

Materials and Methods: This is a case series study. We conducted a retrospective review of liver transplant recipients who had received prenatal care at Guillermo Almenara Hospital between March 2001 and February 2021

Results: During the study period, 286 patients underwent liver transplantation. There were 45 women (15 %) in childbearing age (15–45 years old), and 7 (15%) of them became pregnant during the study period.

There was a total of 7 pregnancies. The mean age of patients at the time of transplant was 31.7 ± 4.5 years, and the mean interval between transplant and conception were 16.6 (IQR 38, 25 % <11.6 meses). There were 5 live births (71.4%), 1 spontaneous miscarriage (14 %), and one fetal death at 22 weeks. Median gestational age at delivery was 34.8±4.21 weeks (range, 29–39), and the median birth-weight was 2483 g (range, 1350–3060 g). Prematurity occurred in 3 (60 %) neonates, and 3 (60 %) neonates were adequate birth weight. Apgar scores were ≥7 in 100 %.

All the pregnant has an immunosuppressive regimen base in tacrolimus. One pregnant with chronic rejection had a newborn with good evolution.

Conclusions: The Pregnancy after liver transplantation had a favorable outcome in most of our cases, but there are still serious risks to the mother and the fetus. The Evaluation and follow-up must involve a multidisciplinary team.

Key Words: LIVER TRANSPLANT, PREGNANCY, TACROLIMUS

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P-117 LOW PREVALENCE OF HEPATITIS B AND C AMONG PEOPLE LIVING IN POVERTY IN NORTHEAST BRAZIL

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Introduction: Hepatitis B and C infection are responsible for more than 300 million of chronic liver disease patients all over the world. One goal of WHO 2030 agenda is the eradication of hepatitis B and C. However poverty is a great obstacle to achieve this goal. In Brazil, more than 13 million of people live in poverty (PLP) and could be vulnerable to HBV and HCV.

Objectives: This study aims to determine HBV and HCV prevalence and analyze the response to HBV vaccination by measuring anti-HBs antibodies in serum samples from PLP.

Methods: This was a cross-sectional study carried out in rural settlement in the municipality of Sao Joao do Piaui, Northeast Brazil in March and July 2019. Participants were recruited in their homes and after signing the informed consent, they gave blood samples. A commercial ELISA was used for measurements of antibodies against i) hepatitis B surface antigen (anti-HBs) and ii) hepatitis B core antigen (HBc) and of the hepatitis surface antigen (HBsAg). Nearly half of the population was female (51.0%). The mean age was 36.2±20.4 years, and about 43.2% received a monthly income of approximately \$35.00 USD. Most are self-declared black or mixed race (81.9%), were married (50.1%), 15.5% was illiterate and 25.8% had a maximum of six years of formal schooling. Overall zero positivity for HBsAg, anti-HBc and anti-HBs determined by ELISA was 0.2%, 5.1 % and 43.9%, respectively. Anti-HBs reactivity was not associated with monthly income and schooling. Low rates of vaccination against hepatitis B were found among PLP in Northeast Brazil, highlighting the need for

preventive actions towards this population segment, vulnerable and a potential disseminator of this infection. Strategies to increase HBV vaccination will be essential to eradicate hepatitis B and achieve the goals of WHO 2030 agenda. Report the levels of biochemical markers in CLD patients with or without COVID-19 to give more information that could help clinical monitoring.

Study was approved by Brazilian Ethics Committee. Blood samples were collected after signed informed consent.

Results: Most of individuals were male 56% (37/66) and mean age of population was 49±17 years. Six out 66 CLD patients were SARS CoV-2 RNA positive at baseline. At the end of follow-up, all of these 6 patients achieved SARS-CoV-2 clearance. At least once during follow-up, the CLD group versus CLD/COVID-19 group, 48% (29/60) vs. 17% (1/6) (P=0.2) had abnormal alanine aminotransferase; 47% (28/60) vs. 17% (1/6) had abnormal aspartate aminotransferase (P=0.21); 60% (36/60) vs. 67% (4/6) had abnormal γ -glutamyl transferase (P=1.00), 32% CLD patients (19/60) had abnormal total bilirubin levels vs. none of the CLD/COVID-19 group (P=0.17).

