

shown high rates of positivity for the HBV infection marker in this population and therefore, vaccination becomes a safe method for Hepatitis B prevention. CKD patients are generally immunosuppressed and have a lower response to the Hepatitis B vaccine when compared to healthy individuals. Some factors associated with vaccine non-response are older age and immunosuppression. This study aimed to evaluate the humoral immune response through the titration of antibodies against HBsAg (anti-HBs) after hepatitis B vaccination in chronic renal disease patients.

**Material and Methods:** This is a cross sectional study conducted in two hemodialysis units serving individuals with CKD in Rio de Janeiro State, where 98 patients were included. All of them consented to participate and donated blood samples. All individuals have fulfilled a questionnaire about demographic characteristics, including information about previous HBV vaccination. Serum samples were tested for anti-HBs employing chemiluminescent immunoassay (CLIA) technology with the commercial kit (LIAISON<sup>®</sup>XL, DiaSorin).

**Results:** Among 98 patients studied so far, the mean age was 51.9 years, 54/98 (56.8) female. With regard to the presence of anti-HBs, 56/98 (57.1%) individuals tested positive. Among those individuals, 45 had taken at least one dose of the hepatitis B vaccine. On the other hand, 9/42 (21.4%) seronegative patients all reported having taken the hepatitis B vaccine.

**Conclusions:** The vaccine remains the best and most effective method of preventing and controlling hepatitis B. This study demonstrated low HBV immunity in this population, reinforcing the need for four-dose booster schedules for this population. In addition, host factors should be investigated in non-responder to the vaccine.

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#### P- 71 BACTERIAL INFECTIONS IN CIRRHOTIC PATIENTS: ARE WE FACING AN EPIDEMIOLOGICAL CHANGE?

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**Introduction and Objectives:** Infections in cirrhotic patients are frequent. Early diagnosis and treatment are essential to minimize the risk of serious complications. Currently, an epidemiological change in the causal bacterial agents is being evidenced. This study aimed to identify the involved bacterial infections in cirrhotic patients to determine the prevalence of multi and extremely-resistant and quinolone bacterial-resistant infections and to evaluate the mortality rate of these patients.

**Materials and Methods:** Retrospective, descriptive and observational study including hospitalized patients older than 18 years with liver cirrhosis from September 2018 to October 2020. All of them were studied in a third-level of complexity hospital in Rosario, Argentina and admitted to suffering bacterial infections.

**Results:** 70 patients were analyzed. The mean age was 47 years, male sex was 59%. The most frequent cause of cirrhosis was alcoholic (47%). Healthcare-associated infections predominated (44%). The most frequent infection was spontaneous bacterial peritonitis (21%). The most frequently isolated germs were

Gram-negative (65%), with a predominance of *E. Coli* (45%). Gram-positive germs were recovered in 43%. Bacteria with high antibiotic resistance were isolated in 59.5% (*E. coli*, *K. pneumoniae*, enterococci) and 23% were associated with extremely resistant germs. No significant results were obtained when we compared the prophylactic use of quinolones, rifaximin, proton pump inhibitors, and previous use of antibiotics with the finding of resistant bacteria. The isolation of resistant germs was associated with a greater need for hemodialysis (p 0.034) and the presence of encephalopathy (p 0.044). Deaths (21%) were higher in those patients linked to systemic inflammatory response syndrome (SIRS) (p 0.036), in-hospital infections (p 0.017) and associated with resistant bacteria (p 0.02).

**Conclusions:** A high percentage of both resistant and extremely resistant bacteria to treatment were found in our study. A high number of them were associated with gram-positive germs. These data indicate a change in the epidemiological behavior of cirrhotic infections.

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#### P- 73 ULTRASOUND VISUALIZATION OF THE LIVER

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**Introduction and Objectives:** Screening patients with liver cirrhosis for the detection of hepatocarcinoma is a daily challenge. Abdominal Doppler ultrasound has moderate sensitivity, as observed so far in published studies. The characterization of the liver visualization obtained can play an important role in determining its diagnostic capacity. This study aimed to evaluate the degree of liver visualization according to the US-LiRads system in patients with liver cirrhosis.

**Materials and Methods:** Prospective descriptive study of patients in the Hepatology service of the Holy Heart Sanatory from October 2018 to May 2022. One hundred-one patients with liver cirrhosis were evaluated by ultrasound during the usual follow-up of the service, collecting and characterizing laboratory data, body mass index (BMI), cause of cirrhosis and ultrasound (Ascites). Liver visualization was characterized according to the US-LiRads system. It classifies into Visualization A (no or minimal limitations), Visualization B (moderate limitations), and Visualization C (severe limitations). A statistical analysis was carried out to determine if these factors influence the degree of visualization, comparing the continuous variables with the Student's t test and the categorical ones with the chi-square test. A p value less than 0.05 was considered statistically significant.

**Results:** 101 patients evaluated, we have documented that 68.3% present Visualization A, 28.7% Visualization B and the remaining 3% Visualization C (figure 1). We were unable to detect an association between age, cause of cirrhosis, sex, BMI, or presence of ascites with the degree of visualization (Table 1).

**Conclusions:** We can assert that liver Doppler ultrasound continues to be an acceptable method of screening since most patients present acceptable liver visualization. It was not observed that the patient's own factors affect liver Visualization. It would be necessary to carry out future studies to determine how less liver visualization affects screening.