

were decreased ($p < 0.05$) when DILI was compared to control (visits 1&2). More metabolites were altered when ALI was compared to controls, with higher levels of FAs and lower levels of MEPE and MEPC. Both DILI and ALI showed fewer differences at visit 3 compared to controls, although several FAs remained increased. The differences found were more limited when ALI vs DILI were compared. However, at visit 1 ALI showed a significant higher increase in the bile acids and 31 FAs than DILI patients, but with lower levels of MEPE, tryptophan and alanine. Remarkably, the amino acids Phe-Phe, taurine, glutamic acid and lysine were significantly increased in DILI patients as compared to controls ($p < 0.05$) but did not differ between ALI and controls ($p > 0.05$).

Conclusion: Most metabolomic differences are found at times closer to DILI recognition (visits 1&2), although abnormal values of FAs remain during recovery. Some FAs species and the amino acids taurine, Phe-Phe glutamic acid, lysine, tryptophan and alanine seem promising DILI biomarker candidates that should be further explored. Funding: CIBERehd, ISCIII-FEDER P118/00901, P119/00883.

<https://doi.org/10.1016/j.aohep.2021.100397>

P-34 OUTCOME OF HEPATITIS C TREATMENT WITH DIRECT-ACTING ANTIVIRALS AFTER UNIVERSAL ACCESS TO THERAPY

S. Blanco-Sampascual, I. Gorostiza-Hormaetxe, F. Menéndez-Blázquez, P. Ruiz-Eguiluz, A. Baranda-Martín, A. Castrillo-Olabarria, M.A. Gómez-Suárez, A. Calderón-García

Gastroenterology Department, Hospital Universitario Basurto, Bilbao, España

Introduction: In our community up to 2016, treatment with direct-acting antivirals was limited to patients with advanced fibrosis, and from January 2017, treatment was allowed to all patients, regardless of their fibrosis stage.

Objectives: To assess changes in the profile of patients treated, and their impact on the outcome.

Methods: We collected clinical information, virological characteristics, type of therapy and Sustained Virological Response from patients treated between 2014-2016 (prioritised treatment) and 2017-June 2020 (universal access).

Results: We treated 1148 patients until June 2020, 361 between 2014-2016 and 787 between 2017-June 2020. In both periods, the majority were male (although we see an increase in women in 2nd period, 35 vs 43%). The percentage of patients with fibrosis 3-4 was clearly higher in the first period (88.8), as expected due to the prioritisation policy, but in the 2nd period it still represents 30.6% of patients. Of these, 63.2 and 20.4% of patients had cirrhosis. We treated few patients with decompensated cirrhosis, most of them in the first period (10 vs. 2). Genotype 1, mainly 1b, was the most prevalent in both periods. Regarding treatment, 28.8% of patients in the first period had received some previous treatment (vs 7.8% in the 2nd period). In the first period ribavirin was routinely used (67.6% vs 11.7%), pan-genotypic treatments were used in only 14.1% of patients (vs. 75.2%) and treatments were longer (8 weeks: 0 vs. 44.7%, 12 weeks: 66.5 vs. 52.2%, 24 weeks: 32.7 vs. 2.7%). SVR rate was slightly superior in the second period (99.1 vs 96.1%).

Conclusions: Despite having prioritised the treatment of patients with advanced fibrosis, these patients still represent one third of those subsequently treated. This should make us persevere in our efforts to identify patients with Hepatitis C. On the other hand, the advent of new, shorter duration pan-genotypic treatments has greatly simplified treatment and improved SVR rates.

<https://doi.org/10.1016/j.aohep.2021.100398>

P-35 NONINVASIVE PREDICTORS OF ESOPHAGEAL VARICES IN PATIENTS WITH HEPATOSPLENIC SCHISTOSOMIASIS MANSONI: MULTICENTER STUDY

Mateus Jorge Nardelli¹, Zulane da Silva Tavares Veiga², Luciana Costa Faria^{1,3}, Gustavo Henrique Santos Pereira², Catherine Ferreira da Silva¹, Fernanda Aziz Barbosa¹, Flávia Ferreira Fernandes², Renata de Mello Perez^{4,5,6}, Cristiane Alves Villela-Nogueira⁴, Claudia Alves Couto^{1,3}

¹ Faculdade de Medicina, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil

² Setor de Gastroenterologia e Hepatologia, Hospital Federal de Bonsucesso, Rio de Janeiro, Brazil

³ Instituto Alfa de Gastroenterologia, Hospital das Clínicas da Universidade Federal de Minas Gerais, Brazil

⁴ Faculdade de Medicina, Universidade Federal do Rio de Janeiro, Rio de Janeiro, Brazil

⁵ Departamento de Gastroenterologia, Universidade Estadual do Rio de Janeiro, Brazil

⁶ Instituto D'Or de Pesquisa e Ensino, Rio de Janeiro, Brazil

Background: No previous study have evaluated transient elastography (TE) for predicting esophageal varices (EV) in hepatosplenic schistosomiasis (HSS).

