patients in follow-up, 19 decompensated at least once (6 ACLD) and 18 died. In 3/19 (15.8%) IgG a-HEV was detected; however, only one of them (1/3) seroconverted 13 months after the start of the study, while the other two patients had detectable IgG a-HEV antibodies from the beginning of the study. Nevertheless, in these three individuals, the presence of IgM and HEV RNA was not detected.

Conclusions: Our study shows a higher prevalence of IgG a-HEV in the group of cirrhotic patients compared to the control group. However, no association was found between HEV infection and the decompensation events observed in the analyzed cohort.

https://doi.org/10.1016/j.aohep.2023.100959

P- 62 PREDICTION OF FIBROSIS PROGRESSION AND CLINICAL OUTCOMES WITH NON INVASIVE TESTS IN 10 YEARS FOLLOW UP OF PATIENTS WITH NON ALCOHOLIC STEATOHEPATITIS

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Introduction and Objectives: Fibrosis stage is the most important prognostic factor in non-alcoholic fatty liver disease (NAFLD). Although liver biopsy is the gold standard for staging fibrosis, it is a difficult tool to use on follow-up evaluations. Non-invasive tests (NITs) were developed to first stratify patients at risk for advanced fibrosis but were not validated for follow-up. This study aimed to evaluate liver fibrosis progression, NITs variations over time and their correlation with clinical outcomes (hepatic decompensation, hepatic and extra-hepatic neoplasm; cardiovascular events and mortality).

Materials and Methods: Retrospective cohort of 138 patients with biopsy proven non-alcoholic steatohepatitis (NASH). Patients underwent clinical, physical, and laboratory examinations and NIT assessments (FIB-4 and transient elastography - TE). Fibrosis progression was estimated using TE. NIT variations over time were compared with the development of clinical outcomes.

Results: 138 patients were analyzed. The median age was 65 years and the median body mass index was $32Kg/m^2$ at diagnosis. Seventy-seven patients (55%) had diabetes and 82 (59%) had hypertension at diagnosis. Fifty-six patients (40%) had advanced fibrosis ($\geq$F3) and 18 (13%) of them had cirrhosis at biopsy. The median time of follow-up was 10 years. One hundred nineteen patients performed TE at the end of the follow-up. Fifty-nine patients progressed to cirrhosis (49,6%). Initial NAFLD activity score (NAS) was statistically associated with fibrosis progression. Twenty-four patients (17%) developed a clinical outcome. The fibrosis stage at diagnosis was associated with cirrhosis decompensation but not associated with cardiovascular events. Fibrosis progression assessed with elastography (>11,5kPa) was associated with portal hypertension development. FIB-4 elevation during follow-up (>2,7) was associated with cirrhosis decompensation.

Conclusions: High-risk NAFLD patients have a high prevalence of fibrosis progression and clinical outcomes. NITs such as FIB-4 and TE might be useful tools for the evaluation of disease progression and risk of hepatic decompensation. More prospective studies are needed to better define NITs cut-offs for risk of clinical outcomes.

https://doi.org/10.1016/j.aohep.2023.100960

P- 63 TREATING HEPATITIS C (HCV) IN ADDICTION CENTERS IN OUR COMMUNITY: ANOTHER STEP TOWARDS MICROELIMINATION

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Introduction and Objectives: To achieve the WHO objective of eliminating Hepatitis C by 2030, we must implement new strategies to reach difficult-to-treat patients. Basque Health Department-Osakidetza is implementing a project called "Action lines for the prevention and control of hepatitis C in the Basque Country." One of the strategies adopted is the treatment of people who have used intravenous drugs in Addiction Centers (AC), which simplifies access to diagnosis and treatment.

Materials and Methods: We actively looked for HCV-infected patients through database cross-checking. We identified the patients in AC of our community since January 1, 2019, and we crossed this list with HCV serological studies carried out by Osakidetza. Thus, we have identified three groups of patients: a) HCV-RNA+, b) HCV Ab+, without HCV-RNA determination, and c) patients not tested for HCV, candidates for study and treatment.

