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

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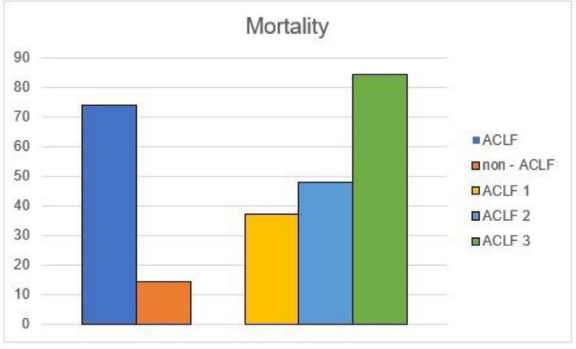
Introduction and Objectives: Acute-on-chronic liver failure (ACLF) is characterized by acute decompensation of liver cirrhosis associated with extrahepatic organ failure, and high short-term mortality. Previous studies have estimated a global prevalence of 35% with a mortality of up to 58% at 90 days 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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