Aim: To investigate noninvasive methods of predicting EV in patients with HSS mansoni.

Methods: Cross-sectional multicentric study included 51 patients with HSS. Patients underwent ultrasonography-dopplerfluxometry, upper endoscopy, complete blood cell count and TE (Fibroscan®) for liver and spleen stiffness measurement (LSM and SSM). Noninvasive scores previously established for cirrhotic population were studied: platelet count to spleen diameter ratio (PSR), LSM-spleen diameter to platelet ratio score (LSPS) and varices risk score (VRS). We proposed a version of LSPS and VRS by replacing LSM with SSM and named them SSPS and modified-VRS, respectively.

Results: EV was detected in 42 (82.4%) subjects. Individuals with EV presented higher SSM (73.5 vs 36.3 Kpa, $p = 0.001$), splenic vein diameter (10.8 vs 8.0 mm, $p = 0.017$), SSPS (18.7 vs 6.7, $p = 0.003$) and modified-VRS (4.0 vs 1.4, $p = 0.013$), besides lower PSR (332 vs 542, $p = 0.038$), than those without EV. SSPS was independently associated with EV presence (OR=1.19, 95%CI 1.03-1.37, $p = 0.020$) after multivariate analysis. In a model excluding noninvasive scores, SSM was independently associated with EV diagnosis (OR=1.09, 95%CI 1.03-1.16, $p = 0.004$). AUROC was 0.856 (95%CI 0.752-0.961, $p = 0.001$) for SSM and 0.816 (95%CI 0.699-0.932, $p = 0.003$) for SSPS ($p = 0.551$).

Conclusions: Spleen-related variables were predictors of EV: SSM, splenic vein diameter, SSPS, modified-VRS and PSR. Multivariate models indicated that SSM and SSPS are useful tools for predicting EV in non-cirrhotic portal hypertension by HSS and may be used in clinical practice.

<https://doi.org/10.1016/j.aohep.2021.100399>

P-36 ACCURACY OF PROGNOSTIC SCORES IN PREDICTION OF MORTALITY IN CIRRHOTIC PATIENTS ADMITTED TO THE INTENSIVE CARE UNIT

Pedro Silva², Fernanda Rios⁴, Liana Codes¹, Carolina Esteve², Murilo Filho², Douglas Lima³, Geraldo Filho², Bruno Lima², Paulo Chagas², Maria Morais², Paulo Bittencourt¹

¹ Unit of Gastroenterology and Hepatology, Portuguese Hospital, Salvador, Bahia, Brazil

² Bahiana School of Medicine and Public Health, Salvador, Bahia, Brazil

³ Medicine's Faculty of Bahia, Salvador, Bahia, Brazil

⁴ Professor Edgard Santos University Hospital, Salvador, Bahia, Brasil

Introduction: SAPS-3 and SOFA are prognostic scores commonly employed in intensive care unit (ICU). Their accuracy in prediction of mortality has not been adequately evaluated in comparison to prognostic scores commonly employed in cirrhotic patients with acute decompensation (AD) or acute-on-chronic liver failure (ACLF).

Aims: To evaluate the performance of prognostic scores, including SAPS-3, SOFA, CLIF-SOFA, Child-Pugh (CPS), MELD, MELD-Na, CLIF-C organ failure, CLIF-C ACLF, CLIF-C AD scores in the prediction of mortality in unselected patients with cirrhosis admitted to the ICU.

Patients and Methods: 213 (150 males, median age 67 [31-91] years) with cirrhosis admitted to the ICU were retrospectively evaluated. All prognostic scores were calculated in the first 24 hours of admission. Their ability to predict mortality was measured using receiver operating characteristic (ROC) curve.

Results: Mortality was observed in 42% of the patients. Analysis of ROC curves revealed that SOFA (0,88) had the best ability to predict mortality, when compared to MELD-Na (0,76), MELD (0,75), CPS (0,71) and SAPS 3 (0,51). In those patients with ACLF, CLIF-ACLF (0,74), CLIF-OF (0,70), MELD-Na (0,73) and MELD (0,69) had a better performance, when compared to SAPS 3 (0,55), SOFA (0,63) and CLIF-SOFA (0,66).

Conclusions: When compared to other general or liver-specific prognostic scores, CLIF-ACLF and SOFA have a better accuracy to predict mortality, respectively, in patients with and without ACLF. SAPS 3 should not be employed as a prognostic score in critically-ill cirrhotic patients.