Results: We have identified 178 people who had already been treated or had cleared infection spontaneously; another two were not treated due to terminal illness and pharmacological interaction; nine patients had died, 16 were coinfected with HIV and sent to Infectious Department and nine had abandoned our community. We finally have identified and treated in the AC 22 patients (all of them have achieved SVR), and 20 more patients to test and treat, if positive.

Conclusions: :
Between the time of preparation of this strategy and its performance, which was delayed due to the pandemic, many patients had already been referred to hospitals and treated there.

1.   This gives us an idea of the awareness of psychiatrists about the importance of detecting and treating Hepatitis C in this group of patients.

2.   Adherence to treatment was very high and SVR was 100%.

3.   Treating patients in AC allows us to reach difficult-to-treat populations.

4.   The initiative was very well accepted by patients.

https://doi.org/10.1016/j.aohep.2023.100961

P- 64 HEPATITIS C VIRUS MICRO-ELIMINATION PROGRAM IN AN OPEN POPULATION

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Introduction and Objectives: Among the WHO, goals for 2030 are to detect >90% of people with HCV and link >80% to treatment. Our institution serves an open population without social security. This study aimed to describe the detection strategy that was carried out in the open population, using two-step HCV detection tests at "Hospital General de México" from January to December 2021.

Materials and Methods: The study was conducted in an open population that transits for our hospital for any reason and agreed to take the risk factor questionnaire and the rapid test for the detection of anti-HCV antibodies (RT); those who were reactive underwent viral load (PCR to detect HCV-RNA). Descriptive statistics and the statistical package STATA v.14 were used.

Results: In 2021, 33,523 subjects were screened; 71.5% were women, mean age of 47±10 years. Reported at least one risk factor for HCV 53.5%. The most frequent risk factors were: Multiple sexual partners (MSP)/sexually transmitted diseases (STDs) 36.2%, tattoos/piercings 26.7%, surgery before 1995 20.2%, transfusion before 1994 5.4%, health workers after accidental puncture 4.2%. Of the 33,523, 0.7% were reactive in the RT; of them, the PCR was positive in 57.9% (prevalence of viremia= 0.4%). Among the viremic, the risk factors identified were: blood transfusion before 1995 37%, MSP/STDs 35%, surgery before 1995 30%, tattoos/piercings 30%, and drugs 3.5%. Of all viremic, 134 (100%) were linked to attention at the Mexican health sector; 114 (85.1%) without insurance treated at our hospital; 89 (78%) received DAAs at our institution in 2021 and have completed the time to assess SVR12, per protocol the SVR12 rate was 97.7% (2 failures), by intention to treat SVR12 was 93.2% (2 failures, 1 missing, three deaths from COVID-19). The remaining 25 patients detected in 2021 (22%) and without eligibility continued the protocol for treatment with DAAs during the year 2022.

Conclusions: The prevalence of HCV was similar to that previously reported. Traditional risk factors such as transfusion or surgery are still very prevalent. Timely diagnosis of HCV allows treatment to be linked to an optimal level of SVR12 in accordance with the WHO goals.

https://doi.org/10.1016/j.aohep.2023.100962

P-65 NOREPINEPHRINE INFUSION AS AN ALTERNATIVE TO ALBUMIN POST LARGE VOLUMEN PARACENTESIS IN CIRRHOTIC PATIENTS

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Introduction and Objectives: Albumin is administered to prevent post-paracentesis circulatory dysfunction syndrome (CDS). In many cases, this costly resource is not available. A previous study evaluated the use of norepinephrine in the prevention of CDS with promising results (Singh V et al. J Intern Med. 2006;260 (1):62-68.). This study aimed to describe the results obtained in a group of cirrhotic patients with grade III ascites who, due to lack of albumin, were administered norepinephrine infusion as an alternative in post-paracentesis ≥5L.

