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Introduction and Objectives: Hepatopulmonary syndrome (HPS) is diagnosed in 5-32% of cirrhotic patients on the waitlist (WL) for liver transplantation (LT), which improves survival and hypoxemia. This study aimed to retrospectively analyze clinical, laboratory and radiological findings of HPS patients in transplantation WL, describing clinical outcomes.

Materials and Methods: HPS patients prioritized for LT [partial pressure of oxygen (PaO2)60mmHg] were included. Patients with insufficient data were excluded. Data collection is in progress, final results will be available at presentation.

Results: 24 patients were included; 54.2% female, mean age 49.5± 15.5y. The most common cirrhosis' etiologies were viral hepatitis (25.1%) and cryptogenic (16.7%). Diabetes (33.3%), hypertension (25%) and coronary disease (16.7%) were frequent. 5 patients had tobacco/smoke exposure. Mean MELD-Na at HPS diagnosis was 15.3±4.14. The most frequent cirrhosis' complications were hepatic encephalopathy (37.5%) and ascites (33.3%). Dyspnoea (91.7%) and digital clubbing (21.8%) were common findings at physical examination. The most prevalent imaging findings were pulmonary infiltrate (25%) and atelectasis (12.5%). Mean PaO2 at HPS diagnosis was 52.9± 6.5mmHg with oxygen saturation of 85.9±5.3%. 20 patients were submitted to LT. Mean time between diagnosis and LT was 292± 192d. 4 patients used garlic capsules, 12 used propranolol. Pre-transplant, PaO2 was 60.3±13.3 mmHg. 12 patients died, 9 were transplanted (at mean time of 193.6 ± 208.5d post-procedure). Non-transplanted patients had 75% mortality compared to 45% in LT group. Post-LT, PaO2 improved to 60±19.2 at 3m, 68.5±23.9 at 6m and 74.6±12.5 after 1y. The median PaO2 at diagnosis was lower in deceased patients (p=0.026). There was no difference in mortality according to sex, comorbidities, cirrhosis etiology and complications (p>0.05) or MELD-Na, (p=0.812). The mean time between diagnosis and LT had no impact in survival (p=0.16).

Conclusions: HPS is associated with a mortality of 75% without LT; LT is the ideal treatment, improving oxygenation and reducing mortality to 45%.

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P-45 EVALUATION OF THE ALBI SCORE IN PATIENTS WITH HEPATOCELLULAR CARCINOMA TREATED WITH YTTRIUM-90 (90Y)

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Introduction and Objectives: Hepatocellular carcinoma (HCC) is the third cause of mortality worldwide. 10% of patients receive therapy with curative intent. There are loco-regional therapies to improve patient survival, such as (TACE) and radioembolization with Yttrium-90. There are prognostic scales, such as ALBI, to identify who will have a positive response to the treatment. We aimed to evaluate the potential of the ALBI index for HCC as a predictor of mortality and associate it with survival or complications in patients who received treatment with Yttrium-90, correlating with Child Pugh, MELD and MELD-NA scores.

Materials and Methods: 8 patients with cirrhosis and (HCC) were evaluated; 60% (4) women aged 50 ±12.5 years, Child Pugh 7 points, MELD 11, MELD-NA 11, MELD 3.0 12 and initial BCLC (B), received an average of 2 radioembolization sessions with (90Y) and ALBI was evaluated.

Results: 3 patients had a complete response, one with intolerance to the (90Y) who required a second line of treatment. The other patients presented progression of the disease, therefore, palliative treatment and complications treating the CHC were applied. 3 patients died, who obtained an ALBI score of .08 ± 0.27 (grade 3), which could be correlated with patient survival. After Yttrium- 90, the following final values were measured Child Pugh (8.86 ±2.61), MELD (15.43±7.13), Leukocytes (6.7±1.5), Hemoglobin (12.85±1.66), Platelets (76.71±42.16), Bilirubin (4.16 ±4.58), Albumin (2.58 ±0.55) without any significant difference.The only difference was in MELD-Na (17.43 ± 6.90) which can be due to the progression and complications of the cirrhosis itself. (Table 1)

Conclusions: The ALBI, Child-Pugh and MELD NA scores in the prediction of mortality, survival and complications development during the disease in patients' treatment with Yttrium-90 could be a prognostic factor. Studies with a larger group of patients are needed to correlate and obtain more significant results regarding the score of ALBI.

