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.

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.

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 a underreported diseases 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, stanazolol, herbs and dietary supplements.

Drug		N of Cases
Antibiotics		13
	Antituberculars	4
	Amoxicillin-Clavulanate	3
	Nitrofurantoin	1
	Piperacillin/Tazobactam	1
	Trimethoprim/Sulfamethoxazole	1
	Fluconazole	1
	Oxacillin	1
	Meropenem	1
Herbs and Dietary Supplements		10
	Camellia sinensis	3
	Peumus boldus	2
	Moringa oleifera	1
	Plantago major L.	1
	Ruellia bahiensis	1
	Senna alexandrina	1
	Rip Kutz	1
Anabolic Steroids		4
	Stanozolol	4
NSAIDs		5
	Nimesulide	4
	Diclofenac	1
Neuroleptics		5
	Phenytoin	2
	Chlorpromazine	2
	Phenobarbital	1
Antiretrovirals		3
	Dolutegravir	2
	Efavirenz	1
Others		7
	Acetaminophen	1
	Propylthiouracil	1
	Asparaginase	1
	Fluconazole	1
	Infliximab	1
	Oxaliplatin	1
	Etrolizumab	1

P-53 FAILURE IN ALL STEPS OF HEPATOCELLULAR CARCINOMA SURVEILLANCE PROCESS IS FREQUENT IN DAILY PRACTICE.

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Introduction: Failures at any step in the hepatocellular carcinoma (HCC) surveillance process can result in HCC diagnostic delays and associated worse prognosis.

Objectives: We aimed to estimate the prevalence of surveillance failure and its associated risk factors in patients with HCC in Argentina, considering three steps: 1) recognition of at-risk patients, 2) implementation of HCC surveillance, 3) success of HCC surveillance.

Methods: We performed a multi-center cross-sectional study of patients at-risk for HCC in Argentina seen between 10.01.2018 and 10.30.2019. Multivariable logistic regression analysis was used to identify correlates of surveillance failure.

Results: Of 301 included patients, the majority were male (74.8%) with a mean age of 64 years old. At the time of HCC diagnosis, 75 (24.9%) patients were unaware of their diagnosis of chronic liver disease, and only 130 (43.2%) patients were under HCC surveillance. Receipt of HCC surveillance was significantly associated with follow-up by a hepatologist. Of 119 patients with complete surveillance, surveillance failure occurred in 30 (25.2%) patients. Patients under complete surveillance were significantly more likely to be diagnosed within Milan criteria than those without surveillance (75% vs. 50%, p<0.001),(Figure). Surveillance failure was significantly associated with alpha fetoprotein ≥20 ng/ml (OR 4.0, CI 95% 1.43-11.55).

Conclusions: HCC surveillance failure was frequent in all the evaluated steps. These data should help guide strategies to improve the implementation and results of HCC surveillance in our country.