

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.

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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			

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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

metabolic changes, proved to be effective in controlling this pathology.

Gender	33 H (%)		27 M (%)
	Minimum	Maximum	Average
Age (Years)	26	63	47
Weight	59	142	88
Blood glucose	88	246	96
Cholesterol (LDL)	71	226	129
Cholesterol (HDL)	37	82	41
Triglycerides	99	504	193
TGO	17	99	39
TGP	23	152	69
YGT	11	103	47
Ferritin	64	736	380
Insulin	16	41	16,21
Hidroxi-vit-D	16	49	23

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P-124 POST PARACENTESIS COMPLICATIONS IN PATIENTS WITH DIAGNOSIS OF LIVER CIRRHOSIS

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Introduction: Post paracentesis complications are correlated to a high morbidity and mortality rate in patients with a diagnosis of liver cirrhosis, among whom a high incidence of them has been observed after performing this procedure.

Objectives: To identify post paracentesis complications in patients diagnosed with liver cirrhosis in the Department of Internal Medicine of the Roosevelt Hospital from January 1 to December 31, 2018, Guatemala.

Population and Methods: Cross-sectional descriptive study carried out in patients with a diagnosis of liver cirrhosis who had undergone decompressive / diagnostic paracentesis.

Results: The majority of patients were male (70%) with child pug C liver cirrhosis (71%) aged between 40 to 49 years of age (44%), with less than 1 year of diagnosis of liver cirrhosis (64%). Persistent leakage of ascites fluid from the puncture site was the most frequent complication (35%), followed by secondary bacterial peritonitis and hematoma of the abdominal wall at the puncture site (13% and 12% respectively). A third of the patients did not present any complications after the procedure (31%). Alteration in liver function tests (0.0001), decreased platelets and prolonged clotting times (0.001) presented a statistically significant relationship of greater probability of presenting some complication after the procedure, the bilirubin level did not present a statistically significant relationship for complications occur. (0.3). A third of the patients were indicated decompressive paracentesis (48%), of which a higher rate of complications was observed after the procedure (67%).

Conclusions: The most frequent complication was the persistent leakage of ascites fluid. Hypoalbuminemia, coagulopathy, and platelet alteration correlate with a higher risk of complications.

Key Words: Complications, paracentesis, liver cirrhosis

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P-125 REX SHUNT IN A DEVELOPING COUNTRY – IS IT POSSIBLE?

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Introduction: Extrahepatic portal vein obstruction (EHPVO) is a frequent cause of noncirrhotic portal hypertension in children.

Objective: Describe the experience in the surgical treatment of EHPVO in children, in a developing country.

Methods: Retrospective case series study, with medical records review of patients with EHPVO, who underwent surgical treatment, by an experienced surgeon, between July 2016 and May 2019. Patient profile, laboratory test, images, liver histology, surgery performed, postoperative complications and shunt patency were analysed.

Results: 12 patients, median age of 4 years, umbilical catheterization was present in 8 patients (66,6%). Ten patients performed portography, and 60% had type A by Baveno VI criteria. Despite normal liver tests, liver biopsy revealed ductular proliferation in 83,3% of patients and mild portal fibrosis in 66,7%. Splenomegaly was present in 91,7% and thrombocytopenia in 83,3%. All patients had oesophageal varices and gastrointestinal bleeding occurred in 83,3%. Among the coagulation tests, the deficiency of C and S proteins is noteworthy in most patients, with 72,3% and 63,6% respectively.

It was possible to perform meso-Rex bypass in 10 patients (83,3%); in the other 2 distal splenorenal shunt was performed. Early postoperative complications occurred in 58,3% of patients, the most common was ascites in 4 (33,3%), which resolved in less than 1 month. One patient developed shunt thrombosis in the first 7 days after surgery, not resolved with thrombectomy. In outpatient follow-up one patient developed thrombosis in the Rex shunt and another 4 had stenosis. All of them underwent to interventional radiology. Currently 8 of 10 meso-Rex patients (80%) have patent shunt.

Conclusion: Rex shunt is possible in developing countries with an experienced surgeon and multidisciplinary team.

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P-126 INTERPHASE HEPATITIS IN PRIMARY BILIARY CHOLANGITIS, SEVERITY FACTOR AND NO RESPONSE TO URSODEOXYCHOLIC ACID?

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Introduction: Primary biliary cholangitis (PBC) is a chronic cholestatic disease that can progress to cirrhosis. The presence of fibrosis represents a predictive factor of progression and failure of response to ursodeoxycholic acid (UDCA). Currently, liver biopsy is not required for its diagnosis, however the finding of interface hepatitis (IH) in the histology could have a prognostic role.

Objectives: To compare in patients with biopsied PBC the presence of fibrosis and response to UDCA (Barcelona, Mayo II and Paris II criteria) according to the presence or absence of IH.

Methods: Histological findings and clinical characteristics of patients with biopsied PBC were retrospectively analyzed, at the stage when it was necessary for the diagnosis or in case of subsequent diagnostic doubt, between 2013-2019. Patients meeting the Paris criteria for PBC/HAI overlap were excluded.

Results: 36 patients were identified: 94% women, mean age 53 years (32-68), ANA (+) in 77%, elevated IgG in 58%. 11/36 with IH