test, was used; if the result was positive, an HCV RNA and genotype test on the same specimen was performed. Untreated and non-responder patients were treated.

Results: : A total of 938 patients were included, and 409 (44%) could be reached. Out Of these, 16.3% (67) died, 1.7% (7) developed hepatocellular carcinoma, and 6.75% (15) progressed to cirrhosis. We found that 21.7% were candidates for treatment, and the treatment was delivered in two clinic visits with an average time of 29 days (7-69). However, 41% (34) of patients with cirrhosis could not be contacted.

Conclusions: : Program implementation improved the diagnosis and treatment access. Furthermore, it reduces the number of clinical visits and may increase adherence to follow-up. On the other hand, we are concerned that half of the patients were lost on the follow-up and about their progression to cirrhosis rate. If we are looking for different results, we should take different measures.

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P-36 RESULTS OF AN AUTOMATIC ALERT SYSTEM FROM MICROBIOLOGY TO LINK DIAGNOSIS TO TREATMENT IN PATIENTS WITH CHRONIC HEPATITIS C

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Introduction and Objectives: Strategies to simplify the care circuit for patients with the hepatitis C virus (HCV) are vital to achieving its eradication. To achieve this aim, we introduced an electronic system of HCV serology detection to link diagnosis with specialized assistance in order to minimize the loss of patients.

Materials and Methods: A retrospective single-center study of HCV patients developed by Microbiology Department from February 15th, 2020, to December 15th, 2021. In the event of a positive HCV antibody, the anti-HCV core was directly measured by the electronic system. If positive, an encrypted e-mail with the patient data was automatically sent to HCV specialized physicians, who, after evaluating the benefits of antiviral therapy in each patient, contacted them by phone for an appointment. In the first face-to-face consultation FibroScan®, HCV genotype and viral load measurement were performed, and antiviral therapy was prescribed. Patient diagnosis origin and public health characteristics were recorded. We analyzed the association between antiviral therapy prescription and these variables. Statistical significance was set at $p<0.005$.

Results: Of 171 patients identified, with a mean age of 59.6 ± 15.9, 61.5 % of males and 81.2% of Spanish nationals. HCV origin from out-of-hospital settings predominated (50.9%, 87/171), particularly primary care (28.7%), penitentiary (11.6%) and addiction units (8.2%). In all, 43.3% (74/171) were aware of their diagnosis, but 64.9% (48/74) hadn't previously received antiviral therapy. Genotype 1 predominated. We recorded 19.4% (20/103) of patients F3 fibrosis and 27.2% (26/103) F4.

Finally, 58.5% (100/171) attended a physician consultation. They were all treated with pangenotypic interferon-free therapy. A 100% rate of sustained viral response was achieved. The main reasons for not being treated were high comorbidity (43.7%,31/71), not located (23.9%, 17/71), patient refusal to treatment (23.9%,17/71) and death (8.5%,6/71). The sole association found between antiviral therapy and patient variables was that of comorbidities with being untreated (OR=7.14, $p<0.001$).

Conclusions: Our alert system is simple and easily reproducible. It allows for minimizing the loss of HCV patients, even considering it was performed during the COVID-19 pandemic.

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P-37 ASSESSMENT OF METABOLIC ASSOCIATED FATTY LIVER DISEASE, ALCOHOLIC LIVER DISEASE, AND DUAL DAMAGE IN APPARENTLY HEALTHY BLOOD BANK INDIVIDUALS

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Introduction and Objectives: metabolic syndrome and alcohol consumption are the leading causes of fatty liver disease. Now, a new term called dual damage has emerged. So far, no studies are reporting the prevalence of dual damage in Mexico. This study aimed to determine the prevalence of metabolic associated fatty liver disease, alcoholic liver disease, and dual damage in the healthy population of the blood bank of our center.

Materials and Methods: descriptive, cross-sectional, prolective study. We included donors ≥18 years old. We excluded subjects with known liver disease. Vibration-controlled transient hepatic elastography was the method of estimating steatosis and liver fibrosis. We used descriptive statistics.

Results: 258 donors were included; 129 (50%) have hepatic steatosis: 67 (25.96%) metabolic associated, 31 (12.01%) due to alcohol, and 31 (12.01%) by dual damage. In the metabolic group, S1 was found in 14 subjects (20.90%), S2 in 23 (34.32%), and S3 in 30 (44.78%). 23 (34.32%) were overweight, 23 (34.32%) had obesity grade 1, 11 (16.44%) grade 2, and 5 (7.46%) grade 3. Of the alcohol damage group, 12 (38.70%) had S1, 5 (19.35%) S2, and 13 (41.95%) S3. Beer was the most frequently consumed beverage (61.29%), with the excessive pattern being the most frequent (74.19%), with an average intake of 90.25 grams. 100% of donors with dual damage presented S3 steatosis. Advanced fibrosis was

found in 3 (4.47%) metabolic damage donors, 1 (3.22%) by alcohol, and 2 (6.45%) by dual damage.

