

<sup>2</sup> Servicio Nacional para la Prevención y Rehabilitación del Consumo de Drogas, Ministerio del Interior y Seguridad Pública, Santiago, Chile

**Introduction and Objectives:** Alcohol consumption is a leading public health challenge in Chile. The country's response to COVID-19 was an exceptional simulation of the WHO's SAFER initiative to reduce alcohol-related harm. We hypothesize that policies to control COVID-19 affected alcohol consumption in Chile. This study aimed to analyze the Chilean prevalence of alcohol consumption during the COVID-19 pandemic.

**Materials and Methods:** We reviewed two cross-sectional surveys with non-probabilistic samples from the Chilean National Service for the Prevention and Rehabilitation of Drug and Alcohol Consumption (SENDA) conducted on adults in June 2020 (15,280 responses) and April to June 2021 (22,121 responses). A description of alcohol consumption status was performed, stratifying by sex, age, and educational level. We performed binary logistic regressions to explore associations between demographics and alcohol consumption.

**Results:** Almost 40% of respondents decreased their alcohol consumption, while 20% increased it. Youth and lower educational levels were associated with reduced consumption, while older age was associated with increased intake. The main reason for the reduction was fewer consumption opportunities. Among those who increased consumption, mental health was attributed as the main cause. Web-based sales emerged as an alternative access to alcoholic beverages.

**Conclusions:** The restriction on access to alcoholic beverages seems to be a successful strategy to dissuade alcohol consumption among young people. However, web-based sales, home delivery, and mental health conditions might undermine these effects.

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### P-11 PRIMARY BILIARY CHOLANGITIS AND PRIMARY SCLEROSING CHOLANGITIS HEPATIC OVERLAP SYNDROME – CASE REVIEW

Federico Aronsohn, Jaime Poniachik, Álvaro Urzúa

Gastroenterología, Hospital Clínico Universidad de Chile, Santiago, Chile

**Introduction and Objectives:** The overlap between primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC) is a very rare association infrequently described in the literature, with only a few cases reported as of 2023. There are no case reports published in Latin America. Its diagnosis is based on 2 of the following 3 criteria: biochemical cholestasis, presence of AMA (anti-antimitochondrial antibodies) or anti-gp210 or anti-sp100 antibodies, and a liver biopsy compatible with PBC, associated with imaging consistent with intrahepatic focal bile duct strictures or compatible biopsy with PSC. Diagnosing this association could be important for the follow-up of these patients since they may present relevant complications to screen or present an inadequate response to treatment. This study aimed to describe patients with PBC and PSC overlap syndrome in a Latin American hospital.

**Materials and Methods:** Perform an observational, retrospective and descriptive study. The clinical records of patients with PBC and PSC treated at the Hospital Clínico Universidad de Chile between 2021 and 2023 were reviewed. Laboratory information, imaging, and indicated treatment were analyzed.

**Results:** During the study period, 8 patients with PBC-PEC overlap syndrome were identified; all patients were female, with cholestatic alterations in their liver profile, positive AMA/M2-3E type antibodies, and with focal stenosis on magnetic resonance cholangiography,

compatible with PSC (except in one case, which was classified as small duct PSC on her liver biopsy). All received therapy with ursodeoxycholic acid in doses between 13 and 15 mg/kg, with good response (Table).

**Conclusion:** The overlap between PBC and PSC is rare; it is probably underdiagnosed and perhaps patients with PBC should be studied more often with magnetic resonance cholangiography. The overlap is not associated with worse response to ursodeoxycholic acid.

Age/gender	Laboratory data			MRCP	Biopsy	Treatment / Favorable response (yes/no)
	AP/GGT (U/L)	IgM (mg/dL)	AMA			
58/F	604/970	654	(+) 1/320 Anti-M2 (+)	Compatible with PSC	No	UDCA 15 mg/kg / Yes
60/F	754/442	767	(+) 1/80	Compatible with PSC	No	UDCA 13 mg/kg / Yes
78/F	150/100	73	(+) 1/160 M2/3E (+)	Compatible with PSC	Compatible with PBC	AUDCA 15 mg/kg / Yes
69/F	1001/622	241	AMA-M2 (+)	Normal	Compatible with small duct PSC	UDCA 15 mg/kg / Yes
49/F	443 (-)	620	AMA-M2 (+), M2-3E (+)	Compatible with PSC	No	UDCA 15 mg/kg / Yes
57/F	664/591	(-)	AMA-M2 (+)	Compatible with PSC	No	UDCA 15 mg/kg / Yes
56/F	240/307	458	AMA-M2 (+), M23E (+)	Compatible with PSC	No	UDCA 13 mg/kg / Yes
68/F	316/71	434	(+) 1/640	Compatible with PSC	Compatible with PBC In 2006	UDCA 15 mg/kg / Yes

F: Female, PBC: primary biliary cholangitis, AP: alkaline phosphatase, GGT: gamma-glutamyl transferase, IgM: immunoglobulin M, AMA: antimitochondrial antibody, PSC: primary sclerosing cholangitis.  
Normal values of AP: Less than 120 U/L; GGT: Less than 50 U/L.

