

Materials and Methods: The study was conducted in an open population that transits for our hospital for any reason and agreed to take the risk factor questionnaire and the rapid test for the detection of anti-HCV antibodies (RT); those who were reactive underwent viral load (PCR to detect HCV-RNA). Descriptive statistics and the statistical package STATA v.14 were used.

Results: In 2021, 33,523 subjects were screened; 71.5% were women, mean age of 47 ± 10 years. Reported at least one risk factor for HCV 53.5%. The most frequent risk factors were: Multiple sexual partners (MSP)/sexually transmitted diseases (STDs) 36.2%, tattoos/piercings 26.7%, surgery before 1995 20.2%, transfusion before 1994 5.4%, health workers after accidental puncture 4.2%. Of the 33,523, 0.7% were reactive in the RT; of them, the PCR was positive in 57.9% (prevalence of viremia = 0.4%). Among the viremic, the risk factors identified were: blood transfusion before 1995 37%, MSP/STDs 35%, surgery before 1995 30%, tattoos/piercings 30%, and drugs 3.5%. Of all viremic, 134 (100%) were linked to attention at the Mexican health sector; 114 (85.1%) without insurance treated at our hospital; 89 (78%) received DAAs at our institution in 2021 and have completed the time to assess SVR12, per protocol the SVR12 rate was 97.7% (2 failures), by intention to treat SVR12 was 93.2% (2 failures, 1 missing, three deaths from COVID-19). The remaining 25 patients detected in 2021 (22%) and without eligibility continued the protocol for treatment with DAAs during the year 2022.

Conclusions: The prevalence of HCV was similar to that previously reported. Traditional risk factors such as transfusion or surgery are still very prevalent. Timely diagnosis of HCV allows treatment to be linked to an optimal level of SVR12 in accordance with the WHO goals.

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P-65 NOREPINEPHRINE INFUSION AS AN ALTERNATIVE TO ALBUMIN POST LARGE VOLUMEN PARACENTESIS IN CIRRHOTIC PATIENTS

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Introduction and Objectives: Albumin is administered to prevent post-paracentesis circulatory dysfunction syndrome (CDS). In many cases, this costly resource is not available. A previous study evaluated the use of norepinephrine in the prevention of CDS with promising results (Singh V et al. J Intern Med. 2006;260 (1):62-68.). This study aimed to describe the results obtained in a group of cirrhotic patients with grade III ascites who, due to lack of albumin, were administered norepinephrine infusion as an alternative in post-paracentesis $\geq 5L$.

Materials and Methods: A prospective, descriptive and analytical study was carried out, including cirrhotic patients with grade III ascites who were administered norepinephrine to prevent CDS. Those with infection, baseline kidney injury, recent alcohol consumption and digestive tract bleeding were excluded. Descriptive statistics were performed, with measures of central tendency and dispersion, and the inferential analysis was performed comparing creatinine, NGAL, cystatin C, and sodium at days 0, 3, 6 and 28. It was evaluated if there was development of CDS.

Results: 12 patients were included; one presented chest pain without electrocardiographic changes, associated with an increased accidental rate of the infusion (norepinephrine was discontinued); therefore, 11 patients were analyzed; 9(81.8%) men; median age 52.2

(range: 39-68) years; 9(81.8%) Child C and 2(18.2%) B; regarding the etiology 8(72.7%) due to alcohol, 2(18.2%) MAFLD, 1(9.1%) HCV. The time in years from the diagnosis of cirrhosis was: 4 (36.4%) less than one year, 6 (54.5%) 1 to 5 years, and 1 (9.1%) more than six years. The median ascites drained was 12.5 L (range: 9-18); the median cost with albumin 8g/L of this drain was \$400 USD (\$288-576 USD); the cost of the norepinephrine strategy of 2 (2-4 ampoules) with an estimated cost of \$12 USD (\$12-24 USD). Nobody developed encephalopathy, kidney injury, or CDS. There was no difference between the values determined on days 0, 3, 6 and 28 ($p=NS$). The results of renal function parameters and renal injury markers are shown in the graphs.

Conclusions: Norepinephrine appears to be a cost-effective alternative where albumin is not available to prevent CDS. Security seems optimal, but trained personnel are required to handle it.

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P-66 CARDIOVASCULAR RISK PROFILE AND ATHEROSCLEROSIS IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE

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Introduction and Objectives: Non-alcoholic fatty liver disease (NAFLD) is a frequent cause of liver disease, with a worldwide prevalence of 25%. There seems to be a connection between the gravity of NAFLD, atherosclerosis, and the increase in cardiovascular events and mortality. This study aimed to assess the cardiovascular risk profile and subclinical atherosclerosis of individuals with NAFLD.

Materials and Methods: Prospective observational analytical study. Adults with an established risk for the development of NAFLD were selected, such as: type 2 Diabetes Mellitus (T2DM), obesity or overweight, and/or altered alanine aminotransferase. Non-invasive assessment of liver steatosis and fibrosis was performed by hepatic ultrasound (US) and transient elastography. We evaluated the frequency of the cardiovascular disease, according to the clinical history and common carotid artery intima-media thickness (IMT), using an ultrasound examination of the carotids.

Results: All data are presented in median (IQR) or n(%). Forty-three participants were enrolled, female 34(79%), chronological age 62.5(54-67.2)years. Comorbidities: Systemic Arterial Hypertension 30(69.7%), T2DM 22(51.1%), Obesity 19(44.1%) and Dyslipidemia 22(55.8%). Only one was a smoker. Carotids-US: vascular age 65(62-83) years, right cIMT 0.65(0.54-0.8)mm and left cIMT 0.65(0.54-0.76)mm, atherosclerotic plaques were present in 11 (25.5%) participants. Hepatic Steatosis were observed in 37(86.1%) classified according to the US-FI score as: mild 8(21.6%), moderate 19(51.3%) and severe 10(27.1%). Liver Fibrosis ($F \geq 2$) were observed in 11(29.7%), among them 4(36.3%) had atherosclerotic plaques.

Conclusions: The data suggest a high frequency of atherosclerosis, demonstrated by the presence of atherosclerotic plaques in the carotid arteries in patients with hepatic fibrosis.

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