

Cristina Torres³, Jairo Rivera⁴, Andrés Murcia⁴,
Gilberto Mejía⁴, Adriana Varón³

¹ Gastroenterology Fellow PGY-1, Universidad del Rosario, Bogotá, Colombia

² Clinical Epidemiologist and Gastroenterologist, Fundación Cardioinfantil-IC, Bogotá, Colombia

³ Hepatology Department and Liver Transplant, Fundación Cardioinfantil-IC, Universidad del Rosario, Bogotá, Colombia

⁴ Liver Transplant Department, Fundación Cardioinfantil-IC, Bogotá, Colombia, IVER

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

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 LeiteAltikes¹,
Paula Bechara Poletti¹

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

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

Julia Fadini Margon^{1,2}, Aline Lopes Chagas^{1,2},
Angelo A. Mattos³, Márcio Augusto Diniz⁴,
Guilherme Eduardo Gonçalves Felga⁵,
Ilka de Fátima Santana Ferreira Boin⁶,
Rita de Cássia Martins Alves da Silva⁷,
Renato Ferreira da Silva⁸,
José Huygens Parente Garcia⁹,
Aginaldo Soares Lima¹⁰, Júlio Cezar Uili Coelho¹¹,
Paulo Lisboa Bittencourt¹²,
Venâncio Avancini Ferreira Alves^{2,13},
Luiz Augusto Carneiro D'Albuquerque^{2,14},
Flair José Carrilho^{1,2}, Brazilian HCC Study Group

¹ Division of Clinical Gastroenterology and Hepatology, Hospital das Clínicas, Department of Gastroenterology, University of São Paulo, Brazil

² São Paulo Clínicas Liver Cancer Group, São Paulo, Brazil

³ Department of Gastroenterology and Hepatology, Fundação Universidade Federal de Ciências da Saúde de Porto Alegre, Porto Alegre, Brazil

⁴ Biostatistics and Bioinformatics Research Center, Cedars Sinai Medical Center, Los Angeles, United States

⁵ Liver Transplantation Unit, Hospital Israelita Albert Einstein, São Paulo, Brazil

⁶ Liver Transplantation Unit, State University of Campinas, Brazil

⁷ Departamento de Clínica Médica e Unidade de Transplante de Fígado, Hospital de Base – Funfarme, Faculdade de Medicina de São José do Rio Preto – FAMERP, São José do Rio Preto, Brazil

⁸ Departamento de Cirurgia e Unidade de Transplante de Fígado, Hospital de Base – FUNFARME, Facultad de