

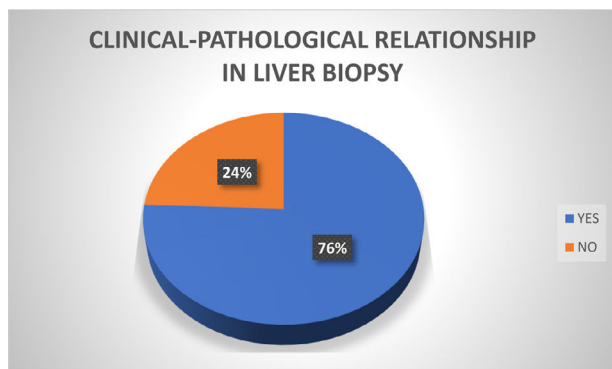
considered a gold standard for the study of low clinical-analytical expression. Currently, its usefulness is directed toward the diagnosis, prognosis and evaluation of liver disease. This study aimed to define the clinical-pathological correlation in liver samples biopsied in our hospital.

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.

Results: Our series of 49 patients was 80.6% female and 19.4% male; mean age of 59 years, mean BMI 32 kg/m²; 28.6% had fibrosis >=2, designated as significant. The elastography average obtained was 9 kpa. Steatosis by the parameter attenuation coefficient (CAP) was not significantly different according to fibrosis. Fibrosis was associated with elevated AST (p value 0.04). ALT and fibrosis were not correlated (p=0.07). The mean value of the FIB-4 was 1.47, while that of the APRI was 0.36. Five patients in our series presented sarcopenia by LFI and there was a correlation with the presence of hepatic fibrosis (p<0.05).

Conclusions: Our study showed 28.6% of a quaternary hospital with MAFLD risk had fibrosis by elastography, 31.5% altered FIB-4, and 13.5% altered APRI. Fibrosis by elastography and by the FIB-4 test is more sensitive than APRI. Sarcopenia by liver frailty index was correlated with fibrosis, although other studies are necessary for an accurate conclusion.

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P-113 TREATMENT OF CHRONIC HEPATITIS B IN TWO REFERENCE CENTERS IN PARAGUAY.

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Introduction and Objectives: Viral hepatitis is a public health problem worldwide. In Paraguay, there is little information regarding which are the most frequently used treatments and the response obtained from them. This study aimed to report the results of hepatitis B treatment in two reference centers in Paraguay.

Materials and Methods: Observational, descriptive, retrospective. Excel for data collection. Variables are expressed in frequency, mean and percentages.

Results: 12,972 medical records were evaluated in the period 2000 - 2019, of which 171 (1.3%) had a diagnosis of Chronic Hepatitis B. Forty-four (26%) of the stories did not have sufficient information for the present analysis. Finally, 127 patients were studied. We had 30 patients in the cirrhotic stage, of which 20 patients (77%) had activity: Hepatitis B antigen e positive (Hepatitis HBeAg +), 11 patients (42%) and Hepatitis B antigen e negative (Hepatitis HBeAg -): 9 patients (35%). Considering all study participants, 47 (37%) were treated: 29 (62%) with Tenofovir disoproxil fumarate (TDF), 9 (19%) with lamivudine; 4 (9%) with entecavir, the rest, combinations of these and other drugs. Forty-two of those treated (89%) were Hepatitis HBeAg +. Of these, eight (19%) presented e-antigen seroconversion, in a mean time of 18.6 months (range 3 to 38 months). HBsAg seroclearance occurred in 3 (6.4% of the 47 treated); one of them was cirrhotic, all of them Westerners. The average time in which HBsAg seroclearance occurred was 12 months.

Conclusions: The cases of hepatitis B treated in the Paraguayan centers studied, in the different phases of the disease, had a response (seroconversion of HBeAg and HBsAg seroclearance) similar to that reported in the literature.

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P-114 APPLICATION OF THE DONOR RISK INDEX IN LIVER TRANSPLANTATION IN THE MAIN TRANSPLANT CENTER IN PERU

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Introduction and Objectives: The evaluation of cadaveric donors through the application of the donor-recipient risk index (DRI) since 2006 in the USA has been useful in the standardization of criteria during organ allocation in liver transplantation. This study aimed to apply the DRI > or < 1.7 and the relationship with morbidity and mortality, hospital stay, post-reperfusion syndrome, diagnosis, and origin, steatosis, BMI, cold ischemia times (WIT), Child-Pugh score and MELD score in our center.

Materials and Methods: Descriptive, cross-sectional, retrospective study. The medical records of all liver transplant patients were reviewed to extract demographic data and clinical characteristics based on the criteria established in the DRI assessment.

Results: 78 patients out of 303 met the criteria for evaluation registration, DRI < 1.7: 70.51% (mortality 16.36%), DRI > 1.7: 29.8% (mortality: 30.43). Post reperfusion syndrome: 47.82%. Cause of brain death: Traumatic brain injury: 43.58%, stroke: 41.02%, anoxic brain injury: 11.53%. Male: 60.25% and female: 39.74%. Donor graft weight: IDR <1.7: 1412 gr (700-2440g), WIT: 5.91 h (1.38-11.4 h), Age: 31 y (10-55), BMI: 24.93 (12.11-33.33), brain death time: 24 h and admission time: 4.3 hours, in the group with DRI > 1.7 graft weight: 1407 g (336-1900), WIT: 7.4 h (4-12.24), age: 51.22 y (29-67), BMI: 26.27 (26.23-29.38), brain death time: 24.5 h and admission time: 3 h. DRI group < 1.7: mild steatosis: 80%, moderate: 18% and in the IDR group > 1.7: mild steatosis: 87% and moderate in 13%. (see table 1)

Conclusions: Medical-surgical morbidity and mortality, post-reperfusion syndrome, hospital stay, stroke, BMI, and use of SPLIT grafts were higher in patients with IDR > 1.7. Other variables studied had no statistical relationship. We conclude that the DRI should be included in the evaluation of donors in our reality.

Table 1. results of 78 patients out of 303 met the criteria for evaluation registration

DRI	< 1.7	%	>1.7	%
Mortality	9	16.36	7	30.43
Surgical morbidity	18	32.72	12	52.17
Medical morbidity	28	50.9	15	65.21
Post Reperfusion Syndrome	15	27.27	11	47.82
Admission time (h)	17.41 (120--5)		24.21 (5--90)	

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P-115 SUSCEPTIBILITY TO LIVER DAMAGE IN WOMEN DUE TO RISKY ALCOHOL CONSUMPTION.

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Introduction and Objectives: Liver damage from alcohol consumption is different between genders, and the susceptibility shown by women is greater than that of men; there are several factors for this difference to exist. We evaluated the complications of cirrhosis due to alcohol in a group of women and compared it with a group of men. This study aimed to compare the effect of alcohol consumption and complications between both genders.

Materials and Methods: An observational, descriptive, and analytical study compares the pattern of alcohol consumption, the