**Results:** The study included 209 patients. The mean (SD) age was 59.4 (12.9) years, the mean MELD-Na was 11.7 (4.5), the mean platelet count value was 148.3 (75.2) x 10^9cells/L and the mean LSM was 27.21 (14.6) kPa. The prevalence of EV was 85.6% and the most frequent etiology of cirrhosis was MAFLD (63,6%). Considering all etiologies, the Baveno VII criteria showed a sensitivity of 96.7% (95% CI 92.3-98.8%) and a negative predictive value of 76.9% (95% CI 56.4-91%) for excluding EV. However, when MAFLD patients were excluded, the Baveno VII criteria presented a better diagnostic performance [sensitivity of 98.4% (95% CI 79.2 − 99.2%) and negative predictive value of 90.9% (95% CI 79.2 − 99.2%)]. Additionally, the Baveno VII criteria would allow sparing 14% of upper gastrointestinal endoscopies with a risk of 9% of missed esophageal varices.

Conclusions: : The Baveno VII correctly identified esophageal varices in cirrhotic patients without MAFLD of our cohort, allowing us to avoid up to 14% of upper endoscopies with a low risk of missed esophageal varices.

Figure: Performance of the Baveno VII criteria to spare endoscopies and to identify esophageal varices (EV) in all etiologies (A) and without MAFLD (B)
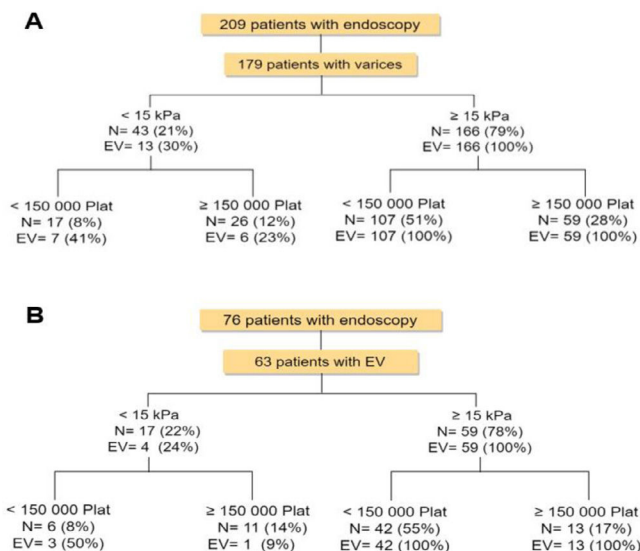
O-32 FULMINANT AUTOIMMUNE HEPATITIS: CLINICAL PRESENTATION, OUTCOME AND PROGNOSTIC FACTORS.

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Introduction and Objectives: Early identification of fulminant autoimmune hepatitis could be lifesaving or prevent liver transplantation, but rapid diagnostic and prognostic criteria are lacking. This study aimed to assess the clinical features and outcomes of fulminant AIH. −To analyze prognostic factors related to poor outcomes (requirement of transplantation or death).

Materials and Methods: We retrospectively reviewed 307 consecutive patients evaluated for fulminant hepatic failure (1994-June 2020) in our Unit. Patient work-up consisted of viral serologies, autoantibodies, gammaglobulin, drug screening and ceruloplasmin. Since 2003, selected hemodynamically and neurologically stable patients have received a transjugular liver biopsy.

Results: 86 patients (28,01%) fulfilled the criteria for fulminant AIH (AIH simplified criteria). Seven were excluded from analysis due to cirrhosis Oral meprednisone 60 mg or via nasogastric tube was started at diagnosis in 67 patients until death, transplantation, recovery or futility. Biochemical and clinical variables were analyzed. One patient developed hyperacute encephalopathy, 33 within 7/28 days post jaundice (41.7 %) and 45 (55.9 %) subacute encephalopathy (>28 days). 63/79 patients died or required liver transplantation (median time 7.8 days,1-34 days). 48 (60 %) patients underwent LT, 16 (20%) patients survived, and 16 (20 %) died without LT. Seven transplanted patients died early post OLT (infectious n=5, neurological complications n=2). Variables associated with bad prognosis were: prothrombin time < 20% or grade IV encephalopathy at steroid initiation, LC+ or LKM-1 +, massive necrosis, no >20% improvement of prothrombin time by day three post-steroids (p<0.05). Patients diagnosed before 2003 had the worst prognosis (87 vs. 71%), probably related to the shorter time to diagnosis since the introduction of biopsy (2.1± 1.7 days vs. 4.6±2.1 days, *p*<0.05). Among patients who recovered, 5/16 were weaned from immunosuppression at a median of 4.5 years of treatment without relapse.

Conclusions: The disease course is aggressive, with death or requirement of liver transplantation in 80 % of patients. Early diagnosis and treatment may improve survival.

O-33 PREVALENCE OF HIGH-RISK NON-ALCOHOLIC STEATOHEPATITIS ACCORDING TO THE FAST® INDEX IN A GROUP OF DIABETIC PATIENTS

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Introduction and Objectives: Diabetes is a high-risk condition for the progression of metabolic fatty liver disease (MAFLD). The FAST® index combines the result of transition elastography (Fibroscan®) and AST levels and is used to predict the risk of suffering from non-alcoholic steatohepatitis (NASH) with a high risk of progression (NAS >4, F>2). This study aimed to know what proportion of diabetic patients is at risk of suffering from high-risk NASH according to the FAST® index.

Materials and Methods: Observational, transversal study to estimate prevalence. Diabetic patients who agreed to perform Fibroscan® and liver biochemical profile were included, and the FAST® index was