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 chi^2 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 HEPATOCELULLAR 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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