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Introduction and Objectives: Although HEV infection is asymptomatic or self-limiting in most individuals, in immunocompromised patients, such as those infected with HIV, viral replication can persist for more than three months leading to chronic infection with progression to cirrhosis. Argentina is considered a country with low endemicity for HEV; however, seroprevalence data in HIV-infected populations are scarce and, to date, there are very few reports that provide accurate information on the impact of HEV infection in these immunosuppressed patients in our region. This study aimed to evaluate the prevalence of HEV infection in HIV-positive individuals from Rosario, Santa Fe.

Materials and Methods: We evaluated 97 HIV-positive individuals (19-74 years old; male=64) from Rosario. A blood serum sample was obtained from each patient after written informed consent. IgG and IgM a-HEV were analyzed by ELISA and HEV RNA by the RT-qPCR method previously optimized in our laboratory. As a control group, 154 blood donors (18-62 years old; male=90) were studied.

Results: The results indicate a seroprevalence of IgG a-HEV of 5.2% (5/97) in HIV individuals compared to 3.2% obtained in the control population ($p>0.05$). These five positive samples corresponded to male individuals and all were negative for IgM a-HEV. HEV RNA was not detected in any of the 97 samples tested, ruling out acute HEV infection

Conclusions: The results indicate a higher prevalence of IgG a-HEV in the HIV-positive population compared to the control group. The absence of HEV RNA in all the samples analyzed allows discarding active infections that can course with negative serology in this particular group of immunosuppressed individuals. This work provides updated data on the seroprevalence of IgG a-HEV in populations at risk, such as HIV-positive patients from our region.

<https://doi.org/10.1016/j.aohep.2023.100950>

P- 51 HEALTH EDUCATION AND SEROPREVALENCE OF HEV IN RURAL AND PERI-URBAN POPULATION, WITH AGRICULTURAL ACTIVITY IN BAHIA – BRAZIL - PRELIMINARY DATA

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Introduction and Objectives: Hepatitis E is an infection caused by the E virus (HEV) with the fecal-oral transmission. The spectrum of the disease varies from acute form to chronic evolution. There are few studies in the rural region of Bahia State. This study aimed to study the seroprevalence of hepatitis E in a city in a rural region in Brazil.

Materials and Methods: Held in May 2022 at family health clinics (PSFs) in the city of Serrinha-Bahia State, with 80,000 inhabitants and 184.6 km from Salvador, capital city. Participants who agreed to integrate into the study signed the Free and Informed Consent Term, collected blood samples and answered the questionnaire. The samples were stored at -20°C until the moment of use; those that needed to be retested for IgM were transported on dry ice and frozen at -80°C. IgG and IgM anti-HEV diagnostic kits (mikrogen and Diapro) approved by ANVISA of MS in Brazil were used. Medical-educational activities were carried out in the units on the prevention of viral hepatitis and health

Results: Of a sample of 300 volunteers, actually, 150 blood samples were analyzed, the prevalence of anti-HEV IgM and IgG was 2.66%, and anti-HEV IgG alone was 8.6%. Most were women, 75.3%, and the average age was 43 years (18 to 78 years). Median liver enzymes in HEV-positive patients were AST (27.5 IU/L), ALT (21 IU/L), and GGT (58.5 IU/L). Among the samples, 81% of the residences were in rural areas, 90.5% did not have a sewage system, 94.6% had running water, and 39.5% worked or worked with animal husbandry. Only 1.4% experienced flooding. The majority, 95.4%, consume pork and/or derivatives and 19.7% consume hunting meat.

Conclusions: A seroprevalence of 8.6% was found, higher than the result in a parallel study of our team in Salvador City (1.8%) and associated with a lack of basic sanitation, especially in rural areas.

<https://doi.org/10.1016/j.aohep.2023.100951>

P-52 MALNUTRITION IN COMPENSATED AND DECOMPENSATED LIVER CIRRHOSIS

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Introduction and Objectives: Malnutrition (MN) is a common entity in patients with liver cirrhosis (LC) and has a negative impact on mortality. This study aimed to describe the prevalence of MN through subjective global assessment (SGA) and anthropometry in patients with LC and to analyze its relationship with the severity of the disease.

Materials and Methods: We included ambulatory and hospitalized patients >18 years old with LC. They were followed between

May/2016 and April/2019. Nutrition assessment was performed through SGA and anthropometry (triceps skinfold and mid-arm muscle circumference). Muscle strength was measured by dynamometry. We evaluated the severity of LC with Child-Pugh (CP) and MELD scores.

