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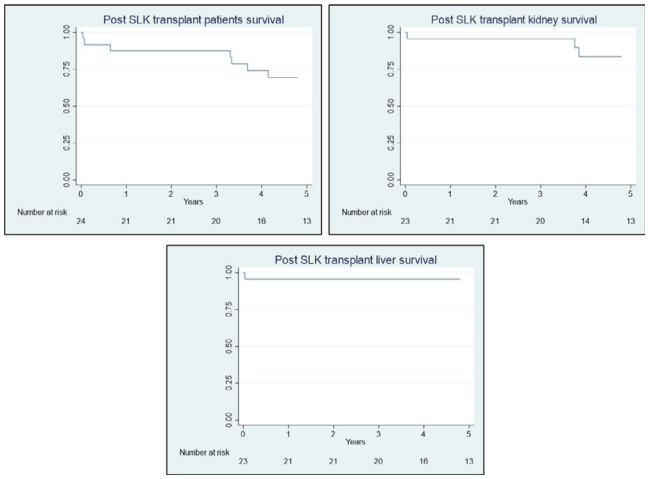
Introduction and Objectives: Simultaneous liver-kidney transplant (SLKT) outcomes should be reported in single centers and regions to determine the applicability of such a complex intervention, particularly in areas with organ shortage. However, reports on this matter are scant in Latin America. This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

Network (SALRN). Diagnosis of NAFLD was obtained via imaging reports and biopsies. Logistic regression models were used to examine associations between clinical and tissue characteristics with individual patient features. Each center was responsible for its own ethics approval.

Results: 2722 patients from five different centers (and five different countries) were included in the analysis with proportions being the following: Argentina 556 (20%), Brazil 596 (22%), Colombia 1490 (55%), Ecuador 50 (2%) and Peru 30 (1%). The median age was 53 years (IQR 21-41) and median BMI 29 kg/m^2 (IQR 26-36). 63% were female. Biopsy reports were available for 35% (n=947) with 25% (n=232) of those showing significant fibrosis, 27% (n=254) severe steatosis, and 65% (n=616) inflammation. Only 17% of subjects had diabetes mellitus, 34% dyslipidemia, and 31% Hypertension. Median ALT for the entire cohort was 38 IU (IQR 25-65) and AST 28 IU (IQR 21-41). Of 1407 subjects with medication information, 29% were on lipid lowering agents, 12% on aspirin, 28% on metformin and 5% on vitamin E. Independent predictors of significant fibrosis (≥ F2) on biopsy were: Diabetes mellitus (OR =2.97, 95% CI, 2.12 − 4.15, $p < 0.0001$), hypertension (OR =1.59, 95% CI, 1.17 − 2.17, $p = 0.003$), and metformin (OR =2.71, 95% CI, 1.82 − 4.02, $p < 0.0001$). There was no statistically significant association between F≥ 2 fibrosis and obesity or overweight. Diabetes and Hypertension were both independently associated with severe steatosis (OR =1.93, $p = 0.0001$ and OR =2.13, $p < 0.0001$, respectively).

Conclusions: This study provides critical information defining the epidemiology of NAFLD in South America, showing important correlations between hypertension and diabetes mellitus with clinically significant biopsy findings.

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O-36 UTILITY OF DRIED BLOOD SAMPLES FOR HEPATITIS C VIRUS GENOTYPING AMONG HCV/ HIV-COINFECTED INDIVIDUALS

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Introduction and Objectives: The detection of HCV genotypes and mutations are important issues in studying the molecular epidemiology of hepatitis C and investigate possible antiviral resistance. Individuals in poverty conditions could be more exposed to viral infections, such as hepatitis C or HIV. In these situations, there is a lack of infrastructure to obtain blood samples obtained by venopuncture. So, alternative samples such as dried blood spot (DBS) could increase access to HCV diagnosis and help these individuals to reach the treatment. This study aimed to evaluate the utility of DBS samples for HCV genotyping in HIV/HCV individuals to increase access to diagnosis in this population.

Materials and Methods: A total of 17 HIV/HCV individuals were recruited from Ambulatories of hepatology in Rio Janeiro. Those individuals donated serum and DBS samples that were submitted to RNA extraction using commercial kits based on silica column. RNA was used to reverse transcription followed by qualitative PCR that amplified NS5B and CORE regions. Positive samples were submitted to Sanger sequencing and sequences obtained were used to constructed phylogenetic tree using the MEGA X software.

Results: In this study, 58% were men and the mean age was 52 years. Serum HCV mean viral load was 4.61 log (± 1.52) IU/mL. The 17 paired serum and DBS samples had concordant results in the CORE region. Among these, six concordant in the NS5B region between serum and DBS, all of genotype 1, and two discordant samples between genotypes 1a and 1b. Regarding the HCV region, five modified L91M, two of them also changed R70Q.

Conclusions: At this first moment, the result is that DBS can be used to determine the first HCV also in HIV-HCV. Which would be very important in regions with low infrastructure for molecular epidemiology estimates.

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O-37 AMOXICILLIN-CLAVULANATE INDUCED LIVER INJURY: TEN YEARS EXPERIENCE FROM LATINDILI REGISTRY.

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Introduction and Objectives: Although amoxicillin-clavulanate combination (ACC) is a well-established cause of liver injury,