prevalence and utilization of HCV antibody (Ab) positive donors in Argentina.

Materials and Methods: We performed a cross-sectional study to analyze data from the INCUCAI in Argentina from January 2006 to December 2020. Demographic and allograft characteristics were evaluated, and utilization of HCV Ab-positive donors across Argentina was studied. Anti-HCV (ELISA), was performed on all donors during the procurement process. A stratified analysis according to the type of donor and HCV Ab was done.

Results: Overall, 16,140 deceased donors were denounced. Of these, 8627 (53.5%) were organ donors (7802 [90.4%] were effective) and 7513 (46.5%) were tissue donors. Demographic characteristics were age 42 ± 18 years and male/female ratio was 1.59/1. HCV Ab-positive was reported in 0,92% (n=149). The prevalence ratio per period among HCV Ab-positive donors (see graphic 1) showed that the highest prevalence was observed in 2007 (1.3%) and the lowest prevalence was in 2020 (0.1%). Prevalence for HCV Ab-positive among the type of donors was significantly higher in non-effective donors at 5.81% (n=48/825), followed by tissue donors at only 1.01% (n=76/7513) and lower in effective donors at 0.32% (n=25/7802; P<0.0001). Organ donors with HCV Ab-positive serology had less acceptance rate than those with HCV Ab-negative (34% vs. 90%; respectively, p<0.001). The solid organ transplants performed using HCV Ab-positive donors were 23 kidneys, five liver and one heart transplant. Only four transplants were performed after the advent of DAAs. Five-year recipient and graft survival in kidney and liver recipients was not adversely impacted by donor HCV Ab-positive status.

Conclusions: The prevalence of HCV Ab-positive donors in Argentina is low and declining. Therefore, expanding the donor pool using HCV Ab-positive donors is a limited strategy in our country.

Figure 1: Prevalence of HCV Ab-positive donors in Argentina during 2006-2020 (N=16,140)
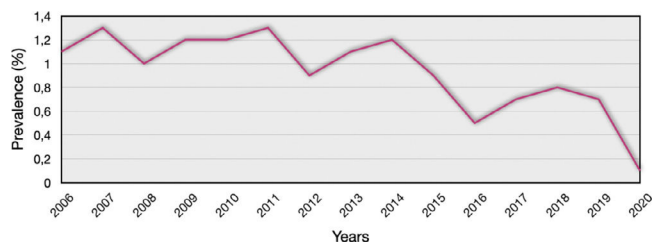
O-13 PERFORMANCE OF PRE-TRANSPLANT CRITERIA IN PREDICTION OF HEPATOCELLULAR CARCINOMA PROGRESSION AND WAITLIST DROPOUT

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Introduction and Objectives: Liver transplantation (LT) selection models for hepatocellular carcinoma (HCC) have not been proposed to predict waitlist dropout due to tumor progression. This study aimed to compare the alfa-fetoprotein (AFP) model and other pre-LT models in their prediction of HCC dropout.

Materials and Methods: A multicenter cohort study was conducted in 20 Latin American transplant centers, including 994 listed patients for LT with HCC from 2012 to 2018. Longitudinal tumor characteristics and patterns of progression were recorded at the time of listing, after treatments and at last follow-up over the waitlist period. Competing risk regression models were performed, and the model's discrimination was compared by estimating Harrell's adapted c-statistics.

Results: HCC dropout rate was significantly higher in patients beyond [24% (95% CI 16-28)] compared to those within Milan criteria [8% (95% IC 5-12%); P<.0001], with an SHR of 3.01 (95% CI 2.03-4.47)], adjusted for waiting list time and bridging therapies (c-index 0.63 (95% CI 0.57;0.69). HCC dropout rates were higher in patients with AFP scores >2 [adjusted SHR of 3.17 (CI 2.13-4.71)], c-index of 0.71 (95% CI 0.65-0.77; P=0.09 vs. Milan). Similar discrimination power for HCC dropout was observed between the AFP score and the Metro-ticket 2.0 model. In patients within Milan, an AFP score >2 points discriminated two populations with a higher risk of HCC dropout [SHR 1.68 (95% CI 1.08-2.61)].

Conclusions: Pre-transplant selection models similarly predicted HCC dropout. However, the AFP model can discriminate a higher risk of dropout among patients within Milan criteria.

O-14 NONALCOHOLIC FATTY LIVER DISEASE IN PATIENTS WITH CORONARY HEART DISEASE

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Introduction and Objectives: Patients with nonalcoholic fatty liver disease (NAFLD) are at increased cardiovascular risk, and there is a higher prevalence of this disease in patients with coronary heart disease (CHD). However, the evidence in favor of NAFLD as a risk factor for CHD is scarce. This study aimed to determine the prevalence of NAFLD in patients with CHD and to assess whether significant CHD is associated with NAFLD and liver fibrosis.