<https://doi.org/10.1016/j.aohep.2021.100400>

P-37 EXPERIENCE IN MEXICO WITH DIRECT ACTING ANTIVIRALS AS A TREATMENT FOR HEPATITIS C

J.L. Pérez Hernández¹, Aldo Torre Delgadillo², Graciela Castro Narro², Eira Cerda Reyes³, Mayra Virginia Ramos Gómez⁴, Leonardo Juárez Chávez⁵, Margarita Dehesa Violante⁶, Linda Muñoz Espinosa⁷, Laura Cisneros Garza⁸, Ignacio Aiza Haddad⁹, José Antonio Velarde Ruiz Velasco¹⁰, Raul Contreras Omaña¹¹, Nancy García Casarreal¹², Armando Carmona Castañeda José¹², María de Fátima Higuera de la Tijera¹³

¹ Servicio Médico de Petróleos Mexicanos

² Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán

³ Hospital Central Militar

⁴ Centro Médico 20 de Noviembre ISSSTE

⁵ Clínica de Especialidades "Churubusco" ISSSTE

⁶ Fundación Mexicana para La Salud Hepática Fundhepa

⁷ Centro de hepatología, departamento de Medicina Interna Hospital Universitario "Dr. José Eleuterio Gonzalez" UANL Monterrey NL

⁸ Hospital San Jose Tec Salud Monterrey NL

⁹ Hospital Angeles Lomas

¹⁰ Hospital Civil de Guadalajara

¹¹ Centro de Investigación en Enfermedades Hepáticas y Gastroenterología (CIEHG)

¹² Hospital López Mateos ISSSTE

¹³ Hospital General de México "Dr. Eduardo Liceaga"

Background: It is considered that globally, 71 million people have chronic infection caused by the virus of Hepatitis C (HCV). It is estimated that in 2016 approximately 399,000 people died due to it. Among the infected people 70% develop a chronic infection caused by HCV. In Mexico, it was reported that 6% of them is type C, and the most common genotype is 1. Interferon and ribavirin, hardly ever used in developed countries, are still recommended in Mexico for treating this infection.

Aim: To assess the effectiveness of direct acting antivirals (DAA) in Mexican population with HC.

Methods: In a retrospective, multicenter study in 20 hospitals in Mexico, information of patients with HC and treated with DAA was gathered.

Results: A total of 913 patients were included. The gender distribution was 599 women and 314 men, the mean age was 58.88 ± 12.10 years old. The most frequent genotype was genotype 1. It was found that there is 99% of sustained viral response in genotype 1. Presented side effects were slight.

Conclusion: We found a very high SVR rate, 99%, which is why applying DAA immediately after a patient is diagnosed with Hepatitis C to avoid further complications is recommended.

Core tip: In Mexico, a large sample of patients was documented, where it was concluded that DAA should be used without the fear of adverse events, and to be certain about an SVR to the most frequent genotype in our population. However, the use of pangenomic DAA must be considered.

<https://doi.org/10.1016/j.aohep.2021.100401>

P-38 UTILITY OF PUPILLARY REACTIVITY IN THE FUNCTIONAL ASSESSMENT OF THE AUTONOMOUS NERVOUS SYSTEM IN PATIENTS WITH CHRONIC LIVER DISEASE: PRELIMINARY RESULTS

Christian Lara¹, Abraham Gajardo², Flavia Giubergia², Nicolás Bustos², Juan Pablo Roblero¹, Alvaro Urzúa¹, Jaime Poniachik¹, Máximo Cattaneo¹

¹ Sección de Gastroenterología, Hospital Clínico Universidad de Chile, Santiago, Chile

² Laboratorio de Estrés Oxidativo y Nefrotoxicidad, Facultad de Medicina, Universidad de Chile, Santiago, Chile

Introduction: Autonomic nervous system (ANS) dysfunction in patients with chronic liver disease (CLD) is associated with greater severity. Heart rate variability (HRV) allows the assessment of ANS, but its implementation is complex. Pupillary reactivity (PR) by automatic pupillometry (AP) also provides this information; however its usefulness in patients with CLD is unknown.

Objectives: To validate the usefulness of PR in the evaluation of ANS in healthy subjects and patients with CLD through association with HRV.

Methods: Cross-sectional study that includes healthy controls (n = 11) and patients with DHC (n = 26). ANS balance was determined by HRV by Holter rhythm of 5 minutes and RP by AP. HRV / RP of healthy subjects and with CLD, and correlation parameters of both measurements were compared.

Results: Significant differences were found between both groups in the parameters of both HRV and RP, demonstrating an imbalance of the ANS in CLD patients. Differences were significant in 2 of 3 time parameters, in 2 of 3 frequency parameters in HRV and in 5 of 7