

P-59 LIVER TRANSPLANTATION: SIX YEARS EXPERIENCE IN A UNIVERSITY HOSPITAL OF CHILE

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Introduction: Liver transplantation (LT) has improved the quality of life and survival of patients in advanced stages of chronic liver disease (CLD). In the last decade, an increase in non-alcoholic steatohepatitis (NASH) as an indication for LT has been evidenced worldwide. There is little up-to-date information regarding the characteristics of LT performed in our country.

Objectives: To describe the clinical characteristics of LT performed at the Hospital Clínico de la Universidad de Chile in the last 6 years.

Methods: Retrospective study. LT performed between September 2013 and September 2019 were included. Clinical data, aetiology of DHC and MELD-Na were recorded at the time of transplantation.

Results: 145 LT were performed, 60.6% being men, the median age was 59 years (22-72 years). The main etiology of CLD was NASH (39.3%), followed by CLA attributed to alcohol (17.9%) and autoimmune hepatitis (7.6%). 33.1% of the patients had hepatocellular carcinoma (HCC), of which 54% were patients with NASH. The mean MELD-Na at transplantation was 22 ± 9 and the operational MELD 28 ± 5 .

Conclusions: In our center, NASH is the first indication for LT, as well as the etiology most frequently related to the presence of HCC. These data are consistent with projections estimated worldwide. This information reaffirms the need for successful strategies to prevent and reverse the progression of NASH.

<https://doi.org/10.1016/j.aohep.2021.100423>

P-61 LIVER TRANSPLANTATION IN HEPATOCARCINOMA: SURVIVAL AND RECURRENCE IN TRANSPLANTED PATIENTS WITH HEPATOCARCINOMA

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Introduction: Hepatocellular carcinoma (HCC) is the most common malignant liver tumor. Liver transplantation (LT) is considered potentially curative, achieving a survival of 70% at 5 years and a tumor recurrence <15% when the Milan criteria are used.

Objectives: To study the frequency of tumor recurrence in transplant patients with HCC and to evaluate survival at 1 and 5 years.

Methods: Retrospective study of 79 transplant patients with HCC, with a median of 62 years, 69% male. Clinical characteristics, pre LT and post LT Milan criteria, post LT tumor recurrence, and 1 and 5 year survival were analyzed. Statistical analysis with Kaplan Meier.

Results: The etiology of cirrhosis was 35% NASH, 15% OH, 12% HCV, with an average MELD of 17%, Child A 17%, B 45% and C 38%. 92% met the pre-LT Milan criteria and 63% according to the findings of the explant, of the latter, 16% (8/50) presented microvascular invasion. Overall survival at 1 and 5 years was 96% and 75%, respectively. HCC

recurrence occurred in 10% (8/79), 7/8 outside Milan in the explant, with an average recurrence of 8 months and a surplus of 18 months.

Conclusion: HCC recurrence in this study was within the values described in the literature, as well as short and long term survival. LT is an excellent treatment for the management of patients with HCC, achieving good survival results when they are within the Milan criteria.

<https://doi.org/10.1016/j.aohep.2021.100424>

P-62 INFECTIONS IN THE FIRST MONTH POST LIVER TRANSPLANTATION IN A TRANSPLANT CENTER IN CHILE

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Introduction: Infections are an important cause of morbidity and mortality in the first month after liver transplantation (LT). It is important to know the local microbiology involved and the resistance patterns, to guide treatment appropriately.

Objective: To characterize infections in the first month after LT in patients from the Hospital Clínico de la Universidad de Chile.

Methods: Retrospective study of clinical records of 70 consecutive LT between February 2016 and October 2018.

Results: 20 infectious events in 16 patients (23%). In 75% it was possible to isolate agent. Eight (40%) were bacteria, 5 were fungi and 2 were viruses; 25% were bacteremia, 20% urinary tract, 20% pulmonary, 10% intra-abdominal, and 5% skin. The agents were: K. pneumoniae (2), S. epidermidis (2), E. faecium (1), C. freundii (1), E. coli (1), S. malthophilia (1). Candidas (4), Aspergillus (1), varicella zoster virus (1), respiratory syncytial virus (1). It was not possible to identify a focus in 4 patients. There was antimicrobial resistance in 7 (35%) of the cases, 3 being multi-resistant (2 due to K. pneumoniae and 1 due to S. epidermidis). 4 microorganisms showed antimicrobial resistance (E. coli, C. freundii, E. faecium, and C. glabrata). The infection was the cause of in-hospital mortality in 2 patients.

Conclusion: Infections in the first month after LT are frequent in our center, the majority of bacterial origin, as reported by international series. More than 1/3 of the patients present an agent with antimicrobial resistance, which should be considered in the choice of empirical therapy.

<https://doi.org/10.1016/j.aohep.2021.100425>

P-63 TRENDS IN HOSPITALIZATION AND MORTALITY IN HOSPITALIZED PATIENTS WITH ALCOHOLIC HEPATITIS IN CHILE

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