

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

Medicina de São José do Rio Preto – FAMERP, São José do Rio Preto, Brazil

⁹ Ceará Unit of Liver Transplantation, Department of Surgery and Liver Transplantation, Federal University of Ceará, Fortaleza, Brazil

¹⁰ Federal University of Minas Gerais School of Medicine, Belo Horizonte, Brazil

¹¹ Federal University of Paraná, Surgery Department, Curitiba, Brazil

¹² Department of Gastroenterology and Hepatology, Portuguese Hospital of Salvador, Bahia, Brazil

¹³ Department of Pathology, University of São Paulo School of Medicine, São Paulo, Brazil

¹⁴ Digestive Organs Transplant Division. Hospital das Clínicas, Department of Gastroenterology, University of São Paulo School of Medicine, São Paulo, Brazil

Backgrounds: Down-staging (DS) is used to convert hepatocellular carcinoma (HCC) patients outside the criteria for liver transplantation (LT) into patients within the criteria. However, LT after DS remains controversial in the literature.

Aims: Compare the post-LT survival and recurrence risk of HCC patients transplanted after DS with patients transplanted within the Brazilian selection criteria.

Methods: We conducted a multicenter, retrospective cohort study, analyzing medical records of 1,119 liver transplant recipients with HCC in Brazil. HCC treatment prior to LT and whether or not the patient was enrolled after down-staging was analyzed. Survival curves were presented using the Kaplan-Meier and compared using the log-rank test. Univariate and multiple cox regression analysis was fitted.

Results: 1,119 patients were included. 81% were males and mean age in the time of LT was 58 ± 8.2 years. In the majority of patients (91%) HCC was the reason for inclusion in transplant list and 8% of patients were listed after successful DS. At HCC diagnosis, 85% of patients were within Milan Criteria. TACE was the most frequent treatment performed. The overall survival (OS) of the entire series was 63% in 5 years, with an average follow-up time of 28 months and post-LT HCC recurrence was 8%. Relapse-free survival and OS, respectively, over 5 years, were 78% and 83% in DS patients and 75% and 89% in patients transplanted within criteria, with no statistical difference in the two analyzes. Evaluation of prognostic factors using simple and multiple Cox Regression did not show that DS was a risk factor for a worse survival or post-LT tumor recurrence.

Conclusions: In our study, patients underwent DS show good post-transplant evolution, similar to those transplanted within criteria, suggesting that response to treatment is a good selection parameter for tumors with favorable tumor biology.

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P-111 FREQUENCY OF LIVER STEATOSIS AND FIBROSIS DETERMINED BY FIBROSCAN AND CAP IN A SCREENING PROGRAM

Pedro Montes Teves¹, Rocío Galloso Gentile², Diego Rosales Ruiz¹, Flor Beltran Valdivia³, Claudia Mori Torres⁴, Vanessa Valenzuela Granados⁵, Flor Araujo León⁴, Cecilia Cabrera Cabrejos⁶, Bertha Cárdenas Ramírez⁶, Jaime Fustamante Flores¹, Roxana Gallegos López⁷, Carlos García-Encinas⁵, Carlos Nureña Flores⁸, Rossana Ráez León⁹, Rocío Ramos Miraval⁹, Briny Rodríguez Vargas¹, Julio Santiago Marcelo¹⁰, Stefanie Salazar Rivas³, Sonia Salazar Ventura¹, María Grazia Venturelli Romero⁶

¹ Hospital Nacional Daniel A. Carrión – Callao

² Hospital San José – Callao

³ Hospital Central de la Policía Nacional del Perú

⁴ Hospital Nacional Alberto Sabogal

⁵ Hospital Cayetano Heredia

⁶ Hospital Nacional Guillermo Almenara Irigoyen

⁷ Hospital Nacional María Auxiliadora

⁸ Hospital Nacional 2 de Mayo

⁹ Hospital Centro Médico Naval Cirujano Mayor Santiago Távara

¹⁰ Hospital Emergencias Villa El Salvador

Introduction: Nonalcoholic fatty liver disease represents a worldwide public health problem, in Latin America a prevalence of around 30% is estimated, however in Peru we do not have large epidemiological studies about this.

Objectives: To evaluate the frequency of liver steatosis determined by CAP (Controlled Attenuation Parameter) and liver fibrosis by hepatic elastography in a population of patients who participated in a screening campaign.

Material and Methods: Descriptive and cross-sectional study. During the period September–December 2019, the ALEH Screening Fibroscan program was carried out in 4 reference hospitals in Lima and Callao. Patients were evaluated with a Fibroscan 530 device with M and XL probes. Those examinations that met the quality parameters were included for the study: 10 valid measurements, IQR <30% for liver stiffness, IQR <40 dB / m for CAP. The study population was people aged 18 and older who voluntarily attended the screening campaigns.

Results: 1978 patients were included, with an average age of 54.22 ± 14.36 years, the distribution by sex was 1342 women (67.8%) and 636 men (32.2%). The distribution according to the degree of liver steatosis determined by CAP was S0: 1198 (60.6%), S1: 335 (16.9%), S2: 59 (3%), S3: 386 (19.5%). The distribution according to the degree of fibrosis was F0-1: 1662 (84%), F2: 97 (4.9%), F3: 98 (5%), F4: 121 (6.1%).

Conclusions: In the studied population a frequency of hepatic steatosis of 39.4% and advanced hepatic fibrosis of 11.1% was found.

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P-112 ALPHA-FETOPROTEIN AS A PROGNOSTIC FACTOR IN PATIENTS WITH HEPATOCELLULAR CARCINOMA SUBMITTED TO LIVER TRANSPLANTATION – BRAZILIAN MULTICENTER STUDY

Aline Lopes Chagas^{1,2}, Ângelo Alves de 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, Agnaldo 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 School of Medicine, São Paulo, Brazil

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

³ Department of Gastroenterology, 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