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.

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.

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

were performed on a subgroup of 156 samples, 14 of which were reactive for anti-HEV-IgG (Prev. 9.0%; 95% CI: 5.0-14.6%) and none for anti-HEV-IgM (Prev. 0%). In addition, most participants had ALT and AST liver transaminases within the reference range, 88% and 84%, respectively. The seroprevalence of anti-HEV IgG varied according to the group: 14.3% in cirrhotic patients, 8% in IBD patients and 8.5% in HIV patients. The variables with the greatest positive association (PR greater than 2.00) were: being male and eating pork.

Conclusions: Although the data are preliminary, all groups studied were already exposed to HEV. However, no case of current infection was detected. Keywords: hepatitis E, prevalence, HIV, inflammatory bowel disease, cirrhotics. Funding Agencies: Laboratory fee from the Laboratory of Pathology and Molecular Biology (LPBM).

P- 82 VERY HIGH PREVALENCE OF STEATOSIS AND STRIKINGLY ELEVATED ANTIE VIRUS ANTIBODIES: RESULTS OF A LIVER DISEASE SCREENING CAMPAIGN

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Introduction and Objectives: Liver disease accounts for approximately 2 million deaths per year worldwide and is often not detected early in the general population. This study aimed to study the presence of liver disease in the general population of Rosario, Argentina (1.5 million inhabitants).

Materials and Methods: 600 individuals over 18 years were studied who spontaneously attended our Hospital as part of a campaign called "Take care of your liver," carried out from October 4 to 14, 2019. Anthropometric data, history of previous diseases and socioeconomic status were documented. Liver tests, serology for hepatitis A, B and C and abdominal ultrasound were also performed. IgG-HEV was analyzed in 400/600 (66%) of the cases. Hepatic elastography was performed in a subgroup of patients with steatosis.

Results: 365/600 (61%) were women, a median age of 54 years (range 18-84). 222/600 (37%) had a BMI between 25-29.9 and >30 in 270/600 (45%). Alcohol intake between 30-60 gr/day was observed in 41/600 (7%) and >60 gr/day in 27/600 (4.5%). Anti-core IgG was positive in 33/600 (5.5%), while 3/600 (0.5%) were HBsAg positive. 8/600 (1.3%) presented HCV positive. ALT, AST, FAL and GGT levels were elevated at 6% (median 60 UI/L), 8,3% (median 64,5 UI/L), 17% (median 133 UI/L), 15% (median 109 UI/L), respectively. A diagnosis of steatosis was made in 235/600 (39%), of whom 17/600 (2.4%) had a BMI less than 25. Elastography in 65 pts with steatosis showed F4: 3, F3: 5, F2: 4, F0/F1: 53. As a finding, 40/600 (6.6%) presented liver cysts, 7/600 (1%) angiomas and 18/600 (3%) solid nodules. IgG-VHE was positive in 23/400 (5.75%).

Conclusions: A high prevalence of fatty liver was observed in the general population of Rosario, where 2.4% corresponded to thin pts. Advanced hepatic fibrosis was found in 8 cases with steatosis. A strikingly elevated presence of IgG-HEV was documented.

P- 84 ENDOSCOPIC ULTRASOUND GUIDED LIVER BIOPSY, IS IT READY FOR PRIMETIME?

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Introduction and Objectives: Endoscopic ultrasound-guided liver biopsy (EUS-LB) has been proposed as a novel technique that could offer some advantages over traditional methods, especially regarding specimen adequacy. A systematic review that included 32 studies evaluating the quality of percutaneous hepatic biopsies (PC-LB) demonstrated that the average number of portal tracts with this technique was 7.5 +/-3.4. (1) The objective of our study was to determine if EUS-LBs meet AASLD quality criteria, defined by the presence of more than 11 portal tracts.

Materials and Methods: A retrospective study was carried out from a prospectively created EUS-LB database. The primary objective was to evaluate the sample quality, using as a parameter the number of portal tracts. The secondary objective was to determine the security profile of the procedure and evaluate the rate of complications.

Results: 82 patients were included (average age 55). The main indication for tissue acquisition was elevated transaminases. Steatosis/steatohepatitis was the most common histological diagnosis. The average number of portal tracts was 19.23 +/- 7.2. All the samples had at least 11 portal tracts. The rate of adverse events was 9.75%. The majority were minor complications (post-procedure pain). Only one patient presented a severe complication, bleeding secondary to an arterio-biliary fistula, that required embolization by interventional radiology.

Conclusions: EUS-LBs meet quality criteria established by AASLD, have an excellent security profile, and might be considered the method of choice for liver tissue acquisition in the centers where the resource is available.