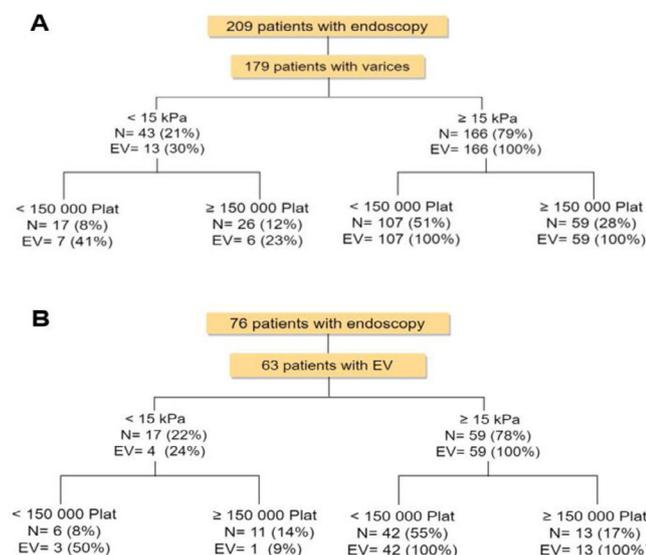


Results: The study included 209 patients. The mean (SD) age was 59.4 (12.9) years, the mean MELD-Na was 11.7 (4.5), the mean platelet count value was $148.3 (75.2) \times 10^9$ cells/L and the mean LSM was 27.21 (14.6) kPa. The prevalence of EV was 85.6% and the most frequent etiology of cirrhosis was 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)



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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, auto-antibodies, 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 fertility. 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.

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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

calculated (<0.35 without risk; ≤ 0.35 to <0.67 indeterminate; ≥ 0.67 high-risk NASH). Descriptive statistics were used.

Results: 150 diabetic patients were included; 106 (70.7%) women; mean age 56.5 ± 10.5 years. According to the steatosis degree by controlled attenuation parameter (CAP): S0=71(47.3%), S1=14(9.3%), S2=29(19.3%), S3=36(24%). According to the fibrosis degree (KPa): F0=82(54.7%), F1=4(2.7%), F2=8(5.3%), F3=9(6.0%), F4=47(31.3%). According to the FAST[®] index: without risk= 96 (64%), indeterminate= 24 (16.0%), and with high risk= 30 (20%). There was no correlation between the HbA1c levels, diabetes evolution, obesity degree or the presence of dyslipidemia.

Conclusions: The NASH high-risk progression prevalence is high in diabetic patients. The factors that determine this risk in this population are still not clear, but timely detection strategies are required to efficiently identify this subgroup of patients. The FAST[®] index is a relatively accessible tool that, due to its non-invasive nature, could be an alternative to liver biopsy for decision-making when starting specific therapy with action at histological liver changes in NASH.

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O-34 PATIENT AND GRAFT SURVIVAL IN RECIPIENTS OF DE NOVO SIMULTANEOUS LIVER-KIDNEY TRANSPLANTATION

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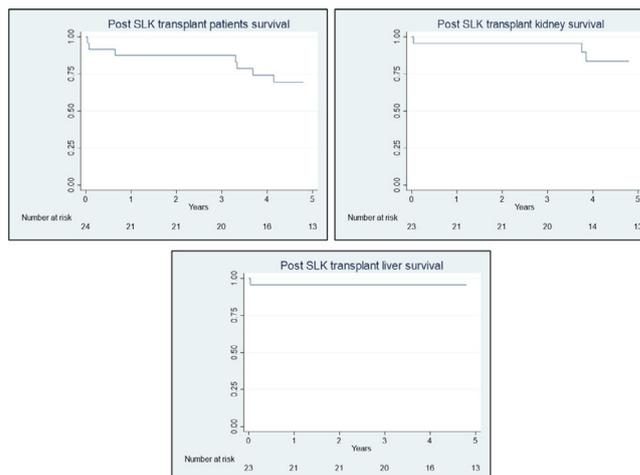
Introduction and Objectives: Simultaneous liver-kidney transplant (SLKT) outcomes should be reported in single centers and regions to determine the applicability of such a complex intervention, particularly in areas with organ shortage. However, reports on this matter are scant in Latin America. This study aimed to estimate the patient and graft survival of individuals undergoing de-novo SLKT.

Materials and Methods: A retrospective cohort study of adult patients undergoing de-novo SLKT (prior history of the transplant was an exclusion criterion) at the Italian Hospital of Buenos Aires, Argentina. Overall survival and individual graft survival were estimated using the Kaplan Meier method. Five-year survivals are reported with their corresponding 95% confidence interval (CI).

Results: 1,036 liver transplants (LT) and 1,200 kidney transplants (KT) were performed in adults at the moment of this report in our center since both programs were started. Between January 1997 and May 2022, 34 SLTK were performed, of which nine were excluded because they had previous transplants: five previous LT and four previous KT. The median age at the time of the SLKT was 54 (IQR 49-60) years; 14 were women. The most frequent indications were polycystic liver-kidney disease (n=10), followed by hepatitis C-related cirrhosis (n=5) associated with end-stage renal disease (glomerulosclerosis or tubulointerstitial nephropathy). Five-year survival of the liver graft was 96% (95% CI: 74%-99%) and that of the renal graft was 84% (95% CI: 57%-95%). Five-year patient survival was 69% (95% CI: 46%-84%). A total of 6 patients had at least 1 episode of liver rejection and a total of 14 patients had at least 1 episode of kidney rejection.

Conclusions: In our experience, de-novo SLKT presents adequate five-year survival according to international standards, which favors its application. It would be of interest to conduct a multicenter study

in Latin America where a significant shortage of donors exists, aiming at identifying the best candidates for this strategy.



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O-35 EPIDEMIOLOGY, CLINICAL AND TISSUE CHARACTERISTICS OF A LARGE COHORT OF NAFLD/NASH FROM SOUTH AMERICA

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Introduction and Objectives: Some of the highest rates of non-alcoholic fatty liver disease (NAFLD) in the world are present in the South American continent. Indeed, recent reports suggest that NAFLD is becoming a common cause of hepatocellular carcinoma in the continent. Nonetheless, little is known about the epidemiology and tissue findings of NAFLD in the region. We provide an extensive assessment of the inter-relation of NAFLD with metabolic variables as well as medication intake and biopsy findings in South America.

Materials and Methods: A retrospective chart review of patients with NAFLD from 5 countries in Latin America (Argentina, Brazil, Peru, Ecuador and Colombia) via the South American Liver Research