

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