

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

Saúl Espinoza¹, Martín Padilla^{1,2}, Julia Sumire³, Bertha Cárdenas¹, Carmen Cerrón¹, Omar Mantilla¹, Jose Rivera¹, Alfonso Solar¹, Wilmer Bacilio¹, Carlos Rondon¹

¹ Departamento de Trasplantes Hospital Nacional Guillermo Almenara, EsSalud, Lima, Perú

² Departamento de Medicina. Universidad Nacional Mayor de San Marcos

³ Servicio de Anatomía Patológica, Hospital Nacional Guillermo Almenara, EsSalud, Lima, Perú

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

Augudberto Montufar¹, Carlos Rondón², Bacilio Wilmer¹, Omar Mantilla¹, José Rivera¹, Alfonso Solar¹, Bertha Cárdenas¹, Carmen Cerrón¹, Saul Espinoza¹, Martín Padilla^{1,2}

¹ Departamento de Trasplantes Hospital Nacional Guillermo Almenara, Lima, Perú

² Departamento de Medicina, Universidad Nacional Mayor de San Marcos, Lima, Perú

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

Bertha Cárdenas Ramírez¹, Martín Padilla-Machaca P.^{1,2}, Omar Mantilla Cruzatti¹, José Rivera Romani¹, Alfonso Solar Peche¹, Carmen Cerrón Cabezas¹, Saul Espinoza Rivera¹, Augudberto Montufar Valer¹, Carla Llorente Zavaleta³, Carlos Rondón Leyva¹

¹ Departamento de Trasplantes, Hospital Nacional Guillermo Almenara, EsSalud, Lima, Perú

² Departamento de Medicina-Universidad Mayor de San Marcos-Lima Perú

³ Depatameteo de Gineco obstetricia -Servicio de Alto Riesgo, Hospital Nacional Guillermo Almenara, EsSalud, Lima, Perú

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

Materials and Methods: This is a case series study. We conducted a retrospective review of liver transplant recipients who had received prenatal care at Guillermo Almenara Hospital between March 2001 and February 2021

Results: During the study period, 286 patients underwent liver transplantation. There were 45 women (15 %) in childbearing age (15–45 years old), and 7 (15%) of them became pregnant during the study period.

There was a total of 7 pregnancies. The mean age of patients at the time of transplant was 31.7 ± 4.5 years, and the mean interval between transplant and conception were 16.6 (IQR 38, 25 % <11.6 meses). There were 5 live births (71.4%), 1 spontaneous miscarriage (14 %), and one fetal death at 22 weeks. Median gestational age at delivery was 34.8+4.21 weeks (range, 29–39), and the median birth-weight was 2483 g (range, 1350–3060 g). Prematurity occurred in 3 (60 %) neonates, and 3 (60 %) neonates were adequate birth weight. Apgar scores were ≥7 in 100 %.

All the pregnant has an immunosuppressive regimen base in tacrolimus. One pregnant with chronic rejection had a newborn with good evolution.

Conclusions: The Pregnancy after liver transplantation had a favorable outcome in most of our cases, but there are still serious risks to the mother and the fetus. The Evaluation and follow-up must involve a multidisciplinary team.

Key Words: LIVER TRANSPLANT, PREGNANCY, TACROLIMUS

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P-117 LOW PREVALENCE OF HEPATITIS B AND C AMONG PEOPLE LIVING IN POVERTY IN NORTHEAST BRAZIL

Livia Melo Villar, Aline Borges Cardoso, Juliana Custódio Miguel, Elisangela Ferreira da Silva, Julia Trece Marques, Giselle Prado do Nascimento, Barbara Vieira do Lago

¹ *Viral Hepatitis Laboratory, Oswaldo Cruz Foundation, Rio de Janeiro, Brazil*

Introduction: Hepatitis B and C infection are responsible for more than 300 million of chronic liver disease patients all over the world. One goal of WHO 2030 agenda is the eradication of hepatitis B and C. However poverty is a great obstacle to achieve this goal. In Brazil, more than 13 million of people live in poverty (PLP) and could be vulnerable to HBV and HCV.

Objectives: This study aims to determine HBV and HCV prevalence and analyze the response to HBV vaccination by measuring anti-HBs antibodies in serum samples from PLP.

