

**Results:** Baseline characteristics.

**Conclusion:** Sarcopenia was present in 66% of patients with Liver Cirrhosis. It was significantly predominant in the male gender, but there were no statistical differences with respect to etiology.

Variables	Total n=100 (%)	Sarcopenia n= 66 (%)	No sarcopenia n=34 (%)	p-value
<b>Age (years), mean ± Std</b>	62.6 ± 10.9	64.5 ± 10.6	59.5 ± 10.9	
G.1:(18-39)	3 (3%)	2 (3.0%)	1 (2.9)	NI
G.2 (40-64)	55 (55%)	31 (46.0)	24 (70.5)	NI
G.3 (≥65)*	42 (42%)	33 (50.0)	9 (26.40)	<b>0.0170*</b>
<b>Gender (male), n (%)</b>	53 (53 %)	41 (65 %)*	12 (32 %)	<b>0.0032*</b>
<b>Etiology, n (%)</b>				0
NASH	76 (76.0)	51 (77.2%)	25 (73.5%)	NI
Alcohol	16 (16.0)	11 (16.6%)	5 (14.7%)	NI
HBV/HCV	4 (4.0)	3 (4.5%)	1(2.9%)	NI
Hemochromatosis	1 (1.0)	1 (1.5%)	-	NI
Autoimmune	1 (1.0)	-	1 (2.9%)	NI
Cryptogenic	2 (2.0)	-	2 (2.8%)	NI

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**P-101 IMPACT OF COMPLETE AND PREVENTIVE LOCKED-DOWN BEFORE COVID 19 OUTBREAK IN ORGAN PROCUREMENT AND SOLID TRANSPLANTATION IN ARGENTINA: THE WORST HAS NOT YET ARRIVED.**

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**Introduction:** Early preventive strict quarantine due to COVID-19 pandemic was implemented in Argentina since March 20th, 2020. Transplant societies and organ procurement organizations were challenged to face this complex scenario and sustain organ donation and transplantation activity.

**Objectives:** We evaluated the impact of complete and preventive lockdown in organ procurement and transplantation before the COVID-19 peak onset.

**Materials and Methods:** We analyzed prospectively collected data from the National Report Agency (INCUCAI). By constructing time series, we compared donation and transplant rates from the years 2010 to 2020, during a same monthly-period between March 3rd and July 20th. We evaluated the effect of preventive lockdown before the peak of COVID-19 curve. Donation rates per million population in these months were also registered for each year. Transplant accessibility was calculated, dividing the total number of transplants and the total number of listed patients.

**Results:** The preventive lockdown was associated with a 34.5% relative reduction (95% CI 26.9-43.2) in organ procurement when compared to 2010-2019 and significantly reduced comparing 2019 [53.3% (CI 44.6-61.6)]. This scenario was even worse in Buenos Aires

city and its surroundings, the region most affected by COVID-19. During this period, donation per million population rates decreased from 7.8 in 2019 to 3.3 in 2020. This reduction was even higher in the number of deceased and living donor transplants performed comparing 2019 vs. 2020, with a relative reduction of 62.0% (CI 30.8-89.1) and 68.8% (CI 65.7-71.7), respectively.

**Conclusions:** During this short observation period of 120 days of preventive quarantine, not yet having reached the "peak" incidence of COVID-19, a marked reduction in procurement and transplantation rates were observed. Although waiting list mortality was not significantly modified, transplant access has been significantly reduced, showing a future negative trend on waitlist mortality.

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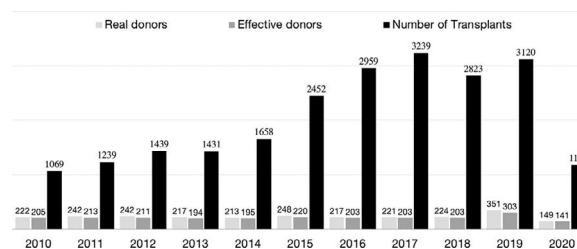


Figure 1: Organ procurement and transplant numbers for years 2010 to 2020.

**P-102 EVEROLIMUS IN RENAL DYSFUNCTION IN LIVER TRANSPLANTATION**

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**Introduction:** Post-transplant renal dysfunction (RD) in Liver transplantation occurs 18% at 5 years, mainly due to calcineurin inhibitors (13 to 33%). Nephroprotective strategies include minimization and / or suspension of CNI or conversion to mTOR (everolimus).

**Objectives:** To evaluate the experience with everolimus in a liver transplant center in Colombia in post-transplant RD.

**Methods:** A retrospective study of liver transplant recipients was performed between 2013 and 2020 with conversion to everolimus due to RD assessed by creatinine and eGFR (MDRD4). The renal function evolution was evaluated at 6 and 12 months after conversion. The frequency of biopsy - proven acute rejection (BPARG) was determined. The adverse events associated with everolimus were documented.

**Results:** 301 transplants were performed between January 2013 and June 2020, 66 patients (21.9%) presented RD and required conversion to everolimus, 75% despite minimization of immunosuppression with CNI. Average age of 64 +/- 11.4 years and 54.5% men. 83.3% were in CHILD B and C, MELD score 17 at transplantation. 9 (13%) had hypertension, dyslipidemia 13 (19%) and Diabetes Mellitus 19 (28%). 11 patients (16%) had pretransplantation hepatorenal syndrome. The etiology was cryptogenic cirrhosis and NASH in 30%, hepatitis C 25% and autoimmunity 16%. Basiliximab induction 10.6%. At the time of conversion,

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