Results: Chi-square or Fisher's exact test and Mann-Whitney test. The statistical significance value was $p < 0.05$. Four hundred thirty-six patients were evaluated. Women 50.23%, age 59.56 ± 13 years, CP A 69.27%, B 22.25% and C 8.49%, MELD ≥ 15 : 12.85%. SGA and anthropometry were normal in 46.33%. The absolute concordance between SGA and anthropometry was 59.17% ($\kappa = 0.25$). MN was diagnosed by SGA in 36.1%, 77.32%, and 86.48% in CP A, B and C, respectively. MN was diagnosed by anthropometry in 20.53% of those with CP A, 32.99% with CP B and 54.05% with CP C. A significant association was also found according to the MELD score by anthropometry and SGA ($p < 0.0001$). In 109 patients, muscle strength was measured, and it was altered in 30.28%.

Conclusions: High prevalence of MN was observed in patients with LC, even in those compensated. The concordance between SGA and anthropometry was low, so complementary use of both tools would be convenient, as well as early detection of MN, which may allow timely intervention.

<https://doi.org/10.1016/j.aohep.2023.100952>

P-53 HELICOBACTER PYLORI INFECTION IN PATIENTS WITH PEPTIC ULCER DISEASE AND CIRRHOSIS OF THE LIVER

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Introduction and Objectives: An increased rate of peptic ulcer disease (PUD) has been described in patients with cirrhosis. Helicobacter pylori (Hp) infection rates are lower than in the non-cirrhotic population. Peru has a high prevalence of Hp infection, but there is no information on this association in our population. This study aimed to study the association between PUD and Hp in patients with cirrhosis.

Materials and Methods: All patients with an endoscopic diagnosis of PUD between 2014 and 2019 at Daniel Carrion Hospital were reviewed. The frequency of Hp infection in patients with PUD with and without cirrhosis was assessed. Statistical differences were accepted with a p value $< 0,05$.

Results: A total of 574 patients with PUD were included. 72(13%) had cirrhosis. In patients with cirrhosis, Hp was positive in 24 (33%); in those without cirrhosis, Hp was positive in 285 (57%), $p < 0,05$. See table 1. In patients with cirrhosis and PUD and Hp positive, 83% were gastric ulcers. Of those without cirrhosis, 55% were gastric ulcers.

Conclusions: There is a lower prevalence of Hp infection in patients with PUD and cirrhosis as compared with no cirrhotic PUD patients.

Table 1.

	PEPTIC ULCER DISEASE HELICOBACTER PYLORI POSITIVE	PEPTIC ULCER DISEASE HELICOBACTER PYLORI NEGATIVE	TOTAL
CIRRHOTIC	24	48	72
NON CIRRHOTIC	285	217	502
TOTAL	309	265	574

P: 0.0001907 OR: 0.3813 0.2235 - 0.6388

<https://doi.org/10.1016/j.aohep.2023.100953>

P- 54 HEPATITIS C MICROELIMINATION IN FORMER DRUG USERS

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Introduction and Objectives: Hepatitis C (HCV) infection is a major health problem around the globe. World Health Organization is committed to eliminating viral hepatitis by 2030. The most pragmatic approach to achieve this objective is to break down national elimination goals into smaller targets for individual population segments (microelimination). HCV prevalence in Argentina is about 0.5% in the general population, but there is no prevalence data in the drug users sub-population in our country. This study aimed to present study are 1) to estimate HCV prevalence among drug users in Argentina 2) and to describe clinical and virological characteristics in this community.

Materials and Methods: Cross-sectional study. Eligible patients (pts) were 18 years of age or older with present or past drug use history. Exclusion criteria were refusal to participate in the study, incapacity to understand the informed consent and severe mental illness. Pts were evaluated by a quick visual qualitative assay to detect HCV antibodies (Montebio®: Sensitivity: 99.8% -Specificity: 99.9%) and they were asked to answer a brief questionnaire to evaluate the presence of other HCV risk factors.

Results: Between March 1st. 2021 and October 30th. 2021, 202 eligible pts were identified. We excluded 4 pts (1 because of acute cocaine intoxication and 3 pts refused to participate). A total of 198 consecutive pts were included. Seven pts (3.5%) had a positive qualitative assay result and were further assessed for liver fibrosis, viral load, genotype and co-infections (table 1). Six out of seven pts (86%) did not know that they had had contact with HCV, 4/7 (57%) had positive viremia and 75% of them received antiviral treatment.

Conclusions: HCV prevalence among drug users is higher than in the general population. Microelimination is a useful tool to approach this global health problem.

Table 1.

PATIENT NUMBER	VIRAL LOAD (UI/ml)	GENOTYPE	COINFECTIONS	FIBROSIS STAGE (F)
1	Negative	Non available	None	F2
2	216,146	1a	None	F4
3	Negative	Non available	HIV	F0-F1
4	6,210,000	1b	HIV	F3-F4
5	3,504,00	1a	None	F2-F3
6	875,951	3a	None	F1-F2
7	Negative	Non available	None	F3

<https://doi.org/10.1016/j.aohep.2023.100954>