Abstracts Annals of Hepatology 24 (2021) 100366

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 antimitochondrial 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 antimitochondrial antibodies (3 patients)

Conclusion: The prevalence of antimitochondrial 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

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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 HCO 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

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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", HSPE-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

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Introduction: On January 30th of 2020, the WHO declared the COVID-19 outbreak a health emergency. In Colombia the first case was reported on March 6th of 2020. The disease has unfavorable outcomes and mortality in patients with high risk factors like solid-organ transplant recipients. In Colombia the data of the behavior disease in liver transplant patients are limited.

Objectives: To describe the prevalence, need of admission to hospital, complications and mortality of COVID-19 in liver transplant recipients.

Methods: A descriptive study of case series was performed from March 1st of 2020 to January 31st of 2021 in liver transplant recipients at Fundación Cardioinfantil-IC in Bogotá, Colombia. An analysis of clinical variables, severity laboratories, imaging and clinical follow-up were performed. Qualitative variables were described in percentage and quantitative variables were applied to a normality test using Kolmogorov Smirnov and Shapiro Wilk and the results were expressed as medians and IRQ or means and SD.

Results: Out of 540 adults liver transplant recipients on Fundación Cardioinfantil-IC, 34 patients (6.2%) were diagnosed with Covid 19, median age 62 years (IQR: 26), 20 (58%) male, 13 (38.2%) were admitted to hospitalization, and 4 (11.7%) required ICU. More frequent symptoms were fever in 17/34 patients (50%), cough in 17/34 (50%) and dyspnea 10/34 (29.4%). Ten patients (29.4%) had pneumonia as radiographic findings. Four patients required mechanical ventilation. Complications like acute renal injury were found in 3 patients, 1 patient required renal replacement therapy and 1 patient had gastrointestinal bleeding. 3 patients died (8.8%) on average 14 days of hospital length in ICU.

Conclusion: Although the group of liver transplant patients is considered to be at high risk for unfavorable outcomes in SARS COV2 infection, the data on mortality and complications were similar to the few data described in the literature.

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109 TREATMENT PROFILE OF AUTOIMMUNE HEPATITIS IN A BRAZILIAN TERTIARY HOSPITAL

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Introduction: Autoimmune hepatitis (IAH) is a rare disease, marked by periods of inflammation and remission. It occurs in any age group with a bimodal incidence. The aim of IAH treatment is to achieve a complete normalization of the levels of aminotransferase and

immunoglobulin and to remain remission after treatment withdrawal and to reduce the development of cirrhosis and its complications.

Objective: Our study evaluated the profile of treatment response IAH patients and identify variables related to biochemical and histological remission.

Methodology: Descriptive, retrospective and observational study, with analysis of data from the medical records of patients, from July 2002 to July 2020, with the inclusion of patients diagnosed with IAH and patients with intake of alcoholic beverages, infected with viral hepatitis, with drug-induced injury or who had overlap syndromes were excluded from the study.

Results: 35 adults with IAH were included, the average age at the diagnosis was 54.7 ± 14.2 years. All received corticosteroids and azathioprine. Side effects were observed in 28% of cases. A biochemical remission was achieved in 85% of patients and to those who underwent a new liver biopsy after treatment withdrawal, we found 68% of histological remission. Relapsed rate observed after treatment withdrawal was 35% (5/14), all of them in the first year of follow up. High levels of serum albumin was a positive factor for biochemical remission otherwise high titers of anti-smooth muscle antibody showed a worse rate of histological remission.

Conclusion: The response of treatment were similar to observed in European and North-American studies and minimum side effects were reported. Finally, patients with antismooth muscle antibody positivity achieved a lower histological response and such patients should be considered optimization of standard treatment.

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P-110 POST-TRANSPLANT OUTCOMES IN PATIENTS WITH HEPATOCELLULAR CARCINOMA SUBMITTED TO DOWN-STAGING – BRAZILIAN MULTICENTER STUDY

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