P-82 URSODEOXYCHOLIC ACID AND/OR CIPROFIBRATE FOR TREATING PATIENTS WITH PRESUMPTIVE DIAGNOSIS OF LOW PHOSPHOLIPID CHOLELITHIASIS, A CLINICAL SPECTRUM OF PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS TYPE 3

Fernanda Linahres, Debora Terrabuio, Michelle Braga, Laura Guedes, Flair Jose Carrilho, Eduardo Cancado

HC FM USP (São Paulo)

Introduction: Low Phospholipid-Associated Cholelithiasis (LPAC) is a clinical spectrum of Progressive Familial Intrahepatic Cholestasis type 3 (PFIC3), with mutations in the *ABCB4* gene, reduced levels of phosphatidylcholine in bile, formation of cholesterol gallstones, damage of bile ducts epithelium and cholestasis. Ursodeoxycholic acid (UDCA) is effective and fibrates may also be used to activate *PPAR-α receptor,* inducing bile secretion of phosphatidylcholine.

Aim: Retrospectively evaluate efficacy and safety of ciprofibrate in LPAC/PFIC3.

Method: Diagnosis of PFIC3 was confirmed by detection of mutations of ABCB4 gene. LPAC diagnosis was suggested by 2 out of 5 criteria: biliary symptoms before 40 years; recurrence after cholecystectomy; intrahepatic lithiasis; cholelithiasis in first−degree relatives; intrahepatic cholestasis of pregnancy or contraceptive−induced cholestasis. Enzymes, liver function and pruritus were analyzed after 3, 6 and 12 months of UDCA and after ciprofibrate 100mg/day using the Wilcoxon test.

Results: 27(93%) patients with clinical diagnosis of LPAC and 2 of PFIC3. 23 (79%) female with mean age at onset of symptoms of 26.7± 13.6 years. 23(80%) had family history of biliary disease; 22(76%) cholelithiasis before 40 years; 7(24%) intrahepatic lithiasis. 22/29 (78%) received ciprofibrate after 4.5±4.9 months of UDCA use, in a mean dose of 13.1±2.2mg/kg/day. During UDCA there was a significant decrease in aminotransferases, alkaline phosphatase(AP) and gamma-glutamyltransferase(GGT) levels, without significant improvement in the liver function. After addition of fibrate, pruritus disappeared in all 7 patients, with significant improvement of AP, GGT and albumin in the third month. There was no significant renal dysfunction. Fibrate was discontinued in 8: 1 liver transplantation, 2 irregular use, 5 side effects. 27 patients are still in follow up.

Conclusion: Ciprofibrate was beneficial to improve pruritus and laboratory tests in LPAC/PFIC3 after partial response with UDCA. Fibrate therapy was safe and well tolerated.

https://doi.org/10.1016/j.aohep.2021.100445

P-83 RELEVANCE OF RENAL CHANGES IN A LARGE SERIES OF SEVERELY OBESE PATIENTS WITH METABOLIC ASSOCIATED FATTY LIVER DISEASE

Kellyane Dias Carvalho, Carla Daltro, Claudia Daltro, Helma P. Cotrim

Nonalcoholic Steatohepatitis Study Group − Medicine School, Federal University of Bahia, CNPQ, Brazil

Introduction: Metabolic associated fatty liver disease (MAFLD) is the most common cause of chronic liver disease worldwide. Recently, the relationship between MAFLD and chronic kidney disease has raised more interest because this relationship may be an additional factor that interferes with the clinical course and prognosis of this frequent liver disease.

Aim: To evaluate the prevalence and clinical relevance of renal changes in severely obese patients. with MAFLD.

Methodology: A cross-sectional study was conducted with obese patients (BMI > 35 Kg/m^2) and MAFLD coming from a surgical treatment of obesity center between 2015 and 2018. MAFLD criteria: presence of steatosis (abdominal ultrasound); in addition to one of the following three criteria, overweight/obesity, type 2 diabetes mellitus (T2DM), and other features of metabolic disfunction. FIB-4 and APRI scores were used to define presence or evaluate liver fibrosis. Glomerular filtration rate was estimated by the CKD-EPI equation and the normal was considered ≥ 90 and <120 mL/min/1,73 m^2.

Results: A total of 394 individuals with MAFLD were included. Of these, 279 cases were female (70.8%) with a mean age of 36.8± 10 years. Arterial hypertension was observed in 162(41.1%) of the subjects and 66 (16.8 %) had T2DM. Glomerular filtration rate of 60-89 ml/min was observed in 57 (14.5%), 31 of these were not arterial hypertension (54.4%) and 46 (80.7%) did no presented T2DM. Thirteen (3.3%) of the obese cases with MAFLD already had advanced fibrosis.

Conclusion: The results show that severely obese with MAFLD may present renal alterations without other metabolic disfunction. The data also suggest that attention should be given to this complication in the obese patients, that can be the only risk factor to MAFLD.

https://doi.org/10.1016/j.aohep.2021.100446

P-84 IMPLEMENTATION OF A STEP-BY-STEP STRATEGY BASED ON THE TREATMENT CASCADE TO ELIMINATE HEPATITIS C VIRUS INFECTION IN THE HOSPITAL CENTRAL DE LAS FUERZAS ARMADAS FROM URUGUAY. PRELIMINARY REPORT

Juan Otegui, Victoria Mainardi, Daniela Olivari, Ana Fernández, Carolina Ferreira, Solange Gerona

Servicio de Enfermedades Hepáticas, Centro Nacional Hepato-Bilio-Pancreático (UDA), Programa Nacional de Traslpante Hepático, Hospital Central de las Fuerzas Armadas, Montevideo, Uruguay

Background: Strategies to achieve the World Health Organization target of eliminating hepatitis C virus (HCV) infection by 2030 (diagnosis of 90% of chronically infected persons and treatment of 80%) are required.

Objectives:

1) Determinate the status of HCV infection in the Hospital Central de las Fuerzas Armadas (HCFFAA) from Uruguay
2) Implement and evaluate a step-by-step elimination strategy.

Methods: A treatment cascade was constructed by:

A Estimation of the number of HCV chronic infection population of the HCFFA based on Uruguay prevalence (0,7%)

B Analyzing medical records of the Hepatology service (2000 −2020).

The strategy consisted on contacting sequentially patients not cured:

1. HCV RNA confirmed
2. HCV antibody positive, RNA not tested

Results:

1.008 chronically HCV infected people were estimated.

165 HCV antibody positive persons were detected, 30 were excluded (RNA negative).

Of the 135 left, 113 had RNA confirmation, 76 received treatments and 70 achieved sustained virological response (SVR).

Of 6 persons without SVR, 3 are currently on treatment and 3 could not be contacted.

Of 36 people RNA confirmed not treated, 20 were contacted: 10 were prescribed treatment and 10 were not candidate.