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

Diana Del Pilar Torres[1], Benedicto Velasco[2], Jonathan Alexander Guezguan[3]

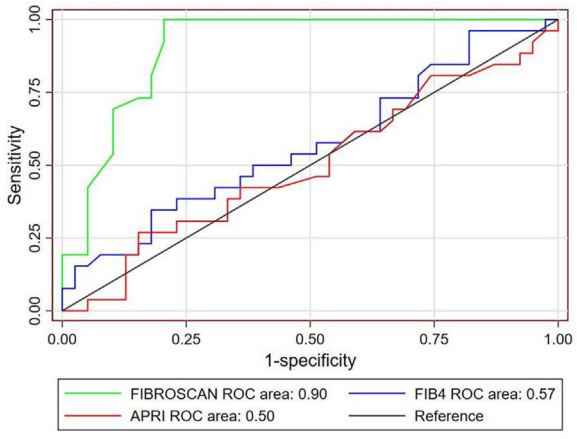
[1] *Gastroenterologíа, Unidad de Gastroenterología Integral, Bogotá, Colombia*
[2] *Gastroenterología, Gastromedical Ltda, Bogotá, Colombia*
[3] *Grupo de Investigación Clinica UPTC, Universidad Pedagógica y Tecnológica de Colombia, Tunja, Colombia*

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 Bogota.

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.



https://doi.org/10.1016/j.aohep.2023.101247

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

Nelson David Suarez, Raquel Boff, Vittoria Calvi, Paola Hoff, Sheila De Castro, Patricia Gabriela Riedel, Francielly Marques, Dvora Joveleviths

Programa de Pós-Graduação em Ciências em Gastroenterologia e Hepatologia, Universidade Federal do Rio Grande do Sul, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brasil

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.

https://doi.org/10.1016/j.aohep.2023.101248

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

Ximena Morales, Cristina Torres, Carolina Salinas, Martin Garzón, Geovanny Hernández, Oscar Beltrán, Gilberto Mejía, Andrés Murcia, Jairo Rivera, Angie Gelves, Felipe Mendes, Adriana Varón

Hepatología, Fundación Cardioinfantil, Bogotá, Colombia

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.

Liver transplantation is an excellent management option for patients with advanced chronic liver disease. In our setting, the clinical outcome in terms of relapse rate for patients undergoing liver transplantation due to autoimmune hepatopathies is unknown. This study aims to characterize the relapse rates in patients transplanted for autoimmune hepatopathy at a Colombian liver transplant center.

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

Results: A total of 163 patients were transplanted for autoimmune pathology. The relapse rate within the first year was 2.6% (n=2) for AIH, 3.7% (n=1) for PBC, 9.2% (n=5) in overlap syndrome, and 16% (n=1) in PSC. Between the first and fifth year post-transplantation, the relapse rate was 13.1% (n=10) in AIH, 14.8% (n=4) in PBC, 29.6% (n=16) in overlap syndrome, and 0% in PSC. Between the fifth and tenth year, the relapse rate was 11.8% (n=9) in AIH, 22.2% (n=6) in PBC, 9.2% (n=5) in overlap syndrome, and 0% for PSC. The cumulative relapse rate at 10 years was 27.6% for AIH, 40% for PBC, and 16% for PSC.

Conclusions: In this population, the one-year, five-year, and ten-year relapse rates were similar to those reported in the literature at other liver transplant centers. These findings warrant further studies in the population with CBP to determine if there is any genetic susceptibility that predisposes to a higher relapse rate compared to other autoimmune liver diseases.

https://doi.org/10.1016/j.aohep.2023.101249

P- 63 UTILITY OF TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT IN TREATING COMPLICATIONS OF PORTAL HYPERTENSION: EXPERIENCE IN UNIT OF LIVER TRANSPLANTATION IN URUGUAY

Romina Rey[1], Martin Elizondo[1], Juan Carlos Bandi[2], Marcelo Vicente Valverde[1], Solange Gerona[1]

[1] *Bi- Intuitional Unit of Liver Transplantation, Hospital Militar, Montevideo, Uruguay*
[2] *Hepatology and Liver Transplantation Unit, Hospital Italiano, Buenos Aires, Argentina*

Introduction and Objectives: Trans jugular intrahepatic portosystemic shunt (TIPS) is the major therapeutic alternative for treating portal hypertension-related complications (PHT) that do not respond to medical treatment. It is commonly used as a bridge therapy to liver transplantation (LT). TIPS improves quality of life, overall survival, and LT-free survival while reducing the incidence of decompensation. Adequate patient selection is crucial for rightful indication. This study aimed to present the utility of TIPS on the complications of refractory PHT that dont respond to standard of care medical treatment.

