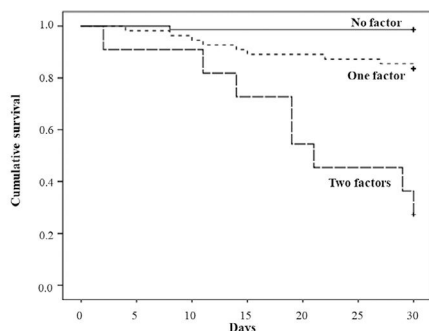


Conclusions: The combination of the serum calprotectin and CLIF-C ADs may be useful in clinical practice to identifying patients with acute decompensation of cirrhosis and a very low 30-day survival rate.



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

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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?

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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),

ALT ($p=0.021$) and Bb ($p=0.011$) were associated to severe pulmonary infiltration. Follow-up levels of AST $>60\text{U/L}$ ($N<59$) with specificity=76% and sensitivity=78%, ALT $>70\text{U/L}$ ($N<51$) with specificity=77% and sensitivity=58% and Bb $>0.5\text{mg/dL}$ with specificity=77% and sensitivity=73%, were able to predict mortality.

Conclusion: In association with well-known prognostic factors of mortality, serial measurements of aminotransferases and Bb can identify patients of greater severity and higher mortality risk.

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P-77 PREVALENCE OF HCV INFECTION DETECTED BY RAPID ANTIBODY TEST IN SCREENING CAMPAIGNS IN LIMA AND CALLAO – PERU

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Introduction: In Peru the VHC prevalence based on population at risk and blood products donors' studies is around 1%. A recently published study on general population found a 0.1% prevalence.

Aim: To determine the prevalence of infection with Hepatitis C Virus detected by rapid antibody test in a population that attends 3 public hospitals in Lima and Callao in Peru.

Methods: Descriptive and cross-sectional study. From July to September 2016, Hepatitis C screening campaigns were carried out with a rapid test for detection of antibodies in 3 public hospitals in Lima and Callao. These campaigns were aimed at the general population and healthcare workers. The study population was people aged 18 and older who voluntarily attended the screening campaigns. Prior to performing the rapid test, the informed consent of the participants was obtained.

Results: A total of 920 participants were screened during the campaigns. We detected one case (Prevalence 0.11%), whose result was later confirmed with serology and viral load. The average age of the studied population was 43.6 +/- 13.22 years. The distribution by sex was men 668 (72.6%). The risk factors detected in the study population were: a prior of blood transfusion: 9.2%, antecedent of major surgery: 38.1%, tattoos 9.9%, healthcare worker: 59.4%. In the case detected, the only risk factor identified was an antecedent of blood transfusion.

Conclusion: The prevalence of HCV infection detected by rapid test in the study population was 0.11%.

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P-78 USE OF ARTERIAL CONDUITS IN LIVER TRANSPLANTATION: OUTCOMES IN A SINGLE CENTRE IN PERU

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Introduction: Being one of the South American countries with the cadaveric donor lowest rate, doesn't exempt us from having complex vascular inflow situation; In this context, the alternative of using arterial conduit to solve a poor arterial stream in recipients is always present. (ReTransplant, or risk factors of the Hepatic artery Thrombosis)

Objective: Describe the outcome and the following of adult patient with arterial conduit in liver transplant at the Guillermo Almenara Irigoyen National Hospital 2000-2020.

Results: We Retrospectively reviewed, From March 2000 to February 2020, 274 Adult cadaveric liver Transplants have been performed, from this cohort we show use of 33 aortohepatic arterial ducts (12%) and the primary etiology was: NASH 11 cases (33,3%), follow by AIH 06 cases(18,2%) and VHC, Cryptogenic, CBP each with 04 cases meaning 12.1% respectively. It had been used in primary transplants in 25 cases (75,8%) and in 7 retransplant (25,2%); In 01 case (3%) we used as an alternative for a second retransplant. The global survival for the first years was 75% and 3 years survival was 71%. We identify 03 cases of complication (9%), having 01 hepatic arterial thrombosis, 01 partial arterial conduit thrombosis and 01 pseudoaneurism arterial conduit.

Conclusion: Performing an arterial conduit must be one of the feasible alternatives in complex situation in any liver transplant group. It is a save technique with no negative impact on survival and it seems to be associate with other vascular complications.

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P-79 CHOOSING WISELY IN VIRAL HEPATITIS: RECOMMENDATIONS FROM THE BRAZILIAN SOCIETY OF HEPATOLOGY

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Introduction: Choosing wisely (CW) initiative aims to improve daily practice supported by evidence avoiding unnecessary medical