Of 22 HCV antibody positive people without RNA confirmation, 10 were contacted and RNA was requested (results pending).

Treatment prescription increased from 67 to 76% of HCV chronically infected RNA confirmed patients.

**Conclusion:** Strategy implementation was successful improving access to treatment.

Active testing is the next step plan to overcome the barrier of patient unawareness of HCV infection.

https://doi.org/10.1016/j.aohep.2021.100447

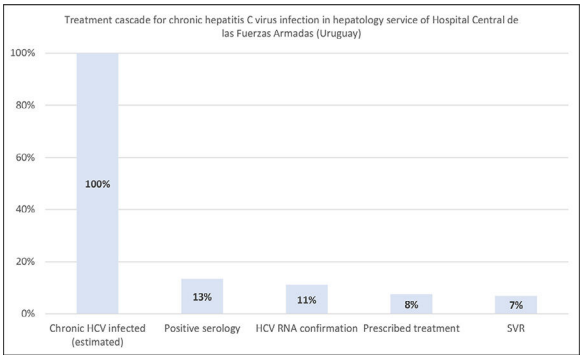


**Fig. 1.** Treatment cascade for chronic hepatitis C virus infection in hepatology service of Hospital Central de las Fuerzas Armadas (Uruguay)

## P-85 USE OF LOW DOSES OF GENERIC TACROLIMUS AND THERAPEUTIC LEVELS IN LIVER TRANSPLANT PATIENTS: RESULTS FROM A SINGLE CENTER IN PERU

P. Martín Padilla-Machaca[1,2], Cristopher Dávila[3], Bertha Cárdenas[1], Carmen Cerrón[1], Alberto Mantilla[1], José Rivera[1], Alfonso Solar[1], Augudberto Montufar[1], Saul Espinoza[1], Carlos Rondón[1]

[1] *Departamento de Trasplantes, Hospital Nacional Guillermo Almenara, EsSalud, Lima, Perú*
[2] *Departamento de Medicina, Universidad Nacional Mayor de San Marcos, Lima, Perú*
[3] *Residente 3er año Farmacia Clínica, Universidad Nacional Mayor de San Marcos, Lima, Perú*

**Introduction:** Tacrolimus is the basis of immunosuppressive treatment in liver transplantation, with dosages of blood levels to ensure adequate graft function. In Peru, since 2005 generic tacrolimus has been used exclusively in all transplant centers due to lower costs. There are no presentations (0.5 mg), necessary for its use in a group of transplanted patients who require low doses of the drug.

**Objectives:** To show the results of the use of low doses (<2 mg/day) of generic tacrolimus, using 0.5 mg capsules and measure tacrolimus blood levels in correlation to the time of transplantation and the frequency of liver graft rejection, toxicity, or infections in this group of patients.

**Methods:** Observational, descriptive, cross-sectional, and retrospective study. Demographic data, transplant time, dose and blood levels of tacrolimus, rejection, and adverse effects were obtained from electronic medical records from October to December 2020. Inclusion criteria: adults, doses: <2 mg/day, > 3 months use of generic tacrolimus (NORGRAF: The Madras Pharmaceuticals, India) using 0.5 mg capsules, prepared by the Pharmacy Service at the Guillermo Almenara Hospital. Exclusion criteria: Pediatrics, retransplant, combined transplant. Statistical analysis and processing was using SPSS 23.

**Results:** Eleven of 246 patients (4.52%) were identified. All patients had blood levels within the therapeutic range in relation to transplantation time and graft function. Average daily dose: 1.3 mg (0.5-1.5 mg /d). Average blood levels: 5.82 ng/L (3.57-10.3 ng / ml). Average transplant time: 73 months (3-120 months). There were no rejection episodes or adverse effects of nephrotoxicity, neurotoxicity, or infections.

**Conclusion:** The use of low doses of generic tacrolimus (<2 mg/d), using 0.5 mg capsules prepared by the Pharmacy service, allows for the proper adjustment of the daily dose of immunosuppression, obtaining therapeutic success in the prevention of cellular graft rejection, especially in long-standing liver transplant patients without presenting toxicity.

| Patients | N | Daily dose(mg/día) | | | Blood level(ng/L) | | | Transplant Time (months) | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | X | SD | Me | X | SD | Me | X | DS | Me |
| Total | 11 | 1.3 | 0.25 | 1.5 | 5.82 | 2.11 | 5.46 | 73.2 | 29.25 | 78 |
| Male | 8 | 1.4 | 0.23 | 1.5 | 6.13 | 2.32 | 6.17 | 63.1 | 26.50 | 68 |
| 18-39 y | 1 | 1.5 | | | 9.45 | | | 74 | | |
| 60-79 y | 7 | 1.4 | 0.24 | 1.5 | 5.65 | 2.05 | 5.46 | 61.6 | 28.24 | 62 |
| Female | | | | | | | | | | |
| 40-59 y | 3 | 1.2 | 0.29 | 1.0 | 4.99 | 1.42 | 5.00 | 100 | 18.33 | 96 |

