

caused by *E. Coli*, *Citrobacter spp.*, and *Staphylococcus aureus* was present in three patients, an outcome that was not identified in the study population. The mortality rate was 28.5%. The mortality rate was higher than Webb *et al* 1 (18%) and other studies where rates were reported from 12% to 18%, and where the white population was predominant.

The therapy provided in our institution was focused on tapering the immunosuppressive therapy attached with the use of dexamethasone. This treatment was given to six patients [4].

Conclusion: Our rate of mortality was higher compared with other similar studies. However, further future studies should include outcomes in the Hispanic population due to the social factors in addition to genetic factors that could be involved in higher mortality in ICU. Also, taking into account the increase in the number of cases, the follow-up of patients with liver diseases by telephone contact with transplant centers should be considered.

Uncited references: [2,3,5]

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P-98 BIOCHEMICAL MAKERS AMONG CHRONIC LIVER DISEASE PATIENTS ACCORDING COVID-19 INFECTION: A FOLLOW-UP STUDY

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Introduction: Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has spread rapidly around the world, posing a major threat to human health and the economy. Chronic Liver disease (CLD) patients could be at high risk for COVID-19. At this moment, there is little data about biochemical variation according to liver disease along to COVID-19 infection.

Objectives: This study aims to report the levels of biochemical markers in CLD patients with or without COVID-19 to give more information that could help clinical monitoring.

Methods: A total of 66 CLD patients were included in this study during year of 2020. Study was approved by Brazilian

Ethics Committee. Blood and respiratory samples were collected after signed informed consent. At baseline and during follow-up, all subjects included in this study underwent routine examination, monitoring of biochemical markers, and SARS-CoV-2 nucleic acid testing with a median follow-up interval of 15 days.

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 these 6 patients achieved SARS-CoV-2 clearance. At least once during follow-up, the CLD group versus CLD/COVID-19 group, 50% (30/60) vs. 33% (2/6) had abnormal alanine aminotransferase; 47% (28/60) vs. 17% (1/6) had abnormal aspartate aminotransferase; 60% (36/60) vs. 67% (4/6) had abnormal γ -glutamyltransferase, 32% CLD patients (19/60) had abnormal total bilirubin levels vs. none of the CLD/COVID-19 group.

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-99 PREVALENCE OF SARCOPENIA IN PATIENTS WITH LIVER CIRRHOSIS. A CROSS-SECTIONAL STUDY AT TEODORO MALDONADO CARBO HOSPITAL

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Introduction: Sarcopenia (S) in liver cirrhosis (LC) is associated with an increased in morbi-mortality. Therefore, identifying it is an important prognostic parameter in the diagnosis of this groups of patients.

Objective: Determine the prevalence of Sarcopenia in patients with Liver Cirrhosis.

Method: Observational, analytical, cross-sectional study.

HTMC AS400 system was performed in a population of 300 patients with LC who attended in the period 2015-2018. One hundred of them met inclusion criteria: (1) LC of any etiology; (2) ≥ 18 years and (3) with an Abdominal CT Scan with transverse section at L3 level. Patients with LC who had other associated serious and/or malignant pathologies were excluded.

To evaluate Sarcopenia, we used the program NIH IMAGEJ that determines the muscle mass index in Hounsfield Units, with cut-off point for: Men $\leq 52.4 \text{ cm}^2/\text{m}^2$ and Women $\leq 38.5 \text{ cm}^2/\text{m}^2$. Results were evaluated using chi-square and Mann-Whitney U (v.3.6.0 Foundation for Statistical Computing; Vienna, Austria).

Results: Baseline characteristics.

Conclusion: Sarcopenia was present in 66% of patients with Liver Cirrhosis. It was significantly predominant in the male gender, but there were no statistical differences with respect to etiology.

Variables	Total n=100 (%)	Sarcopenia n= 66 (%)	No sarcopenia n=34 (%)	p-value
Age (years), mean \pm Std	62.6 \pm 10.9	64.5 \pm 10.6	59.5 \pm 10.9	
G.1:(18-39)	3 (3%)	2 (3.0%)	1 (2.9)	NI
G.2 (40-64)	55 (55%)	31 (46.0)	24 (70.5)	NI
G.3 (≥ 65)*	42 (42%)	33 (50.0)	9 (26.40)	0.0170*
Gender (male), n (%)	53 (53 %)	41 (65 %)*	12 (32 %)	0.0032*
Etiology, n (%)				0
NASH	76 (76.0)	51 (77.2%)	25 (73.5%)	NI
Alcohol	16 (16.0)	11 (16.6%)	5 (14.7%)	NI
HBV/HCV	4 (4.0)	3 (4.5%)	1(2.9%)	NI
Hemochromatosis	1 (1.0)	1 (1.5%)	-	NI
Autoimmune	1 (1.0)	-	1 (2.9%)	NI
Cryptogenic	2 (2.0)	-	2 (2.8%)	NI

