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**Introduction:** Alcohol abuse has a high impact on the mortality and morbidity related to a great number of diseases and is responsible for the development of alcoholic liver disease (ALD). It remains challenging to detect and evaluate its severity, which is crucial for prognosis.

**Objective:** In this work, we studied if urinary EVs (uEVs) could serve in diagnose and evaluate cirrhosis in ALD.

**Methods:** uEVs characterization by cryo-electron microscopy (Cryo-EM), Nanoparticle Tracking Analysis (NTA) and Western blotting (WB) was performed in a cohort of 21 controls and 21 cirrhotic patients. Then, proteomics of urinary EVs (uEVs) was carried out in a second cohort of 6 controls and 8 patients in order to identify new putative biomarkers for cirrhosis in ALD.

**Results:** uEVs concentration, size and composition were altered in cirrhotic patients. A total of 1304 proteins were identified in uEVs, and 90 of them were found to be altered in cirrhotic patients.

**Conclusions:** uEVs could be considered as a tool and a supplier of new biomarkers for ALD, whose application would be especially relevant in chronic patients. Yet, further research is necessary to obtain more relevant result in clinical terms.

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### P-67 ULTRASOUND GUIDED TRANSIENT ELASTOGRAPHY FOR THE DIAGNOSIS AND STAGING OF LIVER FIBROSIS

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**Introduction:** Transient elastography (TE) is a non-invasive method for the evaluation of liver fibrosis. Up to 20% of measurements fail, possibly due to the choice of probe position.

**Objectives:** To evaluate the use of ultrasound as a position guide (UPG) prior to TE to improve the measurement of liver stiffness (LS).

**Methods:** Prospective study of 237 patients (age 54 ± 14 years, 69% women) referred for TE (FibroScan, Echosens). The main indication was non-alcoholic fatty liver disease (52.3%). 65.4% of the patients were overweight or obese. LS was measured in each patient according to the manufacturer's recommendations and at the same appointment, in UPG. Fibrosis staging sections recommended by the manufacturer were used. Statistical analyzes performed with chi-square and t-test (p < 0.05).

**Results:** The mean LS with UPG was 7.6 (3.0-55.7) kPa. In 50 patients (21.1%) the measurement of LS failed without the use of ultrasound. There was not when using UPG. In the 187 patients with TE without ultrasound, IQR / LSM <10% was obtained in 67.3%. When UPG was used, it was obtained in 89% (p = 0.001). When comparing the fibrosis stage, in 21.4% of the cases it was modified when using

UPG; in 15% it changed from significant or advanced fibrosis (F2-F4) to non-significant (F0-F1), or vice versa.

**Conclusion:** The use of UPG before TE improved the success rate and reliability of the LS measurement, improving fibrosis staging.

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### P-68 FREQUENCY AND FACTORS ASSOCIATED WITH ANTIBIOTIC DE-ESCALATION IN PATIENTS WITH CIRRHOSIS AND BACTERIAL INFECTIONS

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