

Of 22 HCV antibody positive people without RNA confirmation, 10 were contacted and RNA was requested (results pending).

Treatment prescription increased from 67 to 76% of HCV chronically infected RNA confirmed patients.

Conclusion: Strategy implementation was successful improving access to treatment.

Active testing is the next step plan to overcome the barrier of patient unawareness of HCV infection.

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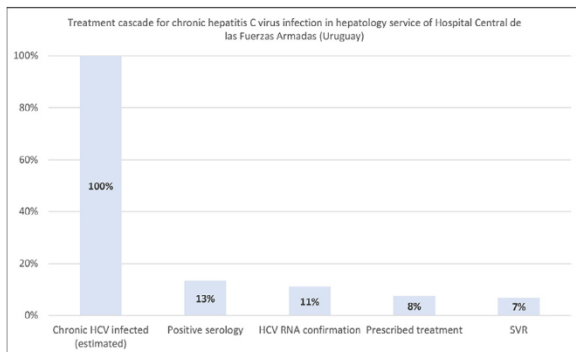


Fig. 1. Treatment cascade for chronic hepatitis C virus infection in hepatology service of Hospital Central de las Fuerzas Armadas (Uruguay)

P-85 USE OF LOW DOSES OF GENERIC TACROLIMUS AND THERAPEUTIC LEVELS IN LIVER TRANSPLANT PATIENTS: RESULTS FROM A SINGLE CENTER IN PERU

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Introduction: Tacrolimus is the basis of immunosuppressive treatment in liver transplantation, with dosages of blood levels to ensure adequate graft function. In Peru, since 2005 generic tacrolimus has been used exclusively in all transplant centers due to lower costs. There are no presentations (0.5 mg), necessary for its use in a group of transplanted patients who require low doses of the drug.

Objectives: To show the results of the use of low doses (<2 mg/day) of generic tacrolimus, using 0.5 mg capsules and measure tacrolimus blood levels in correlation to the time of transplantation and the frequency of liver graft rejection, toxicity, or infections in this group of patients.

Methods: Observational, descriptive, cross-sectional, and retrospective study. Demographic data, transplant time, dose and blood levels of tacrolimus, rejection, and adverse effects were obtained from electronic medical records from October to December 2020. Inclusion criteria: adults, doses: <2 mg/day, > 3 months use of generic tacrolimus (NORGRAF: The Madras Pharmaceuticals, India) using 0.5 mg capsules, prepared by the Pharmacy Service at the Guillermo Almenara Hospital. Exclusion criteria: Pediatrics, retransplant,

combined transplant. Statistical analysis and processing was using SPSS 23.

Results: Eleven of 246 patients (4.52%) were identified. All patients had blood levels within the therapeutic range in relation to transplantation time and graft function. Average daily dose: 1.3 mg (0.5-1.5 mg /d). Average blood levels: 5.82 ng/L (3.57-10.3 ng / ml). Average transplant time: 73 months (3-120 months). There were no rejection episodes or adverse effects of nephrotoxicity, neurotoxicity, or infections.

Conclusion: The use of low doses of generic tacrolimus (<2 mg/d), using 0.5 mg capsules prepared by the Pharmacy service, allows for the proper adjustment of the daily dose of immunosuppression, obtaining therapeutic success in the prevention of cellular graft rejection, especially in long-standing liver transplant patients without presenting toxicity.

	Patients N	Daily dose(mg/día)			Blood level(ng/L)			Transplant Time (months)		
		X	SD	Me	X	SD	Me	X	DS	Me
Total	11	1.3	0.25	1.5	5.82	2.11	5.46	73.2	29.25	78
Male	8	1.4	0.23	1.5	6.13	2.32	6.17	63.1	26.50	68
18-39 y	1	1.5			9.45			74		
60-79 y	7	1.4	0.24	1.5	5.65	2.05	5.46	61.6	28.24	62
Female										
40-59 y	3	1.2	0.29	1.0	4.99	1.42	5.00	100	18.33	96

Table. Characteristics of patients, doses, blood levels and transplant time

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P-86 MELD SCORE AND EARLY EXTUBATION IN THE INTENSIVE CARE UNIT AFTER LIVER TRANSPLANTATION: 20 YEARS EXPERIENCE IN A SINGLE CENTER IN PERU

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Introduction: Liver transplantation (LTx) is an effective therapy and is the only definitive treatment for acute and chronic liver diseases in selected patients. Time on mechanical ventilation and early extubation after liver transplantation (LTx) influences in morbidity and mortality and is a prognostic factor for early complications after transplantation.

Objectives: To show the MELD score and the tracheal extubation time in the immediate postoperative period after liver transplantation.

Methods: Descriptive, retrospective study. The medical records of 209 adult liver transplant patients were reviewed, carried out from March 23, 2000 to November 30, 2020, treated in the Intensive Care Unit (ICU) by the Transplant team at the Guillermo Almenara National Hospital in Lima, Peru. Inclusion criteria: adults over 18 years old, exclusion criteria: under 18 years old, fast track in the operating room, double transplant, SPLIT, Domino technique.

Results: In 146 of 209 patients (69.9%) we performed successful tracheal extubation < 1 day: 31 patients (14.8%), 1-3 days, 26 patients (12.4%) 4-7 days, > 7 days:(0.47%). The MELD score did not have any impact in the time of tracheal extubation in ICU in the diferents groups In our study.