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P-101 IMPACT OF COMPLETE AND PREVENTIVE LOCKED-DOWN BEFORE COVID 19 OUTBREAK IN ORGAN PROCUREMENT AND SOLID TRANSPLANTATION IN ARGENTINA: THE WORST HAS NOT YET ARRIVED.

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Introduction: Early preventive strict quarantine due to COVID-19 pandemic was implemented in Argentina since March 20th, 2020. Transplant societies and organ procurement organizations were challenged to face this complex scenario and sustain organ donation and transplantation activity.

Objectives: We evaluated the impact of complete and preventive lockdown in organ procurement and transplantation before the COVID-19 peak onset.

Materials and Methods: We analyzed prospectively collected data from the National Report Agency (INCUCAI). By constructing time series, we compared donation and transplant rates from the years 2010 to 2020, during a same monthly-period between March 3rd and July 20th. We evaluated the effect of preventive lockdown before the peak of COVID-19 curve. Donation rates per million population in these months were also registered for each year. Transplant accessibility was calculated, dividing the total number of transplants and the total number of listed patients.

Results: The preventive lockdown was associated with a 34.5% relative reduction (95% CI 26.9-43.2) in organ procurement when compared to 2010-2019 and significantly reduced comparing 2019 [53.3% (CI 44.6-61.6)]. This scenario was even worse in Buenos Aires

city and its surroundings, the region most affected by COVID-19. During this period, donation per million population rates decreased from 7.8 in 2019 to 3.3 in 2020. This reduction was even higher in the number of deceased and living donor transplants performed comparing 2019 vs. 2020, with a relative reduction of 62.0% (CI 30.8-89.1) and 68.8% (CI 65.7-71.7), respectively.

Conclusions: During this short observation period of 120 days of preventive quarantine, not yet having reached the "peak" incidence of COVID-19, a marked reduction in procurement and transplantation rates were observed. Although waiting list mortality was not significantly modified, transplant access has been significantly reduced, showing a future negative trend on waitlist mortality.

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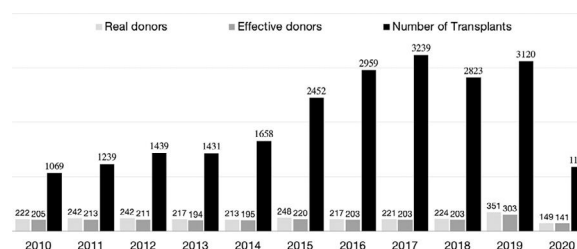


Figure 1: Organ procurement and transplant numbers for years 2010 to 2020.

P-102 EVEROLIMUS IN RENAL DYSFUNCTION IN LIVER TRANSPLANTATION

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Introduction: Post-transplant renal dysfunction (RD) in Liver transplantation occurs 18% at 5 years, mainly due to calcineurin inhibitors (13 to 33%). Nephroprotective strategies include minimization and / or suspension of CNi or conversion to mTOR (everolimus).

Objectives: To evaluate the experience with everolimus in a liver transplant center in Colombia in post-transplant RD.

Methods: A retrospective study of liver transplant recipients was performed between 2013 and 2020 with conversion to everolimus due to RD assessed by creatinine and eGFR (MDRD4). The renal function evolution was evaluated at 6 and 12 months after conversion. The frequency of biopsy - proven acute rejection (BPAP) was determined. The adverse events associated with everolimus were documented.

Results: 301 transplants were performed between January 2013 and June 2020, 66 patients (21.9%) presented RD and required conversion to everolimus, 75% despite minimization of immunosuppression with CNi. Average age of 64 \pm 11.4 years and 54.5% men. 83.3% were in CHILD B and C, MELD score 17 at transplantation. 9 (13%) had hypertension, dyslipidemia 13 (19%) and Diabetes Mellitus 19 (28%). 11 patients (16%) had pretransplantation hepatorenal syndrome. The etiology was cryptogenic cirrhosis and NASH in 30%, hepatitis C 25% and autoimmunity 16%. Basiliximab induction 10.6%. At the time of conversion,

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