

**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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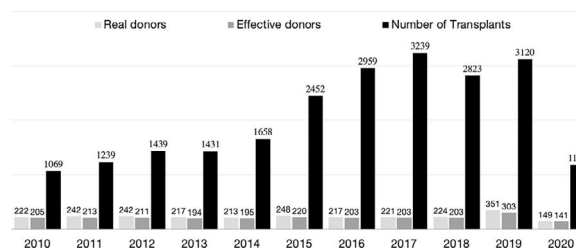


Figure 1: Organ procurement and transplant numbers for years 2010 to 2020.

### 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 (BPAP) 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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creatinine was 1.5 +/- 0.44mg / dl, eGFR 47.7 +/- 18. At 6 months the creatinine was 1.27 +/- 0.2mg / dl and eGFR 58.4 +/- 14.5 maintaining the same clearance at 12 months without achieving additional recovery of glomerular filtration. There were 7 acute rejection episodes during conversion (10.6%), suspension of everolimus in 22% due to adverse events, mainly proteinuria. Postconversion dyslipidemia was 30%.

**Conclusion:** Everolimus conversion in renal dysfunction is a strategy that allows stabilizing renal function and improving glomerular filtration in post-liver transplant patients, without a significant increase in BPAR or adverse events.

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### P-103 CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF HEPATOCELLULAR CARCINOMA ANALYSIS OF A TERTIARY REFERRAL CENTER IN BRAZIL

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**Background:** In Brazil, hepatocellular carcinoma (HCC) is the sixth leading cause of cancer-related deaths and the incidence is increasing worldwide. Several modifiable and non-modifiable HCC risk factors have been described. However, clinical and epidemiological aspects of HCC are still underreported in Brazil.

**Objectives:** To investigate the main characteristics of patients with HCC at one Brazilian tertiary care center.

**Methods:** Retrospective analysis of patients diagnosed with HCC in the last 3 years. Epidemiological, clinical, tumor characteristics, staging and type of treatment were reviewed.

**Results:** 70 patients were included. There was a predominance in males (78%) and mean age was 65,6 ( $\pm$  12,2) years. 60 (90%) patients were cirrhotic. Etiologies of liver cirrhosis were: alcohol abuse (31%), hepatitis C infection (22%), followed by cryptogenic (17%), nonalcoholic fatty liver disease (14%) and hepatitis B infection (11%). 38 (54%) cirrhotic patients were Child-Pugh A, 42 (60%) harbored a single tumor at diagnosis and 37 (52%) had normal alpha-fetoprotein. 38 (51%) were classified as Barcelona Clinic Liver Cancer (BCLC) stage 0 or A, 12 BCLC B (17%) and 22 BCLC C or D (31%). 34 (48%) patients were diagnosed at a non-curative stage. Chemoembolization and radiofrequency ablation were the main procedures performed in 20 (28%) and 15 (21%), respectively. 10 (14%) were transplanted. The mortality during the period analyzed was 27%.

**Conclusions:** Alcohol abuse and hepatitis C infection were the leading causes of chronic liver disease associated with HCC. Approximately 50% of patients were classified as very early or early stage, which are potentially curable. These results highlight the need to increase early diagnosis and policies focused on changing risk factors for better outcomes.

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### P-104 IMPACT OF BACTERIAL INFECTIONS IN THE CLINICAL COURSE OF CIRRHOTIC PATIENTS ADMITTED TO THE INTENSIVE CARE UNIT

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**Introduction:** Bacterial infections (BI) occur in 43%-59% of cirrhotic patients (CP) admitted to intensive care units (ICU) and are associated with higher morbidity, mortality, and frequency of multi-drug-resistant (MDR) and extensively drug-resistant (XDR) bacteria.

**Objectives:** To describe the characteristics of community-acquired (CA), healthcare-associated (HCA) and hospital-acquired (HA) infections in CP admitted to the ICU; to assess the frequency of acute kidney injury (AKI), hepatorenal syndrome (HRS), acute-on-chronic liver failure (ACLF), sepsis and mortality in CP with BI; and to evaluate the variables predictive of hospital mortality.

**Methods:** Retrospective assessment of all infection episodes occurred in CP admitted in an ICU between January 2012 and June 2018. BI were categorized as CA, HCA and HA. Characteristics of infections and their impact on hospital morbidity and mortality were evaluated.

**Results:** 374 BI were observed in 285 hospitalizations (203 patients, 147 males, 67 $\pm$ 11 years, Child-Pugh 11 $\pm$ 2 and MELD 23 $\pm$ 8). Infections were classified as CA (n = 81, 29%), HA (n = 129, 45%) and HA (n = 75, 26%). Gram-negative bacteria occurred in 73% of the isolates, mainly *Klebsiella pneumoniae* (31%). Spontaneous bacterial peritonitis (32%) was the most common infection. MDR and XDR bacteria occurred in 35% and 16% of hospitalizations. HCA and HA had a higher frequency of MDR bacteria (31% and 41% respectively vs. 20% in CA, p <0,05) and XDR (19% and 17% respectively vs. 6% in CA, p=0,20). The frequency of sepsis was superior in HA in relation to CA (59 vs. 27% and 16%, respectively, p <0.01). The mortality was superior in HA (52% vs. 25% in HCA and 19% in CA, p <0.001). HA (OR 3.48) and HCA (OR 2.25) were independent variables associated with hospital mortality.

**Conclusions:** Knowing the local epidemiology of BI is important because of the impact on the morbidity and mortality of CP. HCA and HA had a higher frequency of MDR and XDR bacteria and death.

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### P-105 PREVALENCE OF ANTIMITOCHONDRIAL ANTIBODIES IN PATIENTS WITH PRIMARY BILE CHOLANGITIS AND ITS OUTCOME IN LIVER TRANSPLANTATION

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**Introduction:** The presence of antimitochondrial antibodies has been described as a diagnostic criterion for primary biliary cholangitis. However, no studies have been established in the South American population to describe the prevalence of these antibodies in patients with biliary cholangitis. Furthermore, it would be important to assess the prevalence and identify whether the presence of these antibodies influences the recurrence of the disease.

**Objectives:** To describe the prevalence of antimitochondrial antibodies in patients with cirrhosis due to primary biliary cholangitis undergoing liver transplantation.

To assess the recurrence of primary biliary cholangitis and its relationship with the presence of antimitochondrial antibodies.