Results: 359 patients with amyloidosis were included in the registry, of whom 16 (5% (CI 2.7-7.3)) had liver involvement. The most frequent types of amyloidosis were: AL 88% (14), AA 6% (1) and non-typed 6% (1). The median age at diagnosis was 64 years (IR 63-74), male 44% (7). The median albumin value was 3.0 gr/dL (IR 2.5-3.8), alkaline phosphatase 705 IU (IR 395-114), total bilirubin mg/dL 1.1 (IR 0.5-14.8), and more than 25% had jaundice. Thirty-one percent presented a cardiac compromise. The mortality rate in the study period was 56% (CI 30%-80%). When comparing patients with amyloidosis with and without liver involvement, mortality was higher in the liver involvement group (29% vs. 56%, p 0.02).

Conclusions: We present the first report in our region with adequate sampling that allows us to approximate the burden of this disease in relation to the liver. Hepatic infiltrative involvement has a high mortality rate in amyloidosis compared to those without liver involvement.

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P- 30 CLINICAL FEATURES, TREATMENT, AND SURVIVAL OF PATIENTS WITH BUDD-CHIARI SYNDROME IN A HEPATOLOGY COLOMBIAN CENTER

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Introduction and Objectives: Budd-Chiari syndrome is defined as the obstruction of the hepatic venous flow. In Colombia, there is limited evidence regarding the characterization of these patients. This study aims to describe the clinical features, management, and survival of these patients in a Colombian hepatology reference center. This study aimed to describe the clinical features, management, and survival of patients diagnosed with Budd-Chiari Syndrome at a Colombian Hospital from 2010 to 2021.

Materials and Methods: A retrospective descriptive longitudinal study of a cohort of patients with Budd-Chiari syndrome. Adult patients diagnosed with Budd-Chiari Syndrome were included. A descriptive analysis of the data was carried out.

Results: A total of 31 patients diagnosed with Budd-Chiari syndrome were included. 58.1% (n=18) were women. The median age was 27 years [interquartile range (IQR) 23-27]. Ascites was the main clinical manifestation (87.1%, n=27). At the time diagnosis was made, 48.4% (n=15) were cirrhotic. Acquired thrombophilia was the main prothrombotic risk factor (48.4%, n=15), with the antiphospholipid syndrome as the most frequent cause (73.3%). The principal location of the outflow obstruction was in the hepatic veins (73.3%, n=22). 48.3% (n=14) had a Class II Rotterdam score (intermediate prognosis). 80.6% (n=25) were on anticoagulation. A transjugular intrahepatic portosystemic shunt (TIPS) was placed in 6 patients (19.4%), and five patients received liver transplants (16.1%). 25.8% (n=8) died. The median time from diagnosis to death was 337.1 days [interquartile range (IQR) 46.5-647.5].

Conclusions: Budd-Chiari syndrome is an infrequent disease poorly described in Colombia. This study shows that this population has similar risk factors, clinical features, and mortality as it is described in other cohorts.

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P-31 SHORT-TERM EFFICACY AND SAFETY OF LOLA THERAPY IN PATIENTS WITH CIRRHOSIS AND MINIMAL HEPATIC ENCEPHALOPATHY: A REAL-LIFE COHORT STUDY

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Introduction and Objectives: Minimal hepatic encephalopathy (MHE) is associated with the risk of accidents, falls, and impaired quality of life. Treatment with L-ornithine L-aspartate (LOLA) could be an effective strategy. This study aimed to verify the efficacy and safety of LOLA treatment in a real-life cohort of cirrhotic patients with MHE.

Materials and Methods: Cirrhotic patients with MHE were included. Those who had received any anti-ammoniacal measure or with alcohol consumption in the last six months, creatinine > 1.5 mg/dL, or previously known chronic kidney disease were excluded. The diagnosis of MHE was made using the psychometric hepatic encephalopathy score (PHES) and the critical flicker frequency (CFF). MHE patients received LOLA 6 g t.i.d. for three days and were reassessed with PHES and CFF. The project was approved by the local research and ethics committees.

Results: 98 cirrhotic patients were evaluated; 38 (38.8%) had baseline MHE, 26 (68.4%) women, mean age 53.3±8.8 years, median education nine years (range 0-15). According to Child-Pugh: 26 (68.4%) A, 9 (23.7%) B, and 3 (7.9%) C. The median MELD was 11 (range 6-21), and MELD-Na 12 (range 6-26). *Intention to treat analysis:* According to PHES, 30(78.9%) patients showed remission of MHE (p<0.0001). The incidence rate ratio for persisting with MHE was 8 per 38 person-times; that is, 0.2 (95%CI: 0.1-0.5; p<0.0001), with the fraction prevented after exposure to LOLA being 0.78 (95%CI: 0.55-0.90; p<0.0001). According to CFF, 29(76.3%) patients showed remission of MHE (p<0.0001). The incidence rate ratio for persisting with MHE was 9 per 38 person-times; that is, 0.2 (95%CI: 0.1-0.5; p<0.0001), with the fraction prevented after exposure to LOLA being 0.76 (95%CI: 0.51-0-89; p<0.0001). No adverse effects were reported.