Materials and Methods: From July 2017 to December 2022, all consecutive patients with PHT admitted to receiving TIPS creation were retrospectively analyzed. The objective was to decrease the portal pressure gradient below 12 mmHg or >50% of its baseline. Follow-up was performed using Doppler ultrasound to monitor permeability and function.

Results: 264 patients were evaluated for LT, of whom 15 had complications of refractory PHT that did not respond to medical treatment (Table1). Nine were females and six males. Mean age of 47 years old. Eight (53%) had refractory ascites, and seven (47%) had recurrent variceal bleeding. The median follow-up period was 38 (1-66) months. Success was assessed based on hemodynamic, clinical, and imaging parameters. All patients had favorable outcomes, with transient hepatic encephalopathy observed in 3 cases and hemolytic anemia in one case. Global dysfunction occurred in 20% of patients at one year but was corrected through stent angioplasty. Four patients underwent transplantation, and eight were removed from list due to clinical improvement. Two patients died, and one is currently on the waiting list. Overall survival rates were 93% at one year and 87% at three years.

Conclusions: TIPS is a highly useful therapeutic tool which is applied in our center. Proper patient selection allows for similar overall and transplant- free survival rates as reported internationally.

Case	Age	Gender	MELD Na	Child-Pugh	Indication	Follow-up time (months)
1	61	F	22	B8	RVB	66
2	47	F	10	B9	RA	66
3	20	F	10	B7	RVB	57
4	64	F	9	A6	RVB	50
5	37	F	14	NA	RA	46
6	14	M	9	NA	RVB	46
7	50	F	17	C10	RA	40
8	67	F	14	C10	RA	38
9	62	M	22	NA	RVB	38
10	68	M	16	B9	RA	21
11	56	M	NA	NA	RVB	21
12	55	F	9	B8	RA	21
13	16	M	11	A6	RVB	11
14	26	F	NA	NA	RA	1
15	63	M	11	B8	RA	3

Table 1 - Demographic and clinical data of the patients.

F: Female, M: Male, NA: Not applicable, RVB: recurrent variceal bleeding, RA: refractory ascites.

https://doi.org/10.1016/j.aohep.2023.101250

O-1 SEROPREVALENCE AND MOTHER-TO-CHILD TRANSMISSION OF HEPATITIS B AND C VIRUSES AMONG PREGNANT WOMEN IN A MATERNAL AND CHILDREN HOSPITAL FROM THE PROVINCE OF BUENOS AIRES

Rosana Solis[1], Mabel Mora[1], María Julieta Venturini[1], Fernando Battiston[1], Guadalupe Masci[1], Adrián Zapata[1], Laura Abojer[1], Martina Ribeky[1], Mariana Turturicci[1], Laura Figueras[2], Margarita Barris[2], Alejandra Gaiano[1], Valeria Silenzi[1], Andrea Conesa[1], Gloria Capellini[1], Mayra Moyano[1], MANUEL MENDIZABAL[3]

[1] *Gastroenterología Infantil, Hospital Municipal Materno Infantil de San Isidro, San Isidro, Argentina*
[2] *Servicio de Infectología, Hospital Central de San Isidro, San Isidro, Argentina*
[3] *Servicio de Hepatología, Hospital Central de San Isidro y Hospital Universitario Austral, Buenos Aires, Argentina*

Introduction and Objectives: The WHO proposed to eliminate viral hepatitis by the year 2030. To achieve this ambitious goal, we must evaluate the seroprevalence of these infections in different populations. This study aimed to estimate the seroprevalence of hepatitis B (HBV) and C (HCV) among pregnant women and mother-to-child transmission in a maternal hospital.

Materials and Methods: We conducted an observational, prospective and consecutive study including pregnant women from San Isidro Maternal and Children Hospital whose births occurred between 05/01/2019 and 04/30/2021. In all patients HBsAg and anti-HCV were assessed during the 1st and 3rd trimester of pregnancy together with HIV. In the case of presenting HBsAg+, anti-HBcIgG was performed on the same sample followed by HBV-DNA PCR. In the case of presenting