

seropositive individuals was F1 in 21.7%, F2 in 42.2%, F3 in 27.2 and F4 8.9.

Conclusions: In this sample, there was a higher prevalence of HEV among patients with DILI but the number is small, the levels of TGO and TGP were higher and fibrosis was more accentuated among patients with hepatitis E. This data suggest that infection with HEV may cause a worsening in the clinical condition of patients.

Keywords: Hepatitis E, Hepatitis B, Hepatitis C, DILLI, HAI

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P-94 METABOLIC SYNDROME IN PATIENTS WITH CHRONIC HEPATITIS C

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Introduction: The interaction between hepatitis C and metabolic syndrome (MS) is widely discussed in the literature.

Objective: To study the prevalence of MS in individuals with chronic hepatitis C and the associated clinical factors.

Methodology: This is a cross-sectional study. The study included 334 individuals with chronic hepatitis C, in which anthropometric variables, blood pressure and results of laboratory tests were analyzed.

Result: The prevalence of MS in patients with hepatitis C was 2.4% (8/334). The mean values of ALT were 90.1 ± 65.8 ; AST of 76.3 ± 70.4 ; and GGT of 130.2 ± 160 , among those with HCV infection without MS. Among individuals with MS, ALT was 122.3 ± 82.3 , AST was 76.7 ± 29.5 , GGT was 102.3 ± 55.2 . The steatosis found was 49.7% (166/334), while among individuals with MS, a frequency of 62.5% (5/8) was observed. F1 was 23.8% in HCV patients and, in SM, it was 12.5%; F2 48.5% and 37.5%, F3 22% and 37.5% and F4 5.7% and 12.5%. In individuals with hepatitis C and MS, systemic arterial hypertension was observed in 87.5% of cases, diabetes in 75%, dyslipidemia in 62.5% and obesity.

Conclusion: MS had a low prevalence in HCV patients, and was associated, with a higher frequency of steatosis, greater inflammatory activity and more advanced liver fibrosis.

Keywords: Hepatitis C, Metabolic Syndrome and HCV

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P-95 HEPATOXICITY FOR DRUGS AND HERBAL PRODUCTS IN INPATIENTS FROM A UNIVERSITY HOSPITAL, BRAZIL

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Introduction: Drug induce liver injury (DILI) and Herbal Induce Liver Injury (HILI) are a frequent complaint in clinical practice. These are manifested with alterations at the liver profile, and most of the time these are underdiagnosed.

Aims: To study the prevalence and clinic presentation of DILI/ HILI in 5 clinical inpatient rooms at a University Hospital.

Methods: Prospective cohort study with patients admitted between July and October 2020, in 5 inpatient rooms of the University Hospital of Bahia. RUCAM causality score was used to determine DILI/HILI, tests were performed to rule out another etiologies and to confirm DILI

Results: Total sample of 400 patients hospitalized for various causes, DILI/HILI was diagnosed in 10 patients: 2.5% of all the sample. Etiology: 90 % allopathic drugs: Clopromazine, Cephalexin, Mesalazine, Etrolizumab, Azatriopine associated with Hydrochloroquine, Tretinoin with Variconazole, Phenytoin, and RIPE (Rifampicin, Isoniazid, Pyrazinamide and Ethambutol). Natural products were 10 %: *Peumus boldus*. Clinical symptoms: 100 % had jaundice; 50 % nausea; 25 % choluria; 25 % fecal acholia; 25 % vomiting; 25 % pruritus; 25 % insomnia; 25 % asthenia; 25 % arthralgia and 25 % eosinophilia. The mean time to resolution of symptoms was 18.5 days; the mean ALT level was 262.6; AST was 216.8 and AF was 1287, without severe cases.

Conclusions: The prevalence of DILI/ HDS in the inpatients was 2.5%, considered high, demonstrating the importance of the active search of these cases for its diagnosis.

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P-97 COLOMBIAN EXPERIENCE IN THE MANAGEMENT OF PATIENTS WITH SARS-CoV-2 INFECTION AND LIVER TRANSPLANTATION

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Introduction: Many authors have highlighted the management and outcomes of liver transplant patients with SARS -CoV2, however, there is a reduced experience identified with Hispanic or Latino patients [1]. We would like to share our experience with liver transplantation and SARS-CoV-2 infection (Real-time PCR identification) during 2020.

Objectives: Describe the main infectious complications identified in patients with SARS-CoV2 and liver transplantation.

Identify mortality rate among this group of patients and answer to therapies provided during their stay at the Hospital.

Compare the mortality rate with other studies without Latin patients or with a reduced presence of them.

Methods: This is an observational descriptive study carried out from May to August 2020

Results: 14 Hispanic patients were admitted to our institution (mean age 64 years; range: 57-76). Nine patients required hospitalization, and four patients were admitted to the intensive care unit (ICU). The most frequent risk factors were a history of arterial hypertension (n=8) and chronic kidney disease (n=6). The immunosuppression of these patients was based on antime-tabolites (n=9), calcineurin (n=8), prednisolone (n=4) and everolimus (n=3). The onset of symptoms was six days approximately.

All ICU patients receiving mechanical ventilation and renal replacement therapy for stage 3 acute renal failures. However, bacteremia