

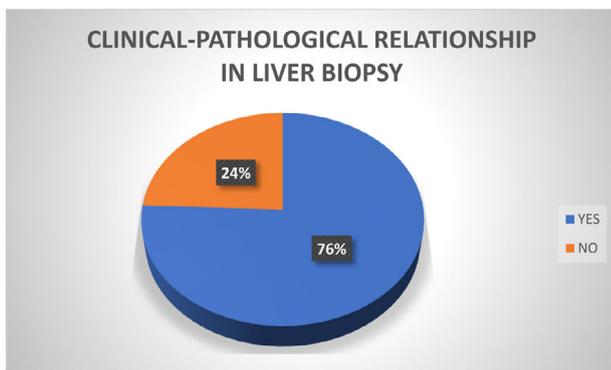
considered a gold standard for the study of low clinical-analytical expression. Currently, its usefulness is directed toward the diagnosis, prognosis and evaluation of liver disease. This study aimed to define the clinical-pathological correlation in liver samples biopsied in our hospital.

Materials and Methods: This study was retrospective, observational and descriptive. Data from 78 patients (47 women and 31 men) were included. Liver mass biopsies were generated at our institution from November 2016 to March 2021. The data were organized and analyzed in a spreadsheet matrix.

Results: Presumptive diagnoses, prior to biopsy, were classified as liver metastases, malignant lesions, benign lesions, and inconclusive mass. The most frequent histopathological diagnoses identified in our sample were:

- Metastasis 38 (49%): originated in colon 11 (29%), uncertain 6 (16%), lung 5 (13%), breast 3 (8%), pancreas 3 (8%), uterus 2 (5%), gallbladder 2 (5%), cholangiocarcinoma 1(3%), right maxilla 1 (3%), skin 1 (3%), prostate 1 (3%), and testicular 1 (3%).
- Malignant lesions 30 (38%): hepatocellular carcinoma 19 (24%), cholangiocarcinoma 5 (7%), adenocarcinoma 4 (5%), non-hodgkin B lymphoma 1 (1%), and GIST 1 (1%)
- Benign lesions 8 (10%): benign liver nodule 2 (4%), liver adenoma 1 (1%), liver cirrhosis 1 (1%), hemangioma 1 (1%), focal nodular hyperplasia 1(1%), chronic inflammation 1 (1%), and polycystic liver disease 1(1%)
- Inconclusive hepatic mass 2 (3%)

Conclusions: Our comparison between presumptive and histopathological diagnoses suggested that there was an adequate relationship in 59 cases (76%). In those cases that did not, there was probably a presumptive misdiagnosis. Our data showed that most cases presented clinical and histological correlation, supporting the usefulness of performing a biopsy in liver lesions.



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P- 111 MORTALITY ON LIVER TRANSPLANT WAITING LIST: ANALYSIS OF A TRANSPLANT CENTER IN COLOMBIA

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Introduction and Objectives: Cirrhosis and acute liver failure have a high mortality rate and liver transplantation is the only treatment that has shown improvement in the survival of these patients,

being 90% in the first year after transplantation and 80% in five years. Currently, in our center there are 95 patients on the liver transplant waiting list, being the largest in the country. The availability of an organ is of key importance and is directly related to the morbidity and mortality of our patients. This study aimed to determine direct and indirect variables that affect mortality on the waiting list in our transplant center.

Materials and Methods: We did a retrospective observational study in which we reviewed the clinical charts of the 116 patients who died in the liver transplant list between 2015 and 2021. We described the stage of cirrhosis, its complications and the cause of death. For the analysis of the results, we performed a statistical description.

Results: Between 2015 and 2021, 116 patients died on the liver transplant waiting list. The cause of cirrhosis was autoimmune disease in 42% of the patients, 75% were CHILD C and 39.7% had MELD >25. The main cause of death was an infection, and the main complications of cirrhosis were ascites (84.5%), encephalopathy (59.5%) and variceal hemorrhage (39.7%). Between 2020 and 2021, COVID-19 infection was documented in 16.7% of deceased patients.

Conclusions: Infection in patients on the waiting list is the main cause of death before transplantation. It has been documented in the literature that one-year mortality, according to the Meld score, is 30% and 50% for scores of 20-29 and 30-39, respectively. Because of this reason, liver transplantation is the only alternative to impact the survival of these patients. The pandemic contingency affected the care of patients with terminal liver disease, reducing the number of transplants performed because of the lower donation rate. Being pioneers in Colombia of living donor transplantation, it was possible to mitigate the low availability of organs during the Covid-19 pandemic, and in 2020 -2021, 38% of the transplants performed in our center were from a living donor.

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P- 112 METABOLIC FATTY LIVER DISEASE: FIBROSIS AND SARCOPENIA FREQUENCIES AND CORRELATION

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Introduction and Objectives: Fatty liver disease associated with metabolic dysfunction is a global health problem with a prevalence of about 25% worldwide. The measurement of hepatic stiffness by elastography stratifies patients with a greater propensity for cirrhosis in addition to systemic manifestations. This study aimed to estimate liver fibrosis and sarcopenia in patients at risk for metabolic fatty liver disease.

Materials and Methods: Selected patients were selected for cross-sectional clinical evaluation. Non-invasive assessment was performed using biomarkers, assessment of APRI and FIB-4, ultrasound and elastography. By ultrasonography 12 % had light steatosis, 12% moderate and the sarcopenia tests used were: self-reported registry, hand grip test and hepatic frailty index (FI) test.