

P-70 SEROPREVALENCE OF HEPATITIS C VIRUS IN DONORS OF THE BLOOD BANK OF THE GENERAL HOSPITAL OF MEXICO "DR. EDUARDO LICEAGA" A FOUR-YEAR EVALUATION

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Introduction: Since the molecular identification of the hepatitis C virus (HCV) in 1989 and the development of antibodies as an initial part of the diagnosis of this infection, blood banks have taken an important step to exclude potential donors with this infection, the World Health Organization established as a mandatory measure, the screening of all blood donated for transfusion for communicable infections such as HCV, HBV, HIV and HTLV as a mandatory measure. HCV affects between 130 and 150 million people worldwide, with a global prevalence of around 2.2%, and is the cause of 27% of cirrhosis cases and 25% of primary hepatocellular carcinoma cases in the world. In developed countries.

Objective: To evaluate the seroprevalence of HCV and risk factors in potential blood donors in a tertiary hospital for 4 years.

Methods: Retrospective, observational, cross-sectional, descriptive study carried out in blood donors at the Hospital General de México "Dr. Eduardo Liceaga." From January 1, 2016, to December 31, 2019. Donor files were reviewed, and those with HCV positivity were analyzed. The SPSS v 22 program was used for statistical analysis.

Results: 92,214 donors were included. Of these, 1,265 patients (1.37%), 449 women (35%) and 816 men (64.5%) were positive. Risk factors found in the positive group: alcoholism 153 (12.09%), dental surgery 128 (10.11%), tattoos (6.87%), piercings (7.19%), acupuncture (3.08%) and risky sexual partners (0.23%).

Conclusion: The prevalence of 1.37% is similar to that reported in the literature; the predominance is slightly in the group of men, which contrasts with the past years that due to obstetric events, women were the most prevalent, perhaps it is related to tattoos, piercings, and use of intravenous or intranasal drugs. Although all the donors were approved in the official questionnaire, the positivity may be related to factors not declared by the patients themselves.

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P-71 EVALUATION OF ANXIETY AND DEPRESSION IN PATIENTS WITH CIRRHOSIS AND THE IMPACT ON THE QUALITY OF LIFE

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Introduction: Patients with cirrhosis develop multiple complications (ascites, hepatic encephalopathy, hemorrhage, etc.), which contribute to the deterioration of the quality of life, these patients can also present anxiety and/or depression, but few studies show the prevalence of these in these patients, as well as its impact on the quality of life.

Objective: To determine the prevalence of anxiety and depression in patients diagnosed with liver cirrhosis and its impact on life quality.

Methods: Observational, prospective, cross-sectional, and analytical study. Patients with a diagnosis of liver cirrhosis of any etiology and any stage, evaluated in consultation and hospitalization in the gastroenterology service, were included. The SF-36 questionnaire was applied for quality of life and the Hospital Anxiety and Depression Scale (HADS) screening anxiety and depression.

Results: 108 patients were included, 55 (50.9%) men, and 53 (49.1%) women, aged 54.14 ± 11.29 years. The etiology: Due to alcohol 51 patients (47.2%), In patients with fatty liver associated with metabolic dysfunction (MAFLD) 24 patients (22.2%), autoimmune liver disease 16 patients (14.8%), chronic hepatitis C virus 10 patients (9.3%), cryptogenic cirrhosis 7 patients (6.5%). The Child-Pugh stage: 48 patients (44.4%) A, 38 patients B (35.2%), and 22 patients C (20.4%). 84.3% of the patients had a primary caregiver. 26 patients (24.1%) were diagnosed with depression and 32 patients (29.6%) with anxiety. When evaluating SF36 of these patients, it was found that the 8 domains have deficient scores for emotional role and health.

Conclusions: Patients with liver cirrhosis develop anxiety and depression, which are frequently not diagnosed or treated; In the group that we studied, the prevalence of anxiety and depression is much more frequent than that documented in the literature, as well as a deterioration in the quality of life-related to stress, depression, and progression of cirrhosis.

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P-72 CLINICAL PROFILE OF PATIENTS SUBJECTED TO ENDOSCOPIC LIGATION OF ESOPHAGEAL VARICES IN A REFERENCE HOSPITAL IN THE DOMINICAN REPUBLIC

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Introduction: From 40 to 50% of patients with cirrhosis present esophageal varices at the time of diagnosis of their disease. To date, the association of the presence of esophagogastric varices with splenic size, liver function, platelet count, and other clinical factors is controversial.

Objectives: To identify the clinical, laboratory and imaging variables that could alert us to the presence of esophageal varices in patients with portal hypertension. What is the clinical profile of patients undergoing endoscopic ligation of esophageal varices?

Methods: A descriptive, retrospective and longitudinal study was carried out. Data were collected from patients who underwent endoscopic ligation of esophageal varices from January 2015 to December 2020, electronic records were reviewed in search of laboratory variables, liver Doppler and upper endoscopy at the time of ligation, qualitative variables were expressed in simple frequency, the associations were made using the chi square test.

