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

improve symptoms, liver transplantation (LT) emerges as a definitive treatment with Improvement in cardiac function. Liver transplant patients' timing and proper selection are crucial and represent a challenge. We report two cases of liver transplantation in HHT with severe hepatic involvement.

Results: Patient 1 (P1) was a 47-year-old male, and patient 2 (P2) was a 37-year-old female with multiple arteriovenous malformations (AVMs). Cardiac index (CI) and cardiac output were 6.8, 9.5 (L/min/m2), and 5.8, 9.3(L/min) in P1 and P2, respectively, associated with dilated cardiomyopathy with mean pulmonary hypertension of 60 mmHg in P1 and 33 mmHg in P2. Additionally, both presented portal hypertension and ischemic biliopathy refractory to medical treatment. They also received bevacizumab one year before LT, showing marked clinical improvement. P1 was anticoagulated due to a mechanical aortic valve. After intensive diuretic therapy, the mean pulmonary pressure was 35 mmHg in P1. Natural MELD was 11 in both patients, and additional MELD was 26 and 28, respectively. Six hours of orthotopic liver transplant with cava preservation and a high-quality donor were performed. Only 1 and 3 units of red cells were transfused, respectively, with non-hemorrhagic perioperative events observed. Post-transplant complications in P1 included vasoplegic shock, splenic steal (solved with artery embolization), and reversible renal failure due to hypotension and tacrolimus, while P2 presented a mild reversible cellular rejection. Tacrolimus was prescribed for both cases due to its antiangiogenic properties. Pre LT clinical characteristics are shown in Table 1. Pre LT and Post LT hemodynamic and echocardiographic parameters are shown in Table 2. After 56 months, P1 is in good clinical conditions CI of 5.6 (L/min/m2), and low doses of diuretic requirements. P2 was discharged ten days post-transplantation and, after 43 months, is in an excellent performance with a CI of 3.31 (L/min/m2).

Conclusions: We provide data about the applicability and timing of liver transplantation in selected patients with HHT with severe hepatic involvement. According to our knowledge, this is the first Latin American report of liver transplantation in HHT. Despite the high risk of bleeding, highlight the low rate of perioperative transfusion requirements in both cases.

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P-130 CONGENITAL PORTOSYSTEMIC SHUNTS: EXPERIENCE IN A THIRD LEVEL CHILDREN`S HOSPITAL

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Introduction and Objectives: Congenital Portosystemic Shunts (CPSS) are rare vascular malformations that involve communication between the portal and the systemic venous system. Patients with this condition may be asymptomatic or present with severe complications such as hepatic encephalopathy (HE), hepatopulmonary syndrome (HPS), pulmonary arterial hypertension (PAH), or liver nodules (LN). This study aimed to share our experience in the diagnosis and treatment of patients with CPSS.

Materials and Methods: This is an observational, retrospective study including patients diagnosed with CPSS between 2011 and 2022 in our hospital.

Results: We present nine children between three months and sixteen years old at the time of diagnosis, which was incidental in four patients and due to CPSS complications in five patients: two presented HE, one HPS and two with LN (one adenoma and one focal nodular hyperplasia). According to the Bicetre classification, four cases were type I, three were type II and two were type IV. Six patients had CPSS-related congenital cardiopathies, one had polysplenia, and another patient had severe scoliosis. Two patients had genetic syndromes: Down Syndrome and Turner Syndrome. We obtained an angioCT or angioMRI in all cases; eight patients also underwent an interventionist study. Four patients underwent shunt closure; one patient was by interventionist radiology and the other three were by conventional surgery, as closure by interventionist radiology was not feasible. Both HPS and HE resolved after closure. Two of the other six patients died of cardiac complications, and none of the other patients have presented CPSS complications to date and are under evaluation for treatment strategies.

Conclusions: As CPSS is a rare condition, it is advisable to consider a high diagnostic suspicion, mainly in patients with cardiovascular malformations and/or hyperammonemia of undetermined cause. Abdominal Doppler ultrasound should be considered as a baseline study. Given the complexity of the condition, a multidisciplinary approach is recommended.

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O-1 ECONOMIC IMPACT OF LONG-TERM ALBUMIN INFUSIONS IN PATIENTS WITH DECOMPENSATED CIRRHOSIS AND UNCOMPLICATED ASCITES FROM THE BRAZILIAN PUBLIC AND PRIVATE HEALTHCARE SYSTEMS PERSPECTIVES

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Introduction and Objectives: Liver cirrhosis is among the most common liver-related causes of death and is associated with severe complications that entail a major burden for patients and healthcare systems. The ANSWER trial showed that long-term human albumin infusions (LTA) (40g twice/week for two weeks followed by 40g/week for up to 18 months) added to standard medical treatment (SMT) managed to significantly reduce mortality and disease-related complications in patients with cirrhosis and uncomplicated ascites. Assess the economic impact of implementing LTA following the ANSWER protocol in patients with cirrhosis and uncomplicated ascites in Brazil from the public (SUS) and private (ANS) healthcare systems perspectives.