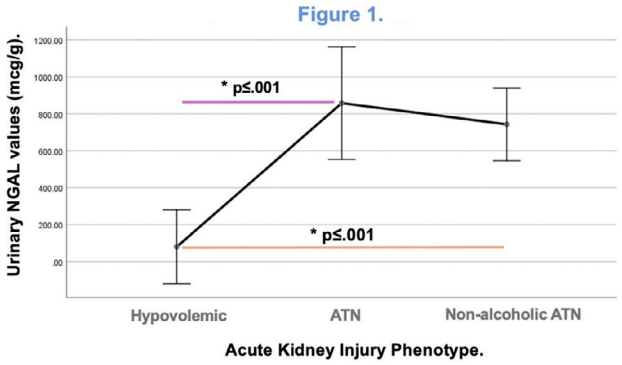

Figure 1. Univariate analysis of AKI phenotypes (hypovolemic, ATN, and Non-alcoholic ATN etiology) with NGAL values.

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P-23 PORTAL VEIN THROMBOSIS IS ASSOCIATED WITH HEPATIC DECOMPENSATIONS WITHOUT LIVER STIFFNESS INCREASE IN HEPATOSPLENIC SCHISTOSOMIASIS

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Conflict of interest: No

Introduction and Objectives: Hepatosplenic schistosomiasis (HSS) is one of the main causes of non-cirrhotic presinusoidal portal hypertension. Although liver stiffness in HSS is typically lower than in cirrhosis, it is still unknown if over the years liver injury related to periportal fibrosis, to metabolic disease or vascular complications can alter liver stiffness and impact in serious hepatic events. This study aims to determine whether metabolic factors, portal vein thrombosis (PVT), or changes in liver stiffness over time are associated with serious hepatic events (SHE) in HSS patients.

Patients / Materials and Methods: In this prospective study, adults with laboratory and radiologically confirmed HSS, without concurrent cirrhosis or other liver diseases, were included. All participants underwent initial transient elastography, followed by a second assessment after at least 3 years. The primary outcome was the occurrence of SHE, defined as upper variceal bleeding and/or ascites.

Results and Discussion: Among the 26 patients studied, 65.4% were male, with a mean age of 55 ± 9 years. The main metabolic comorbidities were obesity (27%), hypertriglyceridemia (8%), low HDL-c (4%), and diabetes (13%). Baseline liver stiffness measurement (LSM) was 9.9 kPa (±3.9) and the controlled attenuation parameter (CAP) was 238 dB/m (IQR 121-270). After a median follow-up of 59 months (IQR 51-64), serious hepatic events occurred in 46% of the patients. There was a non-significant median absolute increase in LSM of 1.4 kPa (IQR -1.5 to +3.6) and a median relative increase of +14% (IQR -17% to +50%), with no statistically significant differences in paired analysis (p = 0.140). No metabolic or anthropometric factors were associated with changes in liver stiffness. PVT occurred in 7 patients (26.9%) and was the only factor significantly associated with the occurrence of serious hepatic events (p = 0.026), although it did not significantly interfere with LSM (p = 0.842).

Conclusions: LSM remained relatively stable in HSS patients over a median follow-up of almost 5 years, proving to be a useful tool in distinguishing HSS from cirrhosis. SHE were primarily associated with PVT, which may further elevate portal pressure.

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P-24 DESCRIPTION OF SERUM MICRORNAS EXPRESSION AMONG INDIVIDUALS WITH VIRAL HEPATITIS AND LONG COVID

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Conflict of interest: No

Introduction and Objectives: Long COVID syndrome affects millions of people and is characterized by the permanence of signs and symptoms after 90 days of SARS-CoV-2 infection. MicroRNAs (miRNAs) are small non-coding RNAs that are related to different conditions and can characterize profiles including liver disease. OBJECTIVES: Characterize the serum expression of miRNAs in relation to viral hepatitis B and C and Long COVID.

Patients / Materials and Methods: Serums were obtained from 69 individuals from 4 groups: (i) only Long COVID (n=18); (ii) Viral Hepatitis/Long COVID (n=21); (iii) only Viral Hepatitis (n=10) and (iv) control individuals (n=20). MiRNAs were isolated using a commercial extraction kit and miR-122, miR-143 and miR-223 were evaluated using quantitative real-time PCR. The expression of the examined genes was calculated from the formula RQ = 2-ΔΔCT. Statistical analysis was carried out using GraphPad Prism 9.5.1 software.

Results and Discussion: The upregulation of the miRNAs analyzed was observed in the groups with diseases compared to the control, all with statistical significance (p<0.05). Of the groups with diseases, the Viral Hepatitis/Long COVID group showed the highest expression of all three miRNAs analyzed. For miR-122, the Viral Hepatitis/Long COVID and only Viral Hepatitis groups were up-regulated with mean RQ of 100.38 ± 122.06 and 80.72 ± 173.16, respectively, compared to the control 3.20 ± 8.75 (p<0.05). For miR-143 and mir-223, the highest expression was in the Hepatitis/Long COVID (mean RQ: 316.36 ± 572.96 and 270.45 ± 558.55, respectively) followed by the only Long COVID group (mean RQ: 158.12 ± 262.42 and 115.65 ± 191.30, respectively), both with statistical significance when compared to the control (mean RQ: 4.12 ± 5.37 and 3.78 ± 8.5, respectively).

Conclusions: The presence of disease affects the expression of these miRNAs when compared to healthy individuals. The description of these targets will contribute to the understanding of Long COVID and its association with other diseases.

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