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,