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%)
Choledochal cyst	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%)

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 (SPPS) 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* Hepatic segment	n (%)
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

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

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Introduction and Objectives: Acute on chronic liver failure is characterized by acute decompensation of chronic liver disease, associated with different organ failure and, therefore, with high mortality. Management is based on supportive treatment and liver transplantation. Successful liver transplantation in Peru began on March 24, 2000. The ACLF consensus dates back to 2009; the first patient with ACLF transplanted in Peru was performed in January 2015; she was a 61 years old woman with cryptogenic liver cirrhosis with three organ failures, ACLF - 3, with CLIF - C ACLF score of 55 points. This study aimed to stratify the different organ failures involved in acute on chronic liver failure in patients undergoing liver transplantation as treatment.

Materials and Methods: Retrospective, a descriptive study from January 2015 to April 2022, included 72 adult liver transplant patients at the "Guillermo Almenara" Hospital. Patients with Hepatopulmonary Syndrome, Liver retransplant, Combined liver-kidney transplant, Hepatorenal polycystosis, SPLIT and Domino Technique, and Pediatric patients were excluded.

Results: Of the 72 liver transplant patients, 40.3% (29 patients) had ACLF, 12 (41.4%) type 1 patients, 5 (17.2%) type 2 patients, and 12 (41.4%) type 3 patients. Average CLIF C - ACLF 50 points. The most frequent organ failure after hepatic was cerebral with encephalopathy 2 in 12 (41.4%) patients; the next failure was coagulation with INR 2 - <2.5 in 9 (31%) patients.

Conclusions: Liver transplantation represents the optimal and definitive treatment. In our casuistry, 40.3% of cirrhotic patients with ACLF were transplanted, with improvement in organ failure and survival at 28 and 90 days of 100%. The average CLIF C - ACLF score of these patients was 50.4 points, with a maximum of 70 points.

VARIABLE	ACLF 1	ACLF 2	ACLF 3
Sex			
Male, n (%)	7 (58.3)	4 (80)	5 (41.7)
Female n (%)	5 (41.7)	1 (20)	7 (58.3)
Age			
18 - 40 years	2	1	2
41 - 64 years	8	3	10
>equal 65 years	2	1	-
MELD, average, interval	25 (15 - 34)	32 (26 - 38)	32 (21 - 40)
Etiology of chronic liver disease			
NASH	4	-	4
Overlap syndrome	3	2	2
Autoimmune hepatitis	3	-	3
NASH - ASH	-	1	1
Others	2	2	2
Nunmber organ failure, average CLIF C - ACLF			
2-Jan	12 (43)	5 (50)	-
4-Mar	-	-	8 (55)
6-May	-	-	4 (65)

P-120 ANTHROPOMETRIC AND METABOLIC PROFILE IN NON-ALCOHOLIC FATTY LIVER DISEASE

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Introduction and Objectives: Non-alcoholic fatty liver disease (NAFLD) is the most frequent cause of liver disease, with a worldwide prevalence of 25%. This disease is characterized by the accumulation of fat in the hepatocyte in the absence of secondary causes such as excessive alcohol consumption, drugs, or hereditary causes and can progress to steatohepatitis with or without fibrosis, cirrhosis and even hepatocellular carcinoma. The association between NAFLD and obesity, type 2 diabetes mellitus and metabolic syndrome is well established. It is estimated that approximately 76% of individuals with obesity, mainly visceral obesity, have NAFLD. In addition, previous studies have shown that simple anthropometric measures of body fat assessment, such as body mass index (BMI), neck circumference (NC), waist circumference (WC) and waist-hip ratio (WHR), are predictors of NAFLD. This study aimed to assess the prevalence of NAFLD in obese individuals and the role of anthropometric measurements that estimate visceral fat as a predictor of NAFLD.

Materials and Methods: Cross-sectional study. The study sample is a convenience sample: adults over 18 years of age, followed up at the outpatient clinics of Internal Medicine and Endocrinology of the Hospital University Antonio Pedro and at risk of NAFLD (pre-diabetes, type 2 diabetes mellitus, metabolic syndrome and/or obesity). To participate in the study, it was necessary to sign an informed consent form and clinical and anthropometric assessment, metabolic profile and liver ultrasound, elastography and electrical bioimpedance tests were performed.

Results: The evaluation was performed on 95 patients. There is a predominance of females in relation to males (81% vs. 18.9%, respectively) and a higher prevalence of alcoholism and diabetes in males (50% and 66.6%) when compared to females (18.1% and 48%). Furthermore, there is a high prevalence of physical inactivity, smoking, hypertension and dyslipidemia in both sexes. The prevalence of hepatic steatosis in 91.30% of women and 63.6% of men who underwent abdominal ultrasounds is another important observation. Anthropometric measurements such as NC, WC, and WHR are high in both sexes. Circumferences, in cm, of the neck and waist were greater in males (medians 42 cm and 106.9 cm) compared to females (medians 36.1 cm and 105 cm).

Conclusions: To date, a high prevalence of patients with visceral obesity, hepatic steatosis and metabolic diseases has been observed. Regarding the anthropometric measures of visceral obesity, they are high in both sexes, proving to be an important risk factor for NAFLD. The study is ongoing and further statistical analyzes will be performed to identify the association of hepatic steatosis with cardiometabolic diseases.

P-121 CORRELATION BETWEEN HEPATOPULMONARY SYNDROME AND OXYGEN SATURATION PULSE OXIMETRY IN CIRRHOTIC PATIENTS

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Introduction and Objectives: Hepatopulmonary Syndrome (HPS) is a chronic and irreversible disease caused by systemic changes associated with portal hypertension, which greatly compromises patients' expectations and quality of life. It is associated with an increase in morbidity and mortality regardless of the degree of liver dysfunction. Data on the accuracy of the diagnosis of HPS in cirrhosis is limited. This study aimed to analyze the prevalence of HPS in cirrhotic patients at our service and to correlate it with oxygen saturation (SatO2) using a pulse oximeter to evaluate if this is useful as a screening test for HPS.