(Continued)

Table Analysis of epidemiological profile of patients diagnosed with HCC in a hepatology service.

Analyzed variables	Groups		All cases (n = 8)
	Non-cirrhotic (n = 2)	Cirrhotic (n = 6)	
1st time	1 (12.5)	3 (37.5)	4 (50)
≤ 6 months	1 (12.5)	2 (25)	3 (37.5)
>12 months		1 (12.5)	1 (12.5)
Regular follow-up based on US n (%)			
Yes	1 (12.5)	4 (50)	5 (62.5)
No	1 (12.5)	2 (25)	3 (37.5)
Patient understands the importance of undergoing US n (%)			
Yes	1 (12.5)	4 (50)	5 (62.5)
No	1 (12.5)	2 (25)	3 (37.5)
BCLC at diagnosis n (%)			
BCLC 0	1 (12.5)		1 (12.5)
BCLC A		2 (25)	2 (25)
BCLC C	1 (12.5)		1 (12.5)
BCLC D	1 (12.5)	3 (37.5)	4 (50)
AFP values (ng/ml) at diagnosis (min ± max)	2 ± 80,000	73 ± 481	

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P-23 SEROLOGICAL PROFILE OF HEPATITIS B AND C IN REUMATHOLOGIC PATIENTS IN USE OF IMMUNOSSUPPRESSIVE THERAPY

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Introduction: Autoimmune rheumatologic diseases are treated with immunosuppressive therapy to decrease inflammatory response reducing symptomatology and inducing the diseases remission. This therapy interferes in innate and/or adaptive immune response, elevating the risk of hepatitis B (HBV) reactivation and increasing viremia in patients infected by hepatitis C (HCV).

Objective: To evaluate HBV and HCV`s serologic profile in patients that use immunosuppressive therapy in the rheumatology department in a tertiary hospital.

Methods: Descriptive transversal clinical study, based in data collected from patients` medical records using a form elaborated by the authors.

Results: Two hundred-eight medical records were analyzed and of these fifty-two patients (25%) had an investigation for HBV and/or HCV (Figure), with a case of HBV reactivation and a diagnosis of HCV. Of those tested, 75% were women, with a mean aged 48.2 years and the most prevalent diagnoses being systemic lupus erythematosus and rheumatoid arthritis. The most used therapies are methotrexate, hydroxychloroquine and prednisone.

Conclusion: There were low rates of HBV reactivation and of exacerbation of HCV, however few patients were adequately tested for these diseases. Therefore, the authors infer that HBV and HCV evaluation in patients in use of immunosuppressive therapy is a measure still to be consolidated amongst rheumatologists.

Image: Serological profile of HBV and HCV in patients from the rheumatology department.

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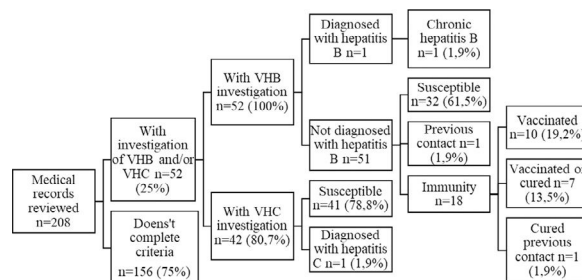
P-24 FREQUENCY AND SEVERITY OF LIVER INVOLVEMENT IN PREGNANT WOMEN ADMITTED TO AN INTENSIVE CARE UNIT WITH HYPERTENSIVE DISORDERS OF PREGNANCY

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Introduction: The hypertensive disorders of pregnancy(HDP) are major causes of maternal and perinatal morbidity-mortality worldwide.

Aims: To evaluate the frequency and severity of liver involvement in pregnant women with HDP, assessing its outcomes.

Methods: A total of 210 parturients were retrospectively evaluated. The frequency of any type of liver involvement was investigated, and its occurrence correlated with maternal-fetal mortality and prematurity.

Results: The most common symptoms were abdominal pain (100; 47.6%) and headache (83; 39.5%). Most patients had gestational hypertension defined as severe (n = 184), including 6 (2.9%) women progressing to eclampsia. Changes in liver enzymes and HELLP syndrome were observed in 124 (59%) and 19 (9%) patients, respectively. Subcapsular hemorrhage and spontaneous hepatic rupture were identified in one woman who died. No patient had definitive diagnosis for acute fatty liver of pregnancy, neither acute liver failure. 62% of deliveries occurred before 37 weeks. Fetal mortality was observed in 6 (2.9%) cases. It was associated with gestational age (29.3±5.7 vs.34.01 ±4, p = 0.006), the occurrence of pulmonary edema (16.7% vs. 0.5%, p= 0.005) and renal insufficiency (33% vs. 5%, p= 0.04). Multiparity (68%vs, 30%, p=0.0001), previous history of hypertension (22.4 %vs 12.3 %, p=0.05), uric acid concentration (6.7±1.6 vs 5.9±1.5, p= 0.005) and renal dysfunction (7.5% vs. 1.4 % vs. p=0.05) were associated with prematurity. There was no significant correlation between prematurity or maternal-fetal mortality and liver involvement.

Conclusion: HDP form a spectrum of disease. Early recognition and multidisciplinar support are essential in order to ensure better outcomes.

Keywords: Pregnancy, liver, hypertensive disorders, pre-eclampsia, eclampsia

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