

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

M.K. Yuami¹, A.M.F. Andrade¹, R. Teixeira¹, C.R.D. Carmo¹, L.Q. Santos¹, J.F. Castro¹, C.X. Lima¹

¹ Department of Gastroenterology and Hepatology, Felício Rocho Hospital, Belo Horizonte, Brazil

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

Rac D'Oliveira¹, L. Codes¹, C.C. Zollinger¹, M.S. Rocha², P.L. Bittencourt¹

¹ Unit of Gastroenterology and Hepatology of the Portuguese Hospital of Salvador, Bahia, Brazil

² School of Medicine and Public Health of Bahia, Salvador, Bahia, Brazil

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

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

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

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.

Methods: It is a descriptive, cross-sectional observational study that evaluated transplant patients from 2006 to 2019

Results: Fifty patients with liver transplantation were identified with a greater representation of the female gender (47 cases, 94%), with an average age of 51 years (32-64), with only 1 patient being transplanted with severity according to the Child A scale (2%), while 66% (33) of the transplanted patients had Child C severity at the time of surgery. A prevalence of 68% (34) of anti-mitochondrial antibodies was found in patients who underwent transplantation. Recurrence identified 5 years after transplantation was identified in only 10% (5) of the patients who underwent transplantation, and most of them with positive anti-mitochondrial antibodies (3 patients)

Conclusion: The prevalence of anti-mitochondrial antibodies in primary biliary cholangitis is much lower when compared to several series in the literature, as well as the 5-year recurrence rate of the disease was quite low, which could suggest that the behavior of this disease in our Colombian population (mainly mestizo and indigenous) with a lower prevalence of these antibodies, it could influence the recurrence of the disease in transplant patients.

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P-106 COVID-19 PRESENTATION AND OUTCOMES IN 33 PATIENTS WITH AUTOIMMUNE HEPATITIS

Julia Fadini Margon, Monique Raddatz Reis Vilela, Bruna Damasio Moutinho, Sabrina Rodrigues de Figueiredo, Marta Mitiko Deguti, Débora Raquel Benedita Terrabuio, Eduardo Luiz Rachid Caçado

Background and Aims: Clinical course of Covid-19 is not yet established in autoimmune hepatitis (AIH). About 25% of our 400 AIH-outpatients from various states in Brazil are using hydrochloroquine (HCQ) for maintenance or treatment with corticosteroids and immunosuppressants (IS). The aim is to describe the clinical features and outcomes of COVID-19 in patients with AIH.

Methods: The diagnosis of COVID was confirmed by positive PCR of nasal swab and/or by serological tests. The diagnosis and treatment of COVID was not always made in our service.

Results: 33 patients, 85% female, 41±13yr; 88% AIH-1; 54.6% with advanced fibrosis (F3/F4); 81.8% with comorbidities (17 overweight/obesity [BMI 31.8±5.4], 10 arterial hypertension, 8 diabetes, 2 systemic lupus erythematosus [SLE, with renal failure], 1 celiac disease and malnutrition). The most frequent symptoms were cough (20), headache (19), anosmia and myalgia (18), diarrhea (17) and dyspnea (11). IS at infection was 14 azathioprine (AZA)+prednisone(PD), 2 AZA+PD+cyclosporine, 3 Mycophenolate +PD. HCQ was used for maintenance (6) or as a complement of IS (5). Five hospitalized patients received oxygen supplementation (1 endotracheal intubation); 1 was pregnant and 1 received methylprednisolone pulse+immunoglobulin to treat SLE immediately before COVID; 3 were under double IS and 2 HCQ. 23 received antibiotics (19 azithromycin). In 10 patients (9 with normal liver enzymes before COVID) there were IS adjustments: IS withdrawal and increase of PD dosage (6), increase PD dosage (2), IS withdrawal and HCQ prescription (1), AZA withdrawal +decrease PD dose (1). Six of the 10 patients had slight increase of liver enzymes, none liver decompensation. One patient died, with celiac disease who acquired COVID during hospitalization for lymphoma investigation.

Conclusions: It appears that patients under IS for AIH and COVID-19 show outcomes similar to that of non-immunosuppressed

population. HCQ does not appear to have a positive impact on preventing or progressing the disease.

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P-107 EPIDEMIOLOGICAL AND CLINICAL PROFILE OF AUTOIMMUNE HEPATITIS IN A BRAZILIAN TERTIARY HOSPITAL

Camila Toledo Turano¹, Renata da Silva Moutinho¹, Raul Carlos Wahle¹, Luiza Alencar Saldanha Queiroz¹, Claudia de Fatima Gomes Vieira Oliveira¹, Ana Luisa Vieira Rodrigues De Queiroz¹, Dora Gama Ribeiro Leite Altikes¹, Paula Bechara Poletti¹

¹ Gastroenterology Service of Hospital do Servidor Público Estadual "Francisco Morato de Oliveira", HSPPE-FMO, São Paulo, SP, Brazil

Introduction: Autoimmune hepatitis (IAH) is a rare inflammatory liver disease with an autoimmune nature that is characterized by predominantly affecting female patients. Variable patterns of presentation of this disease should be observed at time of diagnosis and there are few epidemiological data in Brazil in relation to this disease.

Objective: Our objective was to evaluate the epidemiological profile of patients with IAH of the Gastroenterology Service of Hospital do Servidor Público Estadual "Francisco Morato de Oliveira", HSPPE-FMO, São Paulo, SP, Brazil.

Methods: Descriptive, retrospective and observational study, with analysis of data from the medical records of patients, from July 2002 to July 2020.

Results: 35 patients were selected, with a female predominance (91.4%) and the average age at the diagnosis was 54.7 ± 14.2 years. The presence of extrahepatic autoimmune disease was observed in 45.7% of the cases with a predominance of thyroiditis (31.4%). Regarding the initial presentation, 59.4% of the patients presented with an acute jaundice, 31.3% with isolated elevated serum transaminases and 6.3% with decompensated liver cirrhosis. At the time of diagnosis, 50% presented with elevated gamma globulins, 79.4% with a positive standard ANA and 37.4% with positive anti-smooth muscle antibody. In relation to the initial histological evaluation, the presence of advanced fibrosis (F3 / F4) was observed in 39.2% and the most common histological finding observed was interface hepatitis in 58,3%.

Conclusion: The present study showed a high prevalence of females among IAH patients with an average age higher than that observed in other studies already published in our country. In relation to the main form of initial clinical presentation, the acute jaundice form was predominantly similar to the other national studies and the presence of advanced fibrosis in the initial histological evaluation was seen in a considerable proportion of patients.

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P-108 CORONAVIRUS DISEASE (COVID-19) IN LIVER TRANSPLANT PATIENTS: A SINGLE CENTER EXPERIENCE IN BOGOTÁ COLOMBIA

Margarita Gutiérrez¹, Leonardo Pérez², Oscar Beltrán³, Martín Garzón³, Alejandra Amaya¹, Carolina Salinas³, Geovanny Hernández³,