

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.

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

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**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.

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#### 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

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**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