Results: 28 patients were included: 78.5% male and 21.5% female. The main cause of portal hypertension was NASH (28.5%), followed by alcohol. There were 10 patients (35.8%) in Child A; (32.1%) in B, and (32.1%) in C. The MELD mean was 15.1. Only (10.7%) presented with severe thrombocytopenia. Splenomegaly was present in (46.4%), with portal dilation in (39.3%). In (78.5%) there was concomitant portal gastropathy. (39.3%) were performed in a context of high bleeding and (100%) were large.

Conclusion: No determining clinical parameters were found in relation to the presence of esophageal varices.

Table

Distribution of patients.

Number of patients	28
Ligatures performed	31
Sclerotherapy performed	3
TIPS performed	2
Outpatient %	35.7
Patients admitted %	64.3
Bleeding at the time of ligation %	39.3
Average age in years	58.2
Men %	78.5
Women %	21.5
MELD Average	15.1
CHILD A %	35.8
CHILD B %	32.1
CHILD C %	32.1
Mild thrombocytopenia %	28.5
Moderate thrombocytopenia %	39.3
Severe thrombocytopenia %	10.7
Normal platelets	21.5
Expanded portal diameter %	39.3
Presence of portal thrombus %	17.8
Splenomegaly %	46.4
Large varicose vein size %	100

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P-73 HEPATIC CHANGES BY SARS-COV 2 IN PATIENTS OF THE INTENSIVE CARE UNIT OF THE TROPICAL MEDICINE CENTER IN RONDÔNIA

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Introduction: Coronavirus (SARS-CoV2) infection occurs through the receptor's angiotensin converting enzyme 2, present in the pulmonary, biliary, and hepatic epithelial cells. Therefore, the liver is a potential target for infection.

Objectives: To analyze liver changes resulting from Sars-Cov-2 infection in patients admitted to the Intensive Care Unit of the Rondônia Tropical Medicine Center (CEMETRON).

Methods: Patients admitted between April and August 2020 in the CEMETRON ICU were included in the study. Project approved by the Research Ethics Committee. For statistical analysis, the SPSS® program was used.

Results: 307 patients were admitted to the CEMETRON ICU. 81 (26.4%) non-COVID and 226 (73.6%) diagnosed with COVID. Among the 226 tested positive for COVID, 52.3% and 54.3% had, respectively, an increase in ALT and AST up to three times the upper limit of

normal (40-120U/L). Non-COVID patients showed this increase in 20.8% for ALT and 33.3% for AST, being statistically significant ($p < 0.005$ for both). Transaminases above 120U/L had no statistically significant difference between the two groups. Regarding liver function assessed through bilirubin, albumin and platelets, there was no statistically significant difference in any of the variables ($p: 0.93$ $p: 0.45$ $p: 0.599$ respectively). The means varied within the normal range, except for both groups there was a tendency towards hypoalbuminemia (3.1 g / dL).

Conclusion: Patients with COVID evolved in more than 50% of the cases with changes in liver enzymes, showing that despite the inflammation, liver function was not directly affected. We associate hypoalbuminemia more with basal malnutrition than with hepatic impairment.

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P-74 ELEVATED CALPROTECTIN LEVELS ARE ASSOCIATED WITH MORTALITY IN PATIENTS WITH ACUTE DECOMPENSATION OF CIRRHOSIS

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Introduction: Acute decompensation (AD) of cirrhosis is associated with systemic inflammation and increased circulating cytokines. The use of inflammatory markers, such as calprotectin, could provide information on the role of the immune response in the prognosis of cirrhosis.

Aims: To evaluate serum calprotectin levels in patients hospitalized complications of cirrhosis.

Methods: This prospective cohort study included 200 adult subjects hospitalized for complications of cirrhosis who were followed for up to 30 days after admission. Twenty healthy subjects and 20 patients with stable cirrhosis were evaluated as controls. Serum calprotectin was measured by the ELISA.

Results: Serum calprotectin levels were higher among the two groups of cirrhosis patients when compared to healthy controls. Greater median values of calprotectin were observed among patients with Child-Pugh C, ACLF, infection, ascites and hepatic encephalopathy. Concentrations of calprotectin were not related to the presence of ACLF, infection or to 30-days survival. However, when considered only patients with AD without ACLF ($n = 144$), higher values of calprotectin and CLIF-C ADs were associated with the lower survival in the univariate and multivariate Cox analyzes. The Kaplan-Meier survival probability was 98.7% in subjects with none of the factors (CLIF-C ADs < 60 and calprotectin < 580 ng/mL), 83.6% in subjects with one of the factor (CLIF-C ADs ≥ 60 and calprotectin < 580 ng/mL or CLIF-C ADs < 60 and calprotectin ≥ 580 ng/mL) and 27.3% in subjects with both factors (CLIF-C ADs ≥ 60 and calprotectin ≥ 580 ng/mL), in which $p = 0.002$ between the first and second groups, and $p < 0.001$ between the first and third, and between the second and third groups (Figure).