Methods: Thirty-five cirrhotic (55±3.4 years old) patients and forty-seven controls (41±11.1 years old) performed a discrimination task consisting of two different tones and an interference task of three tones. Reaction times (RT) were recorded. MHE was detected with the number connecting test (NCT-B), age, and years of education corrected.

Results: MHE was detected in 12/35 (34%) of cirrhotic patients. Analysis of covariance ANCOVA (group as a factor, age, and education as covariables) was statistically significant for RT of the discrimination task; control vs cirrhosis (p=0.011) and control vs MHE (p<0.001). For the interference task in both control vs cirrhosis and control vs MHE (p<0.001), the RTs were not different between MHE and cirrhosis.

Conclusions: The attentional network anterior and posterior assessed with discrimination and interference attentional test is impaired in both cirrhotic and MHE patients compared to controls.

P-122 LIVER TRANSIENT ELASTOGRAPHY (FIBROSCAN). FIRST REPORT OF EXPERIENCE IN ECUADOR

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Introduction: Chronic liver diseases and their complications are important health problems due to their high morbidity and mortality. In Ecuador, according to INEC during 2017, cirrhosis and other liver diseases represent the seventh leading cause of death. In public hospitals liver diseases represent a significant percentage of hospital admissions, generating a significant economic impact.

In 2017 year, a private health center acquired a liver transient elastography, being the first equipment available for Ecuadorians.

Objectives: Describe the experience obtained with FibroScan, during the years 2017-2018, in a private center in the city of Quito-Ecuador.

Methods: Retrospective descriptive study. All patients attended from January 2017 to December 2018 were included. The Fibroscan touch 503 Echosens MR brand elastography equipment was used. For the classification of Fibrosis (Kp) the Fibroscan table, specified by the manufacturer, was used.

Results: During the observational period, a total of 272 procedures were performed distributed in 173 male (50 - 59 years old), and 99 female (40- 49 years old). The most frequent indication was for fatty liver (36.76%), followed by altered liver tests (31.25%). Approximately, 40.1% of patients had a BMI between 25 and 29.9 which corresponds to grade I and II overweight. Stages F0-F1 in relation to Kpa were found in 171 patients, 62.9% of the series and stages F4 in 59 patients (21.7%). A total of 37.1% of patients with S3 measured by CAP were found; of which 29% belong to the overweight and obesity groups 1. In relation to age, the stage corresponding to F4 was found in 45 (20.1%) patients aged between 50 and 89 years.

Conclusion: Non-alcoholic and alcoholic fatty liver (36.75% of our cohort) constitutes one of the most prevalent pathologies in Ecuador as a cause of chronic liver disease.

- The highest percentage of patients, 62.9%, were in Stages F0-F1, which allows a timely therapeutic intervention to prevent their progression. 21.7% were found in stage F4 (cirrhosis).
- Elastography is a non-invasive, precise, safe, easy to perform, cost-effective technique, with immediate results to estimate liver fibrosis.

IMC	18,5-24,9	%	IMC	25,0-29,9	%
F0-F1	43	61.43	F0-F1	77	70.64
F2	2	2.85	F2	13	11.93
F3	4	5.72	F3	5	4.59
F4	21	30	F4	14	12.84
IMC	**30,0-34,9**	**%**	**IMC**	**35,0-39,9**	**%**
F0-F1	40	58.82	F0-F1	7	41.18
F2	8	11.76	F2	3	17.64
F3	3	4.41	F3	0	0
F4	17	25	F4	7	41.18
IMC	**> 40,0**	**%**			
F0-F1	4	50			
F2	3	37.5			
F3	1	12.5			
F4	0	0			

P-123 PROFILE OF NONALCOHOLIC FATTY LIVER DISEASE (NAFLD) X TREATMENT: A NUTROLOGY'S VIEW

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is defined as a worldwide public health problem. NAFLD is a metabolic syndrome that involves: dyslipidemia, type 2 diabetes mellitus (DM2), obesity, cardiovascular diseases, cirrhosis, low levels of adiponectin and hepatocarcinoma whose rate of morbidity and mortality is quite high.

Objective: To evaluate the relationship between the degree of non-alcoholic fatty liver disease (NAFLD) in patients of both sexes, analyzing lifestyle and drugs associated with metabolic disorders that correct and influence the evolution of the disease.

Methods: A retrospective study was conducted in patients with NAFLD treated, following the following procedures: physical and laboratory (fasting glucose, LDL and HDL cholesterol, triglycerides, TGO, TGP, gamaGT, ferritin and insulin and Hydrox-vit-D) (Table 1), ultrasound of the liver and assessment of nutrology / nutrition. Safety and efficacy were assessed over a 180-day follow-up.

Results: 60 patients were included with variables shown in (table 1). In the ultrasound analysis he classified: mild (8), moderate (36) accentuated (16). Hepatic elastography (Fibroscan) was performed in 1/3 of the patients in a marked way, mostly showing fibrosis <2 on the Metavir scale and in two cases: fibrosis 4. The nutritional protocol with a protein-based diet: chicken, fish and eggs, fruits, roots, vegetables and whole grains, including probiotics in 30% associating orlistat-120 mg + omega-3-1000 (EPA + DHA) + silymarin-200mg + Metformin (glyphage-XR-500mg) in two daily doses; vit supplementation. A-Z and vit. D (2,000 to 10,000 wm) and physical exercise. In the period between 90 and 180 days, weight loss, reduction in hepatic and metabolic rates and changes in the grading of liver ultrasound analysis were observed.

Conclusion: The profile of NAFLD was determined by a non-invasive method: laboratory and ultrasound and the recommendation of a nutrology / nutrition protocol, associated with drugs that correct