

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

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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.

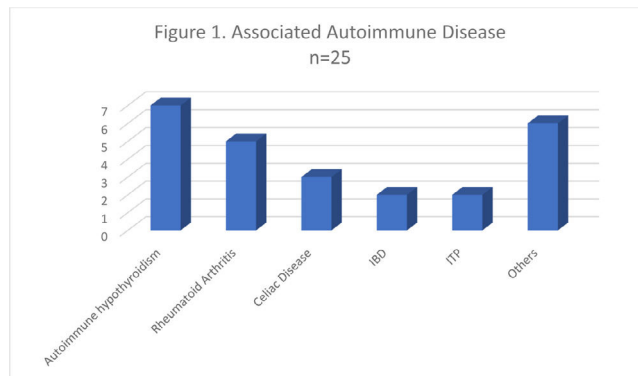
Materials and Methods: Design: an observational longitudinal retrospective descriptive observational study. Patients from the Department of Gastroenterology of the Clinics Hospital and another outpatient reference center, with a diagnosis of AIH, according to the criteria of the Revised Original AIH 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

hepatocellular carcinoma followed by metastasis. In the group of patients without cirrhosis, the majority presented benign lesions. A relationship of 3:1 between the solid type was found. Mostly included: hemangiomas, adenomas, and cystic type complex (including hydatid disease). In both groups, the main risk factor was the presence of type 2 diabetes mellitus.

Table 1

Table 1. Characteristics of patients with and without cirrhosis

VARIABLES	All patients (n=96)	With cirrhosis (n=41)	Without cirrhosis (n=55)
Average age	64.54 años	57.71 años	57.34 años
Gender			
Female	73 (76%)	27 (65.85%)	46 (83.63%)
Male	23 (24%)	14 (34.14%)	9 (16.36%)
Lesion consistency			
Solid	82 (85.41%)	41 (100%)	41 (74.54%)
Cystic	14 (14.58%)	0 (0%)	14 (25.45%)
Type of lesion			
Benign	40 (41.66%)	9 (21.95%)	31 (56.36%)
Malignant	56 (58.33%)	32 (78.04%)	24 (43.63%)
Characterization of the lesion			
Hepatocellular carcinoma	36 (37.5%)	30 (73.17%)	6 (10.90%)
Regeneration nodules	12 (12.5%)	7 (17.07%)	5 (9.09%)
Hemangioma	9 (9.3%)	1 (2.43%)	8 (14.54%)
Liver metastases	8 (8.3%)	0 (0%)	8 (14.54%)
Cholangiocarcinoma	7 (7.3%)	1 (2.43%)	6 (10.90%)
Hepatocellular adenoma	7 (7.3%)	0 (0%)	7 (12.72%)
Hydatid cyst	3 (3.1%)	0 (0%)	3 (5.45%)
Simple liver cyst	3 (3.1%)	0 (0%)	3 (5.45%)
Hepatic cystadenoma	2 (2.08%)	0 (0%)	2 (3.63%)
Polycystic liver disease	2 (2.08%)	0 (0%)	2 (3.63%)
Focal nodular hyperplasia	1 (2.08%)	1 (2.43%)	0 (0%)
Cholelithiasis	1 (2.08%)	0 (0%)	1 (1.81%)
Complex liver cyst	1 (2.08%)	0 (0%)	1 (1.81%)
Hepatocholangiocarcinoma	1 (2.08%)	1 (2.43%)	0 (0%)
Gallbladder cancer	1 (2.08%)	0 (0%)	1 (1.81%)
Bilioma	1 (2.08%)	0 (0%)	1 (1.81%)
Caroli disease	1 (2.08%)	0 (0%)	1 (1.81%)
Comorbidities			
Diabetes	23 (23.95%)	14 (34.14%)	9 (16.36%)
Hypertension	21 (21.87%)	10 (24.39%)	11 (20%)
Chronic kidney disease	1 (1.04%)	1 (2.43%)	0 (0%)
Hypothyroidism	10 (10.41%)	6 (14.63%)	4 (7.27%)

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P-118 HEPATOCELLULAR CARCINOMA. AN EXPERIENCE IN A TRANSPLANT CENTER IN COLOMBIA

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the sixth most frequent type of cancer and the fourth cause of death related to cancer worldwide. Remarkably, HCC is the most common type of liver cancer. According to the International Agency for Research on Cancer (IARC), the incidence of liver cancer in Colombia was 2%, with a 4% mortality in 2020. This study aimed to describe the clinical characteristics of patients with HCC at a liver transplant center in Colombia in the period 2015 to 2020.

Materials and Methods: Descriptive study of consecutive patients with HCC. We developed an HCC registry from our outpatient Clinic in which we reported clinical status, imaging, and therapeutic management. The continuous variables were described as the mean and standard deviation, and nominal variables were evaluated based on frequencies and percentages. All analyses were done in Statistical Package for the Social Sciences (SPSS) v. 21.0.

Results: In total, 131 HCC patients were included, 76 men and 37 women, with an average age of 65 years. Of these patients, 40% were classified as CHILD PUGH (CP) - A, 42% were CP-B and in less proportion, 16.7% were CP-C. The etiology of the cirrhosis was diverse; most cases had a history of alcoholism (34%) and a past medical history of B and C viral infection (23.6%). The radiological characteristics of patients with HCC are shown in table 1. Therapeutic interventions assessed were radiofrequency ablation (ARF 61.6%), microwave ablation (AMO, 7.53%), transarterial chemoembolization (TACE, 30.8%) and liver transplant after ablative treatment (20.5%). Different outcomes analyzed were complete responses for ARF (52.2%), AMO (72.7%) and TACE (4.4%).

Conclusions: In our historical cohort, liver function allowed the achievement of curative therapeutic interventions (ARF/AMO) with a complete response in more than 50% of patients intervened and 20% of patients taken for a liver transplant. Our results highlight the importance of premature detection of high-risk patients and early therapeutic interventions in this population of patients.

Table. Radiological characteristics of patients with HCC

Liver lesions (HCC)	Number of lesions	n (%)	location of liver lesions	n (%)
		Hepatic segment		
1 lesion	63	(70)	Segment II	4 (6,2)
2 lesions	12	(13,3)	Segment III	2 (3,0)
3 lesions	10	(11,1)	Segment IV	15 (22,7)
4 lesions	2	(2,2)	Segment V	6 (9,1)
5 lesions	2	(2,2)	Segment VI	10 (15,2)
6 lesions	1	(1,1)	Segment VII	16 (24,2)
			Segment VIII	13 (19,7)
LIRADS			Radiological performance	
LIRADS 4*	17	(19,3)	Arterial enhancement	65 (72,2)
LIRADS 5	71	(80,7)	Contrast wash	62 (68,9)
			Pseudocapsule formation	40 (44,4)
			Restriction	13 (14,4)

* confirmed with histopathology
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P-119 LIVER TRANSPLANTATION IN ACUTE ON CHRONIC LIVER FAILURE (ACLF): RESULTS OF THE MAIN TRANSPLANT CENTER OF PERU

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