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### P-12 MELD 3.0 IS THE BEST PREDICTOR OF MORTALITY IN PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE (ACLF)

Ernesto Javier Medina-Avalos<sup>1</sup>,  
Fátima Higuera-de la Tijera<sup>1,2</sup>,  
Miguel Yael Carmona-Castillo<sup>1,2</sup>,  
Sandra Teutli-Carrión<sup>1,2</sup>,  
Claudia Leticia Dorantes-Nava<sup>1,2</sup>,  
José Luis Pérez-Hernández<sup>1,2</sup>,  
Daniel Santana-Vargas<sup>2</sup>

<sup>1</sup> Gastroenterology and Hepatology Department, Mexican General Hospital "Dr. Eduardo Liceaga", Mexico City

<sup>2</sup> Experimental Medicine Department, Faculty of Medicine UNAM

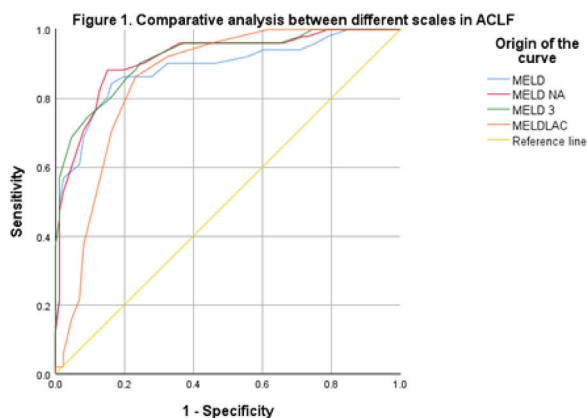
**Introduction and Objectives:** ACLF is a syndrome characterized by multiorgan failure due to acute decompensation in chronic liver disease, with high short-term mortality. Therefore, scales have been designed to predict prognosis and early mortality. This study aimed to evaluate MELD, MELD NA, MELD LACTATE, and MELD 3.0 scales for survival prediction in ACLF patients.

**Materials and Methods:** Observational, retrospective, and analytical study. The scales were calculated, and sensitivity (S) and specificity (E) were determined using CLIF-C-ACLF as a reference ROC curves. Cut-off points were established considering the value closest to the maximum S and 0.8 E. Cumulative mortality percentage was analyzed using Kaplan-Meier curves, and comparison of ACLF grades was performed with the significant Long-Rank test with p-value <0.005.

**Results:** 233 patients were included, 165 (71%) males, with a mean age of 52 years ± 12.96. The etiology was alcohol-related in 158 (68%) cases. ACLF grade distribution, it was 1: 37%, 2: 41%, and 3: 22%. The MELD 3.0 showed the highest discriminatory power for ACLF grade 3, with AUC of 0.91 (95% CI:0.86-0.96), a cut-off point of 34.5, sensitivity of 86%, and specificity of 80% (Figure 1). The 2- year mortality rate was 123 (52%); 30 (35%), 51 (53%), and 42 (82%) for grades 1, 2, and 3, respectively, with a significant Log-Rank test, chi-

square = 34.99,  $p < 0.001$ . The mean survival by grades was 17 months for grade 1, 13 months for grade 2, and 5 months for grade 3.

**Conclusions:** MELD 3.0 scale showed better performance as a tool to evaluate severity and predict short-term mortality risk in ACLF patients.



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### P-13 IMPACT OF SPONTANEOUS BACTERIAL PERITONITIS ON THE OUTCOME OF PATIENTS WITH HEPATIC CIRRHOSIS

Sandra Teutli, Claudia Leticia Dorantes, Miguel Yael Carmona, Ernesto Javier Medina, Daniel Santana, Maria De Fátima Higuera, Jose Luis Perez

Gastroenterology and Hepatology, Hospital General de México "Dr. Eduardo Liceaga", Ciudad de México, México

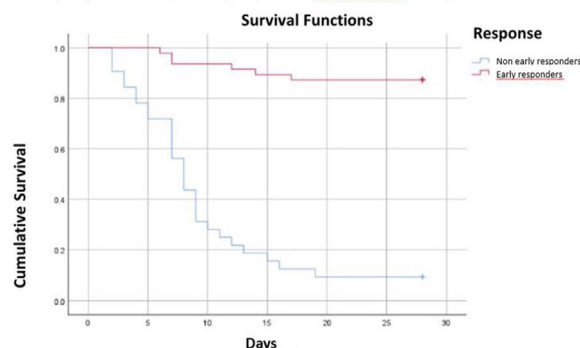
**Introduction and Objectives:** Spontaneous bacterial peritonitis (SBP) increases mortality, making it relevant to evaluate factors that negatively impact the outcome of patients who develop SBP. This study aimed to evaluate SBP as a risk factor in the outcome of patients with cirrhosis.

