

Comparing both groups, the following results were obtained:

		Cirrhosis ET	Cirrhosis MAFLD	p
Average age (years)		55,87	58,91	0,750
Sex (%)	M	84,4	56,5	0,005
	F	15,6	43,5	0,005
Source (%)	Urban	61	65,2	0,717
	Rural	37,7	34,8	0,802
Average MELD (points)		14,99	12,83	0,143
Child-Pugh (%)	A	24,7	39,1	0,175
	B	40,3	52,2	0,311
	C	32,5	8,7	0,024
Arterial hypertension (%)		19,5	87	0,000
Obesity (%)		2,6	47,8	0,000
Type 2 diabetes (%)		18,2	82,6	0,000
Portal hypertension (%)		90,9	95,7	0,462
Hepatocellular carcinoma (%)		3,9	8,7	0,354
Survival (months)		19,7	23,9	0,449

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P- 103 PREVALENCE OF SARCOPENIA IN CIRRHOTIC PATIENTS IN AN OUTPATIENT SERVICE IN BRAZIL

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Introduction and Objectives: Sarcopenia is defined by progressive and generalized loss of muscle mass and strength, a phenomenon observed in many patients affected by chronic illnesses. It reflects proteic-energetic malnutrition due to a metabolic imbalance, and it is associated with worse prognostics and higher mortality rates in post-hepatic transplant patients. This study aimed to assess the epidemiological distribution of sarcopenia and its association with liver function and complications of hepatic disease in cirrhotic patients in an outpatient service in Santa Casa de Misericórdia de Vitória Hospital -ES.

Materials and Methods: Transversal, epidemiologic and unicentric study. We applied a questionnaire and measured hand grip strength using a dynamometer, taking three measures of hand grip maximum strength for 3 seconds each.

Results: The study included 64 cirrhotic patients, with a mean age of 58 years and alcohol as the most present etiology. Sarcopenia was defined as present according to two different cut-off values: using cut-off value 1, sarcopenia was identified in 33 patients (51,6%); by cut-off value 2, 23 (35,9%) were sarcopenic. The study showed a significant association between the female sex and sarcopenia in both cut-off values. Furthermore, there was a relevant increase in sarcopenia by cut-off value 2 in patients with Model for End-Stage Liver Disease (MELD) scores greater or equal to 15. There was no association of sarcopenia with the event of ascites and/or hepatic encephalopathy.

Conclusions: Within the data obtained, there was a variation of sarcopenia of 35-52% regarding hand grip values, which was associated with elevated MELD scores, demonstrating a possible connection between sarcopenia and worse outcomes. Therefore, the presence of sarcopenia in cirrhotic patients might be related to prognostic factors and should be assessed in the clinical management of these patients.

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P- 104 EXPERIENCE AND CARDIOVASCULAR OUTCOMES IN POST-LIVER TRANSPLANT PATIENTS AT A REFERENCE TRANSPLANT CENTER IN COLOMBIA

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Introduction and Objectives: Liver transplant patients require a vast and complex evaluation prior to transplant surgery. Hemodynamic evaluation by Doppler echocardiography is important in the identification of systolic/diastolic alterations as a predictor of post-liver transplant outcomes, from cardiovascular alterations to graft dysfunction and mortality. This study aimed to describe the relationship between the hemodynamic variables evaluated by Doppler echocardiography and post-transplant liver outcomes in patients diagnosed with cirrhosis at LaCardio hospital. We describe the demographic variables of our cohort and outcomes such as mortality, acute kidney injury, need for dialysis and hospital admission for acute heart failure in the post-transplant period up to one year of follow-up.

Materials and Methods: Retrospective cohort study. Patient with liver transplant at LaCardio hospital, in Bogotá, Colombia, between January 2005 and July 2021. Analysis of sociodemographic variables, comorbidities, echocardiography and intraoperative variables, with primary outcomes such as early graft dysfunction, acute kidney injury and intraoperative mortality. A classification and regression tree (CART) was performed.

Results: 397 patients were analyzed, with 54.4% men. The median of age was 56 years and the most common etiology of cirrhosis was alcoholic. The most common comorbidities were hypertension (54%) and type 2 diabetes mellitus (24%). In 71% of patients, there was some degree of diastolic dysfunction and left ventricular hypertrophy (30.9%). The presence of graft dysfunction was present in up to 8% of patients and was associated with acute kidney injury (AKI) in 21%, requirement of multiple transfusions during surgery and renal replacement therapy with a mortality of 15% during study follow-up. In the CART model for mortality and graft dysfunction outcomes, it was related to the presence of BMI<19 or the combination of BMI between 19 and <24 with dialysis.

Conclusions: Echocardiographic variables, the presence of sarcopenia and the presence of AKI or requirement of renal replacement therapy were related to mortality and graft dysfunction outcomes.