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 consentiment term. Combined outcomes during pandemic were analyzed. Participants were submitted to SARS-Cov 2 test by PCR oro/pharingeal swab. Call phone and medical records were consulted for covid 19 symptoms and outcomes. Survival, transplantation and clinical complications were studied.

**Results:** Fourthy 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. Frequence 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 hepatotrophic 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.