Conclusions: Overall, the findings of this study showed that the baseline ALBI grade was superior to Child score in predicting the prognosis of patients with uHCC treated with atezo-bev.

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P-35 CLINICAL AND EPIDEMIOLOGICAL DIFFERENCES BETWEEN PATIENTS MONOINFECTED WITH HEPATITIS B AND COINFECTED WITH HEPATITIS DELTA IN A HYPERENDEMIC REGION OF HEPATITIS B

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Conflict of interest: No

Introduction and Objectives: Hepatitis B and co-infection with hepatitis delta are viral liver diseases that can rapidly progress to cirrhosis and hepatocellular carcinoma (HCC). *Objectives:* To compare the epidemiological profile between patients mono-infected with hepatitis B and patients co-infected with hepatitis B and delta in a hyperendemic region.

Patients / Materials and Methods: A cross-sectional and historical cohort study analyzing 286 medical records of co-infected individuals and 649 medical records of mono-infected. Variables: sex, age, stage of liver fibrosis, levels of liver enzymes, albumin, platelets, alpha-fetoprotein, presence of HCC, and outcomes (liver transplant or death).

Results and Discussion: Of the 286 co-infected, 189 (70.5%) were male, mean age 56 ± 19. About stage of fibrosis, 97 (34%) had no fibrosis, 163 (57%) had (F1F3), and 26 (9%) had cirrhosis (F4). Mean GGT were 64.6 ± 86.6 U/L, ALT 36.2 ± 33.1 U/L, AST 41.2 ± 61.1 U/L, albumin 4.1 ± 0.75 g/dL, platelets 192 ± 77 thousand/mm^3, alpha-fetoprotein 122.7 ± 181.1 ng/mL. 12 (4.2%) developed HCC, mean age of 53 ± 11.8; 8 (2.8%) underwent liver transplantation, and 22 (7.7%) died. Of the 659 mono-infected, 449 (68.14%) were male, mean age 53 ± 12.7. About stage of fibrosis, 248 (36%) had no fibrosis, 335 (48.69%) had fibrosis (F1F3), and 105 (15.26%) had cirrhosis (F4). Mean GGT were 64.4 ± 85.9 U/L, ALT 36.2 ± 33.8 U/L, AST 40.7 ± 59.9 U/L, albumin 4.19 ± 0.74 g/dL, platelets 3.27 ± 3.4 thousand/mm^3, alpha-fetoprotein 117.6 ± 2133.5 ng/mL. 31 (4.7%) developed HCC, mean age of 57.4 ± 12.6; 18 (2.7%) died.

Conclusions: Co-infected patients have a higher prevalence of liver fibrosis and develop HCC at a younger age. There was statistical significance in platelet count, indicating greater severity of liver dysfunction in the mono-infected group.

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P-36 THE PROGNOSTIC ROLE OF NEUTROPHIL-LYMPHOCYTE RATIO IN PATIENTS WITH ALCOHOLIC HEPATITIS

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Conflict of interest: No

Introduction and Objectives: The neutrophil-lymphocyte ratio (NLR) has been used as a predictor of survival in critically ill patients. However, there are scarce studies that evaluate the relationship between NLR and alcoholic hepatitis.

To determine the association between NLR with mortality and the degree of acute-on-chronic liver failure (ACLF).

Patients / Materials and Methods: Longitudinal, retrospective, observational and descriptive cohort study of a hospital center. The subjects met criteria for alcohol hepatitis established by the National Institute on Alcohol Abuse and Alcoholism. Patients with concomitant infections or conditions that could alter the NLR were excluded.

Statistical analysis was performed with the SPSS version 26 program. To compare clinical values, Student's T-test or Mann Whitney U test were performed according to the distribution of the data. The association analysis between NLR and 30-day mortality, as well as the association between NLR and ACLF degrees, were carried out using a point-biserial correlation. Cohen's d test was performed to determine the effect size.

Results and Discussion: This study included 58 patients with alcoholic hepatis (98% men). There was significant difference between patients who died within 28 days compared with those who survived (Table 1). The mean NLR value in patients who survived was approximately three times the value presented in patients who died within 28 days ($p < 0.001$). A gradual increase in severity-dependent NLR was identified based on the CLIF-C ACLF SCORE.

In addition, significant associations between NLR and 28-day mortality ($p < 0.001$), and between NLR and the degree of ACLF ($p < 0.001$) were found. According to Cohen's test, the effect size of the NLR was moderate (0.678).

Conclusions: The association between high NLR levels and mortality within 28 days is confirmed. Furthermore, there is an association between NLR and the severity of ACLF. Therefore, the NLR could be a useful prognostic factor in the clinical practice for alcoholic hepatitis.