Figure 1: Distribution of liver transplant patients and mortality during the observational period (Up to 1 year). We classified the risk groups by a regression tree. This method provides a predictive model of three profiles of risk: a body mass index (BMI) less than 19 and a BMI less than 24 with or without the requirement of dialysis.
https://doi.org/10.1016/j.aohep.2023.100989

P- 105 DETECTION OF HEPATITIS D VIRUS IN PATIENTS WITH CHRONIC HEPATITIS B FROM SOUTH AMERICA.

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Introduction and Objectives: Worldwide, there is incomplete information about the epidemiology of hepatitis D virus (HDV), a hepatotropic satellite pathogen with an RNA genome, which requires the hepatitis B virus (HBV) as a collaborating agent for its transmission and spread. HDV genotypes have a defined geographical distribution. Very few studies have been carried out in South America. This study aimed to study the circulation of HDV in subjects with chronic HBV from South America.

Materials and Methods: We studied 38 samples obtained between 2019 and 2021 from individuals chronically infected with HBV by assessing the ESCALON network (a cross-sectional and prospective study addressing hepatobiliary disease in South America). Samples were from Argentina (n=12), Peru (n=11), Colombia (n=4), Ecuador (n=4), Chile (n=4), and Brazil (n=3). Total anti-HDV antibody detection was performed using the Liaison XL Murex anti-HDV kit (DiaSorin). Positive samples were subjected to viral RNA detection by RT-PCR, and genotyped by Sanger sequencing.

Results: Median age was 59 years old (IQR 48.5-67.3); 75% of the individuals were males and 25% were females. Three samples were positive for anti-HDV antibody detection (8%). Two of them, from Colombia and Chile, belonged to individuals with cirrhosis, while the third one, from Ecuador, originated from an individual with hepatocellular carcinoma (HCC). This sample could be amplified by RT-PCR, corresponding to a 44 years-old male. The sequencing showed HDV genotype 3.

Conclusions: The results show circulation of HDV in South America, with a prevalence close to that estimated by the WHO (5%). The detections were performed in patients with severe liver disease, likely secondary to the presence of the two viral agents (HDV+HBV). Although our cohort is small, its strength lies in the geographical amplitude of the samples (6 countries). The study remains active and is expected to substantially increase the sample size over the coming year.

https://doi.org/10.1016/j.aohep.2023.100990

P- 107 EPIDEMIOLOGY, CLINICAL AND TISSUE CHARACTERISTICS OF A LARGE COHORT OF NAFLD/NASH FROM SOUTH AMERICA

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Introduction and Objectives: Some of the highest rates of non-alcoholic fatty liver disease (NAFLD) in the world are present in the South American continent. Indeed, recent reports suggest that NAFLD is becoming a common cause of hepatocellular carcinoma in the continent. Nonetheless, little is known about the epidemiology and tissue finings of NAFLD in the region. We provide an extensive assessment of the inter-relation of NAFLD with metabolic variables as well as medication intake and biopsy findings in South America.

Materials and Methods: A retrospective chart review of patients with NAFLD from 5 countries in Latin America (Argentina, Brazil, Peru, Ecuador and Colombia) via the South American Liver Research Network (SALRN). Diagnosis of NAFLD was obtained via imaging reports and biopsies. Logistic regression models were used to examine associations between clinical and tissue characteristics with individual patient features. Each center was responsible for its own ethics approval.