Materials and Methods: Observational, analytical study in adult patients with coronary angiography for suspected coronary artery disease between July 2021-July 2022. The number of affected coronary vessels and the presence of significant CHD (stenosis >50%) were determined. In addition, FibroScan® was performed to evaluate steatosis and liver fibrosis up to 6 months after the coronary study, considering the presence of fibrosis at F>0. Descriptive statistics, Fisher's exact test and logistic regression models were reported for inferential analysis.

Results: Ninety-seven patients were included, 73% male, age 63 ± 10 years (Table 1). 71% presented significant CHD, with 37% multivessel disease (2 or more). The prevalence of NAFLD was 38%, with no differences between those with and without CHD (43% vs. 36%, p=0.646). In turn, 16% of patients presented some degree of fibrosis, linearly associated with the number of vessels involved (OR=1.8, p=0.022), with an even higher risk in patients with two or more vessels involved (OR=3.5, p=0.027).

Conclusions: There is a high prevalence of NAFLD in patients with CHD, with no differences between patients with significant stenosis vs not. Patients with multivessel disease have higher odd of presenting some degree of fibrosis. Although the presence of confounders should be evaluated in other studies, these data support the search for NAFLD and fibrosis in patients with CHD.

Table 1. Characterization of the patients included in the project

N = 97	N (%)
Sociodemographic	
Age (media, SD)	62.8 (10.1)
Male gender	72 (74)
Medical history	
Comorbidities	
Hypertension	73 (75)
Diabetes Mellitus 2	36 (38)
Dyslipidemia	54 (56)
Other	32 (33)
Smoking habit	
Non-smoker	50 (51)
Active smoker	13 (13)
Former smoker	34 (36)
Physical activity	33 (34)
Laboratory (median, IQR)	
Glycemia (n = 83)	108 (94 − 121)
Platelets (n = 88)	231500 (194500 − 275500)
Albumin (n = 78)	4 (3,6 − 4,4)
Cholesterol (n = 87)	153 (118 − 180)
Triglycerides (n = 69)	138 (100 − 216)
Alkaline phosphatases (n = 81)	86 (72 − 97)
GPT (n = 25)	31 (22 − 49)
GOT (n = 83)	31 (25 − 40)
GGT (n = 24)	36.5 (24.95 − 84.5)
Bilirubin (n = 82)	0.57 (0.44 − 0.74)
Anthropometry	
Body Mass Index (median, IQR)	27.5 (25.3 − 30.1)
Waist circumference (median, IQR)	98.5 (92 − 105)
Hip circumference (median, IQR)	102 (97 − 107)

(continued)

(Continued)

N = 97	N (%)
Fibroscan	
kPa (median, IQR)	4.6 (4 − 5.4)
CAP (media, SD)	258.6 (54.4)
Fibrosis	
F0	81 (84)
F1	9 (9)
F2	3 (3)
F3	2 (2)
F4	2 (2)
Steatosis	
Without steatosis	47 (48)
Mild	13 (13)
Moderate	6 (6)
Severe	31 (32)
Coronariography	
Significant Coronary Heart Disease	69 (71)
N° coronary vessels affected	
1	34 (35)
2	16 (16)
3	20 (21)

O-15 INFECTIONS BY MULTI-DRUG RESISTANT BACTERIA WERE INDEPENDENTLY ASSOCIATED WITH HOSPITAL MORTALITY IN CIRRHOTICS WITH ACUTE DECOMPENSATION: A PROSPECTIVE STUDY ON 433 ADMISSIONS

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Introduction and Objectives: It has been described as bacterial infections (BIs) due to multidrug-resistant bacteria (MRB) in cirrhosis with acute decompensation (AD), with a potentially poor prognosis. This study aimed to determine the frequency of BIs due to MRB in a tertiary centre and its association with mortality.

Materials and Methods: This is a prospective cohort study. Cirrhotics with AD were enrolled. At admission, polymorphonuclear leukocytes (PMN) count was performed in ascites patients. Blood, urine and fluids cultures were collected in patients with encephalopathy, ascites, digestive bleeding or because of IBs suspicion. Sample cultures were repeated during hospitalization when necessary. BIs diagnosis was established based on international consensus. Association among data versus BIs diagnosis was assessed through respective hypothesis testing. Data association with mortality was verified through univariate/multivariate logistic regression: Odds Ratio (OR), 95% confidence interval (CI).

Results: A total of 433 inpatients were included: 327 males, median age of 56. Child-Pugh A, B and C were estimated in 22, 197, and 214 cases, respectively, median MELD of 16. BIs were diagnosed in 212/433 (49%) inpatients: 128/212 community-acquired (CA) infections, 22/212 healthcare-associated (HCA) infections and 62 nosocomial infections. The most frequent BIs were spontaneous bacterial peritonitis in 69/212 cases, followed by 59/212 respiratory tract