

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 (CNA) 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).

The decrease in the second period and the increase in the third period were 3 times greater in CNAA than in CAA. By sex and type of cirrhosis, the third-period increase in CAA / women began in 2017.

Conclusion: There is an increase in HD due to cirrhosis from 2013, relevant and worrying information. Its cause should be investigated in future studies. The decrease in deceased HD may be due to better knowledge and management of the disease.

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P-42 SEROPREVALENCE OF IgG and IgM ANTI-HEV ANTIBODIES USING AN AUTOMATED METHOD: EXPERIENCE OF A UNIVERSITY CENTER

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Introduction: Hepatitis E virus (HEV) seroprevalence studies have great variability depending the test used. In 2015, with a manual ELISA method, we reported an anti-HEV IgG seroprevalence of 32.6% in patients evaluated for hepatitis. Recently, the first automated method was developed that correlates with the world reference ELISA, standardizing and optimizing the process. In Chile there are no reports with this method.

Objective: To evaluate the seroprevalence of anti-HEV IgG and IgM antibodies, using a new automated method.

Methods: 179 anti-HEV IgG and/or IgM antibody results were collected from patients studied between May 2018 and August 2019 (53% female, mean age 45 years, range: 1-82 years). Measurements were made with automated ELFA, VIDAS® ANTI-HEV IgM and IgG technique, test duration: 40 minutes. Statistical analysis with chi² test.

Results: We found 27.2% (47/173) of positivity for anti-HEV IgG, and 4.2% (7/168) for anti-HEV IgM. Only 3 samples had both positive antibodies. The seroprevalence of anti-HEV IgG increased significantly with age, 9.7% in <40 years and 39.6% in ≥ 40 years (p <0.001), without differences by gender.

Conclusion: The seroprevalence of anti-HEV IgG obtained was similar to that previously reported with the manual ELISA kit. The VIDAS® ANTI-HEV IgM and IgG Assay is a new automated, useful and rapid tool for the serological study of HEV. The existence of acute infection by HEV suggests its incorporation in the differential diagnosis of acute hepatitis.

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P-43 INDICATORS OF RESPONSE TO FIRST TRANSARTERIAL CHEMOEMBOLIZATION (TACE) IN HEPATOCELLULAR CARCINOMA

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Introduction: Hepatocellular carcinoma (HCC) is the third leading cause of cancer death worldwide. Liver transplantation offers good results in its treatment, however the shortage of donors has forced the use of other therapies, such as transarterial chemoembolization (TACE), whose therapeutic scheme is not completely standardized.

Objective: To evaluate the response to the first TACE, the indicators of success of the therapy and the decompensations associated with its use.

Methods: Retrospective observational study. 76 patients were included. Variables such as sociodemographic, clinical and HCC stages were included. Response to TACE was assessed by post-treatment LIRADS classification. Descriptive statistics were used for the analysis.

Results: 60% men, the median age was 64 years (51-81), 63% Child A, average MELD-Na 10 points. 33% associated with NASH. 47% of the patients reached non-viability after the first TACE, 30% required two TACE, 15% three TACE and 7% four TACE. 58% in Barcelona stage A, 43% within the Milan criteria and 60% within the San Francisco criteria. 6% presented decompensations after the 1st TACE. The characteristics of the patients who reached non-viability versus those who remained viable are presented in Table 1.

Conclusion: Most patients require two TACEs to achieve tumor non-viability. The main indicators of response to TACE were tumor burden and MELD-Na score > 8.

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P-44 TRANSARTERIAL CHEMOEMBOLIZATION IN PATIENTS WITH CONTROVERSIAL INDICATION

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Introduction: Transarterial chemoembolization (TACE) is considered the therapy of choice in patients with intermediate stage hepatocellular carcinoma (HCC) who are not candidates for surgical resection or tumor ablation. There are discrepancies in the American and European consensus on the treatment of HCC in Child B stage patients, given it is associated with an increased risk of liver failure and death.

Objective: To describe the experience of a University Center in the management of patients with HCC and cirrhosis Child B.

Methods: Observational, retrospective study. 25 patients were included. Sociodemographic variables, aetiology of cirrhosis, HCC stage, treatment and associated decompensations were included. The analysis was carried out with descriptive statistics.

Results: Of the patients, 14 women, 24% with MELD-Na ≥ 15 (15-20). 44% NASH, 20% HCV infection. 56% and 34% in stage A and B of Barcelona. 32% within the Milan criteria and 25% within San Francisco. After the TACE, 16% presented immediate complications, without associated mortality. At 6 months of follow-up, 36% presented an increase in MELD-Na by (2-6) points, 32% presented or increased ascites, 12% progressed to Child C. Survival at 6 months after chemoembolization was 76%.

Conclusion: TACE was a safe procedure in patients with Child B, in terms of immediate complications, however, a considerable percentage presented deterioration of liver function at 6 months of follow up. This therapy in Child B patients should be evaluated individually case by case.

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