

<sup>11</sup> Medicina Interna, Hospital III Daniel Alcides Carrión, MINSA, Callao, Perú

<sup>12</sup> Gastroenterología, Hospital Metropolitano, EsSalud, Huanuco, Perú

<sup>13</sup> Gastroenterología, Hospital Regional Docente de Cajamarca, Cajamarca, Perú

<sup>14</sup> Gastroenterología, Hospital Nacional Ramiro Priale, Junin, Perú

<sup>15</sup> Unidad de Hígado, Hospital Nacional Carlos Seguin, EsSalud, Arequipa, Perú

<sup>16</sup> Gastroenterología, Hospital Belen, MINSA, Trujillo, Perú

**Introduction and Objectives:** Acute liver failure (ALF) is a severe clinical entity that requires a rapid diagnosis and for its proper management requires adequate intensive care support and the possibility of liver transplantation. This study aimed to show clinical epidemiological characteristics of ALF and the problematics of its management in Peru.

**Materials and Methods:** Google forms electronic survey answered (February-March 2023) by specialists who work in hospitals that care for patients with ALF throughout Peru with the sponsorship of 3 Peruvian scientific societies: intensive care (SOPEMI), Transplant (APTOT) and Hepatology (APEH).

**Results:** Representatives of 33 public and private hospital centers from the entire health services system responded the survey: Adults: 27/33 (81.8%) and Pediatrics: 6/33 (18.2%). ALF criteria diagnosis: severe acute liver injury with encephalopathy and impaired synthetic function (INR >=1.5) in a patient with preexisting liver disease and with an illness < 26 weeks duration. Geographical regions: Lima (12 million inhabitants: 66.7%) and 7 other regions of Peru: Arequipa, La Libertad, Junin, Tacna, Cajamarca, Huanuco & Puno (9 million inhabitants: 33.3%). Specialties: ICU: 36.4%, GI/hepatology: 30.3%, emergency: 15.2%, Pediatric CU: 9.1%. Male/female ratio 2-3/1: 57.6%. ICU stay: <1 week: 12.1%, <4 weeks: 57.6%, 4-8 weeks: 21.2%, > 8 weeks: 10.1%. ALF Diagnostic Criteria severity: MELD: 54.5%. Kings: 24.2%. Clichy: 3%. Possibility of being transferred to a transplant center: 51.5%. ALF Mortality: Multiorgan failure: 90.9%. ICU with multi-organ support: 57.6%.

**Conclusions:** ALF in Peru is a serious entity that especially affects the adult population, with high mortality, limited access and limited possibility of liver transplantation. It is necessary to have adequate resources from the government and scientific societies (SOPEMI, APTOT and APEH) to adequately attend this entity which requires support from human resources and adequate care from multidisciplinary health team.

**P- 56 TUBERCULOSIS IN LIVER TRANSPLANT RECIPIENTS: EXPERIENCE OF A SINGLE CENTER**

Cárdenas Ramírez Bertha<sup>1</sup>, Padilla-Machaca P. Martin<sup>1,2</sup>, Cerrón Cabezas Carmen<sup>1</sup>

<sup>1</sup> Department of Transplant, Guillermo Almenara Hospital - EsSalud, Lima, Perú

<sup>2</sup> University San Marcos; Lima Perú

**Introduction and Objectives:** In Peru the tuberculosis (TB) is an endemic infectious disease. This disease is a serious opportunistic infection in transplant recipients (LTRs) and has 20 to 74-fold increase in a chance of developing compared to the general population. The prevalence of TB in (LTRs) is variable between regions. This study aims to describe the rate, clinics characteristics and mortality of TB in LTRs from a high-prevalence area.

**Materials and Methods:** We conducted a retrospective review of liver transplant recipients with tuberculosis diagnoses at Guillermo Almenara Hospital between Mach 2001 and March 2022.

**Results:** A total of 294 patients underwent LT during this period. 7 (2.3 %) adult patients were diagnosed with active TB. Mean age was 49 (32- 64) years; 5 (70 %) were males. Time interval from LT to TB diagnosis was 57 months (2-136) and 42 % had early tuberculosis (< 12 m). Three patients had disseminated TB and Four pulmonary involvement. 72 % received individualized treatment to avoid hepatotoxicity related to treatment, 28.5% had DILI with standard treatment. We found 28.5 % mortality no related to TB infections.

**Conclusions:** We observed a low rate of TB in LTRs (2.3%) from a high prevalence region. Most of our patients received individualized treatment.

<https://doi.org/10.1016/j.aohep.2023.101243>

**P-57 CHARACTERIZATION OF HEPATOCELLULAR CARCINOMA AND ITS RELATIONSHIP WITH ALPHA-FETOPROTEIN LEVELS**

Mayra Fernanda Beltran, Wilson Enrique Carrera, Jonathan David Alvarado, Jaysoom Willeem Abarca, Fabian Agustin Tulcanazo, David Napoleon Armas, Wendy Calderon, John Lata, Cecilia Trujillo, Andrea Paola Moreno, Ligia Gabriela Velalcazar, Darwin Paul Quevedo, Evelyn Maritza Quishpe, Maria Jose Suarez

Hospital Eugenio Espejo, Hospital Eugenio Espejo, Quito, Ecuador

**Introduction and Objectives:** Hepatocellular carcinoma (HCC) is the most common cancer of the liver, with differences in its incidence due to variance in risk factors and geographic locations. In Ecuador the incidence is 3.3/100000 with a mortality of 6.45/100000. Alpha-fetoprotein (AFP) is a biomarker used as a tumor marker for diagnosis, monitoring therapy and surveillance in HCC. This study aims to know the clinical and demographic characteristics of HCC and its relationship with AFP levels.

**Materials and Methods:** An observational descriptive analyze was used between 2018 and 2023, with a total of 65 patients with HCC, using percentages and frequency for qualitative data and central variance analyses for quantitative data.

**Results:** from 65 patients, 35 (54%) were men and 30 (46%) women. The mean age of diagnostic was 67.7 years old. 46(71%)

Table. Etiology, age, Cases/y, Classification, ICU admission time and evolution in ALF

Etiology	No	%	Age group	No	%	ALF Cases /y	No	%
Unknown	20	60.6	> 60 y	4	12.1	> 10	4	12.1
HAV	5	15.2	35-60 y	16	48.5	5-10	8	24.2
HILI	4	12.1	18-34 y	7	21.1	3-5	10	30.3
DILI	4	12.1	< 18 y	6	18.3	< 3	10	36.4
<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>
ALF Classification	No	%	ICU admission time (days)	No	%	ALF Evolution	No	%
Hiperacute	6	18.2	< 7 d	21	63.6	Spontaneous recovery	8	24.3
Acute	19	84.8	7-14 d	5	15.2	Death	19	63.6
Subacute	8	24.2	> 14 d	7	78.8	Liver Tx	4	12.1
<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>	<b>TOTAL</b>	<b>33</b>	<b>100</b>

<https://doi.org/10.1016/j.aohep.2023.101242>