

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

<https://doi.org/10.1016/j.aohep.2021.100455>

P-94 METABOLIC SYNDROME IN PATIENTS WITH CHRONIC HEPATITIS C

G.B.L. Menezes¹, C. Correia², M.I. Schinoni³

¹ Universidade Federal da Bahia Curso de Pós-graduação

² Universidade Federal da Bahia Curso de Graduação

³ Hospital Universitário Professor Edgard Santos, Universidade Federal da Bahia and Instituto de Ciências da Saúde, Universidade Federal da Bahia

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

<https://doi.org/10.1016/j.aohep.2021.100456>

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

Barbosa Mariana Paranhos¹, Nunes Vinicius^{1,2}, Santos Genário², Paraná Raymundo^{1,2}, Schinoni Maria Isabel²

¹ Faculdade de Medicina da Bahia, Universidade Federal da Bahia, Salvador, Brazil

² Gastroenterology Service, Professor Edgard Santos University Hospital, Salvador, Brazil Institute of Health Sciences, UFBA

Introduction: Drug induce liver injury (DILI) and Herbal Induce Liver Injruy (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.

<https://doi.org/10.1016/j.aohep.2021.100457>

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

Andres Gomez Aldana^{1,2}, Monica Tapias¹, Jose De la Hoz³, Juanita Leon¹, Katherine Marrugo¹, Jannet Lopez¹, Alvaro Lozada¹, Diego Roselli⁴

¹ Department of Internal Medicine, Fundacion Santa Fe de Bogotá, Bogotá Colombia

² Universidad de los Andes, Bogotá, Colombia

³ Research Unit, Fundacion Santa Fe de Bogotá, Bogotá Colombia

⁴ Department of Epidemiology and Biostatistics, Pontificia Universidad Javeriana, Bogotá, Colombia

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

caused by *E. Coli*, *Citrobacter spp.*, and *Staphylococcus aureus* was present in three patients, an outcome that was not identified in the study population. The mortality rate was 28.5%. The mortality rate was higher than Webb *et al* 1 (18%) and other studies where rates were reported from 12% to 18%, and where the white population was predominant.

The therapy provided in our institution was focused on tapering the immunosuppressive therapy attached with the use of dexamethasone. This treatment was given to six patients [4].

Conclusion: Our rate of mortality was higher compared with other similar studies. However, further future studies should include outcomes in the Hispanic population due to the social factors in addition to genetic factors that could be involved in higher mortality in ICU. Also, taking into account the increase in the number of cases, the follow-up of patients with liver diseases by telephone contact with transplant centers should be considered.

Uncited references: [2,3,5]

References

- [1] Webb GJ, Marjot T, Cook JA, et al. Outcomes following SARS-CoV-2 infection in liver transplant recipients: an international registry study [published online ahead of print, 2020 Aug 28]. *Lancet Gastroenterol Hepatol* 2020;5 S2468-1253 (20) 30271-5.
- [2] Colmenero J, Rodríguez-Perálvarez M, Salcedo M, et al. Epidemiological pattern, incidence and outcomes of COVID-19 in liver transplant patients [published online ahead of print, 2020 Aug 1]. *J Hepatol* 2020 S0168-8278(20)30521-3. <https://doi.org/10.1016/j.jhep.2020.07.040>.
- [3] Becchetti C, Zambelli MF, Pasulo L, et al. COVID-19 in an international European liver transplant recipient cohort. *Gut* 2020;69(10):1832-40. <https://doi.org/10.1136/gutjnl-2020-321923>.
- [4] Fix OK, Hameed B, Fontana RJ, et al. Clinical Best Practice Advice for Hepatology and Liver Transplant Providers During the COVID-19 Pandemic: AASLD Expert Panel Consensus Statement. *Hepatology* 2020;72(1):287-304.
- [5] Pereira MR, Mohan S, Cohen DJ, Husain SA, Dube GK, Ratner LE, Arcasoy S, Aversa MM, Benvenuto LJ, Dadhanian DM, Kapur S, Dove LM, Brown Jr RS, Rosenblatt RE, Samstein B, Uriel N, Farr MA, Satlin M, Small CB, Walsh TJ, Kodiyanplakkal RP, Mikko BA, Aaron JG, Tsapepas DS, Emond JC, Verna EC. COVID-19 in solid organ transplant recipients: Initial report from the US epicenter. *Am J Transplant* 2020 Jul;20(7):1800-8.

