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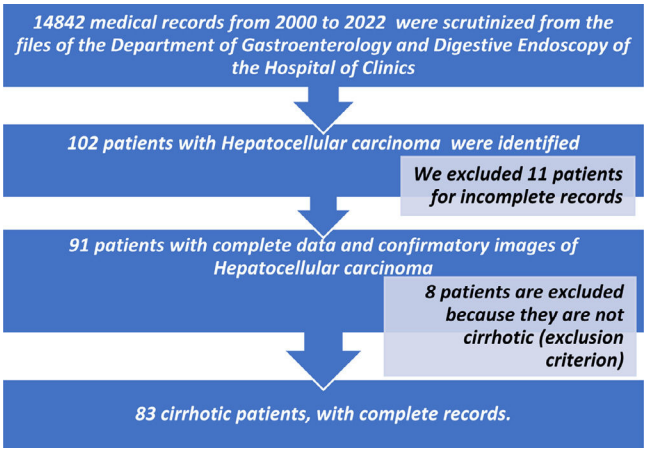
Introduction and Objectives: Hepatocellular carcinoma (HCC) is a disease with an important variability according to the geographic location; worldwide is the second cause of cancer-related death. It is most frequently associated with VHB, VHC and alcoholism. Paraguay is a low-incidence country, but it is still an important cause of morbimortality, especially in cirrhotic patients. This study aimed to establish the epidemiologic and clinical characteristics of cirrhotic patients with hepatocellular carcinoma, as well as the staging, the characteristics of the tumor and the treatment received.

Materials and Methods: Observational, descriptive, retrospective study. We used and Excel spreadsheet to gather data. The variables were expressed in frequency, mean and percentage. *Graphic 1.*

Results: 83 patients were included, and 40% of them were diagnosed in the last four years. 83% were males; the average age was 63 years, range 38 to 82. The etiology of cirrhosis was alcoholism in 34 cases, nonalcoholic fatty liver disease in 15, cryptogenic in 13, VHB in 13, VHC in 4, autoimmune, PSC, PBC and hemochromatosis in 1 each. In 28% of cases, the diagnosis was first suspected by screening ultrasound. 60% of diagnosed cases were outside the Milan criteria. There was a solitary lesion in 59% of patients. Only 24% of the principal nodule was smaller than 3 cm. 2 patients were diagnosed at a very early stage according to the BCLC staging system (0); 31 in stage A; 16 in stage B, 20 in stage C and 14 in stage D. 49% received treatment, being the most frequent chemoembolization (17 cases).

Conclusions: This Paraguayan study of hepatocellular carcinoma shows that although HCC has been much more frequently seen in the last years, a low percentage of HCC are diagnosed at an early stage or as the result of routine screening and that half of the patients do not receive treatment.



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P- 45 ENDOSCOPIC ULTRASOUND SHEAR-WAVE ELASTOGRAPHY OF THE RIGHT AND LEFT HEPATIC LOBE PREDICTS LIVER CIRRHOSIS: A DIAGNOSTIC TRIAL

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Introduction and Objectives: The diagnostic work-up of chronic liver disease includes less invasive procedures such as transient elastography (TE), abdominal ultrasonography, esophagogastroduodenoscopy, and more invasive procedures, mainly portal gradient pressure measurement and liver biopsy. Endoscopic ultrasound (EUS) recently included shear-wave elastography (tissue elasticity), defined as the elastic modulus by measuring shear-wave velocity. This study aimed to evaluate EUS shear-wave of the liver to predict liver cirrhosis.

Materials and Methods: a single-center, diagnostic cohort study. Consecutive patients with a history of chronic liver disease were evaluated with an EUS shear-wave elastography of the right and left hepatic lobes. Patients without any medical condition history despite subepithelial lesions were included as a control. A TE was performed to study and control patients to correlate with elastography. We calculated the overall accuracy of EUS shear-wave elastography of the liver in the prediction of liver cirrhosis.

