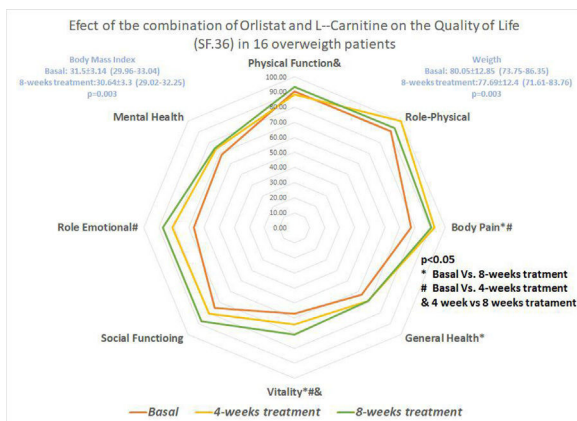


Conclusions: These results suggest a beneficial effect of the combination of Orlistat and L-carnitine on the treatment of overweight.



<https://doi.org/10.1016/j.aohep.2023.101235>

P- 49 DECOMPETATIONS CAUSING ADMISSION, READMISSION AND MORTALITY IN CIRRHOTIC PATIENTS ADMITTED AT EUGENIO ESPEJO SPECIALTY HOSPITAL. QUITO, ECUADOR

Walkenys Abigail Waldroph, Wilson Enrique Carrera

Gastroenterology Section. Eugenio Espejo Specialty Hospital. Quito, Ecuador

Introduction and Objectives: Liver cirrhosis is the seventh cause of death in Ecuador and highest morbidity and mortality is a consequence of the decompensation of the disease. This study aimed to analyze the decompensations that cause admission, readmission and mortality in cirrhotic patients admitted to the gastroenterology unit at Eugenio Espejo Specialty Hospital from January 2020 to December 2021

Materials and Methods: a descriptive, observational and cross-sectional view study was conducted, with non-probabilistic random convenience sampling. We obtained the data from the medical records using the data collection instrument developed for this purpose and the data were analyzed using the statistical package IBM SPSS Statistics v28.

Results: 251 admissions for decompensated cirrhosis were analyzed, corresponding to 147 patients, of which 65.31% registered only one admission and 34.69% readmitted at least once during the study period. In the sample, 51.7% were women, and mean age was 62.08 (+/-12.8) years. The main etiology of cirrhosis was cryptogenic in females and enolic in males. The main cause for admission in the first hospitalization was upper gastrointestinal bleeding, reported in 37.4%, followed by encephalopathy and ascites (32.0% and 23.8%). The 30 and 90-days readmission rates were 41.3% and 32.7%, respectively, and the main cause for readmission was encephalopathy in 50% of patients, followed by upper gastrointestinal bleeding in 47.1% (mostly non-variceal). In-hospital mortality was 8.4% and the main associated complications were encephalopathy and acute kidney injury, both described in 47.6% of patients.

Conclusions: the main complication that led to hospital admission in the first hospitalization was variceal upper gastrointestinal bleeding and encephalopathy on readmission. The complications associated with higher mortality were encephalopathy, acute kidney injury and ACLF.

<https://doi.org/10.1016/j.aohep.2023.101236>

P- 50 VALIDATION OF S-ANT FOR THE DIAGNOSIS OF HEPATIC ENCEPHALOPATHY MINIMUM

Jose Luis Perez, Irais Alejandra Garcia, Maria De Fatima Higuera, Daniel Santana, Silvia Johanna Lozada, Leonardo Samuel Juarez, Diana Montemira, Christian Israel Hinojosa

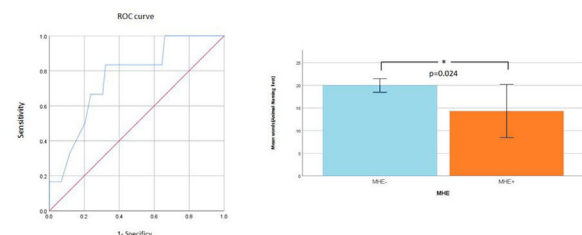
Hospital General De México Dr. Eduardo Liceaga, Ciudad de México, México

Introduction and Objectives: Hepatic encephalopathy (HE) is one of the most frequent complications of cirrhosis. Minimal hepatic encephalopathy (MHE) is the initial stage and is characterized by the fact that it has no clinical data; its diagnosis is made with neuropsychological tests, the MHE produces a deterioration in the quality of life of patients and an increased risk of accidents. Hence, it is relevant to diagnose. Performing neuropsychological tests requires prolonged time, so validating an MHE count test that is easy, reproducible, and in less time is recommended. The S-ANT test is performed by asking the patient to nominate 20 animals in one minute. In the reference score for the non-Mexican population, the test is negative; if it is less than 15 animals, it is positive and suggests MHE. This study aimed to assess the validity of the S-ANT scale as a screening test in patients with cirrhosis without overt HD.

Material and Methods: We present a prospective, descriptive, and analytical study of patients with cirrhosis of different etiology, without manifest HE to those who underwent S-ANT, PHES, and Flicker test. to validate the S-ANT test, the area under the curve of the receiver operator characteristic (AUROC) curve was calculated. Its Sensitivity (S) and specificity (SE) were determined, and MHE was considered when PHES and Flicker were positive for MHE. Statistical analysis The number of animals that patients with and without MHE were compared with the student's t-test for independent groups. The Sensitivity and specificity were calculated with the AUROC cut-off point for the S-ANT score for MHE+.

Results: The mean S-ANT for MHE- was 19.35±5.4 and for MHE+ 14.7±5.6, p=0.024 AUROC was significant .760 (.577- .942, 95%CI); p=0.037 with an S=83% and SE=77% cutoff= 17.5 words.

Conclusions: In the Mexican population, S-ANT reliably discriminates against patients with cirrhosis without overt HE with cognitive impairment, confirmed by PHES and Flicker test.



<https://doi.org/10.1016/j.aohep.2023.101237>

P-51 SERUM MICRORNA EXPRESSION ACCORDING TO THE PRESENCE OF LIVER DISEASE AND SARS-CoV-2 INFECTION

Lucas Lima Da¹, Luciane Almeida Amado², Otacilio Da Cruz³, Wagner Luis Da Costa Nunes Pimentel², Vanessa Duarte¹, Claudia Alexandra Pontes⁴, Lia Laura¹, Vanessa Salet³, Barbara Vieira¹, Livia Melo¹