

P- 85 HIGHER LEVELS OF ALKALINE PHOSPHATASIS AFTER 6-MONTH TREATMENT WITH URSODEOXYCHOLIC ACID WERE ASSOCIATED WITH EVOLUTION TO ORTHOTOPIC LIVER TRANSPLANTATION IN PATIENTS WITH PRIMARY SCLEROSING CHOLANGITIS AND INFLAMMATORY BOWEL DISEASE

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Introduction and Objectives: Primary sclerosing cholangitis (PSC) is a cholestatic disease that commonly affects young males with inflammatory bowel disease (IBD). There is no efficient medical treatment, being orthotopic liver transplantation (OLT) the only curative treatment recommended in decompensated cirrhosis, intractable pruritus and recurrent cholangitis.

Objectives: Describe clinical, laboratory and histological findings in patients with PSC-IBD of a quaternary hospital and identify prognostic factors for OLT.

Materials and Methods: Review of patients' medical records with PSC-IBD followed from 01/2000 to 05/2022, excluding cases with insufficient data.

Results: Among 73 patients, 57% were male; the mean age during PSC diagnosis was 34,2±14,3 years, with a follow-up period of 8,8±5,4 years, 85% of those presenting ulcerative colitis. During diagnosis, 93% were symptomatic, usually presenting with pruritus and fatigue. A liver biopsy was performed in 30 patients, and 60% of those revealed F3/4. 4 patients presented dominant strictures (DS) and 68 were treated with ursodeoxycholic acid (UDCA) 16mg/kg/d. 16 (21.9%) underwent OLT in a period of 6.3±4,5 years after diagnosis; the main indication was decompensated cirrhosis. Ten patients had cancer, and the two most frequent were colorectal carcinoma and cholangiocarcinoma. 13 patients died; from those, four were transplanted and six died of infection. Between patients with and without OLT, there were no significant differences in age during diagnosis, type of IBD, comorbidities, presence of symptoms during diagnosis, histological fibrosis, or presence of DS. The OLT group had higher levels of bilirubin ($3 \times 0,8\text{mg/dL}$; $p < 0,001$) and lower albumin levels ($3,4 \times 4,3\text{g/dL}$; $p < 0,001$) during diagnosis. They also presented higher levels of alkaline phosphatase ($394 \times 223\text{U/L}$; $p < 0,001$) and lower frequency of normalization ($0 \times 30\%$; $p = 0,027$) after 6-month treatment with UDCA.

Conclusions: Higher levels of bilirubin and lower albumin during diagnosis and higher levels of alkaline phosphatase after 6-month treatment with UDCA were associated with an increased risk of disease progression for OLT.

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P- 89 CHARACTERISTICS AND SURVIVAL OF PATIENTS WITH LIVER CIRRHOSIS AT A REFERRAL CENTER IN PARAGUAY

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Introduction and Objectives: There is little information on the survival and characteristics of cirrhotic patients in Paraguay. This information is vital to generate public policies that allow access to

effective treatments. This study aimed to determine the survival of outpatients with liver cirrhosis in a gastroenterology and hepatology department in Paraguay.

Materials and Methods: Observational and retrospective design. Medical records of outpatients with cirrhosis whose first consultation was in 2019 were reviewed. Survival estimation was performed with the Kaplan-Meier model.

Results: 96 patients included. Average age: 54±15 years. Cirrhosis etiology: alcohol: 35%; autoimmune:18%; unknown:15%; cholestatic:13%; NAFLD:11%; viral:6%; hemochromatosis:2%. 72% of patients presented decompensation in the first consultation: ascites: 58%; acute variceal bleeding (AVB): 32%; hepatic encephalopathy (HE): 15%. Overall survival at 12 and 24 months was 81% and 67.5%, respectively. Comparing CP-A with CP-B+C, survival at one year and two years was 72% and 58%, respectively ($p=0.034$). Survival among patients with MELD <15 and ≥15 was: 89.2% vs. 69.8% per year and 80% vs. 51.5% at two years ($p=0.01$). The survival of patients with ascites was 70% and 53% at 1 and 2 years, respectively, compared to the group without ascites, 94% and 86% ($p=0.002$ and 0.001). There is no significant difference between patients with AVB vs. non-AVB (survival of 78.3% and 74.1% at 1 and 2 years). The group with HE had lower survival at two years (24.6%, $p=0.04$).

Conclusions: Cirrhotic patients in Paraguay have survival rates similar to those reported in the literature. Unlike many countries in the region, cirrhosis secondary to viral hepatitis is not very prevalent in this group. More studies are needed to determine if this situation can be extrapolated to the country in general.

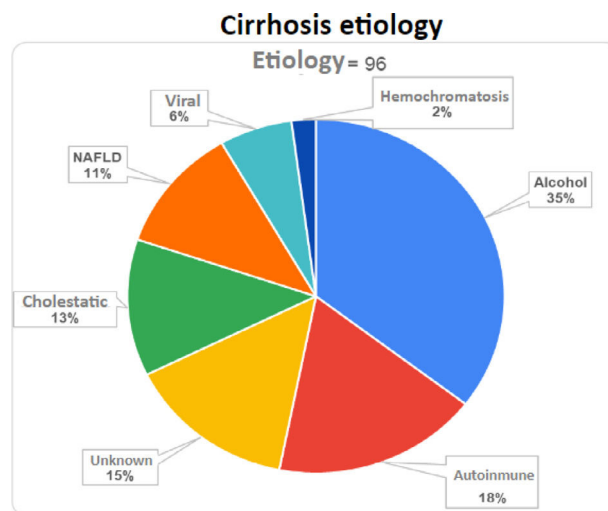


Figure 1. Cirrhosis etiology (n=96)

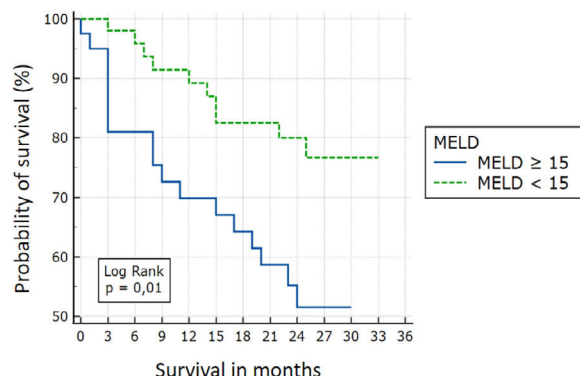


Figure 2. Kaplan-Meier survival curve of all-cause mortality according to the MELD score

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