

Comparative table form basal characteristics of cirrhotic patients

Variable	Without rifaximin (controls n=81)	Rifaximin (cases n=58)	P
Age, year-old	58.7±11.5	60.7±8.9	0.26
Female, n (%)	47 (58)	31 (53.4)	0.59
Causes of cirrhosis, n (%)			0.37
Alcohol	19 (23.4)	23 (39.6)	
NASH	22 (27.2)	12 (20.7)	
HCV	11 (13.6)	7 (12.1)	
Autoimmune	9 (11.1)	5 (8.6)	
Other	20 (24.7)	11 (19.0)	
Decompensation (Child B/C), n (%)	50 (61.7)	42 (72.4)	0.20
Variceal bleeding, n (%)	32 (39.5)	25 (43.1)	0.67
Hepatic encephalopathy, n (%)	81 (100)	58 (100)	1.0
Ascites, n (%)	27 (33.3)	28 (48.3)	0.08
History of previous infections, n (%)	1 (1.2)	4 (6.9)	0.16
Beta-blockers use, n (%)	52 (64.2)	39 (67.2)	0.71
Diuretics use, n (%)	27 (33.3)	28 (48.3)	0.08

**Univariate analysis: Frequency of complications developed during the follow-up, and comparison between groups**

Variceal bleeding, n (%)	24 (29.6)	5 (8.6)	0.003*
Hepatic encephalopathy, n (%)	35 (43.2)	8 (13.8)	<0.0001**
Ascites, n (%)	20 (24.7)	17 (29.3)	0.54
Infections developed during follow-up, n (%)	7 (8.6)	1 (1.7)	0.14

\* Long-term rifaximin was a protective factor to prevent the development of new episodes of variceal bleeding: non adjusted OR= 0.2 (95% CI= 0.08-0.6).

\*\* Long-term rifaximin was a protective factor to avoid recurrence of HE episodes: non adjusted OR= 0.2 (95% CI= 0.09-0.5).

**Multivariate analysis (logistic regression) adjusted for decompensated cirrhosis and use of beta-blockers to evaluate the effect of long-term RFX use on the development of variceal bleeding**

Variables	P	Adjusted OR	95% CI	
			Inferior	Superior
Decompensated cirrhosis (Child B/C)	0.2	2.0	0.7	5.4
Use of long-term rifaximin	0.003	0.2	0.068	0.6
Use of beta-blockers	0.02	0.3	0.139	0.8
Constant	0.2	0.5		

**Multivariate analysis (logistic regression) adjusted for decompensated cirrhosis, use of beta-blockers, diuretics/ascites, and infections to evaluate the effect of long-term RFX use on the recurrence of hepatic encephalopathy**

Variables	P	Adjusted OR	95% CI	
			Inferior	Superior
Decompensated cirrhosis (Child B/C)	0.004	4.079	1.5	10.7
Use of long-term rifaximin	<0.0001	0.2	0.1	0.4
Use of beta-blockers	0.04	0.4	0.2	0.9
Use of diuretics/ascites	0.50	0.7	0.3	1.8
Infections	0.74	1.3	0.3	6.4
Constant	0.25	0.6		

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**OP-4 Current status of Liver transplantation in Latin America: The Latin-American ALEH special interest group, international Survey 2020**

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**Introduction:** Latin America (LA), is a geographical region with 20 countries homing 652 million people (10% world population), with a huge cultural, economic and developmental diversity. The ALEH (Asociación Latinoamericana para el Estudio del Hígado) has driven the formation of a special interest groups (SIGs) to enhance the collaboration of health care professionals with common specialized interests in the field of hepatology.

**Aims** To increase knowledge of the current situation of liver transplantation (LT) in LA, and share experiences between countries.

**Methods:** During 2020, LA countries, were invited to nominate representatives to this SIG and also from the STALYC. Online ZOOM meetings were arranged to discuss a survey with more than 70 questions in relation to LT. A database with all the information was built in an excel file.

**Results:** 15 out of 20 countries completed the questionnaire by Jan/2021, representing the situation of 569 million inhabitants. The mean GDP (gross domestic product) per capita in 2019, was 14,573 USD, and the mean health expenditure was 6,3% of the GDP (1,6%-10,4%). Despite the lack of resources in LA, LT started early (Brazil: 1968) and currently 3,837 a total of LT are performed each year, with 12,5% with living donors (n=483). Over the last 50 years, 34,029 total LT have been performed in LA.

13 out of 15 countries (84%) perform DDLT and only 7 countries (46%) also LDLT. The allocation system is based in the MELD/MELD-Na system. The mean waiting time for cirrhotic patients is 276 days (with a waiting list mortality of 10-50%). The mean overall survival at 1 and 5 years after LT is 79,3% and 71,9%, which is similar to developed countries.

**Conclusions:** Access to LT in the region is very heterogeneous, with limited centers and resources to perform LT. Financial, human and material issues, a legal framework favoring organ donation and the procurement structure constitutes a major challenge to improve LT in LA. The collaborative sharing of experiences between countries and centers, may favor the development of guidelines for the region stimulating government initiatives to improve LT access, favoring justice and equity for patients with advanced liver diseases.

**Table 1**

Summary of current LT practices in LA (LT: Liver Transplantation; DDLT: Deceased donor LT; LDLT: Living donor LT; Rates: per million population; GDP: Gross domestic product; LOS: Length of stay of hospitalization for LT; Pop: Population; pp: per capita; Mill: Millions; Dom. Rep.: Dominican Republic; USD: US Dollars; Hosp: Hospitalization)

Country	Pop. 2019 (Mill)	GDP per capita 2019 (USD)	Number active LT centers	Total DDLT (2019)	DDLTLT Rate (2019)	Total LDLT (2019)	LDLTLT Rate (2019)	Cumulative Total LT up to Dec 31, 2019	Mean LOS (days)	Mean Costs LT (Hosp. in USD)
1.Argentina	44,5	23,040	32	463	10,2	41	0,9	6,952	-	15,000
2.Brazil	211,9	15,300	74	2177	10,2	304	1,4	27,167	18	20,600
3.Bolivia	11,3	9,110	1	0	0	4	0,3	6	10	55,000
4.Colombia	48,2	15,634	14	231	4,6	102	2	3,592	14	100,000
5. Costa Rica	5,1	20,443	3	19	3,8	0	0	163	13	-
6.Cuba	11,3	11,900	3	9	0,7	0	0	445	7	-
7.Chile	19,5	25,155	11	145	7,9	19	1	1,747	16	45,000
8. Ecuador	17,1	11,878	5	27	1,5	0	0	253	15	45,000
9.Honduras	9,6	5,981	0	0	0	0	0	0	-	-
10.Mexico	127	20,582	25	213	1,6	10	0,08	2,502	7	47,000
11.Nicaragua	6,4	5,646	0	0	0	0	0	0	-	-
12.Paraguay	6,9	13,246	1	2	0,3	0	0	14	16	30,000
13.Peru	32,6	13,416	4	46	1,4	1	0,09	382	22	64,500
14.Dom. Rep.	11	19,227	1	4	0,3	0	0	45	15	30,000
15.Uruguay	3,2	22,515	1	18	5,1	0	0	215	15	121,000
All Countries	566	14,573	143	3,354	5,85	483	0,84	34,029	13,8	52,100

**OP-5 IDENTIFICATION OF THE THERAPEUTIC WINDOW FOR USE OF STEROIDS IN SEVERE ALCOHOLIC HEPATITIS: A LARGE GLOBAL STUDY**

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