

regarding the spread of clinically relevant viral variants. Therefore, this study aimed to demonstrate the clinical/laboratory profile of pregnant women identified as positive for HBV and HCV during prenatal care, and referred to a specialized viral hepatitis unit in Rio de Janeiro between 2016-2022, and to identify those with clinically relevant mutations that can be transmitted vertically.

Patients / Materials and Methods: To this end, all pregnant women with positive rapid tests were retested by electrochemoluminescence using commercial tests for HBV antigens and antibodies against HBV and HCV. In addition, molecular tests were carried out to quantify HBV DNA and/or HCV RNA. Liver enzyme tests were also carried out in order to classify pregnant women according to HBV clinical phase.

Results and Discussion: Two hundred and thirty-two pregnant women with HBV and HCV infection were analyzed. Among the 138 pregnant women with HBV, 95% had HBeAg-negative chronic infection and the mean viral load was 3.70 log IU/ml. Up to now, 6 samples were sequenced, Genotypes A1 (n=5/6,83%) and D3 (n=1/6,16%) were identified and the mutation Y100C was found. In 94 pregnant women with HCV, 75.7% had HCV RNA successfully amplified, with subtypes 1a (n=12/33; 36,4%), 1b (n=17/33; 51,5%) and 3a (n=3/33; 9,1%) detected. Clinically relevant mutations were found V321L, V321IV, C316N.

Conclusions: Identifying mutations in HBV and HCV infections is crucial for epidemiological surveillance and postpartum treatment. Our findings highlight the importance of monitoring drug-resistant mutations in pregnant women with these infections.

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P-39 PREVALENCE AND FACTORS ASSOCIATED WITH TREATMENT ADHERENCE IN LIVER TRANSPLANT PATIENTS ATTENDED AT LACARDIO, BOGOTÁ, COLOMBIA

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Conflict of interest: No

Introduction and Objectives: Patients undergoing liver transplantation need long-term follow-up to ensure graft success and survival. Adherence to lifestyle recommendations and medication, particularly immunosuppressive therapy, is a key factor in graft survival and in reducing public health costs. Adherence impacts graft survival and public health costs. Given its importance and the lack of research in Latin America and Colombia, we assess local adherence levels and explore factors associated with non-adherence. **Objective:** To determine the prevalence of adherence to pharmacological and non-pharmacological treatments and the associated factors among liver transplant patients treated at a tertiary care hospital in Colombia

Patients / Materials and Methods: The BAASIS questionnaire was used to assess adherence among liver transplant patients at a specialized transplant center in Colombia. In addition, ITBS questionnaire was used for the identification of barriers to immunosuppressive medication adherence (external vs. patient-controlled barriers). Demographic and clinical data were collected from 2006 to 2024.

Results and Discussion: In this study, 398 post-transplant patients with a mean age of 49 at transplantation were analyzed. Logistic regression using the BAASIS scale showed 35.1% (140) were non-adherent to their immunosuppressive regimen. The ITBS scale categorized barriers as unintentional (e.g., skipping medications due

to travel, depression, or running out) or intentional (e.g., forgetting, side effects, feeling well, or routine deviations). Bivariate analysis revealed a significant association with adherence at a 5% significance level. Pre-transplant follow-up variables also showed links to non-adherence and prior assessments of unsuitability by social work or psychology.

Conclusions: Non-adherence in post-transplant patients is influenced by both intentional and unintentional factors, underscoring the need to address these in pre- and post-transplant education. Special attention should be given to non-adherence histories during pre-transplant evaluations and psychological or social work assessments that deem patients unsuitable at any point. More targeted follow-up and education could significantly reduce non-adherence rates.

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P-40 ASSOCIATION BETWEEN LIVER STIFFNESS MEASUREMENTS USING MR ELASTOGRAPHY AND PORTOSYSTEMIC SHUNTS IN PATIENTS WITH ADVANCED CHRONIC LIVER DISEASE

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Introduction and Objectives: Spontaneous portosystemic shunts (SPSSs) have been reported in 60% of cirrhotic patients and its prevalence increases with the deterioration of liver function. SPSSs are often associated with hepatic encephalopathy, gastroesophageal varices and increased risk for complications and death. Therefore, the selection of patients with a high probability of having significant SPSSs can have great impact in the management of patients with liver cirrhosis. In cirrhotic patients, liver stiffness measurements show a good correlation with the severity of disease and the occurrence of gastroesophageal varices. We hypothesize that liver stiffness values could also correlate well or even predict the presence of significant portosystemic shunts.

Patients / Materials and Methods: This was a retrospective study of 51 patients with advanced chronic liver disease/cirrhosis who underwent liver magnetic resonance imaging with elastography (MRE) from 2022 to 2023. MR images were reviewed by two radiologists looking for the presence of SPSSs, defined as spontaneous communications between the portal venous system and/or splanchnic veins and the systemic venous system. In addition, presence or absence of gastroesophageal varices was also recorded. Regarding SPSSs, patients were assigned into two groups: with and without SPSSs. Among patients with SPSSs patients were assigned into two groups: Large SPSSs (L-SPSSs, ≥ 8 mm), small SPSSs (S-SPSSs < 8 mm), or without SPSSs. Median. Levels of MRE between patients with and without SPSSs was analyzed and the accuracy of liver stiffness by MRE to predict SPSSs was evaluated by AUROC curves. A statistical significance level of 0.05 was adopted.

Results and Discussion: Among 51 included patients, 68% were male, and mean age was 64 years old. SPSSs were present in 28% of patients with only 6.5% having LSPSSs. Gastroesophageal varices were identified in 32%. Mean liver MRE stiffness values was 4.4 kPa (3.0 – 13.1 kPa). The performance of MRE for the prediction of SPSSs and gastroesophageal varices was good, with an AUROC of 0.85 (0.75 – 0.97; $p < 0.001$) for SPSSs and 0.84 (0.72 – 0.96; $p < 0.001$) for Gastroesophageal varices. The best MRE elastography cutoff for the presence of SPSSs and gastroesophageal varices was 5.0 kPa ($S=85\%$,