**Materials and Methods:** A retrospective and analytical study was conducted on patients with cirrhosis who developed SBP. The cause of cirrhosis, Child-Pugh score, Model for End-Stage Liver Disease (MELD) score, and MELD-Na score were evaluated. They were classified into early responders (ER) (more than 25% decrease in polymorphonuclear cells on the second day of effective antibiotic treatment), development of renal injury (RI), acute-on-chronic liver failure (ACLF), and 28-day mortality. Statistical analysis included evaluating the mortality rate using the Kaplan-Meier curve, log-rank test, considering significance at  $p < 0.05$ . RI, ACLF, and non-early responders were independently compared.

**Results:** A total of 79 patients were included, 40 males (50.63%). The most common etiology was alcohol-related in 39 cases (49.36%), and Child-Pugh class C was observed in 67 cases (84.81%). Cephalosporins were used in 66 cases (83.54%), and carbapenems in 13 cases (16.45%). There were 6 deaths among early responders and 29 deaths among non-early responders, with a mean survival of 25.76 days for early responders versus 9.78 days for non-early responders,  $p < 0.001$  (fig1). There were 2 deaths without ACLF and 33 deaths with ACLF, with a mean survival of 26.93 days without ACLF versus 14.6 days with ACLF,  $p < 0.001$ . There were 3 deaths without renal injury and 32 deaths with RI, with a mean survival of 25.65 days without RI versus 16.17 days with RI,  $p < 0.001$ .

**Conclusions:** SBP is associated with a high mortality rate. However, treatment response, the presence of ACLF, and RI have a significant impact on patient survival.

Figure 1. Area Under Receiver. Operating Characteristics Curve (AUROC) of for early responders and non-early responders for predicting 28-day survival.



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### P-14 SPONTANEOUS BACTERIAL PERITONITIS IN CIRRHOTIC PATIENTS: PREVALENCE AND ANTIBIOTIC RESISTANCE PATTERNS

Bruno Campos<sup>1</sup>, Eliabe Silva<sup>2</sup>, Guilherme Grossi Lopes<sup>2</sup>, Guilherme De Oliveira<sup>1</sup>, Joao Pedro Rocha<sup>1</sup>, Júlia Cunha<sup>1</sup>, Laura Normando<sup>1</sup>, Laura Melo<sup>1</sup>, Laura Carolina Menezes<sup>1</sup>, Luciana Costa<sup>1</sup>, Cláudia Alves<sup>1</sup>

<sup>1</sup> Departamento de Clínica Médica, Faculdade de Medicina da Universidade Federal de Minas Gerais, Belo Horizonte, Brasil

<sup>2</sup> Instituto Alfa de Gastroenterologia, Hospital das Clínicas da Universidade Federal de Minas Gerais, Belo Horizonte, Brasil

**Introduction and Objectives:** Spontaneous bacterial peritonitis (SBP) is a leading cause of mortality in cirrhotic patients, and antibiotic resistance poses a significant challenge. This study aimed to assess the prevalence of SBP and the microbial patterns found in peritoneal fluid among hospitalized patients with cirrhosis.

**Materials and Methods:** All patients with decompensated cirrhosis, aged 18 years or older, who underwent propaedeutic paracentesis between 01/01/2017 and 13/09/2021 at a Brazilian university hospital, were included in the study.

**Results:** A total of 366 individuals were enrolled [(65.6% male; median age 61 (53-68) years]. The primary causes of cirrhosis were ethanolic (43.7%) and viral hepatitis (24.8%). SBP was diagnosed in 118 patients (18.6%). Only 16.1% of all patients received antibiotic prophylaxis, with norfloxacin being the preferred choice for 78% of them. Among the 34 peritoneal fluid samples with bacterial growth, 58 microorganisms were isolated. These included 50% classified as multi-sensitive (MS), 40% as multidrug-resistant (MDR), and 10% as extensively drug-resistant (XDR) bacteria. Gram-negative bacteria accounted for 62% of the isolates, while gram-positive bacteria made up 38%. The most frequently identified microorganisms were *Escherichia coli* for gram-negatives and the *Staphylococcus* spp. for gram-positives. Meropenem demonstrated the highest overall sensitivity (79%), followed by piperacillin/tazobactam (67%). Conversely, ceftriaxone (48%) and ciprofloxacin (41%) exhibited the highest rates of resistance. Antibiotic prophylaxis did not influence resistance rates and no XDR bacteria were isolated from patients exposed to norfloxacin.