Table 1. Blood cytometry, Liver Functional Tests & cancer scales systems in patients with cancer and treatment transarterial radioembolization (TARE) with Yttrium-90 (n=7).

	Patients pre-TARE with Yttrium-90 (n=7)	Patients post-TARE with Yttrium-90 (n=7)				
Pattern (units)	Values (mean ± SD)	Values (mean ± SD)	t (gl)	P<0.05	IC 95%	Reference ranges
Age	70 ± 11.3	71.16 ± 11.14	-7.15 (6)	0.0003	-1.5 – -0.7	(Years old)
Gender						
• **Man**	4	4				n=7
• **Woman**	3	3				n=7
BCLC	18.86 ± 7.55	16.43 ± 10.27	.52 (6)	0.62	-8.9 – 13.84	BCL[+]
CHILD PUG	7.14± 1.46	8.86± 1.73	-1.86 (6)	0.11	-3.96 – 0.53	
MELD	11.29± 4.03	15.43± 7.13	-1.23(6)	0.26	-12.35– 4.06	
MELD NA	**10.86± 2.61**	**17.43± 6.90**	**-2.37 (6)**	**0.05***	**-13.34 – 0.20**	
MELD 3.0	12.29± 2.69	18.86± 9.85	-1.94 (6)	0.10	-14.85– 1.71	
ALBI	-.098± 0.11	.08± 0.27	-2.15 (6)	0.74	-0.38– 0.02	
Leukocytes (x10³/µL)	**3.97± 1.8*****	6.70± 1.5	-1.48 (6)	0.18	-7.24– 1.76	5 - 10
Hemoglobin (g/dL)	13.28 ± 1.66	12.85 ± 1.66	0.37 (6)	0.72	-2.38 – 3.24	13.5 – 18
Platelet (x10³/µL)	84.29± 28.79	76.71 ± 42.16	1.10 (6)	0.31	-9.23– 24.37	150 – 450
PT (seconds)	13.44 ± 2.72	**19.91 ± 9.60*****	-1.58 (6)	0.16	-16.46– 3.52	11.0 – 13.5
INR	**1.19± 0.18*****	**1.72 ± 0.80*****	-1.57 (6)	0.16	-1.34 – 0.29	≤1
Total Bilirubin (mg/dL)	**2.01± 1.42*****	**4.16± 4.58*****	-1.70 (6)	0.13	-5.24 – 0.94	0.2 – 1.2
Direct Bilirubin (mg/dL)	**0.94 ± 1.26*****	**2.48 ± 4.39*****	-1.24 (6)	0.26	-4.58– 1.49	0 - 0.2
No Direct Bilirubin (mg/dL)	**1.06± 0.36*****	**1.67± 0.85*****	-1.79 (6)	0.12	-1.44 – 0.22	0 - 0.8
ALT (UI/L)	**37.86± 18.52*****	**48.00± 22.46*****	-0.80 (6)	0.45	-40.99–20.70	10 - 35
AST (UI/L)	**49.43 ± 18.68*****	**112.14± 147.15*****	-1.08(6)	0.31	-204.12– 78.69	5 - 34
ALP (UI/L)	**170.29 ± 60.15*****	**497.86 ± 867.69*****	-1.02(6)	0.34	-1108.59 – 453.45	<138
Albumin (g/Dl)	3.02± 0.80	2.58± 0.55	1.11 (6)	0.30	-0.52 – 1.41	3.5 - 4.8

*** Outside clinical reference value // *Paired Samples t Test (pre-post) *P<0.05 // AST- Aspartate transaminase, ALT- Alanine transaminase, ALP- Alkoline phosphatase , GGT- Gamma-glutamyltransferase , INR*International Normalized Ratio, PT-Prothrombin time // [+]BCL PRE A=1, B=6 y POST BCL A=1, B=4 y C=2. //

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P- 46 AMOUNT OF DIETETIC FAT AND CARBOHYDRATE TYPES RELATED TO HEPATIC STEATOSIS IN A GROUP OF MEXICAN ADULTS

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Introduction and Objectives: Some studies had described the relation between dietetic fats and carbohydrates with fatty liver