

P-45 LIVER HEMODYNAMIC AND TRANSJUGULAR LIVER BIOPSY: ROLE IN DIAGNOSTIC AND THERAPEUTIC BEHAVIOR

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Introduction: The hepatic hemodynamic study (HH) and the transjugular liver biopsy (TJLB) are complementary tests used in hepatology that provide valuable information, allowing to obtain diagnoses that change behavior. In our environment there is little experience regarding the performance and results obtained, particularly when it is performed by a hepatologist.

Objective: To describe the experience and results of the HH and TJLB study in our center.

Methods: All HH and TJLB studies conducted by one of the authors (AU) from January 2018 to July 2019 were included. Clinical records, HH and TJLB outcome, and behavior change were reviewed.

Results: 25 patients and 27 procedures were included; age 55 (20-72) years, 60% women. Procedures: 21 TJLB + HH and 6 HH. Reason for request: etiological study cirrhosis 29.6%, etiology acute hepatitis 18.5%, diagnostic doubt in alcohol hepatitis 11.1%, suspected idiopathic portal hypertension 11.1%, rejection 7.4%, hepatocellular carcinoma 3.7% and another 18.5%. In 92.6% of the cases, the HH and / or TJLB result made it possible to confirm / rule out diagnosis and change therapeutic behavior. 90.5% of the TJLB results were satisfactory for diagnosis. Only one patient presented a complication: hemobilia that did not require invasive management, and one patient had an incomplete procedure.

Conclusion: Our experience shows that the HH study and the TJLB are important complementary tests to change behavior. For this reason, they should be considered, when indicated, in the study of the hepatological patient.

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P-46 EPIDEMIOLOGICAL PROFILE AND CLINICAL OUTCOMES OF PATIENTS INTOXICATED WITH ACETAMINOPHEN FOR SUICIDAL PURPOSES AT HOSPITAL SAN VICENTE FUNDACIÓN RIONEGRO: A CASE SERIES

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Introduction: Acetaminophen is the most widely used analgesic in the world and its overdose is a major cause of hepatic failure in developed countries.

Objective: This study aims to describe patients with overdose intake of acetaminophen between 2019 and 2020 at a reference center for liver transplantation in Rionegro-Colombia.

Methods: Case-series study derived from a secondary analysis of the clinical records between January 1st of 2019 to December 31st of 2020. Inclusion criteria were individuals with voluntary acute ingestion of toxic doses of acetaminophen (>4 g/day).

Results: 63 cases, 68% women, 67% <18-year-old, and 54% students. 60% had a personal history of psychiatric illness and 35% reported at least one previous suicide attempt. The median dose of acetaminophen was 15g (IQR:11.5g; Max:50g), 46% referred to co-ingestion with other substances and 13% were under the effect of any psychoactive substance. 57% had a clear intention of suicide. 81% vomited before the arrival to the emergency room, 22% received decontamination intervention with gastric lavage or activated charcoal, and 10% did not receive any dose of N-Acetylcysteine. 15 individuals developed an acute liver injury, 9 with severity criteria, and 1 developed acute kidney injury.

Conclusions: The population was predominantly young, the personal history of psychiatric disease was highly prevalent, and most of the cases referred to a vital event that explains the impulsive behavior in acetaminophen consumption. No one developed criteria for liver transplantation and this could be explained by the young age of the individuals, the episodes of early vomiting, and the absence of chronic liver disease or hepatotoxic substance consumption.

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P-47 HISTOPATHOLOGICAL ANALYSIS OF 10-YEAR PROTOCOL LIVER ALLOGRAFT BIOPSY OF ASYMPTOMATIC PEDIATRIC RECIPIENTS FROM A SINGLE BRAZILIAN CENTER

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Introduction: Liver transplant (LT) is the main therapeutic procedure for irreversible liver failure. Protocol liver biopsies during post-transplant follow-up in pediatric recipients with stable graft function have been done in order to identify structural changes. A more specific score, LAFSc, to analyze fibrosis and inflammation on liver allografts has been validated recently.

Objectives: To describe the prevalence of histological liver abnormalities in asymptomatic pediatric patients after ten years following LT from a Brazilian single center comparing two different scoring methods.

Methods: Cross-sectional study of analysis of protocol percutaneous liver biopsies performed in patients who underwent liver transplant before the age of 18 years, of both genders, asymptomatic, using Tacrolimus for immunosuppression and at least 10-years post-liver transplant. From 97 recipients, 21 met inclusion criteria and had stable liver graft function. A single experienced pathologist assessed histopathological features comparing METAVIR scoring system and LAFSc.

Results: Mean follow-up was 12.8 (+/- 2.1) years after post-LT. TAC mean daily dose during biopsy time was 4mg (+/- 1.7) with mean serum level of 4.04. METAVIR scoring system pointed 10 recipients with any degree of fibrosis and 13 with inflammation findings in protocol biopsies. However, using LAFSc scoring system, 13 patients scored for abnormal findings in any of the three zones analysed, although 8 of