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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)

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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.

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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.

Materials and Methods: A prospective study was conducted in consecutive patients with hepatic cirrhosis, followed up on demand and selected from November 1, 2021, to May 31, 2022. All the patients underwent an oxygen saturation measurement by pulse oximetry and arterial blood gas analysis. The relationship between SatO2 and HPS was assessed.

Results: a total of 29 patients with clinically confirmed cirrhosis were analyzed, 16 (56%) male patients. Twenty-six (90%) patients had no symptoms related to HPS and 5 (17%) had arterial blood gas analysis criteria for HPS. The alcoholic etiology of cirrhosis was the most prevalent (52%). The mean age was 59 years. Twenty-two (76%) patients were classified as Child Pugh A and 7 (24%) as Child Pugh B. The relationship between HPS and SatO2 did not show statistical significance.

Conclusions: Oxygen saturation alone was not able to detect HPS in the sample of cirrhotic patients. More accurate methods for screening and diagnosis of the syndrome should be used.

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P-122 MAFLD PREVALENCE AND FACTORS ASSOCIATED WITH LIVER STEATOSIS IN PATIENTS WITH TRAUMATIC SPINAL CORD INJURY

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Introduction and Objectives: Metabolic dysfunction is influenced by several factors in patients with traumatic spinal cord injury (SCI), such as physical inactivity, modification in body mass distribution, reduction of androgenic hormones, modification in intestinal microbiota, and neuro-autonomic dysfunction itself. This study aimed to determine the prevalence of MAFLD and the independent factors associated with liver steatosis in patients with traumatic SCI.

Materials and Methods: Patients with SCI hospitalized for rehabilitation were randomly assigned to participate. Blood samples were collected, and an abdominal ultrasound was performed. Exclusion criteria were non-traumatic spinal cord injury, less than one year since the injury and less than 18 years old. Patients answered a questionnaire about alcohol drinking and tobacco smoking, as well as a physical activity score. Student's t-test or Mann Whitney test was used to compare groups (fatty liver and non-fatty liver). The chi-square test or Fisher's exact test was used to test the homogeneity between the proportions. Variables with $p < 0.10$ in the simple regression analysis were selected and the multiple logistic regression model was done. The significance level used for the tests was 5%.

Results: Two hundred and twenty-five individuals were included initially, but 30 patients were excluded according to exclusion criteria. The mean age was 37 years and 82,6% were men. The prevalence of MAFLD was 17,4% in this population. Multiple logistic regression model showed that age (OR: 1,06 CI 1,03 − 1,09), body mass index (BMI) (OR: 1,21 CI 1,1 − 1,34), AST (OR: 1,07 CI 1,02 − 1,12), and HDL (OR: 0,942 CI 0,90 -0,98) were independent predictors of fatty liver in this population.

Conclusions: The prevalence of MAFLD in traumatic spinal cord injured patients was not higher than in the general population. Age, BMI, AST and HDL were predictors of fatty liver. This population will have better long-term survival once we better understand metabolic dysfunction.

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P-123 HEPATOCELLULAR CARCINOMA SURVIVAL: EXPERIENCE OF THE MULTIDISCIPLINARY COMMITTEE AT HOSPITAL ESPECIALIDADES EUGENIO ESPEJO IN QUITO – ECUADOR

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Maria José Suarez, Gabriela Velalcazar,
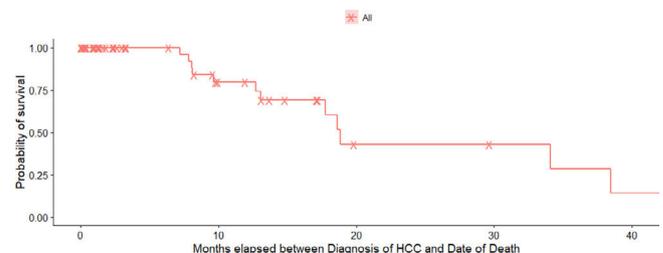Walkenis Waldroph, Estibalys Zambrano

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Introduction and Objectives: Hepatocellular carcinoma represents the most frequent primary hepatic neoplasm and occupies fifth place worldwide. Its prognosis is poor in all regions; therefore, the incidence and mortality rates are equivalent. In South America, it develops mainly in patients with cirrhosis which non-alcoholic fatty liver constitutes the main risk factor. Since 2019, Gastroenterology Section has formed a multidisciplinary team to survey and manage hepatobiliary lesions, including hepatocellular carcinoma, being the first in our country. This study aimed to determine the survival of hepatocellular carcinoma in patients evaluated by a committee in a multidisciplinary team.

Materials and Methods: Retrospective analytical descriptive study of cases analyzed since 2019 was performed with a diagnosis of hepatocellular carcinoma through imaging methods or liver biopsy. The Kaplan Meier survival test was used for survival analysis.

Results: A total of 50 cases were evaluated, including 30 men (60%) and 20 women (40%). Average age of the sample was 66.7 years. Forty individuals (80%) presented cirrhosis; among them, the main etiology was NASH (n=25, 65.5%), Alcohol (n=5, 12.5%), Cryptogenic (n=8, 20%), Hepatitis B (n=2, 5%), and non-cirrhotic (n= 10, 20%) with identified risk factors such as NASH and Hepatitis B virus. Survival rate was around 75% at 10 months for both groups. Although, females showed higher probabilities of survival at 18 months, while males at eight months. Our analyses suggest that the main factors that affected higher mortality were the level of primary education, the presence of more than five intrahepatic nodules, vascular invasion, and extrahepatic metastasis.

Conclusions: Results suggested that the survival of patients with liver cancer and discussed within our multidisciplinary team is higher than those patients who do not. Therefore, we recommend being able to implement this committee in the most complex hospital centers in Latin America.

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