

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 ± 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 ≥ 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 ± 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