## P-124 TITLE: CLINICAL CHARACTERISTICS OF CIRRHOTIC PATIENTS WITH VARICEAL BLEEDING IN A SINGLE CENTER EXPERIENCE. DESCRIPTIVE STUDY

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**Introduction and Objectives:** The variceal bleeding mortality in cirrhotic patients continues to be 15%-20%. Standard therapy and risk stratification have decreased the failure in bleeding control, risk of rebleeding, and mortality. This study aimed to describe the clinical characteristics of cirrhotic patients with variceal bleeding between 2016 to 2019, the treatment performed, the failure to bleeding control, the risk of rebleeding, and mortality.

**Materials and Methods:** A cross-sectional study of cirrhotic patients older than 18 years with variceal hemorrhage. Demographic and clinical data were collected. We performed descriptive statistics with mean, absolute and relative frequencies.

**Results:** 92 patients were included, mean age 58 years, 54% men, CHILD PUGH A 27%, B 41% and C 29%, MELD mean 14 points; etiology of cirrhosis was alcoholic 30%, autoimmune 29%, viral 12%. Previous bleeding 42%. In secondary prophylaxis 80%, 10% of patients achieved the beta-blockade hemodynamic goal. The use of vasoactive agents was in 86% of patients, terlipressin was used in 97%. Restrictive transfusion therapy in 36%. Use of prokinetic 13%. Antibiotic prophylaxis is 90%, with ampicillin sulbactam at 84%. Digestive endoscopy was performed on average 7 hours after admission. Bleeding from esophagogastric varices 92%, GOV-2 3%, and active bleeding 45%. Successful endoscopic band ligation in 87%, cyanoacrylate in 42% of gastric varices. 38% with an indication for preemptive-TIPS, it was not performed in 56% with the clinical indication. 13% required esophageal stent placement. Rescue TIPS in 3% of patients. The rebleeding rate at five days was 10%. Mortality of 9% at six weeks.

**Conclusions:** The treatment of the patients with variceal bleeding in our single-center experience was according to the standard therapy described. Preemptive-TIPS was only considered in 44% of patients. Refractory bleeding and bleeding control failure were correlated with other studies published. Mortality was only 9%. Secondary prophylaxis and preemptive-TIPS should be reinforced when the indication exists.

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## P-126 PREVALENCE OF LIVER FIBROSIS IN THE INFECTION BY THE HEPATITIS B AND C VIRUS IN GUATEMALA

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**Introduction and Objectives:** It is known that patients with chronic hepatitis C virus (HCV) and hepatitis B virus (HBV) infection develop early fibrosis in the first five years of infection. The evaluation of liver fibrosis is currently reliable by noninvasive methods such as transient vibration-controlled elastography (VCTE), the Fibrosis Index 4 (FIB-4) and the Aspartate Aminotransferase-Platelet Ratio Index (APRI). In Guatemala in 2015, HCV was the main cause of chronic hepatitis, cirrhosis and liver cancer. Despite this, there are few studies on the prevalence of fibrosis in these patients. This study aimed to determine the prevalence of liver fibrosis by non-invasive methods in patients with chronic HBV and chronic HCV infection.

**Materials and Methods:** A retrospective descriptive study including patients registered in the Unit for HIV and Chronic Infections of the Hospital Roosevelt in Guatemala during the period from January 2015 to December 2020. Patients between 18 and 80 years of age were included. The non-invasive methods used were the FIB-4 index, APRI and VCTE.

**Results:** 229 patients were included, 175 with HCV infection and 54 with HBV; 50.6% were male with an average age of 56 years. 54.2% of the patients identified with fibrosis were made by the VCTE method and 45.8% by the APRI and FIB-4 methods. 48.4% of the patients with fibrosis were F4, the most frequent grade of fibrosis was F4, followed by F3 in HCV and F1 in HBV. Most of the patients with fibrosis (55%) were six months to 2 years after diagnosis of the infection. The most frequent clinical manifestation was esophageal varices (15.5%), ascites (5.0%) and upper gastrointestinal bleeding (2.9%)

**Conclusions:** There is a high prevalence of liver fibrosis and advanced fibrosis in patients with chronic infection by hepatitis B and C viruses in Guatemala, mainly in the first two years of diagnosis.

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## P-129 LIVER TRANSPLANTATION IN PATIENTS WITH HEREDITARY HEMORRHAGIC TELANGIECTASIA. EXPERIENCE OF TWO CASES AT AN ARGENTINE HHT REFERRAL CENTER

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**Introduction and Objectives:** This study aimed to describe two cases of liver transplantation in HHT with severe hepatic involvement.

**Materials and Methods:** Hereditary hemorrhagic telangiectasia (HHT) is an autosomal dominant disease characterized by mucocutaneous bleeding telangiectasias and arteriovenous malformations in organs, including the lungs, central nervous system, liver and gastrointestinal tract. Hepatic involvement occurs in 78% of patients, of which 8% develop relevant clinical manifestations. Severe liver vascular malformations may lead to high-output cardiac failure with pulmonary hypertension, portal hypertension, or intrahepatic biliary ischemia. Although anti-angiogenic treatment with bevacizumab can