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).