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Introduction and Methods: Severe alcohol-associated hepatitis (AH) is frequently associated with higher infection risk. This study aimed to assess the impact of infections in patients with AH in a multinational cohort in Latin America.

Materials and Methods: Multicenter prospective cohort study including patients with AH (2015-2022). We recorded clinical information, and the impact of infections was assessed using competing-risk models.

Results: We included 511 patients from 24 centers in 8 countries (Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Mexico, and Peru). The mean age was 50.1±11.9 years, 426 (83.9%) were men, 264 (58.2%) had a previous diagnosis of cirrhosis, and the median MELD at diagnosis was 24.6 [19.6–30.6] points. Out of the total, 25.9% died, and only 3.7% underwent liver transplantation during follow-up. Also, 44.5% of patients developed an infection. Of them, 50.9% presented with infection at admission, 30.8% developed an infection during hospitalization, and 18.3% presented an infection in both situations. The most common localizations at admission were pulmonary (32.4%), urinary tract (33.1%), spontaneous bacterial peritonitis (15.9%), and cutaneous (9.7%). The main localizations during hospitalization were pulmonary (34.4%), urinary tract (25.8%), spontaneous bacterial peritonitis (14.0%), and bacteremia (8.6%%). The incidence of multidrug-resistant (MDR) organisms was 11.2% at admission and 10.3% during hospitalization, while the incidence of extensively drug-resistant (XDR) organisms was 1.4% and 4.7%, respectively. The presence of infection was associated with higher mortality (sub-distribution hazard ratio [sHR] 1.92, 95%CI:1.56–2.37; p<0.001). In a competing-risk model adjusted by age, sex, MELD, and ACLF grade, the infections were independently associated with mortality (sHR 1.33, 95%CI:1.02–1.75; p=0.037).

Conclusions: Infections during an AH episode are frequent and independently associated with mortality in Latin America. However, the incidence of multidrug-resistant organisms was lower than in other regions. Efforts should be made to prevent, diagnose, and adequately treat infections in AH.

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O-7 CURRENT PRACTICE OF LIVER TRANSPLANTATION IN LATIN AMERICAN COUNTRIES: AN ALEH INTEREST GROUP SURVEY 2023

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Introduction and Objectives: Little is known about current practice of liver transplantation (LT) in Latin American countries (LATAM). This study aimed to describe LT activity, immunosuppression protocols and policies regarding prophylaxis of cytomegalovirus (CMV) infection and hepatitis B virus (HBV) recurrence in different active LATAM centers.

Materials and Methods: A web-based survey with 20 questions regarding LT practice was sent to all members of ALEH LT SIG in December 2022.

Results: 22 centers performing 35 [5-160] LT per year from Brazil (n=5), Argentina (n=4), Chile (n=4), Ecuador (n-2), Mexico (n=2), Colombia (n=1), Costa Rica (n=1), Peru (n=1), Dominican Republic (n=1) and Uruguay (n=1) answered the survey. Tacrolimus, mycophenolate and prednisone was the main immunosuppressive regimen employed by most (72%) centers and 81% of them referred basiliximab use for induction therapy in selected patients. Tailoring of immunosuppression was universally accepted, particularly in autoimmune hepatitis (AIH) (59%), hepatocellular carcinoma (54%) kidney dysfunction (77%) and primary biliary cirrhosis (33%). Weaning of corticosteroids at three, six and 12 months after LT was reported, respectively, by 41%, 36% and 23% of the centers, but policy for lifelong corticosteroid use in AIH-transplanted subjects was commonly observed (90%). Just four centers are currently performing protocol liver biopsies, while 18 of them are considering liver biopsy prior to steroid pulse therapy. HBIG and nucleos(t)ide analogs are used in most instances (73%) for HBV recurrence prevention, whereas CMV infection prophylaxis was shown to vary sharply across centers. Of note, all but two of them referred major changes in LT practice over the years due to economical restraints.

Conclusions: Compliance with standard of care recommendations for management of LT was reported by most centers. Heterogeneity in practices regarding HBV infection recurrence and CMV prophylaxis may reflect local financial restraints and point to the importance of developing ALEH guidelines to encourage LT activity in LATAM.

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O- 8 PNPLA3 RS738409 C>G POLYMORPHISM IMPACT ON HCV-RELATED HCC DEVELOPMENT IN THE BRAZILIAN POPULATION: PRELIMINARY RESULTS

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Introduction and Objectives: The PNPLA3 rs738409 C>G polymorphism has been associated with hepatocellular carcinoma (HCC) and liver cirrhosis regardless of the etiology, although the association was stronger with non-viral etiologies. However, the influence of PNPLA3 polymorphism on Hepatitis C Virus (HCV) and whether this polymorphism could be a risk factor for HCV-related HCC is not well defined. We aimed to evaluate the influence of the PNPLA3 rs738409 C>G polymorphism on the risk of HCC occurrence in HCV patients in Brazil.

Materials and Methods: This study included 90 patients with HCV-related cirrhosis and HCC who underwent liver transplantation or resection at a tertiary center in Brazil and 111 patients non-HCC with HCV-related cirrhosis, as the control group. The rs738409 polymorphism was detected in the DNA extracted from patients' blood samples using the TaqMan assay. All clinical data were collected using the Research Electronic Data Capture (REDCap) tool. The statistical analyses were performed using Jamovi software version 2.3.23.

Results: In the HCV+HCC group there was a higher proportion of male gender (79.1% vs. 45.9%, p<0.001), history of alcoholism (80.5% vs. 22.5%, p<0.001) and smoking (68.9% vs. 25.2%, p<0.001), however there was no statistical difference in age (p=0.519) and BMI (p=0.403) between both groups. The genotype frequencies of the rs738409 polymorphism in the HCV+HCC group was CC 41,2% CC and CG/GG 58,8% vs. controls CC 49,5% and CG/GG 50,5%. The presence of the G allele was not an independent factor associated with the risk of HCC occurrence (r=0,199, p=0.53).

Conclusions: Even in an admixed population such as the Brazilian, there was no association between the PNPLA3 rs738409 C>G polymorphism and the risk of developing HCV-related HCC, as previously shown in published studies in caucasian and oriental population.

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O-9 PRESENCE OF METABOLIC ASSOCIATED LIVER DISEASE IN AUTOIMMUNE HEPATITIS IS ASSOCIATED WITH ADVANCED LIVER FIBROSIS

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Introduction and Objectives: Metabolic associated liver disease (MAFLD) is one of the most frequent causes of chronic liver disease worldwide. Steatohepatitis is a major risk factor for fibrosis and its progression. MAFLD might be present in other causes of chronic liver damage, such as autoimmune hepatitis (AIH). There is scarce information of the role of MAFLD in fibrosis in patients with AIH. This study aimed to describe frequency of steatosis, steatohepatitis and fibrosis in AIH liver biopsies and the impact of steatosis and steatohepatitis on fibrosis severity and survival.

Materials and Methods: Observational, retrospective study of liver biopsies performed prior to initiation of immunosuppressive therapy, between 2014 and 2019. Presence of steatosis, steatohepatitis and fibrosis was recorded. Alcohol and other etiologies of liver disease were excluded. Clinical data was obtained from electronic charts and outcome variables by telephone contact. Chi2 and exact Fisher test and Odds Ratio (OR) were performed ($p < 0.05$ considered statistically significant).