

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.

<https://doi.org/10.1016/j.aohep.2023.101005>

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

Fernanda Barros Viana Coelho¹,
Luiz Carlos Cassemiro², Sandro Barbosa De Oliveira³,
José Tadeu Stefano⁴,
Claudia Pinto Marques Souza De Oliveira⁴

¹ Department of Internal Medicine, SARAH Network of Rehabilitation Hospitals, Brasília, Brazil

² Department of Spinal Cord Injury, SARAH Network of Rehabilitation Hospitals, Brasília, Brazil

³ Department of Quality Control, SARAH Network of Rehabilitation Hospitals, Brasília, Brazil

⁴ Department of Gastroenterology, Faculdade de Medicina, University of São Paulo (USP), São Paulo, Brazil

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.

<https://doi.org/10.1016/j.aohep.2023.101006>

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

Enrique Carrera, Jaysom Abarca, German Abdo, Cintya Borja, Wendy Calderon, Gabriela Camacho, Ximena Cuenca, Freddy Holguin, Natalia Hernandez, Flor Lara, Mariana Falconez, Silvy Lozada, Gabriela Quingalombo, Gabriela Orozco, Mauricio Galarza, Andrea Moreno, Darwin Quevedo, Maritza Quishpe, Fabian Tulcanazo, Cecilia Trujillo, Maria José Suarez, Gabriela Velalcazar, Walkenis Waldroff, Estibalys Zambrano

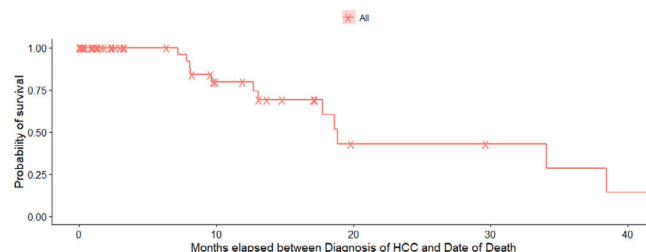
Gastroenterology Section. Hepatobiliary Injuries Committee. Hospital of Specialties Eugenio Espejo Quito. Ecuador

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.



<https://doi.org/10.1016/j.aohep.2023.101007>