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.

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 (± 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.

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 multidrug-resistant (MDR) and extensively drug-resistant (XDR) bacteria.

Objectives: To describe the characteristics of communityacquired (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-onchronic 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±11 years, Child-Pugh 11±2 and MELD 23±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.

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.