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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 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.

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

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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.

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

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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

objectified by AP. The imbalance increases directly according to the Child stage (p <0.001).

Conclusions: Patients with CLD have an unbalanced ANS and AP was useful in this study to demonstrate this. The most altered parameters in patients with DHC are directly correlated with the function of the parasympathetic ANS.

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P-39 EXPERIENCE IN THE MANAGEMENT OF REFRACTORY HEPATIC ENCEPHALOPATHY THROUGH ENDOVASCULAR THERAPY

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Introduction: Hepatic encephalopathy (HE) is the most common neuropsychiatric syndrome secondary to portal hypertension. It usually responds to medical treatment, but sometimes HE is refractory (RHE) to usual treatment. In some patients it may be important to consider management alternatives. Endovascular therapy (ET) could be a therapeutic option in selected cases that is performed with very low frequency and the evidence is scarce.

Objectives: To present our experience in the management of RHE with ET.

Methods: The pre and post-procedure clinical characteristics of 10 patients with RHE undergoing splenic vein embolization (n: 5) or porto-systemic bypass embolization (n: 5) between 2009-2019 were retrospectively analyzed.

Results: 7/10 were men, average age 67 years (62-79), in 70% the cause of cirrhosis was NASH, the Child Pugh average score was B (8 points), (6-11) and MELD-Na was 13 points, (9-20), in 5 patients the ammonia prior to the procedure was 134 mmol / l (range: 90-180, VN <30), the average degree of HE was 2-3 on the scale of West Haven. One week after the procedure, in all patients the grade of EH decreased to 0-1 and the ammonium to 88 mmol / l. At one month, the grade of HE was 0 in all patients and that of ammonia was 83 mmol / l. There were no complications from the procedure.

Conclusion: The results obtained confirm that ET in patients with Child B HE and MELD-Na maximum of 20 is a safe and effective procedure, associated with clinical improvement in RHE.

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P-40 SEVERE AUTOIMMUNE HEPATITIS: CORTICOSTEROID THERAPY OR EARLY ENROLLMENT TO LIVER TRANSPLANTATION

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Introduction: Autoimmune hepatitis can present in severe or fulminant acute form (SAH). Only 30-60% of these patients respond favorably to corticosteroids. There is no clarity on its indication and how to evaluate steroid therapy in SAH.

Objectives: To evaluate the early response to corticosteroid treatment in patients with SAH (defined as bilirubin> 10 mg / dL or hepatic encephalopathy).

Method: Retrospective study of 27 patients with SAH, who received corticosteroids, aged 44 years (20-74), 19 (70%) women. Non-responder (NR) was defined if the patient died or required liver transplantation.

Results: 8 patients (30%) were NR, age 49 years (21-72). Bilirubin 22.7 (15-43), INR 2.52 (1.7-3.1), MELD-Na 31 (23-38), UKELD 64 (58-66). Responders (R): 19 (70 %), age 46 years (20 -74). Bilirubin 16 (10-32), INR 1.6 (1-2.8), MELD-Na 23 (17-30), UKELD 59 (54-62). The control at 3 days of R vs NR respectively was bilirubin 10.6 vs 20.3, MELD-Na 19 vs 31, (p <0.001). The Lille in the R at 3, 7 and 14 days had a statistically significant difference with respect to the NR (p <0.005).

Conclusion: The majority of SAH patients (70%) respond to steroid therapy. The favorable response at 3 days could be used as a therapeutic guide. The Lille score was a good predictor on the third day after starting corticosteroids. There was no additional benefit when applying it at 7 and 14 days. MELD-Na is a good predictor of evolution.

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P-41 TRENDS IN HOSPITALIZATION, CHARACTERISTICS AND MORTALITY OF HOSPITALIZED PATIENTS WITH CIRRHOSIS IN CHILE

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Introduction: Cirrhosis is a frequent cause of hospitalization and is the 3rd cause of death in adults in Chile.

Objective: To describe the trend in hospitalizations and mortality of hospitalized patients with cirrhosis in Chile.

Methods: Descriptive analysis of combination of cross-sections, regression models (STATA 15). Population data from the MINSAL-DEIS 2001-2018 hospital discharge databases (HD) were used. HD were identified by C by codes K70.3, K743, K745, K746 (ICD-10).

Results: Between 2001-2018 there were 28,181 HD by cirrhosis. Mean age 60 years; 63% men. 19,174 (68%) were for cirrhosis not associated with alcohol (CNAA) and 9,008 (32%) for alcohol (CAA). 4,903 (17.4%) of the HD were as deceased; these decreased from 521 (20.7%) in 2001 to 178 (12.5%) in 2018. Mortality was higher in CAA (21.4% vs 15.5%). 3 periods with different trends in the rate of HD per C (x100,000) are identified: 2001-2007 decreased by 53%, from 16.2 (2,518 HD) to 8.5 (1,411); 2007-2013 decreased 28% reaching 6.1 (1,067 HD); 2013-2018 increased 24.6%, reaching 7.6% (1,424 HD).