[1] Servicio de Gastroenterología, Hospital Privado Universitario de Córdoba; Instituto Universitario de Ciencias Biomédicas de Córdoba, Córdoba, Argentina
[2] Centro de Enfermedades Hepáticas y Digestivas (CEHYD). Bogotá, Colombia
[3] Grupo de Equidad en Salud, Facultad de Medicina, Universidad Nacional de Colombia, Bogotá, Colombia
[4] Gastroenterology and Hepatology Unit, Irmandade Santa Casa de Misericórdia de Porto Alegre, Brazil, Porto Alegre, Brasil
[5] Graduate Program in Medicine and Hepatology, Federal University of Health Sciences of Porto Alegre, Brazil, Porto Alegre, Brasil
[6] Servicio de Hígado, Hospital Nacional Edgardo Rebagliati, Lima, Perú
[7] Hospital Especialidades Eugenio Espejo, USFQ. Quito – Ecuador, Quito, Ecuador
[8] University of Minnesota, Minneapolis, USA, University of Minnesota, Minneapolis, USA, Minnesota, Estados Unidos (EEUU)

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 SARCOPENIA IN CIRRHOTIC PATIENTS BEFORE LIVER TRASPLANT: PREVALENCE, ASSOCIATED FACTORS AND POST-SURGERY OUTCOMES IN A COHORT OF CHILEAN PATIENTS

Kenia Orellana[1], Francisca Araya[2], Abraham Gajardo[3,4], Giselle Arévalo[1], Isabel Lagos[1], Jaime Poniachik[1], Juan Pablo Roblero[1]

[1] Sección de Gastroenterología, Hospital Clínico Universidad de Chile, Santiago, Chile
[2] Departamento de Imagenología, Hospital Clínico Universidad de Chile, Santiago, Chile
[3] Unidad de Paciente Crítico, Departamento de Medicina, Hospital Clínico Universidad de Chile, Santiago, Chile
[4] Programa de Fisiopatología, Instituto de Ciencias Biomédicas, Facultad de Medicina, Universidad de Chile, Santiago, Chile

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), paraspinal (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

José Ignacio Ruiz, Verónica Marín, Daniela Simian, Pamela Smith, Juan Pablo Roblero, Álvaro Urzúa, Máximo Cattaneo, Marcelo Llancaqueo, Andrés Palma, Jaime Poniachik

Facultad de Medicina, Universidad de Chile, Hospital Clínico Universidad de Chile, Santiago, Chile

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 characterized the population with cirrhotic cardiomyopathy according to the new

proposal criteria and evaluate the development of complications associated with liver transplantation.

Materials and Methods: A retrospective observational study in adult patients with cirrhosis after liver transplantation (2017-2022) with pre-liver transplantation echocardiogram available. It was determined CCM according to the Cirrhotic Cardiomyopathy Consortium 2020 considered as criteria of systolic dysfunction the presence of LVEF < 50% and diastolic dysfunction (DD) the presence of 3/4 of the following criteria (septal e' velocity < 7 cm/s, E /e' > 15, left atrial volume index (LAVI) > 34 ml/m2 and tricuspid velocity > 2.8 m/s).

Results: During the study period, 82 patients met inclusion criteria, of whom 8 (10%) fulfilled criteria for CMC. There were no patients with systolic dysfunction. In patients with CMC, it was observed a tendency, not significant, to higher complications of hepatorenal syndrome, heart failure and mortality post-liver transplantation. If we extend the definition of DD to only 2 of 4 criteria, the prevalence of CMC increased to 31%. Considering the latter classification, it was observed an increase in dialysis needs post-liver transplantation (36% vs. 14%; p = 0.03) and a non-significant higher development of cardiac insufficiency (20% vs. 9%; p = 0.164).

Conclusions: The CMC is frequent in cirrhotic patients' candidates to liver transplantation (10%). Its presence could imply higher risk of complications pre and post-liver transplantation.