Table. Characteristics of patients, doses, blood levels and transplant time

https://doi.org/10.1016/j.aohep.2021.100448

## P-86 MELD SCORE AND EARLY EXTUBATION IN THE INTENSIVE CARE UNIT AFTER LIVER TRANSPLANTATION: 20 YEARS EXPERIENCE IN A SINGLE CENTER IN PERU

Carmen Cerron[1], Rosa Lopez[2], Gino Salcedo[2], Bertha Cardenas[1], Carlos Rondon[1], Omar Mantilla[1], Jose Rivera[1], Alfonso Solar[1], Augudberto Montufar[1], Saul Espinoza[1], Martin Padilla P.[1,3]

[1] *Transplant Department, Guillermo Almenara National Hospital, Lima, Perú*
[2] *Intensive Care Unit, Guillermo Almenara National Hospital, Lima, Perú*
[3] *Department of Medicine, San Marcos National University, Lima, Perú*

**Introduction:** Liver transplantation (LTx) is an effective therapy and is the only definitive treatment for acute and chronic liver diseases in selected patients. Time on mechanical ventilation and early extubation after liver transplantation (LTx) influences in morbidity and mortality and is a prognostic factor for early complications after transplantation.

**Objectives:** To show the MELD score and the tracheal extubation time in the immediate postoperative period after liver transplantation.

**Methods:** Descriptive, retrospective study. The medical records of 209 adult liver transplant patients were reviewed, carried out from March 23, 2000 to November 30, 2020, treated in the Intensive Care Unit (ICU) by the Transplant team at the Guillermo Almenara National Hospital in Lima, Peru. Inclusion criteria: adults over 18 years old, exclusion criteria: under 18 years old, fast track in the operating room, double transplant, SPLIT, Domino technique.

**Results:** In 146 of 209 patients (69.9%) we performed successful tracheal extubation < 1 day: 31 patients (14.8%), 1-3 days, 26 patients (12.4%) 4-7 days, > 7 days:(0.47%). The MELD score did not have any impact in the time of tracheal extubation in ICU in the diferents groups In our study.

**Conclusions:** In our experience, 69.9% of the patients were successful extubated on the first day after liver transplantation. There were no differences between the tracheal extubation time and MELD score in our patients. There is a trend to reduce mechanical ventilation time after liver transplantation to facilitate early discharge from the ICU, reducing costs and optimizing resources. Our experience shows that early post-transplant extubation is safe, optimizing available resources.

| Time on mechanical ventilation | Nro | % | MELD average (interval) |
|---|---|---|---|
| < 1 day | 146 | 69.9 | 21 (10 - 41) |
| 1 - 3 days | 31 | 14.8 | 20 (10 - 40) |
| 3 - 7 days | 26 | 12.4 | 22.2 (13 - 31) |
| >7 days | 6 | 2.9 | 24.3 (15 - 40) |

https://doi.org/10.1016/j.aohep.2021.100449

## P-87 HIGH PREVALENCE OF SARS-COV-2 ANTIBODIES IN PREGNANT WOMEN INFECTED WITH VIRAL HEPATITIS IN BRAZIL

Alanna Calheiros Santos, Vanessa Salete de Paula, Juliana Custódio Miguel, Elisangela Ferreira da Silva, Laura Cristina Machado Pinto, Lia Laura Lewis-Ximenez, Livia Melo Villar

*Viral Hepatitis Laboratory, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil*

**Introduction:** Pregnant women are considered more vulnerable to viral infections, such as severe viral respiratory infections and viral hepatitis. Data about Brazilian pregnant and postpartum women found a case fatality rate of 12.7% among COVID-19 Acute Respiratory Distress Syndrome cases (ARDS). Studies in pregnant women found prevalences of antibodies (Ab) against SARS CoV-2 between 4 to 14% in Europe and North America. However, there is no data about the prevalence of SARS CoV-2 Ab among Brazilian pregnant women with viral hepatitis.

**Objectives:** The objective of this study was to assess the prevalence of SARS CoV-2 antibodies in pregnant women infected with hepatitis B or C.

**Methods:** A total of 31 pregnant women (21 HBV and 10 HCV) were recruited in Rio de Janeiro (Brazil) from January 7, 2020 to January 11, 2021. The study protocol was approved by the Brazilian National research ethics committee. Serum samples were collected and tested for total antibody (Ab) and IgM Abs specific for SARS-CoV-2 using electrochemiluminescence assay (Elecsys Anti-SARS-CoV-2, Roche).

