

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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