

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

these had total score of mild fibrosis (1-3). Of the three zones analysed in LAFSc, the highest scores were found in portal space. Centrilobular vein zone was the most affected, documented in 11 recipients.

Conclusion: We observed a higher prevalence of abnormal findings using the new allograft fibrosis scoring system – LAFSc. It also showed more specifically the degree and location of fibrosis within hepatic lobule compared to METAVIR. Compared to other LT reports, we observed lower rates of chronic allograft hepatitis and fibrosis at 10 years.

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P-48 HEPATITIS DELTA: THE MOST SEVERE OF ALL VIRAL HEPATITIS

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Introduction: 500,000 to 1.2 million deaths are speculated annually from complications of hepatitis B. The hepatitis Delta virus (HDV) also represents an important public health problem in endemic areas.

Objective: To analyze the clinical and laboratory characteristics at the first consultation of HBV and HBV/HDV patients.

Methods: Retrospective study (2017 and 2018) of 324 records of HBV and HBV/HDV patients at Research Center for Tropical Medicine of Rondônia. Project approved by the Research Ethics Committee. For statistical analysis, SPSS® version 25.0.

Results: A total of 324 patients were included, 302 (93.2%) were HBV and 22 were (6.7%) HBV/HDV. At the first consultation, 16.2% of the HBV showed signs of chronic liver disease, while in the HBV/HDV patients, 59.1% ($p < 0.0001$). Signs of portal hypertension were present in 7.9% of HBV (splenomegaly in 5.6%) and in 54.5% of HBV/HDV patients (splenomegaly in 45.5%, $p < 0.0001$). Ascites was seen in almost one third of those co-infected (27.3%). In laboratory analyzes, 6.4% of HBV patients had a total of bilirubin greater than 1.2 mg/dL, among those co-infected (45.5%, $p < 0.0001$). Albumin was less than 3.5g/dL in 8.4% of the HBV and in 42.8% ($p < 0.0001$) of the HBV/HDV patients. Alfafetoprotein was greater than 10UI/mL in 9.7% of the monoinfected and in 18.2% ($p: 0.268$) of the HBV/HDV patients.

Conclusion: Coinfected patients presented a more serious condition in the first consultation, with signs of portal hypertension and decompensated liver disease, reinforcing HDV as the most severe and rapidly progressive of all viral hepatitis.

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P-49 COVID 19-PANDEMIC AND OUTCOMES IN DECOMPENSATE CIRRHOSIS-10 MONTHS REVIEW

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Background and Aims: Liver abnormalities are frequent in COVID-19 disease, AST and ALT abnormalities are present in about 60% of serious disease patients. However, liver insufficiency and liver mortality were not important concerns. Decompensate cirrhotic patients are a group of high risk for morbidity and mortality. Consequently, we aimed to study cirrhotic patients with at least one complication: ascites, encephalopathy or esophageal varices; to investigate mortality, transplantation and hospitalization due to SARS-Covid-19 infection pandemic.

Methods: Liver unit patients were enrolled after ethical approval and signed consentment term. Combined outcomes during pandemic were analyzed. Participants were submitted to SARS-Cov 2 test by PCR oro/pharyngeal swab. Call phone and medical records were consulted for covid 19 symptoms and outcomes. Survival, transplantation and clinical complications were studied.

Results: Fourty seven patients were enrolled, 26 followed. Men was 73% of patients and median age was 62,7 years. The cirrhosis etiology in 35% was MAFLD, 32% alcohol, 15% HCV and 18% others. Frequency of COVID-19 infection was 42%, at last 10 months, and three (11%) patients died. Liver-related complications with death were present in 19% of patients without COVID-19 infection. Five patients (19%) were submitted to liver transplantation, without COVID-19 disease.

Conclusion: Although an incipient analyzes, our data show high death rate of cirrhotic decompensate patients during COVID-19 pandemic. This population needs a specific approach in order to prevent Covid-19 infection, liver-related mortality and complications during pandemic.

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P-50 PREVALENCE OF HEPATITIS AMONG STUDENTS AND HEALTH PROFESSIONALS AT THE FEDERAL UNIVERSITY OF BAHIA

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Introduction: Hepatitis A virus (HAV) is a hepatotropic virus of fecal-oral transmission. Occupational exposure in the health area is not considered a risk of HAV contagion. Adults are more likely to develop fulminant hepatitis. In Brazil, those over 20 years of age have a high prevalence of anti-HAV antibodies (IgGHAV).

Objective: To study the prevalence of IgGHAV in college students (group 1) and professionals (group 2) of the health area of the Federal University of Bahia.