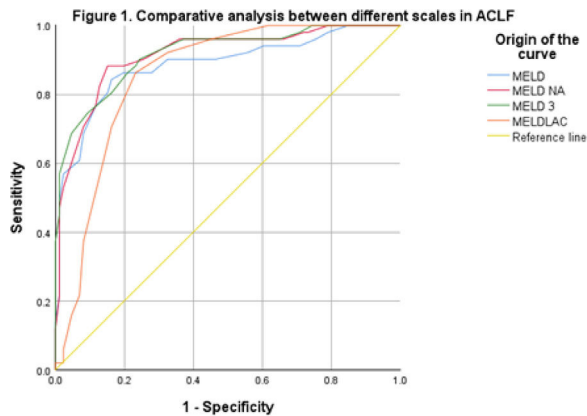


square = 34.99, $p < 0.001$. The mean survival by grades was 17 months for grade 1, 13 months for grade 2, and 5 months for grade 3.

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

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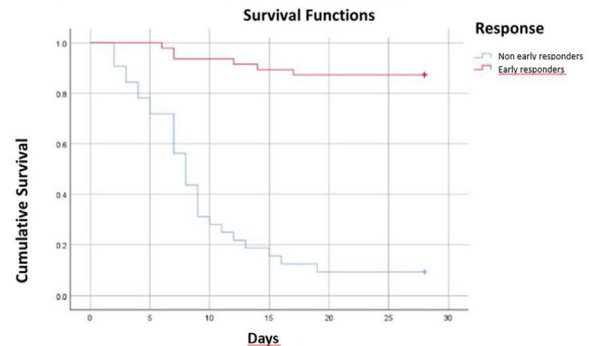
Introduction and Objectives: Spontaneous bacterial peritonitis (SBP) increases mortality, making it relevant to evaluate factors that negatively impact the outcome of patients who develop SBP. This study aimed to evaluate SBP as a risk factor in the outcome of patients with cirrhosis.

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

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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.