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**Introduction and Objectives:** Viral infections have been described to increase the risk of decompensation in patients with cirrhosis. We aimed to determine the impact of SARS-CoV-2 infection on clinical outcome of hospitalized patients with cirrhosis and to compare the performance of different prognostic models for predicting mortality.

**Patients:** We performed a prospective cohort study including 2211 hospitalized patients with confirmed SARS-CoV-2 infection from April 15, 2020 through October 1, 2020 in 38 Hospitals from 11 Latin American countries. We registered clinical and laboratory parameters of patients with and without cirrhosis. All patients were followed until discharge or death. We evaluated the prognostic performance of different scoring systems to predict mortality in patients with cirrhosis using ROC curves.

**Results:** Overall, 4.6% (CI 3.7-5.6) subjects had cirrhosis (n=96). Baseline Child-Turcotte-Pugh (CTP) class was assessed: CTP-A (23%), CTP-B (45%) and CTP-C (32%); median MELD-Na score was 19 (IQR 14-25). Mortality was 47% in patients with cirrhosis compared to 16% in those without cirrhosis (P<.0001). Cirrhosis was independently associated to death [OR 3.1 (CI 1.9-4.8); P<.0001], adjusted by age, gender, and body mass index >30. The areas under the ROC curves for performance evaluation in predicting 28-days mortality for Chronic Liver Failure Consortium (CLIF-C), North American Consortium for the Study of End-Stage Liver Disease (NACSELD), CTP score and MELD-Na were 0.85, 0.75, 0.69, 0.67; respectively (P<.0001).

**Conclusions:** SARS-CoV-2 infection is associated with elevated mortality in patients with cirrhosis. CLIF-C had better performance in predicting mortality than NACSELD, CTP and MELD-Na in patients with cirrhosis and SARS-CoV-2 infection. Clinicaltrials.gov: NCT04358380.

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#### P-14 EVALUATION AND SELECTION OF CANDIDATES FOR LIVER TRANSPLANTATION: AN ECONOMIC PERSPECTIVE. RETROSPECTIVE STUDY

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**Background:** Over the next 20 years, the number of patients on the waiting list for liver transplantation (LTx) is expected to increase by 23%, while pre-LTx costs should raise by 83%.

**Objective:** To evaluate direct medical costs of the pre-LTx period from the perspective of a tertiary care center.

**Methods:** The study included 104 adult patients wait-listed for deceased donor LTx between October 2012 and May 2016 whose treatment was fully provided at the study transplant center. Clinical and economic data were obtained from electronic medical records and from a hospital management software. Outcomes of interest and costs of patients on the waiting list were compared through the Kruskal-Wallis test. A generalized linear model with logit link function was used for multivariate analysis. P-values <0.05 were considered statistically significant.

**Results:** The costs of patients who underwent LTx (\$8,879.83; 95% CI 6,735.24–11,707.27; P < 0.001) or who died while waiting (\$6,464.73; 95% CI 3,845.75–10,867.28; P=0.04) were higher than those of patients who were excluded from the list for any reason except death (\$4,647.78; 95% CI 2,469.35–8,748.04; P=0.254) or those who remained on the waiting list at the end of follow-up.

**Conclusion:** Although protocols of inclusion on the waiting list vary among transplant centers, similar approaches exist, and common problems should be addressed. The results of this study may help centers with similar socioeconomic realities adjust their transplant policies.

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#### P-15 WAITING LIST FOR LIVER TRANSPLANTATION: CLINICAL AND ECONOMIC BURDEN, RETROSPECTIVE STUDY

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**Background:** Burden of disease is an indicator that relates to health status. United States (US) and European epidemiological data have shown that the burden of chronic liver disease has increased significantly in recent decades. There are no studies evaluating the impact of complications of chronic liver disease on the waiting list for deceased donor liver transplantation (LTx).

**Objective:** To determine the clinical and economic burden of complications of liver disease in wait-listed patients from the perspective of a transplant center.

**Methods:** The study retrospectively analyzed medical records of 104 patients wait-listed for deceased donor LTx from October 2012 to May 2016 and whose treatment was fully provided at the study transplant center. Clinical data were obtained from electronic medical records, while economic data were collected from a hospital management software. To allocate all direct medical costs, two methods were used: full absorption costing and micro-costing.

**Results:** The most common complication was refractory ascites (20.2%), followed by portosystemic encephalopathy (12.5%). The mean number of admissions per patient was  $1.37 \pm 3.42$ . Variceal hemorrhage was the complication with longest median length of stay (18 days), followed by hepatorenal syndrome (13.5 days). Hepatorenal syndrome was the costliest complication (mean cost of \$3565), followed by spontaneous bacterial peritonitis (\$2576) and variceal hemorrhage (\$1530).

