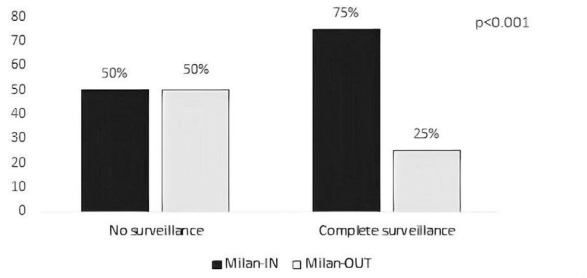
Figure. Milan criteria at diagnosis according to HCC surveillance.



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P-54 STUDY OF BACTERIAL INFECTIONS IN 134 HOSPITALIZATIONS OF PATIENTS WITH LIVER CIRRHOSIS

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Background: In cirrhotic, bacterial infections are frequent and demands 25-40% of hospitalizations, can trigger decompensations, organ failure, even death. Spontaneous bacterial peritonitis (SBP), urinary tract infection (UTI), pulmonary and skin are recurrent foci. Thus, preventive measures, early diagnosis and proper management are crucial to reduce morbidity and mortality.

Objectives: Analyze the epidemiology of admitted cirrhoticsat tertiary hospital, their infection, prognosis and mortality.

Methods: Retrospective observational study by analyzing 134 hospitalizations (103 patients) from 06/01/2018 to 05/31/2019. Inclusion: diagnosed cirrhotics (clinic/image). Exclusion: elective hospitalization.

Results: 71 men and 32 women. Mediumage 58.4 ± 12.3. Etiologies: alcoholic 46 patients; NAFLD 22; hepatitis C 12. Of all, 45 admissions (33.58%) had community infections - prevalent UTI followed by SBP. Among this 45 hospitalizations, 12 (26.66%) reinfected during the stay. Overall death rate was 31%. Deaths: 2 without infection (71 hospitalizations); 30 infected (63 hospitalizations). In-hospital infections: 18 hospitalizations (13.4%), UTI principally, of which 11 patients died, 8 (72.72%) due to infection. Admission's Child-Pugh (CP) and Meld scores, by site: pulmonary (CP 11 ± 2.05; Meld 27 ± 10.02); 2 focus (CP 10.1 ± 1.86; Meld 23.8 ± 2.92); indeterminate (CP 10.1 ± 2.63; Meld 23.3 ± 8.31); urinary (CP 10.2 ± 2.64; Meld 21.5 ± 10.50); PBE (CP 9.8 ± 1.39; Meld 20.8 ± 4.21); intestinal (CP 9.8 ± 2.31; Meld 21.8 ± 7.68); cutaneous (CP 9.4 ± 0.89; Meld 18.2 ± 2.38); bloodstream (C 7.5 ± 0.70; Meld 16 ± 9.89). Death rate by site: indeterminate 83.3%; 2 sites 71.4%; pulmonary 60%; bloodstream 50%; UTI 35.3%; Intestinal 33.3%; SBP 30%; cutaneous 20%.

Conclusion: The most admitted cirrhotics are men and alcoholic etiology. Undetermined focus infections, 2 sites and lungs had higher mortality and CP/Meld scores on admission. Therefore, broad-spectrum empirical antibiotic therapy and semi-intensive care to this population are recommended.

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P-55 QUALITY OF LIFE IMPROVES IN PATIENTS WITH OR WITHOUT CIRRHOSIS AFTER HEPATITIS C CURE WITH DIRECT-ACTING ANTIVIRAL AGENTS

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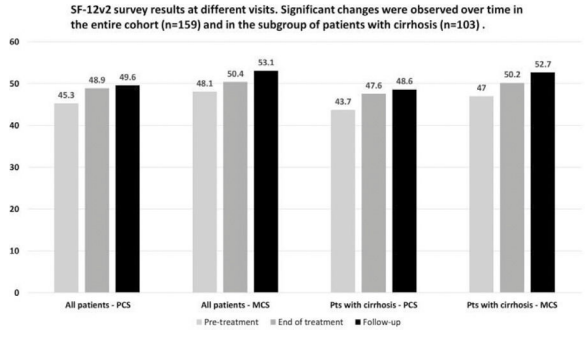
Background: The effect of the treatment of chronic hepatitis C (CHC) with direct-acting antiviral agents (DAAs) on health- related quality of life (HRQL) has been mostly evaluated in clinical trials, and infrequently in Latin-American patients.

Aims: To evaluate the effect of CHC treatment with DAAs on HRQL in patients who achieved sustained virological response (SVR) in a real-life setting.

Materials and Methods: Prospective cohort study of consecutive adult patients with chronic hepatitis C who achieved SVR with DAAs from August/2017 to December/2018 at Hospital Italiano de Buenos Aires (Argentina). To evaluate HRQL, SF-12v2® Health Survey (SF-12v2) was administered before treatment, at its end, and 12-16 weeks after treatment ended (follow-up visit). QualityMetric-2009 General Population Sample was used as a reference to compare summary scores. The survey has two main summary domains: the physical component summary score (PCS) and the mental component summary score (MCS). Changes over time > 3 points are considered significant.

Results: A total of 159 patients were included, median age 59 (50-69) years-old, 103 (65%) had cirrhosis [85 (83%) Child A; 18 (17%) Child B]. Most patients (80%) received daclatasvir plus sofosbuvir, with or without ribavirin. Median treatment duration was 12 (12-24) weeks. At baseline, both PCS and MCS were below the mean reference of the standard population and showed a significant and progressive improvement over time. The overall mean change on PCS from basal visit to follow-up visit was 4.33 points (95% CI: 2.93-5.73 points). The overall mean change on MCS from pre-treatment visit to follow-up visit was 4.89 points (95% CI: 2.75-6.53 points). In the subgroup of patients with cirrhosis, a significant improvement in both PCS and MCS was also observed. (Figure).

Conclusion: HRQL significantly improved in Latin-American patients with CHC who achieved SVR with DAAs, even in those with cirrhosis.



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