Results: Among the 28 patients included, 14 had liver cirrhosis. Baseline data is described in table 1. EUS shear-wave elastography of the right hepatic lobe has a direct, proportional and significant correlation (r=0.693 [95% CI 0.431 – 0.847; P<0.001]) as well as left hepatic lobe (r=0.460 [95% CI 0.105 – 0.711; P =0.014]). EUS shear-wave of the right and left hepatic lobe reached an area under the receiver operating characteristics curve (AUROC) of 0.98 and 0.96, respectively. For identifying patients with cirrhosis, EUS shear-wave elastography of the right hepatic lobe with a cut-off value of ≥10.7 kPa had a sensitivity, specificity, PPV, and NPV of 100%, 93%, 93%, 100%, respectively. In the left hepatic lobe using a cut-off value of ≥14.0 kPa, EUS shear-wave had a sensitivity, specificity, PPV, and NPV of 93%, 93%, 93%, and 93%, respectively.

Conclusions: EUS shear-wave of the liver accurately diagnoses patients with liver cirrhosis. EUS shear-wave of the right and left hepatic lobe correlates with TE measurements of the liver.

Table 1. Baseline characteristics of the patients included in the study.

	Overall (n=28)	Cirrhosis (n=14)	Controls (n=14)	P-value
Age (years), n (%)	65.5 (35 – 84)	65 (50 – 84)	66 (35 – 78)	0.5035[a]
Young adults (18-39 y/o)	5 (17.9)	-	5 (35.7)	
Adult (40-64 y/o)	9 (32.1)	8 (57.1)	1 (7.1)	
Elder (≥65 y/o)	14 (50.0)	6 (42.9)	8 (57.1)	
Gender (female), n (%)	18 (64.3)	8 (57.1)	10 (71.4)	0.6933[b]
BMI (kg/m^2), n (%)				0.7793[b]
Underweight	1 (3.6)	-	1 (7.1)	
Normal weight	8 (28.6)	4 (28.6)	4 (28.6)	
Overweight	11 (39.3)	6 (42.9)	5 (35.7)	
Obese class I	8 (28.6)	4 (28.6)	4 (28.6)	
Cirrhosis cause, n (%)				n/a
NASH	-	7 (50.0)	-	
Alcohol	-	5 (35.7)	-	
Med-related	-	1 (7.1)	-	
Cryptogenic	-	1 (7.1)	-	
Child-Pugh, n (%)				n/a
A	-	13 (92.9)	-	
B	-	1 (7.1)	-	
MELD score, n (%)	-	8.8 (6.4 – 17.4)	-	n/a
0 – 9	-	7 (50.0)	-	
10 – 19	-	7 (50.0)	-	
>19	-	-	-	
TE (kPa), n (%)				0.4038[b]
F0-1 (0 – 7.6)	16 (57.1)	2 (14.3)	14 (100.0)	
F2 (7.7 – 9.4)	2 (7.1)	2 (14.3)	-	
F3 (9.4 – 14.0)	2 (7.1)	2 (14.3)	-	
F4 (>14.0)	8 (28.6)	8 (57.1)	-	

BMI, body mass index; **y/o**, years old; **AST**, aspartate transaminase; **ALT**: alanine transaminase, **MELD**, Model for End-Stage Liver

Disease; **n/a**, not available; **TE**, Transient elastography. a. Mann-Whitney U test. b. Pearson's Chi-squared test.
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P-48 EVALUATION OF IL-1β AND IL-1RA IN PATIENTS WITH CHRONIC LIVER DISEASES

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Introduction and Objectives: IL-1β is a proinflammatory key cytokine that participates in the progression of liver disease. Its antagonist IL-1RA mediates damage limitation; its increase is associated with positive effects on chronic liver diseases. This study aimed to evaluate the concentration of IL-1β and IL-1RA in subjects with alcoholic liver disease (ALD), chronic hepatitis C (CHC) and non-alcoholic fatty liver disease (NAFLD).

