

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.

<https://doi.org/10.1016/j.aohep.2021.100411>

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.

<https://doi.org/10.1016/j.aohep.2021.100412>

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.

<https://doi.org/10.1016/j.aohep.2021.100413>

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.

Methods: The sample consisted of 335 individuals who completed an epidemiological questionnaire and in whom IgGHAV was studied in sera.

Results: IgGHAV was present in 56.9% of all individuals, being 43.9% susceptible. IgGHAV was in 94.4% of group 2 and in 48.8% of group 1 ($p=0.000$). There were no statistical differences between ethnicities. There was an association between professional category and report of exposure to biological material ($p=0.017$), but not between seropositivity and report of this exposure. These data reflect both occupational and environmental exposure. Greater seropositivity in older professionals can also mean greater environmental exposure throughout life. In this study, curiously, greater exposure to biological material did not have a significant association with seropositivity for HAV, recalling the importance of exposure also in the extra-academic community.

Conclusion: This study showed that 43.9% of the individuals who start studies in the health area of our university are susceptible to contracting HAV infection, which generates an epidemiological reconsideration of the need for vaccination in this population in the vaccine calendar from Brazil concerning the last VHA outbreaks in special population as MSM.

Financial Grant: CAPES and CNPq.

<https://doi.org/10.1016/j.aohep.2021.100414>

P-51 HEPATOCELLULAR CARCINOMA: ONLY EARLY DIAGNOSIS IS NOT ENOUGH

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Introduction: Hepatocellular carcinoma (HCC) has an estimated prevalence of 3-5% of cases per year and is associated with high mortality. Early diagnosis can provide chance of treatment and cure.

Objective: Evaluate the clinical evolution and treatment of a cohort of patients diagnosed with HCC.

Methods: Retrospective study with patients from the Hepatology outpatient clinics at a university hospital with HCC, from January 2014 to December 2019. Demographic, clinical and laboratory variables were evaluated, as well as treatment indication and evolution.

Results: 77 patients with HCC and cirrhosis were included, 70% were male, aged 18 to 78 years, with a mean age of 62 years, 30% were diabetic and 25% had obesity. The main etiology of cirrhosis was hepatitis C. The average time between diagnosis of cirrhosis and evidence of HCC was 6.2 years. The size of the tumor ranged from 1.2 cm to infiltrative lesion (20%), with average of 2.9 cm. Single nodule at diagnosis was found in 60% of cases, mostly within the Milan criteria. The proposed treatment at diagnosis was liver transplant alone in 42% of cases, transarterial chemoembolization (TACE) and TACE associated with transplant in 6% and 10%, respectively,

resection in 4%, Sorafenib in 15% of individuals and support treatment in 23%. However, liver transplant was performed in only half of the patients with indication, as 14% had severe comorbidities, 36% evolved with progression of the HCC and 50% refused treatment or had low adherence to follow-up.

Conclusion: In addition to the early diagnosis of HCC, the intrinsic potential of brief tumor dissemination, the absence of serious comorbidities and the rapid intervention and therapeutic availability are essential to improve the prognosis of these patients. It is also necessary to reinforce adherence to treatment and medical follow-up.

<https://doi.org/10.1016/j.aohep.2021.100415>

P-52 PROSPECTIVE COHORT OF PATIENTS WITH LIVER INJURY INDUCED BY DRUGS, HERBS OR DIETARY SUPPLEMENTS

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Introduction: Drug induced liver injury (DILI) is one of the most prominent causes of hepatic dysfunction. Nevertheless, many cases tend to be underreported given its difficult diagnosis, which distorts the epidemiological reality of the condition.

Objectives: To characterize the clinical and epidemiological features of DILI patients in a reference center from Brazil.

Methods: Consecutive in and outpatient were enrolled with hepatotoxicity from Hospital Universitário Professor Edgard Santos between 2016-2020. The patients were selected as follows: adults with compatible chronology of drug exposure, excluding other etiologies and considering hepatotoxic potential of the drug. Histopathology was performed in inconclusive cases. All cases were followed until discharge and validated by an international reference center: Malaga University - Spain.

Results: Out of 47 patients included, 33 were females (70%). The average age was 44,8 years (17-72). The main symptoms were fatigue, nausea and jaundice. The biochemical pattern was mostly hepatocellular (74%) - 17% has presented a cholestatic pattern and 9% were mixed. *Table 1* provides an overview of the implicated substances and shows a high incidence of herbal and dietary supplements (21%) and anabolic steroids (8%). Antibiotics were responsible for hepatotoxicity in the majority of cases (13 patients - 27%), from which 4 were due to antitubercular medications (rifampicin and isoniazid).

As a single agent, nimesulide, stanozolol and isoniazid were responsible for 8% each. 36% of the cases were considered mild, 53% were moderate and 11% were severe, from which one patient needed transplantation and one died. 57% of all patients needed hospitalization. Chronic cases represented 8% of the total.

Conclusion: DILI is an underreported disease and it is necessary local and multicentric consortiums cohorts to improve our knowledge about it. Special attention should be paid to the high relative frequency of DILI through the use of nimesulide, antituberculostatics, stanozolol, herbs and dietary supplements.