

P-16 FIRST MICRO ELIMINATION INTERVENTION OF HEPATITIS B & C IN INMATES OF THE EIGHT PRISONS IN THE PROVINCE OF MENDOZA, ARGENTINA

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Introduction and Objectives: Accessing to a closed population such as prisoners opens a great possibility for controlling HCV infection through treatment with Direct-acting antivirals (DAAs). Introduction. This study aimed to determine HIV, syphilis, HBV and HCV prevalence in the eight penal institution inmates of Mendoza's province to achieve microelimination of viral hepatitis.

Materials and Methods: During 2019, HIV, HCV, syphilis and HBsAg tests were offered to all inmates. In order to characterize risk factors associated with this population, they were given a voluntary self-administered survey on sexual practices, drug use and self-perception of their health status. 4024 out of 4821 subjects were enrolled, 3,899 cisgender-men (83.02%) and 125 cisgender-women (100%); all of them signed informed consent.

Results: Prevalence for anti-HCV, HBsAg, anti-HIV and antiSyphilis were 0,82%, 0,15%, 0,15% and 2,55%, respectively. The average age of patients infected with HCV and HBV was 44 years old. In 31 out of 33 inmates, viral load and genotype were determined. The most prevalent genotype was 1a (71%), followed by 1b (19.3%), 3a (6.5%) and 2a/c (3.2%). 13 out of 31 (42%) received DAAs treatment, of which 9 (69%) had a sustained viral response (SVR), three did not reach SVR, and one is currently under treatment. 10 out of 31 (32%) inmates were lost to follow-up. Eight patients are waiting for their treatments. Only 1 out of 6 HBV-positive inmates had detectable viral load and is under follow-up.

Conclusions: There's a previous study in Argentina's federal prisons (2016) on 2.277 inmates, where HCV and HBV prevalences were higher than ours (3,3% and 0,51%, respectively). Analyzing the local survey response, this gap could be due to the percentage of injection drug use: 3,13% in provincial vs. 6% in federal inmates. Checking for HCV/HBV infections in every new inmate has been adopted as a sanitary policy until nowadays.

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P- 17 FRAILTY AND COVERT HEPATIC ENCEPHALOPATHY IN CIRRHOTIC PATIENTS AT A THIRD LEVEL HOSPITAL IN GUATEMALA

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Introduction and Objectives: In Guatemala, liver cirrhosis has a mortality rate of 41 per 100,000 inhabitants. Diminished physical reserve (frailty) is an important prognostic factor, largely determined by sarcopenia, which in turn has a role in the pathophysiology of hepatic encephalopathy. This study aimed to describe the relationship between frailty and covert hepatic encephalopathy to determine if cirrhotic patients with a higher degree of frailty have a higher probability of encephalopathy.

Materials and Methods: Cross-sectional analytical study with a non-probabilistic registry of consecutive cases with a statistical power of 80% and a confidence level of 90%. Patients with a diagnosis of cirrhosis without evident hepatic encephalopathy and without motor or neurocognitive impairment are included. Frailty status (prediction variable) was measured using the liver frailty index "Liver Frailty Index TM" and the one-minute animal naming test "ANT test" (outcome variable) was performed. These variables were analyzed using the chi square linearity test.

Results: 66 patients with cirrhosis were included, 61% female, with a mean age of 56 years; the main causes of cirrhosis found were alcohol (25.8%), Virus C (19.7%) and liver non-alcoholic fat (16.6%). Only 7.6% of the patients were robust, while 60.6% were pre-frail and 31.8% were frail. 56.1% of the patients presented with covert hepatic encephalopathy. Robust patients presented covert hepatic encephalopathy in 20%, pre-frailty in 55% and frail in 66.7% (p = 0.087), which resulted in a probability of covert hepatic encephalopathy for pre-frailty of 2.75, CI 90% [0.61-12.2] and for frailty 3.33 CI 90% [0.74-14.83].

Conclusions: In cirrhotic patients, frailty confers a greater probability of hepatic encephalopathy.

Table 1. Frailty and covert hepatic encephalopathy

		Covert hepatic encephalopathy				TREATMENT
P- 18 WITH	Faritylty status	Yes		No		
		f	%	f	%	
	Robust	1	20%	4	80%	
	Pre Frail	22	55%	18	45%	
	Frail	14	66.70%	7	33.35	
<i>p value</i> chi square linearity test = 0.087						
PR pre Frail = 2.75, IC 90% [0.61-12.2]						
PR Frail 3.33, IC 90% [0.74-14.83]						

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P- 18 TREATMENT WITH BEVACIZUMAB IN HIGH OUTPUT CARDIAC FAILURE DUE TO SEVERE HEPATIC COMPROMISE IN HEREDITARY HEMORRHAGIC TELANGIECTASIA PATIENTS: OBSERVATIONAL COHORT STUDY

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