Materials and Methods: A prospective, descriptive and analytical study was carried out, including cirrhotic patients with grade III ascites who were administered norepinephrine to prevent CDS. Those with infection, baseline kidney injury, recent alcohol consumption and digestive tract bleeding were excluded. Descriptive statistics were performed, with measures of central tendency and dispersion, and the inferential analysis was performed comparing creatinine, NGAL, cystatin C, and sodium at days 0, 3, 6 and 28. It was evaluated if there was development of CDS.

Results: 12 patients were included; one presented chest pain without electrocardiographic changes, associated with an increased accidental rate of the infusion (norepinephrine was discontinued); therefore, 11 patients were analyzed; 9(81.8%) men; median age 52.2 (range: 39-68) years; 9(81.8%) Child C and 2(18.2%) B; regarding the etiology 8(72.7%) due to alcohol, 2(18.2%) MAFLD, 1(9.1%) HCV. The time in years from the diagnosis of cirrhosis was: 4 (36.4%) less than one year, 6 (54.5%) 1 to 5 years, and 1 (9.1%) more than six years. The median ascites drained was 12.5 L (range: 9-18); the median cost with albumin 8g/L of this drain was $400 USD ($288-576 USD); the cost of the norepinephrine strategy of 2 (2-4 ampoules) with an estimated cost of $12 USD ($12-24 USD). Nobody developed encephalopathy, kidney injury, or CDS. There was no difference between the values determined on days 0, 3, 6 and 28 (p=NS). The results of renal function parameters and renal injury markers are shown in the graphs.

Conclusions: Norepinephrine appears to be a cost-effective alternative where albumin is not available to prevent CDS. Security seems optimal, but trained personnel are required to handle it.

https://doi.org/10.1016/j.aohep.2023.100963

P-66 CARDIOVASCULAR RISK PROFILE AND ATHEROSCLEROSIS IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE

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Introduction and Objectives: Non-alcoholic fatty liver disease (NAFLD) is a frequent cause of liver disease, with a worldwide prevalence of 25%. There seems to be a connection between the gravity of NAFLD, atherosclerosis, and the increase in cardiovascular events and mortality. This study aimed to assess the cardiovascular risk profile and subclinical atherosclerosis of individuals with NAFLD.

Materials and Methods: Prospective observational analytical study. Adults with an established risk for the development of NAFLD were selected, such: as type 2 Diabetes Mellitus (T2DM), obesity or overweight, and/or altered alanine aminotransferase. Non-invasive assessment of liver steatosis and fibrosis was performed by hepatic ultrasound (US) and transient elastography. We evaluated the frequency of the cardiovascular disease, according to the clinical history and common carotid artery intima-media thickness (IMT), using an ultrasound examination of the carotids.

Results: All data are presented in median (IQR) or n(%). Forty-three participants were enrolled, female 34(79%), chronological age 62.5(54-67.2)years. Comorbidities: Systemic Arterial Hypertension 30(69.7%), T2DM 22(51.1%), Obesity 19(44.1%) and Dyslipidemia 22(55,8%). Only one was a smoker. Carotids-US: vascular age 65(62-83) years, right cIMT 0.65(0.54-0.8)mm and left cIMT 0.65(0.54-0.76)mm, atherosclerotic plaques were present in 11 (25,5%) participants. Hepatic Steatosis were observed in 37(86.1%) classified according to the US-FLI score as: mild 8(21.6%), moderate 19(51.3%) and severe 10(27.1%). Liver Fibrosis (F ≥2) were observed in 11(29.7%), among them 4(36.3%) had atherosclerotic plaques.

Conclusions: The data suggest a high frequency of atherosclerosis, demonstrated by the presence of atherosclerotic plaques in the carotid arteries in patients with hepatic fibrosis.

https://doi.org/10.1016/j.aohep.2023.100964