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,

clinicians are unaware of some aspects that explain why its diagnosis may be initially missed, making the patient susceptible to unnecessary exploration or treatment. This study aimed to describe DILI characteristics linked to ACC in the LATINDILI registry.

Materials and Methods: We revised data concerning DILI-ACC in the LATINDILI registry during the last decade, looking for information on latency, pattern, severity, and evolution. Baseline characteristics were described using mean, median, and percentages; Student's t-test or a chi-squared test was used to determine the difference between mean and frequencies. A P-value of less than 0.05 was considered statistical significance.

Results: We identified 61 DILI-ACC episodes in 60 patients from the LATINDILI registry. The mean age was 58 years (19-90 y), and 54% were male. Median latency was 21 days, with median ALT and ALP at DILI onset of 282 U/L (range 34-2130) and 585 U/L (range 96-1626), respectively; a cholestatic/mixed pattern predominated in 43 cases. In 53 cases, the liver injury appeared with a mean of 13 days (range 2-39 d) after treatment ended. Twenty patients (33%) had allergic immune features, 79% were jaundiced, and 61% required hospitalization. The mean total bilirubin values increased by 7.5 mg/dl (1.5-16) from the onset in 24 of 42 evaluable patients after ten days (range 2-30). Table 1 shows the comparison between groups. Resolution of liver injury occurred on average 64 (14-270) days, one patient did not normalize after 365 days, and no death was consigned.

Conclusions: Jaundice linked to a cholestatic/mixed pattern appearing after stopping therapy was a frequent presentation of ACC in our analysis. This clinical presentation may be missed when using ACC and explaining the delayed diagnosis. Worsening bilirubin value is frequent and may be related to longer treatment duration and prolonged latency.

Table 1. Comparison between groups with and without bilirubin increment after the initial evaluation. (*delay in the reduction of more than 50% of maximum bilirubin value).

	Total population (n 61)	Bilirubin increment after onset (n 24)	No bilirubin increment after onset (n 18)	P value
Male (%)	33 (54)	13 (54)	11 (61)	0.65
Mean age (years)	58	59	59.7	0.89
Cholestatic/Mixed Pattern (%)	43 (71)	18 (75)	12 (67)	0.55
Duration of treatment (days)	9.2	11.1	6.9	**0.01**
Latency (days)	21 (1-46)	25 (6-46)	16 (1-38)	**0.004**
Dechallenge (days)*	21 (4-51)	22 (6-51)	17 (4-40)	0.1
Bilirubin at DILI recognition	5.7 (0.4-15.7)	7.5 (1-15.7)	5.0 (0.4-15)	0.055
Mean peak bilirubin (mg/dL)	8.7 (0.4-22)	14.4 (2.8-22)	5.0 (0.4-15)	
Mean time to peak bilirubin (days)	10 (2-30)	10 (2-30)	-	

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O-38 FULMINANT WILSON: A WELL-DEFINED ENTITY. HOW TO DIAGNOSE IT QUICKLY TO PREVENT MORTALITY

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Introduction and Objectives: Mccullough published in 1983 a series of 3 cases from the Mayo Clinic and nine from the rest of the world, proposing a specific clinical entity of Wilson's disease (WD) with a fatal outcome if not transplanted. Costa Rica has the highest incidence of Wilson's disease in the world (5.2/100.000 inhabit); we found in a total population of patients, 5.8% of fulminant Wilson (FW) (7/120 patients), and in a pediatric population, 14.7% (5/34 children). This study aimed to define FW as an entity by its clinical, biochemical, histological and genetic characteristics to diagnose earlier because of its high mortality.

Materials and Methods: We analyze the publications and cases of WF from Costa Rica up to 2020 and also review the literature around the world.

Results: WF is diagnosed principally in patients without the previous diagnosis of WD, principally in female patients (90%), with an onset between 10 and 21 years of age. Manifestations usually start with encephalopathy in the first eight weeks of symptoms, associated with fever peaks higher than 38°C, rapidly progressing jaundice, significant leukocytosis, sudden coombs negative hemolytic anemia, with total hyperbilirubinemia greater than 35 mg/dl, mild elevation of transaminases and alkaline phosphatase, prothrombin less than 20%, acute renal failure, ceruloplasminemia less than 10mg/dl, urinary cooper greater than 1000μg and elevated serum cooper. Micro vesicular steatosis, submassive necrosis, regenerative nodules, canalicular cholelithiasis, levels greater than 600ug/g dry weight in the liver, and hemoglobinuric necrosis in the kidney are also seen. Genetically all with a homozygous Pn1270 S mutation. With a fatal clinical course if not transplanted.

Conclusions: Patients with fulminant liver failure with coombs negative hemolytic anemia and clinical, biochemical, histological and genetic characteristics define FW, therefore, requesting priority one liver transplantation in identified patients it's a necessity.

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O-39 CLINICAL CHARACTERISTICS AND OUTCOME OF DRUG-INDUCED LIVER INJURY DUE TO ANTINEOPLASTIC AND BIOLOGICAL AGENTS

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Introduction and Objectives: Idiosyncratic drug-induced liver injury (DILI) caused by antineoplastic and biological agents is an emerging clinical burden in oncologic patients. However, clinical characteristics of DILI due to these drugs remain poorly understood. This study aimed to assess the clinical presentation and outcome of