Conclusions: Previous liver disease did not seem to increase the biochemical levels, except GGT, during COVID-19 infection. However, liver function monitoring is still essential for both COVID-19 patients with and without liver disease.

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P-118 NONINVASIVE PARAMETERS OF PREDICTORS OF ESOPHAGEAL VARICES (EV) IN CHILDREN WITH INTRAHEPATIC PORTAL HYPERTENSION

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Introduction: Children with portal hypertension (PH) are at risk for variceal bleeding. The standard test for screening varices is endoscopy, an invasive method.

Objective: Evaluate noninvasive parameters of predictors of esophageal varices (EV) in children with intrahepatic portal hypertension.

Method: This cross-sectional study included 168 children with no history of GI bleeding who underwent the first screening endoscopy for EV (mean age: 8.3±4.7 years). Patients were classified into two groups: G1: Child-Pugh A and G2: Child-Pugh B and C. The noninvasive methods assessed were: 1) platelet count; 2) spleen size; 3) spleen size z score; 4) platelet count/spleen size ratio; 5) platelet count and spleen size z score ratio; 6) platelet count and equivalent adult spleen size ratio; 7) APRI; 8) CPR; 9) Risk score and 10) King's variceal prediction score. Continuous variables were expressed as the median and interquartile range (25%-75%) and compared using the Mann-Whitney test. The distribution of variables was analyzed through the chi-square test, with Fisher exact test, 2tailed. ROC curve analysis was used to calculate diagnostic accuracy as areas under the curve (AUROC); 95%confidence intervals (CI). The significance was considered when P<0.05.

Results: The incidence rate of EV was: G1 49.4% (44/89) and G2 64.6% (51/79) (OR 1.86-95% CI 1.001-3.47). The significant predictor of EV for G1 was the Risk score: OR 0.813 (95% CI 0.723-0.903) and for G2, platelet count/spleen size z score: OR 0.849 (95% CI 0.756-0.943).

Conclusions: The noninvasive predictors of EV varied according to the severity of the disease. **The Risk Score forecasted EV in**

children Child A. Platelets/spleen size predicted EV in children Child B and C.

	Group 1 (N=89)	Group 2 (N=79)	P
Platelet count (10 ³ /mcl)	142.0 (99.5-207.5)	95.0 (64.0-180.0)	0.003
Spleen size (cm)	12.7 (11.0-14.8)	13.7 (11.0-16.9)	0.088
Spleen size z score	3.92 (2.25-6.13)	5.94 (2.64-8.16)	0.010
Platelet count/spleen size	1.06 (0.72-1.46)	0.72 (0.41-1.29)	0.008
Platelet count/spleen size z score	14.7 (9.7-21.2)	9.3 (5.1-17.2)	0.000
Platelet count/EASS	8.3 (5.3-11.0)	5.5 (3.3-9.9)	0.005
Apri	1.0 (0.5-2.3)	2.3 (1.1-5.0)	0.000
Cpr	117.9 (110.4-130.4)	95.3 (77.7-109.8)	0.000
Risk score	-1.8 (3.4--0.4)	1.6 (-0.2-3.2)	0.000
King's variceal prediction score	94.9 (84.6-106.4)	64.7 (44.4-83.6)	0.000
Esofageal varices	44 (49.4%)	51 (64.6%)	0.061

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P-119 GENETIC VARIABILITY OF HEPATITIS B VIRUS AMONG DIFFERENT PHASES OF CHRONIC INFECTION AND HIV COINFECTION IN BRAZIL

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Introduction: Molecular studies regarding hepatitis B virus (HBV) infection are essential as the disease severity depends on these specifications.

Objectives: This study aims to determine HBV genotypes and sub-genotypes, nucleos(t)ide analogs (NA) resistance, and HBsAg escape mutations in HBV patients according to different phases of chronic hepatitis B (CHB) and HIV status.

