Materials and Methods: Retrospective analysis of adult patients transplanted with HCC in the National Liver Transplant Program of Uruguay (07/2009-06/2022).

Results: Of 259 LT performed, 63 (23,9%) had HCC. Study Population: Age:57 ± 7 years, 82% males. Etiology: 32% hepatitis C, 32% alcohol, 13% NASH, 9% Autoimmune Hepatitis, 5% hepatitis B, 9% others. The median waiting list time is 68 days. At listing: median serum AFP 56 ± 160 ng/L, real MELD-Na 13 points, assigned supplementary 22 points in all diagnosed cases. 48.3% had locoregional treatments before transplant, 22.5% as downstaging and 25.8% as bridging therapy. Milán in= 81% (including effective downstaging), Beyond Milan and UCSF in = 6% and beyond UCSF= 2%. Incidentals=11%. In the explanted liver: non-confirmed HCC 3,3%, beyond Up to 7 criteria 25%, microvascular invasion 16,7 %, macrovascular invasion 6,7%. Imaging accuracy showed that 20% of the patients clinically within Milan criteria exceeded them on pathology. Considering AFP Model, 80% were in criteria. Recurrence-free survival at 1, 3, and 5 years: 94%, 86% and 86%, respectively. Overall Survival at 1, 3 and 5 years: 90%, 75% and 73%, respectively.

HCC-related and non-related deaths were 38% (n=7) and 61% (n=11), respectively.

Conclusions: Our results are similar when compared to other regional and international data. The AFP model seems to be a good patient selection tool in our setting.

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P- 80 DIFFERENTIAL EXPRESSION OF MATRIX METALLOPROTEINASE 7 IN CHRONIC LIVER DISEASES

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Introduction and Objectives: We recently published that in the serum of patients with chronic Hepatitis C, there are high concentrations of inactive Matrix Metalloproteinases (MMP). However, the MMP has not been studied in other liver diseases. This study aimed to evaluate serum concentrations of MMP-7 in different hepatic etiologies and according to fibrosis stage.

Materials and Methods: A cross-sectional and multicenter study was carried out, including subjects with alcoholism (WHO criteria), without (OH) and with liver injury (cirrhosis, CiOH); diagnosed by clinical, biochemical data, non-alcoholic fatty liver (NAFLD) and chronic Hepatitis C (CHC). Transitional elastography (Fibroscan) was performed in NAFLD and CHC, considering mild fibrosis (MF: F0, F1, F2) and advanced fibrosis (AF: F3, F4). As controls, subjects without alcohol consumption (CT) were recruited. For the quantification of MMP-7, Multiplex-MERCK© was used. Statistical analysis was performed using SPSS V.22 using Mann Whitney U, $p<0.05$.

Results: It included 99 subjects (OH); 45 (CiOH); 48 (CHC, FL); 54 (CHC, FA); 27 (NAFLD, FL); 36 (NAFLD, AF) and 131 CT. MMP-7 was found to be elevated in CHC (FL and FA) vs. CT; and decreased in OH, CiOH, NAFLD (FL and FA) vs. CT, plus there are significant differences between all etiologies, $p<0.001$. MMP-7 is a matrilysin that degrades extracellular matrix products (proteoglycans); it increases significantly in subjects with CHC compared to CT, while in other pathologies with stages, even in advanced fibrosis, the levels are decreased compared to CT.

Conclusions: The increased MMP-7 in serum of chronic Hepatitis C and decrease in alcoholism and non-alcoholic fatty liver patients suggests that, according to the etiology, the levels can be useful to make a differential diagnosis. We considered that it is a potential non-invasive biomarker.

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P- 81 PREVALENCE OF HEV INFECTION IN HIV CARRIERS, PATIENTS WITH INFLAMMATORY BOWEL DISEASE AND CIRRHOTIC PATIENTS

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Introduction and Objectives: Hepatitis E is a neglected disease in Brazil. Hepatitis E virus (HEV) can cause chronic illness in immunocompromised patients. This study aimed to determine the seroprevalence and prevalence of HEV infection in different populations: HIV carriers, patients with inflammatory bowel disease (IBD) and cirrhotic patients.

Materials and Methods: The study design was cross-sectional. Participants were recruited from the HIV/AIDS and hepatology outpatient clinic and from the hepatology ward of the University Complex Hospital Professor Edgar Santos (HUPES, UFBA). The proposed sample size was 150 HIV carriers, 100 IBD patients and 50 cirrhotic patients (data and samples collection are in progress). Data were collected through interviews and a review of medical records, and a blood sample was collected for the investigation of anti-HEV IgM and IgG antibodies (Wantai), measurement of serum transaminases AST and ALT (Wiener lab) and detection of HEV -RNA (RealStar® HEV RT-PCR Kit 2.0, Altona).

Results: To date, 214 volunteers have been recruited, 143 of whom have HIV, 38 have IBD and 33 have cirrhosis. Serological tests