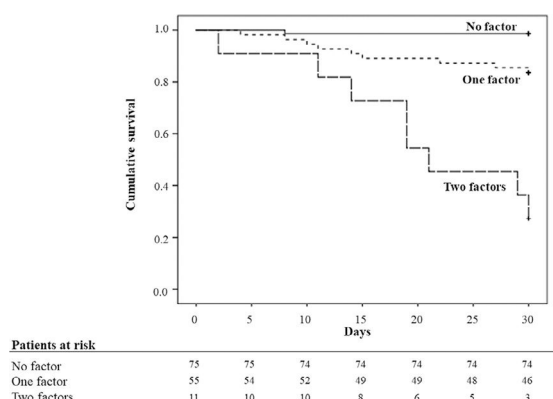


Conclusions: The combination of the serum calprotectin and CLIF-C ADs may be useful in clinical practice to identifying patients with acute decompensation of cirrhosis and a very low 30-day survival rate.



<https://doi.org/10.1016/j.aohep.2021.100437>

P-75 UPDATE OF CLINICO-EPIDEMIOLOGICAL CHARACTERISTICS OF PRIMARY BILIAR CHOLANGITIS IN URUGUAY

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Introduction: Primary biliary cholangitis (PBC) is an autoimmune cholestatic liver disease of increasing prevalence, female-predominant, and usually diagnosed in the fifth decade of life.

Objective: To update the description of clinico-epidemiological characteristics of a series of Uruguayan patients diagnosed with PBC.

Methods: Descriptive, multi-centric study including Uruguayan patients diagnosed with PBC (at least two of the following criteria: biochemical cholestasis, autoantibodies —AMA, antinuclear with anti-centromere, sp100, or gp210 patterns— and compatible liver biopsy). Age, sex, symptoms, associated diseases, laboratory, imaging, histological and elastography parameters were recorded in the diagnosis.

Results: One hundred twenty-nine patients (81 belonging to the first report), 93% female, with an average age of 57 years old (23 - 81) were included. Sixty-nine percent had at least one symptom and 59% had pruritus. Eighty-three percent were AMA-positive and in 41% of patients one or more associated diseases were confirmed. (Table). Histological studies were available in 40 patients (31%), 26 (65%) of which had advanced liver fibrosis or cirrhosis. Elastography was available in 6 patients, 2 of which (33%) were diagnosed with cirrhosis. Six patients (5%) were diagnosed with cirrhosis due to presence of ascites. The global survival rate was 84%. Survival depending on the presence or absence of symptoms was 251 months (95% CI, 229 - 274) and 241 months (95% CI, 238 - 275) respectively ($p>0.05$). Median survival for cirrhotic patients was 201 months (CI 95%, 160 - 242) versus 191 (CI 95%, 172 - 210) for non-cirrhotics ($p>0.05$).

Conclusions: As previously reported, female prevalence and frequent association with other diseases —mainly autoimmune— remain. The presence of symptoms or cirrhosis showed no association with survival.

	n	%
Symptomatic	90	69
Pruritus	76	59
Asthenia	45	35
Hyperpigmentation	18	14
Jaundice	23	18
Xanthomas	4	3
Associated diseases	53	41
Sjogren	22	17
Hypothyroidism	39	30
Scleroderma	8	6
Raynaud	15	12
Rheumatoid arthritis	10	8
Vitiligo	4	3
Celiac Disease	5	4
Overlap HAI	6	5
Osteoporosis	19	15
Osteopenia	26	20
Breast neoplasm	1	1
Recurrent urinary infections	6	5

<https://doi.org/10.1016/j.aohep.2021.100438>

P-76 PROGNOSTIC FACTORS FOR SEVERITY AND MORTALITY IN COVID-19: ARE LIVER TESTS IMPORTANT?

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Introduction: The identification of prognostic factors related to worse outcomes in the coronavirus disease (COVID-19) is essential in the care of this challenging disease.

Objectives: To identify prognostic factors that may help in decision-making related to patients' care with COVID-19.

Methods: This retrospective observational study included confirmed COVID-19 patients hospitalized in a private Brazilian hospital between March and September/2020. The following variables were analyzed: age, gender, comorbidities, admission laboratory data (leukocyte, lymphocyte and platelet count, D-dimer [DD], C-reactive protein [CRP], aspartate aminotransferase [AST], alanine aminotransferase [ALT], and total bilirubin [Bb]) and during follow-up (DD, CRP, AST, ALT, Bb). The severity of disease was evaluated according to the extension of pulmonary infiltration by CT scan at admission, classified as mild (<25%), moderate (25%-50%) or severe (>50%), and by mechanical ventilation need.

Results: 414 patients (63% males, aged 61) were included. The main comorbidities were arterial hypertension (54%) and diabetes mellitus (34%). Typical pulmonary involvement was present at admission in 318 patients: 51% mild, 39% moderate, 10% severe. 65% of patients were admitted to ICU and 25% needed mechanical ventilation. The mortality rate was 20.4%. Admission DD values ($p=0.012$), Bb ($p=0.039$), need for mechanical ventilation ($p<0.001$) and the extension of lung infiltration ($p<0.001$) were associated with mortality. During follow-up, the peak of DD (AUROC=0.875), CRP (AUROC=0.875), AST (AUROC=0.820) and Bb (AUROC=0.804) were significantly associated to mortality and the peak levels of DD ($p=0.019$), AST ($p=0.039$),