Methods: This was a cross-sectional study carried out in rural settlement in the municipality of Sao Joao do Piaui, Northeast Brazil in March and July 2019. Participants were recruited in their homes and after signing the informed consent, they gave blood samples. A commercial ELISA was used for measurements of antibodies against i) hepatitis B surface antigen (anti-HBs) and ii) hepatitis B core antigen (HBc) and of the hepatitis surface antigen (HBsAg). Nearly half of the population was female (51.0%). The mean age was 36.2±20.4 years, and about 43.2% received a monthly income of approximately \$35.00 USD. Most are self-declared black or mixed race (81.9%), were married (50.1%), 15.5% was illiterate and 25.8% had a maximum of six years of formal schooling. Overall zero positivity for HBsAg, anti-HBc and anti-HBs determined by ELISA was 0.2%, 5.1 % and 43.9%, respectively. Anti-HBs reactivity was not associated with monthly income and schooling. Low rates of vaccination against hepatitis B were found among PLP in Northeast Brazil, highlighting the need for

preventive actions towards this population segment, vulnerable and a potential disseminator of this infection. Strategies to increase HBV vaccination will be essential to eradicate hepatitis B and achieve the goals of WHO 2030 agenda. Report the levels of biochemical markers in CLD patients with or without COVID-19 to give more information that could help clinical monitoring.

Study was approved by Brazilian Ethics Committee. Blood samples were collected after signed informed consent.

Results: Most of individuals were male 56% (37/66) and mean age of population was 49±17 years. Six out 66 CLD patients were SARS CoV-2 RNA positive at baseline. At the end of follow-up, all of these 6 patients achieved SARS-CoV-2 clearance. At least once during follow-up, the CLD group versus CLD/COVID-19 group, 48% (29/60) vs. 17% (1/6) (P=0.2) had abnormal alanine aminotransferase; 47% (28/60) vs. 17% (1/6) had abnormal aspartate aminotransferase (P=0.21); 60% (36/60) vs. 67% (4/6) had abnormal γ -glutamyl transferase (P=1.00), 32% CLD patients (19/60) had abnormal total bilirubin levels vs. none of the CLD/COVID-19 group (P=0.17).

Conclusions: Previous liver disease did not seem to increase the biochemical levels, except GGT, during COVID-19 infection. However, liver function monitoring is still essential for both COVID-19 patients with and without liver disease.

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P-118 NONINVASIVE PARAMETERS OF PREDICTORS OF ESOPHAGEAL VARICES (EV) IN CHILDREN WITH INTRAHEPATIC PORTAL HYPERTENSION

Marina R. Adam¹, Carlos Oscar Kieling¹, Guedes Renata Rostirola¹, Sandra MG Vieira^{1,2}

¹ *Hospital de Clínicas de Porto Alegre: unidade de gastroenterologia e hepatologia pediátrica*

² *Universidade Federal do Rio Grande do Sul; departamento de pediatria*

Introduction: Children with portal hypertension (PH) are at risk for variceal bleeding. The standard test for screening varices is endoscopy, an invasive method.

Objective: Evaluate noninvasive parameters of predictors of esophageal varices (EV) in children with intrahepatic portal hypertension.

Method: This cross-sectional study included 168 children with no history of GI bleeding who underwent the first screening endoscopy for EV (mean age: 8.3±4.7 years). Patients were classified into two groups: G1: Child-Pugh A and G2: Child-Pugh B and C. The noninvasive methods assessed were: 1) platelet count; 2) spleen size; 3) spleen size z score; 4) platelet count/spleen size ratio; 5) platelet count and spleen size z score ratio; 6) platelet count and equivalent adult spleen size ratio; 7) APRI; 8) CPR; 9) Risk score and 10) King's variceal prediction score. Continuous variables were expressed as the median and interquartile range (25%-75%) and compared using the Mann-Whitney test. The distribution of variables was analyzed through the chi-square test, with Fisher exact test, 2tailed. ROC curve analysis was used to calculate diagnostic accuracy as areas under the curve (AUROC); 95%confidence intervals (CI). The significance was considered when P<0.05.

Results: The incidence rate of EV was: G1 49.4% (44/89) and G2 64.6% (51/79) (OR 1.86-95% CI 1.001-3.47). The significant predictor of EV for G1 was the Risk score: OR 0.813 (95% CI 0.723-0.903) and for G2, platelet count/spleen size z score: OR 0.849 (95% CI 0.756-0.943).

Conclusions: The noninvasive predictors of EV varied according to the severity of the disease. **The Risk Score forecasted EV in**