

### P-60 DIAGNOSTIC PERFORMANCE OF FIBROSCAN FOR LIVER DISEASE IN BOGOTÁ, COLOMBIA

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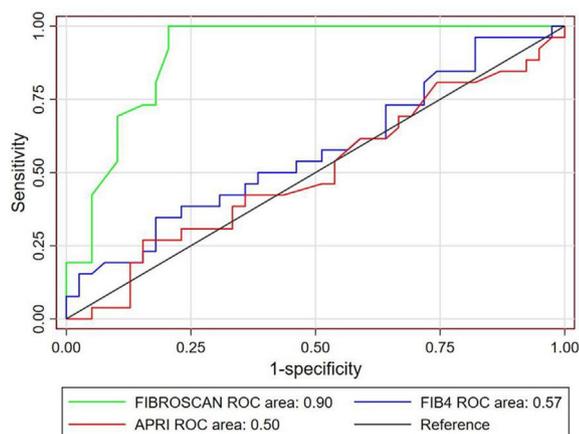
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**Introduction and Objectives:** In the diagnostic process of liver diseases the clinical history and hepatic biochemical profile are fundamental. Liver biopsy is the gold standard for diagnosis, evaluation of activity, fibrosis status or therapeutic response. It is an invasive procedure with risk of complications. With respect to fibrosis staging, a key point in decision making in follow-up and treatment, non-invasive tests have been developed that are easily accessible and without resorting to biopsy. The calculation of the FIB-4 and APRI indices is useful in general practice, but not sufficient to determine the degree of fibrosis in early and intermediate stages. Liver fibrosis increases stiffness and decreases tissue elasticity and can be assessed by Elastography, this technique is sensitive to differentiate patients without fibrosis from those with advanced fibrosis, in a fast and well tolerated way. This study aims to describe the diagnostic performance for detecting liver fibrosis of FibroScan compared with APRI and FIB4 indices versus liver biopsy in patients with liver disease in Bogotá.

**Materials and Methods:** Retrospective cohort study, cross-sectional, consecutive sampling, performed in the period 2019-2022, the APRI, FIB4 and Fibroscan indices were compared with the biopsy result, the diagnostic accuracy measures for APRI, FIB4 and FibroScan were described and an area under the curve analysis (ACOR) was performed.

**Results:** Biopsy was positive for fibrosis in 40%, FibroScan showed excellent performance for detecting fibrosis, with an ACOR of 0.90 (CI: 0.83 - 0.97), APRI indices of 0.52 (CI: 0.35- 0.68) and FIB4 of 0.52 (CI:0.37 - 0.68).

**Conclusions:** FibroScan is a useful tool for the diagnosis and follow-up of chronic liver disease, it should be used in combination with other diagnostic tests and clinical evaluation. FibroScan showed excellent performance in discriminating patients with liver fibrosis compared to APRI and FIB4 indices and is better at detecting advanced stages.



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### P- 61 DRUG-INDUCED LIVER INJURY: REPORTING CHALLENGES AND ENZYMATIC CHANGES IN PATIENTS USING ANTIBIOTICS – RETROSPECTIVE STUDY

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**Introduction and Objectives:** Drug-induced liver injury (DILI) - an underreported adverse event (AE) - is classified as hepatocellular, cholestatic or mixed, through the alanine-aminotransferase (ALT) and alkaline phosphatase ratio, when ALT > 2x the upper limit of normal (LSN). Polypharmacy and conditions can change these data. In hospitalized patients, antibiotics (ATB) are one of the most prescribed drugs, can cause DILI. We aimed to evaluate the profile and frequency of ALT in patients using ATB amoxicillin-clavulanate (AMX\_CLAV), cefepime (CEF) and meropenem (MPN), verifying possibility and type of DILI, notifications in the Hospital Pharmacovigilance System (SFH) and what limitations lead to underreporting.

**Materials and Methods:** partial retrospective analysis of medical records of patients admitted to University Hospital, with ALT>2xLSN, using the referred ATB; AEs collection from the hospital and Anvisa databases, assessing causes of underreporting. Statistical significance was 5% and analyzes were performed using SPSS® program.

**Results:** In 2018, 739 hospitalized patients had ALT>2xLSN. Of these, 45% used ATB [AMX\_CLAV (2.3%); CEF (27.2%); MPN (15.6)]. Death in patients with ALT>2xLSN was 40.1%, majority CID A41.9 (27.3%). K72.0 [Chronic Liver Failure] scored 3.5%. 24.9%(n=184) had ALT>5xULN and of these, death in 53.3%(n=98)(p<0.001). Use of CEF and MPN was significantly higher in deaths compared to non-deaths (39.9% x 18.7%, p<0.001/27.7% x 7.4%, p<0.001, respectively CEF and NMP). Concurrently, SFH investigated 139 notifications, 6.5% ATB AEs (n=9). Of the cases, 4 reported hepatotoxicity, ALT being reported for MPN and AMX\_CLAV. In ALT>5xLSN patients, there were 3 cholestatic (3.8%), 18 mixed (60.0%) and 3 hepatocellular (13%)(p<0.001).

**Conclusions:** Hepatocellular injury in hospitalized patients with ALT>5xULN using ATB is more severe, although the mixed pattern is more frequent. There is no active pharmacovigilance in DILI considering ALT; spontaneous reports are underreported due to the complexity of the DILI diagnosis, lack of specific tests and data in the medical records.

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### P- 62 RELAPSE OF AUTOIMMUNITY IN PATIENTS WITH LIVER TRANSPLANTATION FOR AUTOIMMUNE HEPATOPATHY AT A COLOMBIAN HEPATOLOGY CENTER

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**Introduction and Objectives:** Autoimmune hepatopathies encompass a spectrum of diseases, including autoimmune hepatitis (AIH), primary biliary cholangitis (PBC), primary sclerosing cholangitis (PSC), and overlap syndromes, which can progress to cirrhosis.