

P-25 SLOWER FIBROSIS PROGRESSION IN HEPATITIS C HEMOPHILIC PATIENTS?

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Introduction: The improvement in the treatment of hemophilia from the 90's, as well as the advent of interferon-free therapy against HCV enabled a better evolution of these special group of patients. However, the impact of hemophilia on the progression of liver fibrosis is still not completely understood.

Objectives: To evaluate the progression of liver fibrosis in hemophilic patients with HCV using non-invasive methods after ten years of follow-up.

Casuistic and Method: Retrospective cohort study of hemophilic patients with HCV evaluated in 2007 and reassessed 10 years later (2017/2018). Hepatic fibrosis was indirectly evaluated by APRI and transient hepatic elastography by Fibroscan[®] - EHT).

Results: Sixty-six hemophilic patients were evaluated in 2007 (all men, median age 31.5 years, 87.9% hemophilia A). Forty-two patients could be reevaluated in 2017/2018. Thirty-three patients were treated with 90.9% SVR; thus, after 10 years, 30 patients were non-viremic and 12 were viremic (3 without SVR and 9 untreated). APRI values were low in both periods but showed a significant reduction in treated patients (0.36 vs 0.20, $p < 0.001$), remaining stable in non-treated (0.61 vs 0.51, $p = NS$). Fibrosis by EHT was assessed only in 2017/2018 and also showed results compatible with low stages of fibrosis in treated and even in non-treated patients (4.75 and 5.25 kPa, respectively).

Conclusions: After ten years of follow-up the results suggest a slower progression and a more benign evolution of hepatic fibrosis among hemophiliacs. Antiviral therapy against HCV showed an elevated response rate, similar to the general population.

<https://doi.org/10.1016/j.aohep.2021.100389>

P-26 PORTAL VENOUS THROMBOSIS IN TRANSPLANTED CIRRHOTIC PATIENTS AT THE "HOSPITAL CLÍNICO UNIVERSIDAD DE CHILE"

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Background: Portal vein thrombosis (PVT) is a frequent complication in cirrhotic patients on the waiting list for liver transplantation (LT); this is associated with increased post-LT mortality.

Objective: Characterize the presence of PVT in patients with LT.

Methods: Retrospective observational study between January 1, 2014 and February 28, 2018. Clinical records, laboratory and images were reviewed.

Results: 82 patients were included; Age 58 (21-71) years; Etiology: non-alcoholic fatty liver 40.2%, alcoholic liver disease 20.7%, autoimmunity 13.4%, and hepatitis C 8.5%; Child-Pugh: 7.3% A, 30.4% B and 62.2% C; MELD-Na 22 (8-40). PVT was diagnosed before or during LT in 26.8%: Child A 16.6%, B 16.0%, and C 33.3%; MELD-Na 25 (12-40) in those with PVT vs 21 (8-40) in those without PVT (non significant, NS); 34% had hepatocarcinoma (32.1% with PVT vs. 24.4%

without PVT; NS). Diagnosis of PVT was 77.2% pre LT and almost 1/4 during transplant surgery. The extension of the PVT was complete occlusion in 11.7%, partial in 70.5%; 11.7% had only intrahepatic branches compromised (1 case with incomplete data). In 76% of the patients anticoagulation (AC) was started during waiting list; none had complications associated to AC. Complete re-canalization was achieved in 53.8%. The 5-year survival was 70%; 71.7% in those without PVT and 63.6% in those with PVT (NS).

Conclusion: PVT is a frequent complication in cirrhotic patients in the waiting list who received LT. Most receive AC without complications. The 5-year survival in this series was similar despite the presence of PVT.

Selected subject area: Liver Transplantation.

<https://doi.org/10.1016/j.aohep.2021.100390>

P-27 ALTERATION IN LIVER FUNCTION TESTS AMONG PATIENTS HOSPITALIZED FOR COVID-19: A MULTICENTRIC STUDY IN PERU

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Introduction: COVID-19 affects the liver, causing alteration in liver biochemistry tests such as aspartate transferase (AST), alanine transferase (ALT), alkaline phosphatase (ALP), total bilirubin and albumin.

Objective: To determine the prevalence of alteration in liver functions tests and associated factors for severity among peruvian COVID-19 patients.

Methods: A descriptive, retrospective and cross-sectional study was performed in 4 public hospitals in Peru. Patients admitted to hospitalization wards and intensive care units with a diagnosis COVID-19 were enrolled. The evaluation of AST, ALT, ALP, total bilirubin and albumin was performed. Associations with demographic and medical data were assessed.

Results: 1100 patients were enrolled, of which 81.7% had altered liver function tests. Only 2.8% of the patients had cirrhosis and 2.1% hepatitis B/C virus. AST and ALT were altered at admission in 64.7% and 63.7%, of the patients respectively. Factors associated with liver injury were: being female OR=0.53 (95% CI: 0.39-0.73; $p < 0.01$), dyslipidemia OR=1.72 (95% CI: 1.10-2.70; $p = 0.01$), previous medication OR=1.56 (95% CI: 1.12 -2.16, $p < 0.01$) and fever OR=1.43 (95% CI: 1.03-1.199, $p = 0.03$). Disease severity was associated with levels of AST and ALT ($p < 0.01$). Patients taking self-medication OR=1.56 (95% CI: 1.12-2.16; $p < 0.01$) and paracetamol OR= 1.41 (95% CI: 1.01-1.98; $p = 0.04$) had higher risk of liver injury. Meanwhile, corticosteroids OR=0.55 (95% CI: 0.38-0.78; $p < 0.01$) and enoxaparin OR=0.53 (95% CI: 0.35-0.81; $p < 0.01$) were protective factors.

Conclusions: Peruvian patients with COVID-19 presented high prevalence of alteration in liver function tests, high levels of AST and ALT were related to disease severity.

<https://doi.org/10.1016/j.aohep.2021.100391>