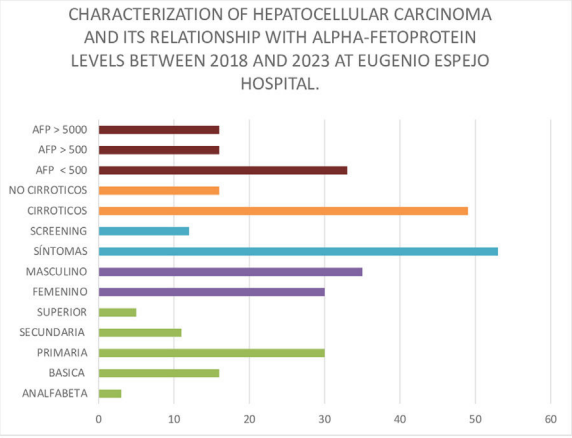
people was found to have a low level of education and only 5(8%) had competent education. 53(82%) of patients had some clinical finding at the time of diagnostic while 12 (18%) did not and were diagnostic on surveillance. Cirrhosis was found to be the most common risk factor with 49(75%) presenting at the diagnostic compared with only 16 (25%) that were cirrhosis free. Levels of AFP at the diagnostic were less than 500 UI/mL in 33 (51%) patients over 500 UI/mL in 16 (25%) patients and over 5000 UI/mL in 16 patients. We could notice that higher values were found in cirrhotic patients.

Conclusions: Lower educational level, clinical findings and cirrhosis were associated with higher incidence of HCC. We could not find any relation between gender and HCC. Quantitative elevation of AFP is higher in cirrhotic patients than in non-cirrhotic patients. Our series concludes that the surveillance of HCC in cirrhotic patients is with ultrasound and AFP levels.



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P- 58 CLINICAL OUTCOMES OF PATIENTS WITH GRAFT REJECTION FOLLOWING TRANSPLANTATION FOR AUTOIMMUNE LIVER DISEASE AT A LIVER TRANSPLANT CENTER IN COLOMBIA

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Introduction and Objectives: Liver transplantation is the best treatment option for patients with cirrhosis and advanced autoimmune liver disease. Approximately 15-25% of transplanted patients experience acute graft rejection with standard immunosuppression regimens, and, less frequently, chronic rejection. There is limited evidence in Colombia regarding the incidence of these events and their impact on graft and patient survival. This study aims to characterize the rejection rates in patients transplanted for autoimmune liver disease at a Colombian liver transplant center.

Materials and Methods: Descriptive retrospective longitudinal study of a cohort of patients with autoimmune liver disease who underwent liver transplantation from November 2005 to December 2022.

Results: A total of 163 patients were transplanted for autoimmune hepatitis (AIH), primary biliary cholangitis (PBC), primary sclerosing cholangitis (PSC), and overlap syndromes. The rejection rate in this population within the first year was 17.8% (n=29), between the first and fifth year was 22% (n=36), and between the fifth and tenth year was 6.3% (n=10). Acute rejections accounted for 90.7% of the cases. Approximately 80% of the patients were managed with calcineurin inhibitors plus mycophenolate, with or without corticosteroids, and 92.7% had immunosuppression levels within target range. The overall mortality rate was 14.6% (n=24): 7.36%(n=12) in AIH, 3.06% (n=5) in PBC, 3.6% (n=6) in overlap syndromes, and 0.6% (n=1) in PSC.

Conclusions: In this population, the acute rejection rates at one year, five years, and ten years after liver transplant were similar to those reported in the literature. However, patients transplanted for autoimmune liver disease have a higher rejection rate than other cirrhosis etiologies. These findings should prompt the evaluation of adjustments in immunosuppression protocols and determine other factors associated with rejection, such as the relationship between histocompatibility and rejection risk.

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P- 59 ROLE OF MARESINA-1 ON THE KIDNEY AND LIVER MORPHOLOGY ON A MURINE MODEL OF TYPE I DIABETES MELLITUS INDUCED WITH STREPTOZOTOCIN

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Introduction and Objectives: Diabetes mellitus (DM) is a chronic metabolic disease characterized by elevated blood glucose levels. DM1 manifests itself through hyperglycemia, the main factor inducing numerous life-threatening complications and comorbidities. DM has high morbidity and mortality associated with cardiovascular diseases, nephropathy and dyslipidemias, which are correlated with the deterioration of liver function. Maresin-1 (MaR1), a specialized pro-resolving lipid mediators has recently been described. MaR1 has a positive role in various inflammation-related pathologies particularly, it has favorable effect on chronic liver disease. This study aims to evaluate the effect of MaR1 administration on liver and kidney tissues in a murine model of DM1. Our hypothesis is that treatment produces an improvement in liver and kidney morphology.

Materials and Methods: male C57BL/6 mice where induced DM1 by Spreptozotocin injection (50mg/Kg) and MaR1 (4ng/g) diary for 4 weeks. Liver and Kidneys were processed for H&E and Masson's Trichrome stain and morphological analyzed. An immunohistochemical study was also carried out with the use of antibodies to fibronectin and -SMA. The data was evaluated by Image J and Prism 9 software's.

Results: Both in liver and kidney, the MaR1 animal group recovers the cito-architecture and decreased the score of fibrosis in comparison with DM group, resembling the control group. In liver tissue a decrease of lipids deposit was observed in the MaR1, concomitant with the architecture improvement.

Conclusions: Mar1 at 4 ng/g generates a positive response in the liver and kidney morphology, depleting the tissue damage observed in a DM1 murine model. Deeper analysis should carry on for to enlarge this results and assay Mar1 as a potential therapeutic activity against one of the most prevalent diseases in the world, the DM.

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