N = 82	Cirrhotic cardiomyopathy N = 8 (%)	Non Cirrhotic cardiomyopathy N = 74 (%)
Demographic characteristics		
Male gender	5 (63)	43 (58)
Age (median; min-max)	59 (48 – 64)	60 (22 – 72)
Medical History		
Comorbidities		
Diabetes mellitus	2 (25)	23 (31)
Hypertension	2 (25)	18 (24)
Chronic kidney failure	1 (13)	6 (8)
Cirrhosis variables		
Etiology of cirrhosis		
Non –alcoholic steatohepatitis	3 (38)	31 (42)
Alcoholic steatohepatitis	2 (25)	8 (11)
Autoimmune	2 (25)	22 (30)
Viral	1 (13)	8 (11)
Other	0 (0)	4 (5)
Child-Pugh pre-liver transplantation		
A	0 (0)	8 (11)
B	3 (38)	25 (34)
C	5 (63)	41 (55)
Meld-Na pre-liver transplantation	22 (14 – 38)	23 (6 – 43)
Complications of cirrhosis		
Ascites	5 (63)	51 (69)
Infections	1 (13)	16 (22)
Spontaneous bacterial peritonitis	0 (0)	16 (22)
Varices	6 (75)	53 (72)
Upper gastrointestinal bleeding	2 (25)	23 (31)
Hepatic encephalopathy	5 (63)	49 (66)
Hepatorenal syndrome	3 (38)	14 (19)
Portal vein thrombosis	0 (0)	18 (24)
Hepatocarcinoma	2 (25)	31 (42)
Sum complications (median; min-max)	3 (2 – 4)	3 (1 – 8)
Immediate Post– liver transplantation variables (during hospitalization)		
Complications		
Heart failure	2 (25)	8 (11)
Chronic kidney failure	6 (75)	45 (61)
Dialysis	2 (25)	15 (20)
Days of hospitalization	16 (16 – 17)	24 (7 – 150)
Mortality	3 (38)	10 (14)

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P- 36 ACUTE ON CHRONIC LIVER FAILURE IN LATIN AMERICA: SUB-ANALYSIS OF A SYSTEMATIC REVIEW AND META-ANALYSIS

Gabriel Mezzano[1], Herman Edgardo Aguirre[2], Javier Perez-Valenzuela[3], Aaron Cortes[1], Adria Juanola[4], Andrés Cardenas[4], Elsa Sola[4], Ruben Hernaez[5]

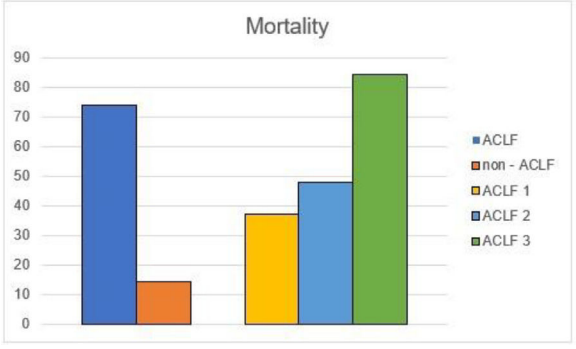
[1] *Centro de Enfermedades Digestivas, Clínica Universidad de los Andes, Santiago, Chile*
[2] *Gastroenterología/Hepatología, Hospital del Salvador, Universidad de Chile, Hospital del Salvador, Santiago, Chile*
[3] *Internal Medicine Resident, Universidad de los Andes, Santiago, Chile*
[4] *Liver Unit, Hospital Clinic de Barcelona, Barcelona, Catalunya*
[5] *Section of Gastroenterology, Michael E DeBakey Veterans Affairs Medical Center, Houston, Texas, Estados Unidos (EEUU)*

Introduction and Objectives: Acute-on-chronic liver failure (ACLF) is characterized by acute decompensation of liver cirrhosis associated with extrahepatic organ failure, and high short-term mortality. Previous studies have estimated a global prevalence of 35% with a mortality of up to 58% at 90 days of follow-up. There is sparse data of ACLF prevalence and mortality in Latin America using the European Association for the Study of Chronic Liver Failure (EASL-CLIF) criteria. This study aimed to characterize patients with ACLF in Latin America and estimate its prevalence and mortality.

Materials and Methods: Pubmed from 01/03/2013 to 08/02/2023 was searched for Latin American cohort studies on ACLF, using the EASL-CLIF criteria. With the data obtained the meta-analysis was performed.

Results: Six studies were included in the analysis, with a total of 817 patients hospitalized for decompensated cirrhosis. The mean follow-up time was 69.9 ± 31.5 days. ACLF prevalence was 29.3%, where 81.5% of these patients had presented previous decompensation. The two-most common liver disease etiologies were alcohol-related liver disease (43.1%), and viral hepatitis (36.5%). The most common triggers identified were infections (35.8%), and gastrointestinal bleeding (22.9%). In up to 28% of the cases, the trigger remained unknown. The main organ disfunctions were renal failure (51.2%), and circulatory failure (45.9%). Overall ACLF mortality was 74.0%, with up to 84.4% in patients classified as ACLF 3.

Conclusions: ACLF is a global important health-care problem including in Latin American. The prevalence of ACLF in our study is similar to the prevalence reported worldwide, but in this region, there is a higher mortality. Our results emphasize the importance of creating local management guidelines for patients with ACLF in Latin America.



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