Materials and Methods: A cross-sectional and multicenter study was carried out, which included alcoholic subjects (OH), alcoholic cirrhosis (CiOH) and alcoholic hepatitis (HA); patients with CHC and NAFLD were compared against subjects without criteria for alcohol drinking habits (CT). IL-1β and IL-1RA were quantified by Multiplex-MERCK©. For statistical analysis, SPSS V.22 were used, Mann-Whitney U, $p<0.05$; values expressed as mean ± standard error.

Results: The groups included were: 18 (OH), 25 (CiOH), 14 (HA), 55 (CHC), 22 (NAFLD) and 81 (CT). IL-1β results (pg/mL): 13.8±9.2, OH; 4.4± 1.7, CiOH; 3.05±0.05, HA; 7.1±2.3, CHC; 5±2, NAFLD and 3.2±0.1, CT. With differences in HA vs. CHC. For IL-1RA (pg/mL) 83.5±30, OH; 100.4± 53.5, CiOH; 85±38.3, HA; 74.4±2, CHC; 316±203, NAFLD and 13.02±4.4, CT. With differences in CHC and NAFLD vs. CT and CiOH vs. CHC.

Conclusions: IL-1β was 2.3 times increased in HA/CHC, which highlights the effect on exacerbating the inflammatory response in acute over chronic alcohol damage; IL-1RA that inhibits the activities of IL-1β increase may have protective effects on liver injury. IL-1RA is a protein that limits inflammation in liver disease, especially in non-alcoholic fatty liver disease, alcoholic cirrhosis, and chronic hepatitis C.

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P-49 CONCENTRATION OF IL-12 AND CXCL-10 IN CHRONIC LIVER DISEASES

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Introduction and Objectives: Chronic liver diseases are characterized by persistent inflammation related to high production of cytokines such as IL-12 and chemokine CXCL-10/IP-10 that attract activated Th1 lymphocytes that increase the production of IFN-g and TNF-a, perpetuating the inflammatory cascade. This study aimed to compare serum levels of IL-12 and CXCL-10 in different etiologies of liver disease.

Materials and Methods: A cross-sectional and multicenter study was carried out, including subjects with alcoholism according to criteria WHO, without (OH) and with liver injury (cirrhosis, CiOH) and (Alcoholic Hepatitis, HA); non-alcoholic fatty liver (NAFLD) and chronic Hepatitis C (CHC), diagnosed by clinical, biochemical data. They were compared with control subjects (CT). For determination of IL-12 and CXCL-10 with Multiplex®-MERCK©. Statistical analysis by SPSS V.22 using U de Mann Whitney, $p<0.05$; values expressed as mean ± standard error.

Results: Included 20 subjects with NAFLD, 78 CHC, 14 HA, 20 CiOH, 15 OH y 60 CT. IL-12 was found elevated in OH, HA, CHC vs. CT in OH vs. HCc y HGNA ($p\leq0.05$). CXCL-10 was found elevated in CiOH, HA, and CHC vs. CT($p\leq0.050$).

Conclusions: The IL-12 showed elevated levels in subjects with alcohol consumption and CHC vs. CT that activates other cell types involved in inflammation. CXCL-10 is induced by IFN-γ and was found elevated in CiOH, HA and CHC, exerting their biological effects through CXCR3, including activation of peripheral immune cells and apoptosis. The ratio of IL-12/CXCL-10 in OH increased 4.6 times, ratifying the participation in chronic and continual inflammatory response by alcohol consumption. IL-12 and CXCL-10 have an important role in alcohol-induced liver disease, confirming their contribution to inflammation, being evident in CXCL-10 in advanced stages of the disease by stimulating and favoring the migration of immune cells to the damage sites.

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P- 50 SEROPREVALENCE OF HEPATITIS E VIRUS IN HIV-INFECTED PATIENTS FROM ROSARIO, SANTA FE

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