

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

Camylla Felix Soares¹, Júlia Teixeira Ton²,
Luana Kamila Castilho Rodrigues¹,
Stella Ângelo Zimmerli^{1,3},
Mariana Pinheiro Alves Vasconcelos¹

¹ Centro Universitário São Lucas – UNISIL, Porto Velho, Rondônia

² Centro Universitario Aparicio Carvalho – UNIFIMCA, Porto Velho, Rondônia

³ Centro de Medicina Tropical de Rondônia – CEMETRON, Porto Velho, Rondônia

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

Camila Matiolo¹, Elayne Cristina de Moraes Rateke¹,
Emerita Quintina de Andrade Moura¹,
Michelle Andriqueti¹,
Fernanda Cristina De Augustinho²,
Tamara Liana Zocche², Telma Erotides da Silva²,
Lenyta Oliveira Gomes³, Maren Rocha Farias³,
Janaína Luz Narciso-Schiavon²,
Leonardo de Lucca Schiavon²

¹ Unidade de Laboratório de Análises Clínicas, Hospital Universitário, Universidade Federal de Santa Catarina

² Divisão de Gastroenterologia, Universidade Federal de Santa Catarina

³ Centro de Ciências da Saúde, Universidade Federal de Santa Catarina

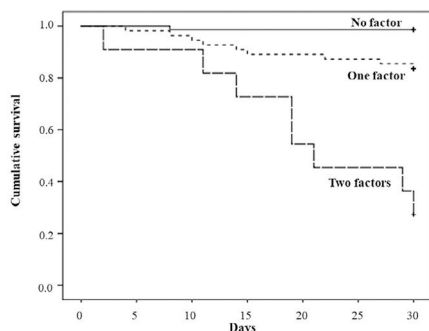
Introduction: Acute decompensation (AD) of cirrhosis is associated with systemic inflammation and increased circulating cytokines. The use of inflammatory markers, such as calprotectin, could provide information on the role of the immune response in the prognosis of cirrhosis.

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).

Conclusions: The combination of the serum calprotectin and CLIF-C ADs may be useful in clinical practice to identifying patients with acute decompensation of cirrhosis and a very low 30-day survival rate.



Patients at risk							
	0	5	10	15	20	25	30
No factor	75	75	74	74	74	74	74
One factor	55	54	52	49	49	48	46
Two factors	11	10	10	8	6	5	3

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P-75 UPDATE OF CLINICO-EPIDEMIOLOGICAL CHARACTERISTICS OF PRIMARY BILIAR CHOLANGITIS IN URUGUAY

Etchandy Patricia¹, Chiodi Daniela¹, Veloso Victoria², Hernandez Nelia¹

¹ Clínica de Gastroenterología, Hospital de Clínicas, Facultad de Medicina, UDELAR, Montevideo
² Servicio de Gastroenterología, Asociación Española, Montevideo, Uruguay

Introduction: Primary biliary cholangitis (PBC) is an autoimmune cholestatic liver disease of increasing prevalence, female-predominant, and usually diagnosed in the fifth decade of life.

Objective: To update the description of clinico-epidemiological characteristics of a series of Uruguayan patients diagnosed with PBC.

Methods: Descriptive, multi-centric study including Uruguayan patients diagnosed with PBC (at least two of the following criteria: biochemical cholestasis, autoantibodies —AMA, antinuclear with anti-centromere, sp100, or gp210 patterns— and compatible liver biopsy). Age, sex, symptoms, associated diseases, laboratory, imaging, histological and elastography parameters were recorded in the diagnosis.

Results: One hundred twenty-nine patients (81 belonging to the first report), 93% female, with an average age of 57 years old (23 - 81) were included. Sixty-nine percent had at least one symptom and 59% had pruritus. Eighty-three percent were AMA-positive and in 41% of patients one or more associated diseases were confirmed. (Table). Histological studies were available in 40 patients (31%), 26 (65%) of which had advanced liver fibrosis or cirrhosis. Elastography was available in 6 patients, 2 of which (33%) were diagnosed with cirrhosis. Six patients (5%) were diagnosed with cirrhosis due to presence of ascites. The global survival rate was 84%. Survival depending on the presence or absence of symptoms was 251 months (95% CI, 229 - 274) and 241 months (95% CI, 238 - 275) respectively (p>0.05). Median survival for cirrhotic patients was 201 months (CI 95%, 160 - 242) versus 191 (CI 95%, 172 - 210) for non-cirrhotics (p>0.05).

Conclusions: As previously reported, female prevalence and frequent association with other diseases —mainly autoimmune— remain. The presence of symptoms or cirrhosis showed no association with survival.

	n	%
Symptomatic	90	69
Pruritus	76	59
Asthenia	45	35
Hyperpigmentation	18	14
Jaundice	23	18
Xanthomas	4	3
Associated diseases	53	41
Sjogren	22	17
Hypothyroidism	39	30
Sclerodermia	8	6
Raynaud	15	12
Rheumatoid arthritis	10	8
Vitiligo	4	3
Celiac Disease	5	4
Overlap HAI	6	5
Osteoporosis	19	15
Osteopenia	26	20
Breast neoplasm	1	1
Recurrent urinary infections	6	5

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P-76 PROGNOSTIC FACTORS FOR SEVERITY AND MORTALITY IN COVID-19: ARE LIVER TESTS IMPORTANT?

Fernanda Manhaes Pozzobon^{1,3}, Perez Renata Mello^{2,3}, Henrique Custódio Goudar¹, Anna Butter Nunes¹, Maria Chiara Chindamo^{1,3}

¹ Rede D'Or São Luiz, Barra D'Or Hospital, Rio de Janeiro, Brazil
² D'Or Institute for Research and Education (IDOR), Rio de Janeiro, Brazil
³ Federal University of Rio de Janeiro (UFJR), School of Medicine, Rio de Janeiro, Brazil

Introduction: The identification of prognostic factors related to worse outcomes in the coronavirus disease (COVID-19) is essential in the care of this challenging disease.

Objectives: To identify prognostic factors that may help in decision-making related to patients' care with COVID-19.

Methods: This retrospective observational study included confirmed COVID-19 patients hospitalized in a private Brazilian hospital between March and September/2020. The following variables were analyzed: age, gender, comorbidities, admission laboratory data (leukocyte, lymphocyte and platelet count, D-dimer [DD], C-reactive protein [CRP], aspartate aminotransferase [AST], alanine aminotransferase [ALT], and total bilirubin [Bb]) and during follow-up (DD, CRP, AST, ALT, Bb). The severity of disease was evaluated according to the extension of pulmonary infiltration by CT scan at admission, classified as mild (<25%), moderate (25%-50%) or severe (>50%), and by mechanical ventilation need.

Results: 414 patients (63% males, aged 61) were included. The main comorbidities were arterial hypertension (54%) and diabetes mellitus (34%). Typical pulmonary involvement was present at admission in 318 patients: 51% mild, 39% moderate, 10% severe. 65% of patients were admitted to ICU and 25% needed mechanical ventilation. The mortality rate was 20.4%. Admission DD values (p=0.012), Bb (p=0.039), need for mechanical ventilation (p<0.001) and the extension of lung infiltration (p<0.001) were associated with mortality. During follow-up, the peak of DD (AUROC=0.875), CRP (AUROC=0.875), AST (AUROC=0.820) and Bb (AUROC=0.804) were significantly associated to mortality and the peak levels of DD (p=0.019), AST (p=0.039),