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 URSODEOXICOLIC 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 HI

on biopsy. IH was associated with a greater presence of fibrosis (73% vs 36%; p <0.05) and higher ANA titers > 1/640 (50% vs 17%). In 24 patients, annual response to UDCA could be evaluated: 45% of the patients with IH met at least 2 response criteria vs 69% of the group without histological IH.

Conclusion: The presence of IH in PBC is associated with greater fibrosis and worse biochemical response. Liver biopsy may be necessary in patients who do not respond to UDCA due to suspected interface activity.

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P-127 HEPATITIS A WITH ACALCULOUS CHOLECYSTITIS, PLEURAL EFFUSION, PERICARDIAL EFFUSION AND ASCITIS

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Introduction: In developing countries, hepatitis A constitutes an important public health problem. It generally presents as a mild, self-limited disease, but occasionally it can present with infrequent clinical findings.

Case Presentation: 42-year-old female admitted for 7 days of abdominal pain in the right upper quadrant, general malaise, mild dyspnea and fever. With no known morbid history, she is a bodybuilder with frequent use of BCAAs, Glutamine, and occasional anabolic steroids (Oxalandrone, Boldedone, Methenolone). On physical examination, jaundice of the skin and mucous membranes, edema of the lower limbs and palpable spleen, pain on palpation in the right upper quadrant.

In laboratories Hemoglobin 13.3 g / dL; White blood cells: 5400 cells / mm3; Platelets 316 / mm3; AST 849 U / L; ALT 3152 U / L; Total bilirubin 11.1 mg / gL, GGT 1020 U / L; 491 U / L alkaline phosphatase; INR 1.5; Total proteins 5.6 g / dL; Albumin 2.6 g / dL. Nitrogen, electrolytes, ANA antinuclear antibody, lipase, HIV, HVC, HBsAg were within normal parameters, HAV IgM was positive, the serological analysis for E. Barr, Cytomegalovirus were negative. Chest X-ray showed mild bilateral pleural effusion. Liver Doppler showed inflammatory changes in the liver parenchyma, data of acalculous cholecystitis, moderate ascites and splenomegaly. An echocardiogram was performed that showed slight posterior pericardial effusion with a heart of normal morphology and function. The patient was managed with supportive and nutritional therapy, without progression of clinical symptoms, was discharged on the 8th day of admission and was seen for consultation 1 month later with image and laboratory control, with disappearance of cholecystitis, pleural and pericardial effusion and ascites, and decreased laboratory levels of the liver profile.

Conclusion: This is one of the few documented cases of hepatitis A with these complications, all found in the same patient, they have been described as rare forms of presentation in the course of hepatitis A.

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O-1 THE ROLE OF PNPLA3 AND TM6SF2 POLYMORPHISMS ON LIVER FIBROSIS AND METABOLIC ABNORMALITIES IN BRAZILIAN PATIENTS WITH CHRONIC HEPATITIS C

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Background: Despite the growing body of knowledge about TM6SF2 and PNPLA3 polymorphisms in non-alcoholic fatty liver disease, their influence in the spectrum of HCV liver disease is not yet fully defined. Besides that, admixed populations, such as Brazilians, were not included in most of the studies.

Objectives: Describe the prevalence of these polymorphisms in Brazilians with chronic hepatitis C, and to assess their association with liver fibrosis and other components of the metabolic syndrome.

Methods: This cross-sectional study enrolled 365 treatment-naïve patients with HCV and 134 healthy individuals. TM6SF2 (rs58542926 c.499C>T) and PNPLA3 (rs738409 c.444C>G) polymorphisms were evaluated regarding their association with clinical and laboratory data, histological liver steatosis and fibrosis, and with components of the metabolic syndrome.

Results: In HCV subjects, the frequencies of TM6SF2 CC and CT + TT were 89% and 11%, while PNPLA3 frequencies of CC and CG + GG were 51.4% and 48.6%. In the univariate logistic regression analysis, the TM6SF2 CT + TT genotype in HCV was associated with significant liver fibrosis (p = 0.047; OR:1.953; 95% CI:1.009-3.788) however it was not confirmed by multivariate analysis. In comparison to the CT + TT genotype, the TM6SF2 CC genotype in HCV was associated higher frequency of arterial hypertension (p = 0.032), obesity (p = 0.030), metabolic syndrome (p = 0.014) and lower total cholesterol levels (p=0.036). The PNPLA3 GG subjects had lower body mass index than CG/ CC individuals (p = 0.047). None of the polymorphisms, or their combinations, was independently associated with hepatic steatosis.

Conclusion: In this evaluation of an admixed HCV population, neither TM6SF2 nor PNPLA3 polymorphisms were independently associated with hepatic steatosis or fibrosis.

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O-2 ROLE OF IMMUNE CHECKPOINTS AND ACTIVATED HELPER AND CYTOTOXIC T-CELLS IN DRUG-INDUCED LIVER INJURY (DILI)

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