

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).

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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 socio-economic 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.

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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.

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