

May/2016 and April/2019. Nutrition assessment was performed through SGA and anthropometry (triceps skinfold and mid-arm muscle circumference). Muscle strength was measured by dynamometry. We evaluated the severity of LC with Child-Pugh (CP) and MELD scores.

Results: Chi-square or Fisher's exact test and Mann-Whitney test. The statistical significance value was $p < 0.05$. Four hundred thirty-six patients were evaluated. Women 50.23%, age 59.56 ± 13 years, CP A 69.27%, B 22.25% and C 8.49%, MELD ≥ 15 : 12.85%. SGA and anthropometry were normal in 46.33%. The absolute concordance between SGA and anthropometry was 59.17% ($\kappa = 0.25$). MN was diagnosed by SGA in 36.1%, 77.32%, and 86.48% in CP A, B and C, respectively. MN was diagnosed by anthropometry in 20.53% of those with CP A, 32.99% with CP B and 54.05% with CP C. A significant association was also found according to the MELD score by anthropometry and SGA ($p < 0.0001$). In 109 patients, muscle strength was measured, and it was altered in 30.28%.

Conclusions: High prevalence of MN was observed in patients with LC, even in those compensated. The concordance between SGA and anthropometry was low, so complementary use of both tools would be convenient, as well as early detection of MN, which may allow timely intervention.

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P-53 HELICOBACTER PYLORI INFECTION IN PATIENTS WITH PEPTIC ULCER DISEASE AND CIRRHOSIS OF THE LIVER

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Introduction and Objectives: An increased rate of peptic ulcer disease (PUD) has been described in patients with cirrhosis. Helicobacter pylori (Hp) infection rates are lower than in the non-cirrhotic population. Peru has a high prevalence of Hp infection, but there is no information on this association in our population. This study aimed to study the association between PUD and Hp in patients with cirrhosis.

Materials and Methods: All patients with an endoscopic diagnosis of PUD between 2014 and 2019 at Daniel Carrión Hospital were reviewed. The frequency of Hp infection in patients with PUD with and without cirrhosis was assessed. Statistical differences were accepted with a p value < 0.05 .

Results: A total of 574 patients with PUD were included. 72 (13%) had cirrhosis. In patients with cirrhosis, Hp was positive in 24 (33%); in those without cirrhosis, Hp was positive in 285 (57%), $p < 0.05$. See table 1. In patients with cirrhosis and PUD and Hp positive, 83% were gastric ulcers. Of those without cirrhosis, 55% were gastric ulcers.

Conclusions: There is a lower prevalence of Hp infection in patients with PUD and cirrhosis as compared with no cirrhotic PUD patients.

Table 1.

	PEPTIC ULCER DISEASE HELICOBACTER PYLORI POSITIVE	PEPTIC ULCER DISEASE HELICOBACTER PYLORI NEGATIVE	TOTAL
CIRRHOTIC	24	48	72
NON CIRRHOTIC	285	217	502
TOTAL	309	265	574

P: 0.0001907 OR: 0.3813 0.2235 - 0.6388

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P- 54 HEPATITIS C MICROELIMINATION IN FORMER DRUG USERS

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Introduction and Objectives: Hepatitis C (HCV) infection is a major health problem around the globe. World Health Organization is committed to eliminating viral hepatitis by 2030. The most pragmatic approach to achieve this objective is to break down national elimination goals into smaller targets for individual population segments (microelimination). HCV prevalence in Argentina is about 0.5% in the general population, but there is no prevalence data in the drug users sub-population in our country. This study aimed to present study are 1) to estimate HCV prevalence among drug users in Argentina 2) and to describe clinical and virological characteristics in this community.

Materials and Methods: Cross-sectional study. Eligible patients (pts) were 18 years of age or older with present or past drug use history. Exclusion criteria were refusal to participate in the study, incapacity to understand the informed consent and severe mental illness. Pts were evaluated by a quick visual qualitative assay to detect HCV antibodies (Montebio®: Sensitivity: 99.8% -Specificity: 99.9%) and they were asked to answer a brief questionnaire to evaluate the presence of other HCV risk factors.

Results: Between March 1st, 2021 and October 30th, 2021, 202 eligible pts were identified. We excluded 4 pts (1 because of acute cocaine intoxication and 3 pts refused to participate). A total of 198 consecutive pts were included. Seven pts (3.5%) had a positive qualitative assay result and were further assessed for liver fibrosis, viral load, genotype and co-infections (table 1). Six out of seven pts (86%) did not know that they had had contact with HCV, 4/7 (57%) had positive viremia and 75% of them received antiviral treatment.

Conclusions: HCV prevalence among drug users is higher than in the general population. Microelimination is a useful tool to approach this global health problem.

Table 1.

PATIENT NUMBER	VIRAL LOAD (UI/ml)	GENOTYPE	COINFECTIONS	FIBROSIS STAGE (F)
1	Negative	Non available	None	F2
2	216,146	1a	None	F4
3	Negative	Non available	HIV	F0-F1
4	6,210,000	1b	HIV	F3-F4
5	3,504,00	1a	None	F2-F3
6	875,951	3a	None	F1-F2
7	Negative	Non available	None	F3

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