Conclusions: 5 out of 10 apparently healthy individuals have fatty liver disease. The most frequent was due to metabolic damage, while fatty liver disease due to alcohol and dual damage were equally prevalent. Undiagnosed advanced fibrosis was found in a small percentage. These individuals are a sample of the Mexican population that could represent the behavior of the population of our country.

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P-38 CRYPTOGENIC CHRONIC HEPATITIS: LOOKING FOR AN ETIOLOGICAL DIAGNOSIS

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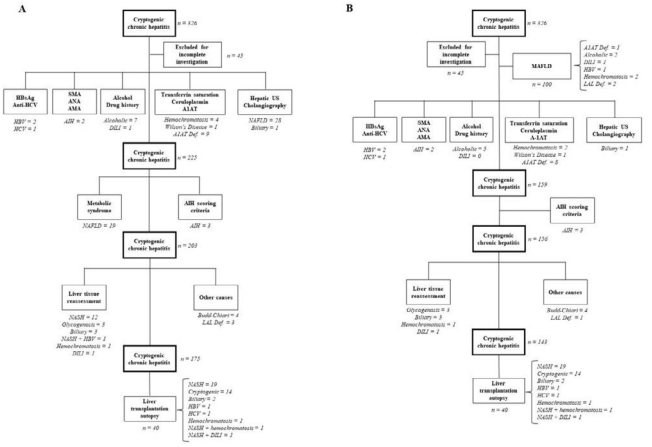
Introduction and Objectives: Cryptogenic chronic hepatitis is an increasing cause of liver transplantation and affects 5-15% of patients with chronic liver diseases. This study aimed to investigate possible underlying causes of presumed cryptogenic liver disease referred to specialized liver centers by general practitioners in Brazil and to propose a new diagnostic algorithm including metabolic-dysfunction-associated fatty liver disease (MAFLD) definition and lysosomal acid lipase deficiency (LAL-D) investigation.

Materials and Methods: A retrospective multicentric Brazilian cohort of patients with presumed chronic cryptogenic hepatitis was reanalyzed with respect to their clinical, laboratory and histological data using Czaja's algorithm (2011).

Results: 326 patients [mean age 60 (46-68) years, 42.9% males] were initially included, 35.7% with cirrhosis. Forty-five individuals were excluded due to an incomplete etiological investigation. Using Czaja's algorithm, diagnosis of nonalcoholic fatty liver disease could be established in 60 patients (21.3%), alpha-1-antitrypsin deficiency in 9 (3.2%), alcoholic liver disease in 7 (2.7%), autoimmune hepatitis in 5 (1.78%), hemochromatosis in 5 (1.78%), biliary-related hepatitis in 4 (1.4%), viral hepatitis in 4 (1.4%), Budd Chiari in 4 (1.4%), glycogenosis in 3 (1%), drug-induced liver injury in 2 (0.7%), and Wilson disease in 1 (0.35%). LAL-D was demonstrated in 3 individuals (1%). One hundred seventy-five patients remained with cryptogenic hepatitis (53.6%) (FIGURE A). During follow-up, 40 of those patients were submitted to liver transplantation and 19 (47.5%) were retrospectively diagnosed with non-alcoholic steatohepatitis after histopathological examination of the explanted liver. By including MAFLD in the first step of the new algorithm, 100 patients would have been diagnosed (34.9%), reducing the number of individuals without a diagnosis by 18.3% (FIGURE B).

Conclusions: One-third of patients with initially presumed cryptogenic liver disease were diagnosed with MAFLD. Despite being a rare disease, LAL-D investigation should be considered for individuals with chronic liver disease of unknown etiology. An updated diagnostic algorithm is proposed for those individuals.



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P- 39 CLINICAL SIGNIFICANCE OF GRADE 1 HEPATIC ENCEPHALOPATHY IN PATIENTS HOSPITALIZED FOR COMPLICATIONS OF CIRRHOSIS

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Introduction and Objectives: Recent guidelines recommended grouping grade 1 and minimal HE under the term "covert HE." However, minimal HE is not usually investigated in hospitalized patients and there are very little data about the impact of grade 1 HE in patients admitted for complications of cirrhosis. This study aimed to investigate factors associated with the presence of grade 1 HE and its prognostic impact in patients hospitalized for complications of cirrhosis

Materials and Methods: prospective cohort study that included 238 patients either without HE or with grade 1 HE on the first day of hospitalization. All examiners were fourth-year fellows with at least one year of experience in clinical hepatology and trained by the senior investigators specifically for the use of West-Haven criteria. Minimal hepatic was not evaluated.

Results: The mean age was 54.2 ± 11.6 years, mean MELD was 16.4 ± 6.7. Grade 1 HE was observed in 62 patients (26.1%) and was associated with ascites, Child-Pugh C, ACLF, higher total bilirubin, INR, MELD, and CLIF-SOFA. Progression to grades 2/3/4 HE (overt HE) up to day 3 of hospitalization occurred in 7.1% of the patients and was independently associated with bacterial infection (OR = 4.934, IC 95% 1.415-17.199, P=0.012) and grade 1 HE (OR = 3.937, IC 95% 1.261-12.298, P=0.018). The progression rate to overt HE was four times higher among subjects with grade 1 HE as compared to those