Per protocol analysis: 34 patients (4 eliminated without evaluation post-LOLA), PHES score improved (baseline -6.44±1.7 vs. post-LOLA -2.79±1.9; p<0.0001), CFF improved (baseline 37±1.8 vs. post-LOLA 39.8±2.2; p<0.0001). According to PHES, 30(88.2%) patients showed remission of MHE (p<0.0001). The incidence rate ratio for persisting with MHE was 4 per 34 person-time; that is, 0.1 (95%CI: 0.04-0.3; p<0.0001), with the fraction prevented after exposure to LOLA being 0.88 (95%CI: 0.67-0.96; p<0.0001). According to CFF, 29(85.3%) patients showed remission of MHE (p<0.0001). The incidence rate ratio for persisting with MHE was 5 per 34 person-times; that is, 0.1 (95%CI: 0.06-0.4; p<0.0001), with the fraction prevented after exposure to LOLA being 0.85 (95%CI: 0.62-0.94; p<0.0001).

Conclusions: LOLA is effective in improving cognitive performance and is evaluated very early by PHES and CFF in cirrhotic patients with MHE.

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P- 32 HEPATITIS A AND E VIRUSES IN CÓRDOBA, ARGENTINA: WASTEWATER-BASED EPIDEMIOLOGY AS A SILENT SENTINEL OF THE TREND OF VIRUS CIRCULATION IN THE COMMUNITY

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Introduction and Objectives: Monitoring wastewater for traces of viruses allows effective surveillance of entire communities, including symptomatic and asymptomatic infected individuals, providing information on whether a specific pathogen is circulating in a population. Such is the case of hepatitis A and E viruses (HAV, HEV). This study aimed to detect HAV and HEV in wastewater samples from Córdoba, Argentina, to provide insights into their circulation dynamics.

Materials and Methods: Sewage samples were monthly and weekly collected from 2017 to 2020 and from 2020 to 2021, respectively, from 4 wastewater treatment plants located in different regions of Córdoba. Furthermore, sewage collectors of 7 neighborhoods in Córdoba city were weekly sampled during 2021. A standardized methodology was carried out for virus concentration using PEG6000 and NaCl. After automated nucleic acid extraction, HAV and HEV molecular detection were performed by TaqMan® Fast Applied Biosystems single-step multiplex RT-qPCR and specific RT-Nested PCR. Positive samples were sequenced.

Results: From a total of 575 samples analyzed, 16 were RNA-HAV + (2.80%) and 17 RNA-HEV+ (2.96%). Eight and two sequences were obtained, respectively. The HAV+ specimens were genotype IA. The majority of them belonged to 2017-2018 and were genetically close to those reported in the clinical specimens from the same period when the HAV outbreak in men who have sex with men occurred in Córdoba. The HEV+ samples belonged to genotype 3, and HEV higher occurrence was in 2021, mainly in 2 neighborhoods from Córdoba city.

Conclusions: The results show HAV and HEV circulation in Córdoba, despite the low number of clinical cases reported, suggesting a continuous silent circulation of these viruses in the general population. Environmental surveillance of wastewater, together with clinical monitoring, are key tools to track the viral circulation trends over time in the population and to identify hotspots of virus excretion.

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P-33 IMPACT OF SUSTAINED VIROLOGIC RESPONSE ON GLUCOSE PARAMETERS AMONG CHRONIC HEPATITIS C PATIENTS TREATED WITH DIRECT ACTING ANTIVIRALS

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Introduction and Objectives: Sustained virological response (SVR) of hepatitis C virus (HCV) with direct acting antivirals (DAAs) improve survival and reduces progression to cirrhosis, decompensation and hepatocellular carcinoma. Glucose metabolism impairment is one of the most frequent extra-hepatic manifestations of chronic HCV infection. The impact of SVR on glycemic parameters and baseline variables associated with this outcome remains uncertain. This study aimed to evaluate glucose metabolism before and after SVR, as well as investigate the presence of baseline characteristics related to improvement in glycemic control.

Materials and Methods: Prospective study of chronic HCV infection patients treated with DAAs between January 2016 and December 2017 at Viral Hepatitis Outpatient Clinic of Hospital de Clinicas de Porto Alegre, Brazil. Inclusion criteria were SVR to DAA therapy with follow-up for at least 24 weeks after the end of therapy. The exclusion criteria were the presence of other etiology of liver disease. Glycated hemoglobin (A1C) was analyzed before and after treatment in all patients. Subgroups were stratified by cirrhosis, genotype, BMI, age and presence or absence of baseline glycemic disorder. The primary outcome was a change in glycemic homeostasis after HCV eradication without a change in pharmacologic therapy with an impact on glycemic control. Secondary outcomes were baseline variables associated with improvement of glucose control.