Methods: A total of 93 HBsAg+ patients over 18 years of age were included. Four different phases of CHB have included: 10 immune tolerant phases (IT), 5 immune reactive HBeAg positive phase (IR), 46 low replicative (LR) state, 23 HBeAg-negative CHB (ENH), and also 9 HIV/ HBV coinfecting individuals. Samples were submitted to PCR for detecting an overlapping *pol/ S* gene region and direct sequenced. Phylogenetic analyses were performed using Mega-X software, identification of vaccine escape and NA resistance was made using the Geno2Pheno HBV website.

Results: Mean age was 44.5± 13.3 years and most of HBV subjects were males (56.9%). Most of the individuals presented genotype A (75.3%) irrespective of group, subgenotype A1 (61.3%), followed by genotypes D (17.3%), F (6.4%), E (1.1%). Genotypes D and F were prevalent in LR group (75% and 66.6%, respectively) and genotype E was found only in IT group (1/1). It was not found NA resistance described to common antiviral treatment. However, high frequency of some specific mutations was found in all groups, such as, M129L (72.0%); W1 53RW (36.5%); V1 63I (64.5%); I253V (55.9%); V278I (30.1%). Seven subjects (7.5%) presented HBsAg escape mutation of whom the majority had genotype A (85.7%) and belongs to LR group (57.1%); 1 had genotype D (14.3%), 2 were HIV/ HBV coinfecting (28.6%) and 1 was ENH (14.3%).

Conclusions: It was found a high prevalence of genotype A1 irrespective of CHB phase or HIV coinfection and HBsAg escape mutations could impact antiviral treatment and diagnosis.

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P-120 NATIONAL SURVEY ON CURRENT PRACTICES TO PREVENT HBV REACTIVATION DURING IMMUNOSUPPRESSION

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Introduction: Reactivation of hepatitis B virus (HBVr) is a problem still neglected worldwide.

Objective: To assess knowledge of physicians regarding HBVr during immunosuppression including use of immunobiologics (IS/IB).

Methods: Between August and October 2020, a national survey regarding current practices in HBVr prevention was sent to members of the Brazilian Societies of Hepatology, Gastroenterology, Hematology, Rheumatology, Oncology and Transplantation using a web-based approach.

Results: 510 physicians answered the survey, mainly gastroenterologists (35%) and rheumatologists (31%). The majority had less than 20 years of clinical practice (62%). 91% reported to routinely request serology for HBV before IS/IB. To 90% of the interviewed doctors, in their clinical practice, serology is missing in less than 25% of their patients already using IS/IB. The most common serology panel requested (75%) is HBsAg, Anti-HBc and Anti-HBs. 76% recommend strategies to prevent HBVr for either HBsAg and/or anti-HBc-positive patients, however, 16% only prescribe to HBsAg-positive. 85% have an specialist on HBVr available for referring patients, but 30% start prevention strategies without the need for specialized evaluation. In this case, the preferred treatment options are entecavir (18%), tenofovir (17%) and lamivudine (6%). 88% reported good adherence of their patients to HBVr prevention strategy. Only 27% referred to maintain prevention strategy for at least 6 months after IS/IB interruption. Finally, 73% of the participants never experienced HBVr on their practice and 42% participated in educational activities about HBVr in the last 2 years.

Conclusions: Compared to previous literature, Brazilian physicians seems to have a better compliance to international guidelines toward HBVr prevention. With the exception of duration of HBVr prophylaxis, medical knowledge on this field can be regarded as above average.

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P-121 ASSESSMENT OF THE ANTERIOR AND POSTERIOR ATTENTIONAL NETWORKS IN PATIENTS WITH MINIMAL HEPATIC ENCEPHALOPATHY

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Introduction: In patients with minimal hepatic encephalopathy (MHE), the spectrum of cognitive functions impaired is related to motor slowness, although the attentional network could also be affected. The posterior and frontal attentional networks can be assessed with discrimination and interference tests, respectively.

Objective: Compare the response to the increase of attentional demands through the discrimination test in the presence of distractor stimuli.