

P-114 LIVER TRANSPLANTATION FOR NON-ALCOHOLIC STEATOHEPATITIS: OUTCOMES IN THE MAIN TRANSPLANT CENTER IN PERU

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Introduction: Actually, Metabolic associated Fatty Liver Disease (MAFLD) is the most prevalent liver disease in the world and Non-Alcoholic Steatohepatitis (NASH) cirrhosis is the main indication for liver transplantation (LTx).

Objective: To describe the frequency, characteristics, and outcomes of liver transplantation for patients with NASH in the main transplant center in Lima, Peru.

Methods: We analyzed data from liver transplant patients from March 2000 to December 2020 using the electronic data. A sample of 89 patients was selected from a total of 286 liver transplants. Inclusion criteria: Patients with Liver biopsy performed 12 months after LTx. Patients under 14 years of age or those who had hepatic steatosis with an etiological diagnosis of virus C or post-transplant alcohol consumption were excluded.

Results: The most frequent etiologies of liver cirrhosis in transplant patients in general were NASH, Autoimmune Hepatitis and Alcoholic liver disease: 34.83%, 19.10% and 12.36% respectively, with a mean BMI of 25.68 (SD=4.48). In pre transplant setting: NASH had a BMI of 28.38 (SD=4.44) and those who did not have 24.39 (SD=3.91). 32.58% (n=29). NASH post-transplant recurrence: 23.60% (n=21) and only 8.99% (n=8) mild steatosis. The recurrence of NAFLD and NASH was 62.07% (n=18) and 61.90% (n=13) respectively, while the presentation of NAFLD and NASH de novo was 37.93% (n=11) and 38.10% (n=8).

Conclusions: The prevalence of NASH post-liver transplantation is high in Peru. Post-transplant MAFLD/NASH recurrence was higher than de novo cases and BMI was high in this group.

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P-115 MANAGEMENT AND OUTCOME OF LIVER ABSCESS AFTER LIVER TRANSPLANTATION: EXPERIENCE OF A SINGLE CENTER IN PERU

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Introduction: Liver abscesses are a rare and serious complication in liver transplantation associated with hepatic artery thrombosis, biliary stenosis, choledocho-jejunostomy, cholangitis, living donor liver transplantation, Split liver, DCD, liver biopsy and diabetes.

Objectives: To show the experience in the diagnosis, treatment, and results of liver abscesses in liver transplant patients in 20 years in the Transplant Department of the Guillermo Almenara National Hospital. EsSalud.

Methods: Descriptive, cross-sectional, retrospective study. We reviewed the demographic data and the clinical characteristics, type of graft, donor, time of transplantation, size, and number of lesions, as well as isolated germs, use of antimicrobials, treatment, and mortality.

Results: Twelve patients were identified in 303 liver transplants (3.96%). The average age was 57 years. Symptoms: fever, pain, general malaise. Abnormal liver function test: 50% and 90% had elevated GGTP. Acute kidney injury in 6 cases (50%). Hospital staying: 32 days (4-135). Liver abscess developed at 63 months on average. Size 8 cm (2-23 cm). One lesion: 9 (75%); the most compromised liver segment was VI and VIII: Choledocho-jejunostomy: 83%. Biliary strictures (5 cases 41.6%); 2 related to hepatic artery thrombosis, 2 hepatic artery stenosis, and one case related to TACE. Treatment: Cultures: E. Coli and candida. Antibiotics: Carbapenem and vancomycin. Surgical drainage (1, 8.3%) and percutaneous drains (11, 91.6%) were performed. Mortality was 8.3% (1 case: related to the abscess)

Conclusions: The results of our experience show a similar prevalence to other studies, we found no relationship with the indication for transplantation, 80% of the cases occurred in the first 100 days, the main risk factors were biliodigestive diversion, vascular and biliary complications; Most of the treatment was by percutaneous drainage and antibiotic treatment lasted 4 to 6 weeks.

	No	%
Trombosis Arteria Hepática	3	25
Estenosis biliar	3	25
Derivación biliodigestiva	10	83.3
Colangitis	3	25
LDLT	0	0
SPLIT liver	0	0
DCD	0	0
Liver biopsy	1	8.3
DM II	1	8.3

VIA	CAUSA	No	%
ASCENDENTE	ESTENOSIS AH	2	16
	TROMBOSIS AH	1	8.3
	ESTENOSIS BILIAR	5	41.6
	COLANGITIS	1	8.3
	TACE	1	8.3
PORTAL	GECA	1	8.3
SISTEMICA	NEUMONIA	1	8.3
CONTIGUIDAD	NINGUNA	0	0

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P-116 PREGNANCY AFTER LIVER TRANSPLANTATION: OUTCOMES IN PERU

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Introduction: Pregnancy after liver transplantation has favorable results, but maternal and graft risk, optimal immunosuppression (IS), and fetal outcomes are described.

Objective: To show our outcomes of pregnancy after liver transplantation