**Results:** Pregnant women were at first (n=12), second (n=10) and third trimester of gestation (n=9). None of them had diabetic or are living with HIV, while three women presented arterial hypertension. Mean age was 30.6± 7.26 years old, 90.3% were black and 38.7% had up 8 years of education. Total anti-SARS-CoV-2 prevalence was 19.3% (6/31). Most of pregnant women were at first trimester of gestation, aged less than 35 years of old, and were black race. However, none of these variables were statistical associated to anti-SARS CoV-2 antibody positivity (table 1).

**Conclusions:** This is the first report of SARS CoV-2 seroprevalence in pregnant women infected with viral hepatitis, where seroprevalence appears to be greater than that observed in pregnant women without liver disease in the same period.

Table 1. Characteristics of pregnant women infected with viral hepatitis according to the anti-SARS Cov-2 testing.

| | Anti-SARS CoV-2 | | | |
|---|---|---|---|---|
| | Positive (n=6) n/N (%) | Negative (n=25) n/N (%) | Total N = 31 | *p*-value |
| **Maternal Age** | | | | |
| <35 years | 4/6 (66.7%) | 16/25 (64%) | 20 | 1.000 |
| ≥ 35 years | 2/6 (33.3%) | 9/25 (36%) | 11 | |
| **Gestational Trimester** | | | | |
| First | 3/6 (50%) | 9/25 (36%) | 12 | 0.65 |
| Second | 1/6 (16.7) | 9/25 (36%) | 10 | |
| Third | 2/6 (33.3%) | 7/25 (28%) | 9 | |
| **Race** | | | | |
| Black | 6/6 (100%) | 22/25 (88%) | 28 | 1.000 |
| Caucasian and others | 0/6 (0%) | 3/25 (12%) | 3 | |
| **Scholarity** | | | | |
| Up to Elementary School | 3/6 (50%) | 9/25 (36%) | 12 | 0.66 |
| Secondary School and higher | 3/6 (50%) | 14/25 (56%) | 17 | |
| No information | 0/6 (0%) | 2/25 (8%) | 2 | |

https://doi.org/10.1016/j.aohep.2021.100450

## P-88 EVALUATION OF STEATOSIS AND LIVER FIBROSIS IN PATIENTS WITH PSORIASIS: THE IMPACT OF METHOTREXATE AND METABOLIC FACTORS ON THE SEVERITY OF THE DISEASE

Luciana Agoglia[1,2,3], Ana Carolina Cardoso[1], Nathalie Leite C.[1], Maria Chiara Chindamo[1], Cristiane A. Villela-Nogueira[1]

[1] *Hepatology Unit, Hospital Universitário Clementino Fraga Filho, Federal University of Rio de Janeiro*
[2] *Gastroenterology Unit, Hospital Universitário Antônio Pedro, Federal University Fluminense*
[3] *Department of Internal Medicine, Federal Hospital of Bonsucesso*

**Introduction:** Methotrexate (MTX) is a crucial treatment drug in Psoriasis. Its impact on the development of liver fibrosis has been questioned since a high prevalence of non-alcoholic fatty liver disease has been described in this disease.

**Objective:** To assess, in Psoriasis patients, the associated factors for liver steatosis and advanced fibrosis diagnosed by transient hepatic elastography (THE).

**Methodology:** This was a cross-sectional study in Psoriasis patients. Chronic liver diseases, use of steatogenic drugs (except MTX), and alcohol intake >20−30 g/day (women/men) were excluded. Demographic, anthropometric, clinical, and laboratory data were registered as well as time since psoriasis onset and cumulative MTX doses. THE cutoff points ≥7.9KPa (probe M) and ≥7.2KPa (probe XL) were considered for the diagnosis of advanced liver fibrosis and CAP values ≥248 dB/m for the diagnosis of steatosis. Logistic regression analysis was performed, and the significance level was 0.05.

**Results:** 141 patients were included (42.6% male, 53.7±12.4 years old, body mass index [BMI] 29.3±5.9 kg/m2). The prevalence of Diabetes Mellitus (DM), Metabolic Syndrome, Systemic Arterial Hypertension (SAH), and dyslipidemia was 28.4%, 55.3%, 57.4% and 73.7%, respectively. Overall, 67.4% had steatosis by CAP and 16.3% had advanced fibrosis by THE. Median time since psoriasis onset was 121.1 months (69.5-234.1). MTX cumulative dose ≥1000mg was found in 47.8% (median 2212.5mg [1360-3213.70]). In the regression analysis, BMI (OR 1.25 95% CI 1.12-1.38; p<0.001) and triglyceride