<https://doi.org/10.1016/j.aohep.2021.100458>

P-98 BIOCHEMICAL MAKERS AMONG CHRONIC LIVER DISEASE PATIENTS ACCORDING COVID-19 INFECTION: A FOLLOW-UP STUDY

Lucas Lima da Silva¹, Alanna Calheiros Santos¹, Fabiola Justina Fumero Leon², Vanessa Duarte da Costa¹, Juliana Custódio Miguel¹, Julia Trece Marques¹, Giselle Prado do Nascimento¹, Elisângela Ferreira da Silva¹, Lia Laura Lewis-Ximenez¹, Vanessa Salette de Paula², Livia Melo Villar¹

¹ *Viral Hepatitis Laboratory, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil*

² *Molecular Virology Laboratory, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil*

Introduction: Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has spread rapidly around the world, posing a major threat to human health and the economy. Chronic Liver disease (CLD) patients could be at high risk for COVID-19. At this moment, there is little data about biochemical variation according to liver disease along to COVID-19 infection.

Objectives: This study aims to report the levels of biochemical markers in CLD patients with or without COVID-19 to give more information that could help clinical monitoring.

Methods: A total of 66 CLD patients were included in this study during year of 2020. Study was approved by Brazilian

Ethics Committee. Blood and respiratory samples were collected after signed informed consent. At baseline and during follow-up, all subjects included in this study underwent routine examination, monitoring of biochemical markers, and SARS-CoV-2 nucleic acid testing with a median follow-up interval of 15 days.

Results: Most of individuals were male 56% (37/66) and mean age of population was 49±17 years. Six out 66 CLD patients were SARS CoV-2 RNA positive at baseline. At the end of follow-up, all these 6 patients achieved SARS-CoV-2 clearance. At least once during follow-up, the CLD group versus CLD/COVID-19 group, 50% (30/60) vs. 33% (2/6) had abnormal alanine aminotransferase; 47% (28/60) vs. 17% (1/6) had abnormal aspartate aminotransferase; 60% (36/60) vs. 67% (4/6) had abnormal γ -glutamyltransferase, 32% CLD patients (19/60) had abnormal total bilirubin levels vs. none of the CLD/COVID-19 group.

Conclusions: Previous liver disease did not seem to increase the biochemical levels, except GGT, during COVID-19 infection. However, liver function monitoring is still essential for both COVID-19 patients with and without liver disease.

<https://doi.org/10.1016/j.aohep.2021.100459>

P-99 PREVALENCE OF SARCOPENIA IN PATIENTS WITH LIVER CIRRHOSIS. A CROSS-SECTIONAL STUDY AT TEODORO MALDONADO CARBO HOSPITAL

Zoila Teran¹, Denisse Marriott², Sammy Yezpez³, Emilia Vera⁴, Eduardo Marriott⁵

¹ *Teodoro Maldonado Carbo Hospital (HTMC), Gastroenterology Department, Guayaquil, Ecuador, Universidad de Guayaquil, Guayaquil, Ecuador*

² *Universidad de Especialidades Espíritu Santo (UEES), Guayaquil, Ecuador*

³ *Teodoro Maldonado Carbo Hospital, Gastroenterology Department, Guayaquil, Ecuador, Universidad de Guayaquil, Ecuador*

⁴ *Teodoro Maldonado Carbo Hospital, Hepatology Department, Guayaquil, Ecuador. Universidad de Guayaquil, Guayaquil, Ecuador*

⁵ *Teodoro Maldonado Carbo Hospital (HTMC), Hepatology Department, Guayaquil, Ecuador, Universidad de Guayaquil, Guayaquil, Ecuador, Universidad de Especialidades Espíritu Santo (UEES), Guayaquil, Ecuador*

Introduction: Sarcopenia (S) in liver cirrhosis (LC) is associated with an increased in morbi-mortality. Therefore, identifying it is an important prognostic parameter in the diagnosis of this groups of patients.

Objective: Determine the prevalence of Sarcopenia in patients with Liver Cirrhosis.

Method: Observational, analytical, cross-sectional study.

HTMC AS400 system was performed in a population of 300 patients with LC who attended in the period 2015-2018. One hundred of them met inclusion criteria: (1) LC of any etiology; (2) ≥ 18 years and (3) with an Abdominal CT Scan with transverse section at L3 level. Patients with LC who had other associated serious and/or malignant pathologies were excluded.

To evaluate Sarcopenia, we used the program NIH IMAGEJ that determines the muscle mass index in Hounsfield Units, with cut-off point for: Men ≤ 52.4 cm²/m² and Women ≤ 38.5 cm²/m². Results were evaluated using chi-square and Mann-Whitney U (v.3.6.0 Foundation for Statistical Computing; Vienna, Austria).