

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).