[3] *Experimental Laboratory of Hepatology and Gastroenterology, Center for Experimental Research, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil*
[4] *Division of Gastroenterology, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil*
[5] *World Gastroenterology Organization Porto Alegre Hepatology Training Center, Porto Alegre, RS, Brazil*

Introduction and Aim: Drug-induced liver injury (DILI) manifests as a spectrum of clinical presentations that carries morbidity and mortality. Patients with chronic liver disease (CLD), particularly hospitalized, are at high risk for developing DILI. We aimed to investigate the use of potentially hepatotoxic drugs (PHD) in patients with CLD in a tertiary university hospital.

Materials and Method: Adult (≥ 18 years-old) with CLD admitted to the hospital from January 2016 to December 2018 were evaluated regarding PHD, assessing the risk of DILI and liver enzymes behavior after exposure.

Results: From 931 hospitalized patients with CLD, 291 (31.3%) were exposed to hepatotoxic drugs during their hospitalization. Of those, 244 (83.8%) were cirrhotic. The most frequent causes of liver disease were hepatitis C (41.2%), followed by alcohol (13.2%), hepatitis C/alcohol (11.7%) and non-alcoholic fatty liver disease (5.8%). Decompensated cirrhosis (46.7%) was the main reason for hospital admission. The most often prescribed PHD were antibiotics (67.7%), cardiovascular drugs (34.4%), neuromodulators (26.1%) and anesthetics (19.9%). After exposure, 113 patients (38.8%) presented significant elevated liver enzymes. Surprisingly, PHD were more often prescribed in GI/Liver unit (48.8%) followed by emergency/intensive care unit (28.5%). A total of 65 patients (22%) died, however in neither case was it possible to safely infer causal relationship among PHD, liver enzymes and death.

Conclusion: PHD prescription is frequent in patients with CLD even in a tertiary university hospital and in the gastroenterology and hepatology department, exposing these patients to an additional risk.

Conflict of interest statement: The authors have nothing to disclose.

Keywords: Liver diseases, drug-induced liver injury, acute-on-chronic liver failure, acute liver failure

TABLE 1
Baseline characteristics of all patients, cause of chronic liver disease and drugs.

Characteristics		N	N %
Gender	Woman	136	46.7
	Men	155	53.3
Clinical decompensation	Ascites	121	41.6
	Digestive Bleeding	45	15.5
	Spontaneous Bacterial Peritonitis	29	10
	Impaired kidney function	97	33.3
	Hepatic Encephalopathy (HE)	77	26.5
	ACLF	9	3.1
	Cirrhosis	244	83.8
Etiology of Chronic Liver disease	HCV	120	41.2
	Alcoholic disease	39	13.4
	HCV/alcoholic	34	11.7
	NAFLD	17	5.8
	HBV	11	3.8
	Cholestatic disease	10	3.4
	Autoimmune hepatitis	4	1,4
	HCV + NAFLD	1	0.3
	Other	36	12.3
	No data	14	4.8
Drug	Antibiotics	197	67.7
	NSAIDs	24	8.2
	Antifungal	21	7.2
	Antineoplastic	4	1.4
	Neuromodulators	76	26.1
	Antiviral	19	6.5
	Antithyroid	14	4.8
	Statins	18	6.2
	Antituberculosis	4	1.4
	Cardiovascular	100	34.4
	Anesthetics	58	19.9
Cause of hospitalization	Decompensated cirrhosis	136	46.7
	HCC	54	18.6
	Others	101	34.7
Department of diagnostic	Emergency/ICU	83	28.5
	Hospitalization GAS/HEP	142	48.8
	Hospitalization /Others	66	22.7
Death		65	22

ACLF, acute-on-chronic liver failure; HBV, hepatitis B virus; HCV, hepatitis C virus; NAFLD, Non-alcoholic fatty liver disease; HCC hepatocellular carcinoma; GAS/HEP hepatology; NSAIDs, nonsteroidal anti-inflammatory drugs; ICU, intensive care unit.

https://doi.org/10.1016/j.aohep.2021.100377

P-12 QUALITATIVE EVALUATION OF NATURAL PRODUCTS USED BY PATIENTS IN A BRAZILIAN HEPATOTOXICITY AMBULATORY

Caio Medina Lopes[1], Andréia de Santana Souza[1], Ademir do Vale[1], Juceni Pereira David[1], Genario Santos[2], Vinicius Santos Nunes[3], Maria Isabel Schinoni[4], Raymundo Paraná[2]

[1] *Faculty of Pharmacy, Federal University of Bahia, Salvador, Brazil*