

infections and 29/212 urinary tract infections. Bacterial isolation was obtained in 108/212 BIs: 35/108 (32.4%) were MRB. MRB was more frequent in cases with HCA (53%) and nosocomial (41%) infections compared with CA (22%) infections; ( $P=.0279$ ). Mortality was 17.6% in patients without BIs, 28.8% in non-isolation BIs, 24.7% in non-MRB BIs and 51.4% in BIs due to MRB ( $P<.001$ ). Multivariate analysis showed that mortality was significantly associated with Child-Pugh C, acute kidney injury, but mainly with MRB BIs (OR 4.41; 95% CI 1.94-10.2;  $P<.001$ ).

**Conclusions:** MRB frequency was 32.4% among BIs with bacterial isolation. It represents an independent predictor for inpatient mortality.

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### O-16 MELD-NA AND MELD3.0 HAVE THE BEST PERFORMANCE TO PREDICT THE 28-DAY RISK OF DEATH IN PATIENTS WITH SEVERE ALCOHOLIC HEPATITIS IN THE MEXICAN POPULATION

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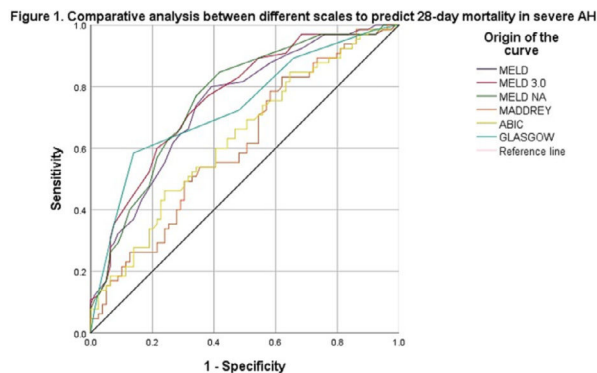
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**Introduction and Objectives:** Severe alcoholic hepatitis (AH) has a high mortality rate, and currently, it is still a challenge to be able to establish the prognosis of these patients and their risk of death at admission in order to be able to offer better therapeutic alternatives that save a life in a timely manner. This study aimed to compare several prognostic scores to verify which of them has the best performance in predicting 28-day mortality at admission in patients with AH.

**Materials and Methods:** Observational, cohort study. Data were collected from patients with severe AH who were hospitalized between January 2010 to May 2022. MELD, MELDNa, MELD3.0, ABIC, Maddrey, Glasgow scale for AH were calculated with admission parameters, and their outcome was verified at 28 days. ROC curves were constructed to compare the different prognostic scales.

**Results:** 144 patients were included, 129 (89.6%) men, mean age 43.3±9.3 years, median grams of alcohol consumed/day were 320 (range: 60-1526). 65 (45.1%) died. The mean of MELD, MELDNa and MELD3.0 were higher among the deceased vs. survivors (33.5±7.5 vs. 27.1±6.2; 34.6±5.7 vs. 29.1±5.7; and 35.8±6.0 vs. 30.1±5.5 respectively;  $p<0.0001$ ). The ROC curve analysis comparing the prognostic scales is shown in Figure 1.

**Conclusions:** AH mortality is high. MELDNa and MELD3.0 have the best performance for predicting on admission which patients with AH are at risk of dying in the next 28 days and can be useful tools for prioritizing patients who will require life-saving strategies, such as liver transplantation.



Scale	Area under the curve	95% confidence interval	P
MELD	0.743	0.663 - 0.823	< 0.0001
MELD 3.0	0.760	0.682 - 0.838	< 0.0001
MELDNa	0.761	0.682 - 0.839	< 0.0001
Maddrey	0.611	0.519 - 0.702	0.023
ABIC	0.630	0.539 - 0.721	0.007
Glasgow	0.735	0.652 - 0.818	< 0.0001

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### O-17 STUDY OF THE ASSOCIATION BETWEEN SERUM LEVELS OF SYSTEMIC INFLAMMATORY MARKERS AND ADVANCED FIBROSIS STAGE IN INFECTED PATIENTS WITH HEPATITIS DELTA VIRUS GENOTYPE 3

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**Introduction and Objectives:** HDV-3 is responsible for outbreaks of fulminant hepatitis in northeastern South America. There are no studies investigating immune responses in relation to liver damage caused by HDV-3. This study aimed to investigate if systemic inflammatory molecules (SIM) are differentially expressed in patients with advanced fibrosis chronically infected with HDV genotype 3.

**Materials and Methods:** 61 patients coinfecting with HBV/HDV-3 naive were included in this study. Diagnostic tests to screen for HBV/HDV infections were performed using standard immune serology testing. HDV quantification and genotyping was performed by semi-nested RT-PCR and RFLP methodology. 92 SIMs were measured by Proximity Extension Assay (PEA) technology (Proseek Multiplex Inflammation I assay). Shapiro-Wilk, Student's t test, Mann-Whitney tests and logistic regression analysis were used when appropriate.

**Results:** The median age was 41 years (18-59 years) and all patients were HBeAg negative. Advanced fibrosis or cirrhosis (F3/F4) was diagnosed by histological staging in 17 patients, while 44 presented with minimal or no fibrosis. Advanced necroinflammatory activity correlated positively with serum levels of AST and ALT ( $p=0.024$  and  $0.020$ , respectively). Established non-invasive fibrosis scores (APRI, FIB-4 and AST/ALT ratio) revealed low sensitivities and PPVs with AUROC maximum of 0.586. Among the 92 SIMs analyzed,