

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

number of grams of alcohol between men and women, and its complications.

Results: 222 patients were included; 122 women (55.0%) with 51.7±11.5 years of age, Child-Pugh A=24 (10.8%), B=69 (30.6%) and C=130 (58.6%). The grammage/day of alcohol was Women 175.6.9±131.4 and Men 301.5±106.7. The type of consumption was regular risk M=6.6%; excessive M=45.9% and H=58.0%; intoxication M=11.5% and H=8.0%; binge M=36.1% and H=34.0%. Next, the comparison of medians with the Mann-Whitney U test for MIH by type of consumption with significant differences is described (see table 1)

Conclusions: It was found that women develop more liver damage and more complications with lower consumption of grams of alcohol.

Table 1

OH: alcohol,

Factors	Men	Women	P
HTDA- excessive consumption OH	51(56,48)	60 (65,51)	p<0.0001
HTDA- Grams of OH	195(412,180)	135(180,120)	p<0.0001
Water retention- excessive OH	18(19,16)	18(25,18)	p=0.039
Kidney damage- excessive consumption of OH	390(450,312)	107(106,60)	p=0.046.
Hepatitis toxic A- excessive OH intake	52(55,51)	40(47,36)	p=0.09
Encephalopathy- excessive consumption in weight/day	315(357,277)	136(225,88)	p=0.034
ACLF-atracón	50(53,31),	39(43,25)	p=0.025

HTDA: Upper Gastrointestinal Tract Bleeding, ACLF: Acute on the chronic liver failure

OH: alcohol,

HTDA: Upper Gastrointestinal Tract Bleeding,

ACLF: Acute on the chronic liver failure

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P-116 AUTOIMMUNE DISEASES ASSOCIATED WITH AUTOIMMUNE HEPATITIS: EXPERIENCE IN TWO PARAGUAYAN CENTERS.

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Introduction and Objectives: Autoimmune hepatitis (AIH) occurs in patients with a personal or family history of other autoimmune diseases (AID). In Paraguay, there is no information regarding what these diseases are and how often these diseases are found in patients with AIH. This study aimed to determine which autoimmune diseases occur in first-degree families and in patients with HAI in Paraguay.

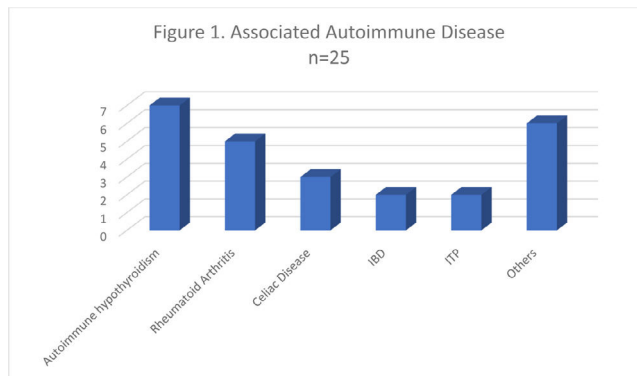
Materials and Methods: Design: an observational longitudinal retrospective descriptive observational study. Patients from the Department of Gastroenterology of the Clinics Hospital and another outpatient reference center, with a diagnosis of AIH, according to the criteria of the Revised Original AIH Score, over 18 years of age, who consulted between January 2014 and December 2018, were included.

Results: 77 patients; average age: 40±19. Female 83%; male 17%. Ratio 4.9/1. Twenty-two (29%) had a family history of AID: autoimmune hypothyroidism in 7 (32%); AIH in 4 (18%); rheumatoid arthritis (RA) in 4 (18%); Systemic lupus erythematosus (SLE) in 3 (14%); other AIDs in 4 (18%).

Twenty-five (33%) patients had AIH-associated AID. These were: autoimmune hypothyroidism in 7 (28%); RA in 5 (20%); celiac disease

in 3 (12%); inflammatory bowel disease in 2 (8%); autoimmune thrombocytopenic purpura in 2 (8%) and other AIDs in 6 (24%)

Conclusions: As in series from other countries, patients with AIH frequently have an associated AID and/or family history of AID. As a family or personal history, autoimmune thyroid disease was the most frequently associated with AID.



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P-117 HEPATOBILIARY INJURIES: EXPERIENCE OF THE MULTIDISCIPLINARY COMMITTEE AT THE HOSPITAL DE ESPECIALIDADES EUGENIO ESPEJO (HEE) IN QUITO – ECUADOR

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Introduction and Objectives: The identification, characterization and management of focal lesions detected at hepatic and biliary level are a common problem in daily clinical practice. Occasionally, these constitute an incidental finding in health check-ups and in other situations due to their symptoms, becoming a challenge for the Ecuadorian health system. Since 2019, the HEE has created a multidisciplinary group for the analysis and management of these injuries. This study aimed to determine the diagnosis of focal hepatobiliary lesions by comparing cirrhotic and non-cirrhotic patients.

Materials and Methods: This study was descriptive, observational and retrospective. Data from 96 patients (73 women and 23 men) were analyzed by a multidisciplinary committee from 2019 to June 2022. The average age was 64.5 years. Patients were diagnosed with hepatobiliary lesions through imaging methods or liver biopsy. The analysis was performed using the R software version 4.1.2

Results: Among the 96 cases analyzed, a total of 41 (42.7%) presented cirrhosis. The most common hepatobiliary injuries included: hepatocellular carcinoma 36 (37.5%), regeneration nodules 12 (12.5%), hemangioma 9 (9.3%), liver metastases 8 (8.3%), cholangiocarcinoma 7 (7.3%), adenoma 7 (7.3%), hydatid cyst 3 (3.1%), simple cyst 3 (3.1%), hepatic cystadenoma 2(3.6%), polycystic liver disease 2 (3.6%), focal nodular hyperplasia 1 (1.8%), choledochal cyst 1 (1.8%), complex cyst 1 (1.8%), hepatocholangiocarcinoma 1 (1.8%), gallbladder cancer 1 (1.8%), bilioma 1(1.8%), and Caroli disease 1 (1.8 %)

Conclusions: Our data revealed that cirrhotic patients presented solid lesions, and the vast majority were malignant with