**Conclusions:** The burden of chronic liver disease includes a great cost for health systems. In addition, it is likely to be even greater as a result of the insidious course of the disease.

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### P-18 PREVALENCE AND EPIDEMIOLOGICAL CHARACTERISTICS OF INFECTIONS IN PATIENTS WITH CHRONIC LIVER DISEASE: RETROSPECTIVE ANALYSIS FROM A GENERAL HOSPITAL IN MONTERREY, NUEVO LEON, MEXICO

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**Introduction:** Chronic liver disease (CLD) associated with infections has a high short-term mortality. Infections are the first cause of mortality in CLD patients. The information of these patients in Mexico is limited.

**Objective:** Identify the prevalence of infections in CLD patients in a hospital in Monterrey, Mexico.

**Methods:** Data was obtained from one hospital (August 2017–October 2019). Patients  $\geq 18$  years old with CLD diagnosis by clinical, biochemical, imaging and/or histological criteria were included. Exclusion criteria were patients with incomplete information, antibiotic use  $< 7$  days before hospitalization, cancer, or use of immunosuppressant drugs.

Data included demography, clinical presentation, diagnosis, prognostic scores (Child-Turcotte-Pugh -CTP- and the Model for End-Stage Liver Disease-Sodium -MELD-Na-), infections, and in-hospital mortality. Infectious Diseases Society of America (IDSA) criteria were used to define infections.

Descriptive statistics, Chi squared test, Mann-Whitney U test, and Logistic regression were used to analyze data.

**Results:** 393 patients aged 55 years old ( $54.6 \pm 11.4$ ) were included, 81% male patients. 79% were diagnosed with CLD in hospitalization. 55% were CTP Class C and 69% had a MELD-Na  $> 17$ .

92 patients had an infection. 76% were community acquired. The main cause of infections was spontaneous bacterial peritonitis (30.4%). 212 cultures were obtained, but only 22 isolated a microorganism; 50% reported E. Coli, and 54% were multidrug-resistant bacteria.

Mortality was 25%. Patients with infections had a higher mortality. Infections were related with a worst prognostic score: CTP class C (OR 3.78, CI 95% [1.10–12.93];  $p=0.034$ ); MELD-Na  $> 17$  (OR 2.07, CI 95% [1.16–3.68];  $p=0.013$ ). Infections had a higher risk of death (OR 4.38, CI 95% [2.41–6.75];  $p<0.0001$ ).

**Conclusion:** Prevalence of infections in CLD patients is similar to other countries. These infections are associated with a worst CLD prognosis and have a four-fold risk of mortality.

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### P-19 ANTI-RIBOSOMAL P (ANTI-P) ANTIBODIES IN AUTOIMMUNE HEPATITIS PATIENTS

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**Background and Aims:** Few studies have investigated the occurrence of anti-ribosomal P antibody (Anti-P) in autoimmune hepatitis (AIH) with controversial results. The rationale to evaluate this occurrence is based on the partial overlap of clinical and pathological features of AIH and systemic lupus erythematosus (SLE), for which anti-P is a diagnostic biomarker. In face of the controversial results obtained, this study aimed to contribute by evaluating the frequency of anti-P determined by two different immunoassays in a cohort of AIH patients.

**Method:** One-hundred seventy-seven patients with AIH confirmed diagnosis were screened, and 142 were evaluated for the presence of anti-P antibodies. Samples were analyzed by two different immunoassays, namely enzyme-linked immunosorbent assay (ELISA) and chemiluminescence (CLIA). Positive samples were submitted to western blot assay (WB). A comparison was done with a group of 60 SLE patients.

**Results:** Anti-P was found in 5/142 AIH patients (3.5%) using CLIA. No AIH patient was anti-P-positive using ELISA. Among the five positive AIH samples, one was negative, two weakly positive, and two were anti-P-positive in WB. Anti-P was found in 10/60 SLE patients (16.7%) and presented higher CLIA units than AIH samples.

**Conclusion:** Anti-P antibody was confirmed to occur in AIH at a low frequency and serum levels were lower than those observed in SLE. This marker seems not to be useful as a diagnostic tool for AIH patients.

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### P-20 METABOLIC ASSOCIATED FATTY LIVER DISEASE: FIBROSIS AND SARCOPENIA FREQUENCIES

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**Introduction:** Metabolic fatty liver (MAFLD) is a global health problem with a prevalence of about 25%. It consists in a multisystemic disease correlated with many others comorbidities. Progressive disease or steatohepatitis is associated with worst outcomes, more inflammation and fibrosis. Liver fibrosis stratifies patients with more