

tests, procedures, and treatments. This philosophy is of utmost importance in managing viral hepatitis (VH), increasingly carried out by primary care physicians. Objective: To propose evidence-based CW recommendations in VH.

Methods: The Brazilian Society of Hepatology (SBH) selected a panel of experts in VH who selected evidence-based CW recommendations, which were subsequently scrutinized and ranked by all members of SBH using a web-based approach. Results: Eight recommendations were chosen in order of importance, including 1) Do not order anti-HCV testing after achieving sustained virological response; 2) Do not request serial HCV viral load to evaluate HCV progression; 3) Do not add ribavirin to direct-acting antivirals in non-cirrhotic, naïve HCV patients; 4) Do not screen for hepatocellular carcinoma in HCV patients with none to moderate fibrosis; 5) Do not request anti-HBs after HBV vaccination, except for children born to HBV-infected mothers, hemodialysis patients, healthcare professionals, sexual contacts of chronic HBV carriers, HIV-positive persons and immunocompromised individuals (hematopoietic stem-cell transplant recipients or persons receiving chemotherapy); 6) Do not order complete HBV serology for screening HBV infection; 7) Do not order complete HBV serology for evaluation of acute hepatitis B; 8) Do not treat chronic hepatitis B based on a single ALT and viral load results, except in cirrhotic patients.

Conclusion: These recommendations defined by SBH may help general practitioners adopt a more rational and cost-effective approach to handling VH cases in Brazil.

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P-80 SEVERELY OBESE PATIENTS HAD HEPATIC FIBROSIS EVEN WITHOUT METABOLIC SYNDROME

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Introduction: Metabolic Associated Fatty Liver Disease (MAFLD) is a clinic-pathological condition commonly associated with metabolic syndrome (MS) and this association is frequently found in severely obese.

Objective: To compare clinical and histological characteristics of MAFLD in obese with and without MS.

Methodology: Cross-sectional study with severely obese patients diagnosed with MAFLD between Sep/2014 and May/2015. MAFLD was diagnosed by liver biopsy during bariatric surgery. MS diagnosis was based on the International Diabetes Federation criteria. Statistical analyses were performed using chi-square and t tests. $P < 0.05$ were considered significant.

Results: Table 1 shows clinical and histological characteristics of the patients according to the presence of MS.

Conclusion: The results reinforce the relevance of evaluating NAFLD in severely obese by histology. In this sample of obese with MAFLD had hepatic fibrosis, even those without MS.

Characteristics	Total 170 (100%)	Metabolic Syndrome		p
		Yes 95 (55,9%)	No 75 (44,1%)	
Women	102 (60,0%)	52 (54,7%)	50 (66,7%)	0,115
Age (years) ⁽¹⁾	37,1 (10,7)	39,7 (10,8)	33,8 (9,9)	<0,001
	43,2 (5,3)	44,4 (5,9)	41,6 (4,0)	<0,001

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Characteristics	Total 170 (100%)	Metabolic Syndrome		p
		Yes 95 (55,9%)	No 75 (44,1%)	
Body Mass Index (kg/m²) ⁽¹⁾				
Arterial hypertension	82 (48,2%)	68 (71,6%)	14 (18,7%)	<0,001
Dyslipidemia	138 (81,7%)	88 (93,6%)	50 (66,7%)	<0,001
Dysglycemia	69 (40,6%)	65 (68,4%)	4 (5,3%)	<0,001
Diabetes mellitus	20 (11,8%)	20 (21,1%)	-	<0,001
Insulin resistance ⁽²⁾	93 (72,7%)	55 (84,6%)	38 (60,3%)	0,002
Histology				0,006
Isolated steatosis	31 (18,2%)	10 (10,5%)	21 (28,0%)	
NASH + NASH F1	108 (63,5%)	63 (66,3%)	45 (60,0%)	
NASH F2 + NASH F3	31 (18,2%)	22 (23,2%)	9 (12,0%)	
Any kind of fibrosis	131 (77,1%)	80 (84,2%)	51 (68,0%)	0,013

NASH: Nonalcoholic steatohepatitis; F1: Grade 1 fibrosis; F2: Grade 2 fibrosis; F3: Grade 3 fibrosis. ⁽¹⁾ Mean and standard deviation; ⁽²⁾ Diabetic patients were excluded from analysis.

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P-81 ALTERNATIVE THERAPIES FOR DIFFICULT-TO-TREAT AUTOIMMUNE HEPATITIS: AN EXPERIENCE OF THREE BRAZILIAN REFERRAL CENTERS

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Introduction: 15% of patients with autoimmune hepatitis (AIH) are refractory to usual treatment. The management of these cases is still challenging.

Aims: To evaluate the efficacy and safety of cyclosporine (CYA), mycophenolate (MMF) and tacrolimus (FK).

Methods: This is a retrospective study with alternative therapies (AT) for non-response or intolerance to azathioprine (AZA) and prednisone (PD). Biochemical remission (BR) was defined as the normalization of AST and ALT; and histological remission (HR) as periportal activity 0/1 or histological activity index <4 after at least 18 months of BR. Liver enzymes before and after AT were compared by Wilcoxon Test and categorical variables by Chi-square test; p value ≤ 0.05 was significant.

Results: 60 patients (88.3% female, 86.7% type 1 AIH). At diagnosis 56.7% had cirrhosis, 15% ascites. AZA+PD was the initial regimen in 75%. The median time AT onset was 2.23 yr. AT was introduced due to absence of BR (26.7%), absence of BR + adverse effects (AE) of AZA (11.7%), of AZA/PD (50%), BR without HR (6.7%) and liver dysfunction (3.3%). The main AE were from AZA: hepatotoxicity (10), gastrointestinal intolerance (10) and cytopenias (8). At AT onset, 65% were using AZA+PD. AT were MMF+PD (36.7%) and CYA+AZA±PD (30%). After 6 and 12m of AT there was significant drop in AST/ALT/γGT. BR and HR were achieved in 53.3% and 8.3% respectively. In those with BR, HR occurred in 15.6%. Cirrhosis at diagnosis resulted in lower BR. AD was used for a median of 2.7 yr; 28% had AE (gingival hyperplasia, infection and diarrhea). AT were withdrawn in 33.3%: non-response (5), liver dysfunction (4), AE (4), HR (3), infections (2), pregnancy (1) and loss of follow-up (1). Five patients transplanted and 1 died.

Conclusions: Although BR was acceptable in difficult-to-treat AIH, HR was low and AT was withdrawn due to non-response in 8% and liver dysfunction in 6.6%. AT were well tolerated, with few AE. Prospective studies with a larger sample size are still needed.

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