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**Introduction and Objectives:** Variceal bleeding (VB) is one of the main causes of morbidity and mortality associated with portal hypertension (PHT) complications in patients with liver cirrhosis. There is scarce information from South America on the frequency, primary prophylaxis and treatment of this complication. This study aimed to know the frequency of VB as the first cause of decompensation in patients with liver cirrhosis, and to describe the primary prophylaxis and management of VB.

**Materials and Methods:** We conducted a retrospective cohort study that included 1061 patients from 8 centers in five South American countries. Data from medical records collected in a template form in REDCAP were evaluated. Patients with a confirmed diagnosis of liver cirrhosis by clinical, laboratory, imaging and/or pathology data were included. VB was defined according to endoscopic and clinical criteria of each center. Endoscopic findings were classified according to Baveno and Sarin criteria.

**Results:** 206 (19%) patients presented VB during evolution and it was the first cause of decompensation in 177 (17%) patients. 53 (26%) patients with history VB had received primary prophylaxis with endoscopic ligation due to intolerance to beta-blockers. In 186 (90%) patients bleeding was attributed to esophageal varices and in 20 (10%) patients to gastric varices. During the VB episode, 96 (47%) patients received treatment with splanchnic vasoactive agents (terlipressin n=50, octreotide n=45 and somatostatin n=1). Three patients (1.5%) required TIPS placement as part of the management of bleeding. 48 (23%) patients died withing 1-year follow-up from bleeding.

**Conclusions:** VB was the first decompensation in 1/5 of patients with liver cirrhosis. A significant proportion of those patients received primary prophylaxis with endoscopic ligation. During BV, less than half of the patients received splanchnic vasoactive and TIPS placement was infrequent. More data are needed to evaluate the management of complications of liver cirrhosis in our region.

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#### P- 34 TOMOGRAPHIC ASSESMENT OF SARCOPIENIA IN CIRRHOTIC PATIENTS BEFORE LIVER TRASPLANT: PREVALENCE, ASSOCIATED FACTORS AND POST-SURGERY OUTCOMES IN A COHORT OF CHILEAN PATIENTS

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**Introduction and Objectives:** Sarcopenia is associated with worse outcomes in cirrhotic patients after liver transplant (LT). Recent studies have shown that tomographic assessment (TA) of sarcopenia is useful in cirrhosis. However, there is insufficient evidence regarding TA use in Latin American cirrhotic patients. This study aimed to describe the prevalence of sarcopenia by TA, associated factors, and outcomes in a cohort of patients undergoing LT.

**Materials and Methods:** Retrospective cohort of cirrhotic patients underwent LT (March 2015 - August 2021) with available abdominal CT up to 6 months before surgery. Baseline characteristics were obtained from clinical charts. A radiologist performed TA of sarcopenia through muscle area measurement of psoas (PMA), paravertebral (PVMA), paraspinial (PSMA), and its respective indexes, with defined sarcopenia cut-offs according to previous literature. Length hospital stay (LoS) after LT and 1-year mortality were recorded. Descriptive statistics and regression models were used to report sarcopenia TA and its association with baseline characteristics and outcomes after LT.

**Results:** During the study period, 163 patients underwent LT, 59 of them met inclusion criteria. Median time between TA and LT was 30 days (IQR 7-65). Mean age was 55±11 years, 51% females, 36% non-alcoholic steatohepatitis, 21% hepatocellular carcinoma, median MELD score of 23 (IQR: 17-28). Prevalence of sarcopenia assessed by any tomographic index was 72% (65% PMA, 56% PMI, and 37% PSMI). The baselines characteristics associated with sarcopenia were age (OR= 1.061, p-value=0.034) and sex (all sarcopenic were males). One-year mortality was 19% (22% in sarcopenic vs. 12% in non-sarcopenic patients, OR=1.969, p-value=0.423). LoS was 26 days (IQR 15-101), being longer in survivors with sarcopenia (IRR= 1.706, p-value<0.001).

**Conclusions:** Sarcopenia is frequent in cirrhotic patients underwent LT (72%), being associated with older age and male sex. While sarcopenia in TA does not significantly increase mortality, it does prolong LoS in LT survivors.

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#### P- 35 COMPLICATIONS ASSOCIATED TO THE LIVER TRANSPLANTATION IN PATIENTS WITH CIRRHOTIC CARDIOMYOPATHY

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**Introduction and Objectives:** Cirrhotic cardiomyopathy (CCM) is a complication of cirrhosis associated with increased risk of postoperative complications related to liver transplantation (LT). Its first manifestations are habitually unspecified and can be seen throughout stress situations. Its criteria were recently updated without studies of its prevalence in our population. This study aimed to characterize the population with cirrhotic cardiomyopathy according to the new