

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[®]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.

Table 1. Characterization of the liver visualization and Associations

Visualization n	A 69	B 29	C 3	p-value
Age (years)	51.19 (11.84)	53.10 (12.74)	43.33 (21.08)	0.401
Cause (%)				0.702
Primary Biliary Cholangitis	3 (4.3)	4 (13.8)	0 (0.0)	
Secondary Biliary Cholangitis	0 (0.0)	1 (3.4)	0 (0.0)	
Primary Sclerosing Cholangitis	2 (2.9)	0 (0.0)	0 (0.0)	
Criptogénic	1 (1.4)	0 (0.0)	0 (0.0)	
Autoimmune Hepatitis	14 (20.3)	10 (34.5)	1 (33.3)	
Hepatitis B	1 (1.4)	0 (0.0)	0 (0.0)	
Hepatitis C	17 (24.6)	5 (17.2)	0 (0.0)	
NAFLD	14 (20.3)	6 (20.7)	1 (33.3)	
Alcoholic Cirrhosis	17 (24.6)	3 (10.3)	1 (33.3)	
Ascites (%)				0.238
Absent	50 (72.5)	18 (62.1)	1 (33.3)	
Mild	10 (14.5)	4 (13.8)	2 (66.7)	
Moderate	5 (7.2)	4 (13.8)	0 (0.0)	
Severe	4 (5.8)	3 (10.3)	0 (0.0)	
Male Gender (%)	27 (39.1)	13 (44.8)	1 (33.3)	0.843
BMI (kg/m ²)	27.80 (4.56)	29.70 (5.96)	28.80 (7.63)	0.240

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P- 75 COMPARISON OF EUS-GUIDED COIL PLUS CYANOACRYLATE VS CONVENTIONAL CYANOACRYLATE TECHNIQUE IN THE MANAGEMENT OF ACUTE GASTRIC VARICEAL BLEEDING. WHICH ONE IS BETTER?

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Introduction and Objectives: Gastric varices affect approximately 20% of patients with portal hypertension; bleeding appears in 50-80%, with a mortality of 45%. There are two therapeutic options, cyanoacrylate and TIPS. The latter, due to its complexity, is limited. Cyanoacrylate is a more accessible technique, which can be performed conventionally by upper endoscopy (EGD) with direct visualization of the varices or guided by endoscopic ultrasound (EUS). This study aimed to compare the EUS-guided coil plus cyanoacrylate vs. the conventional technique of injection of cyanoacrylate in the management of acute gastric variceal bleeding.

Materials and Methods: Twenty-three cases of acute gastric variceal bleeding that received cyanoacrylate either by EUS-guided or conventional technique due to active or recent bleeding were analyzed, assessing their ability to stop it and the presence of bleeding at the same admission.

Results: Two groups were similar; 10 patients were male and 13 female. The type of gastric varices found was GOV1 in 12 patients (52.1%), GOV2 in 8 patients (34.7%) and in 3 patients (13.2%) both types were documented. At the time of EGD, 21.7% had active bleeding and bleeding was successfully controlled in all patients. There was one case of re-bleeding in the group of conventional cyanoacrylate technique that was controlled with EUS-guided embolization. The average number of injections was lower with EUS-guided therapy.

Conclusions: Cyanoacrylate is essential in the approach to acute bleeding from gastric varices. The EUS method seems to be safer. However, it requires training in the EUS, in addition to being more expensive. In bleeding without being able to visualize gastric varices veins by direct visualization, the EUS is the best option. Any endoscopy unit that handles digestive bleeding requires personnel and equipment trained to have both techniques.

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P- 76 ELEVATED FIBROSIS LEVEL IN PATIENTS COINFECTED WITH HEPATITIS AND COVID-19 DURING A LONGITUDINAL STUDY

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Introduction and Objectives: Altered biochemical and hematological markers have been associated with the aggravation of covid-19. There is limited information on the evaluation of the degree of liver injury, especially fibrosis, in infected patients who already have a history of liver injury. This study aimed to evaluate the level of fibrosis in patients coinfecting with hepatitis and covid-19 during a one-year follow-up.

Materials and Methods: This is a longitudinal observational study. Two hundred and thirty individuals were recruited for a period of 12 months during the years 2020 to 2021. Blood was collected for hematological and biochemical tests for fibrosis calculation by using APRI index. Nasal and oropharyngeal swab samples were submitted to RT-qPCR test for detection of SARS-CoV-2 RNA.

Results: Mean age of the population was 48 years (\pm 17.09; 11-90) and half of them were women (115/230). Among the study participants, 40% (90/230) had hepatitis, and of this group, 14% (13/90) had covid-19. Compared to the group without hepatitis (140), 27% (39/140) had only covid-19 and high fibrosis grade (FIB-4) presented as a risk factor for this group. Notably, during the longitudinal study, it was noticed that there was an elevation in the degree of fibrosis among the coinfecting patients when compared to the other groups. At the beginning of follow-up and during the acute phase of SARS-CoV-2 infection, coinfecting patients presented a low grade of fibrosis (F0); after one year, and in a post-COVID setting, a high grade of fibrosis (F4) was observed in this group. The increase in fibrosis grade was not observed among monoinfected COVID-19 or hepatitis groups.

Conclusions: We observed an increased level of fibrosis among COVID-19 patients with liver disease as a post-covid condition in this group, which may represent an impact of SARS-CoV-2 infection in patients with a history of liver injury.

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P- 77 EPIGENOME OF PATIENTS WITH LIVER FIBROSIS, WITH SUSTAINED VIRAL RESPONSE TO HCV IN LIVER BIOPSY AND LIQUID BIOPSY REVEALS THE ASSOCIATION OF DNA METHYLATION AND miRNA EXPRESSION WITH THE DEGREE OF SEVERITY

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