

P-46 IMMUNOSUPPRESSION IN POST LIVER TRANSPLANTATION: REVIEW OF THE EXPERIENCE IN A CHILEAN UNIVERSITY HOSPITAL

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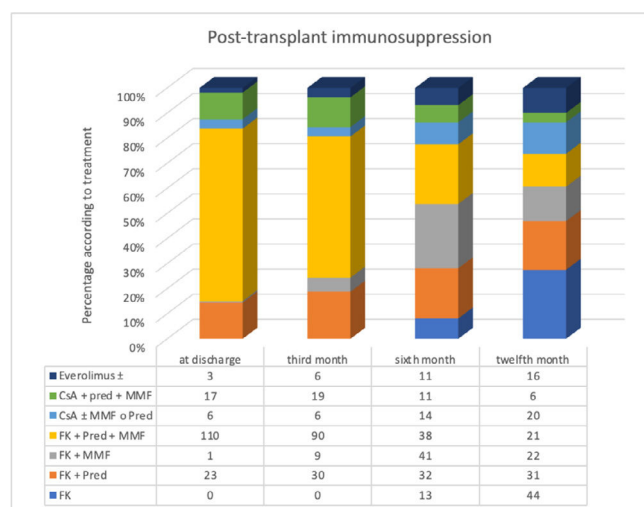
Conflict of interest: No

Introduction and Objectives: Liver transplantation is currently a cost-effective therapy for the treatment of advanced liver diseases. Immunosuppression plays a key role in the prevention of organ rejection. Corticosteroids and anti-CD-25 antibodies are used in the induction phase, while calcineurin inhibitors, mycophenolate, corticosteroids and mTOR inhibitors are used in the maintenance phase. **Objectives:** To describe the type of immunosuppression regimen used in the management of liver transplant patients during the first post-transplant year.

Patients / Materials and Methods: Observational, retrospective cohort study of adult patients undergoing liver transplantation at the Hospital Clínico UC (Santiago, Chile), between January 2020 and June 2023. Demographic and clinical data were included. Immunosuppression regimens used in four periods during the first year of follow-up (at discharge, third, sixth and twelfth month) were evaluated. Pediatric patients, combined transplants and cases with post-transplant follow-up in centers not associated with our hospital were excluded.

Results and Discussion: A total of 160 patients were analyzed, of whom 149 (93.1%) were cirrhotic. The predominant etiology was MASLD (34.3%). The average age was 54 years, with a predominance of females (53.7%). The active immunosuppression regimen at discharge and at the third month of follow-up was the combination of tacrolimus, mycophenolate, and prednisone, representing 68% and 56%, respectively. The dual tacrolimus-mycophenolate mofetil regimen was the most prevalent at month 6 (26%), while at one year of follow-up, tacrolimus monotherapy was the most commonly used (27%). Only 34% of cases were able to maintain monotherapy at one year after transplant (43 patients with tacrolimus, 6 with cyclosporine and 6 with everolimus).

Conclusions: Tacrolimus is the most frequently used immunosuppressant in the maintenance phase. The use of mycophenolate mofetil and prednisone decreases as time progresses post-transplant. Only one third of cases achieved monotherapy at one year of follow-up.



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P-47 DEGREES OF LIVER STIFFNESS AND STEATOSIS AS PREDICTORS OF PREECLAMPSIA COMPLICATIONS

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Introduction and Objectives: Liver damage in preeclampsia is caused by antiangiogenic factors such as soluble tyrosine kinase, placental growth factor, and soluble endoglin. These induce endothelial injury and fibrin deposits in the hepatic microcirculation, thus modifying the physical characteristics of the liver parenchyma and therefore its stiffness. **Objectives:** To evaluate the correlation between the degree of liver stiffness and the severity of patients with preeclampsia.

Patients / Materials and Methods: This study was observational, analytical, cross-sectional, and prospective. It included pregnant women from the 20th week of gestation, dividing them into three groups: those with a normal pregnancy, those with pre-eclampsia, and those with severe features of pre-eclampsia. Transient elastography was conducted on all participants. Pregnant women with chronic systemic arterial hypertension or pre-existing liver diseases were excluded. Descriptive statistics for measures of central tendency were utilized, and a univariate analysis was performed, considering kilopascals as the dependent variable, the three groups as fixed factors, and BMI as a covariate.

Results and Discussion: 34 patients were included, 9 in the control group, 12 in the preeclampsia group and 13 in the preeclampsia with severity features group. The mean gestational age was 32 ± 5.8 weeks. The mean age was 27.26 ± 7.73 years. The mean BMI was 28.88 ± 4.83 . The mean kPa in the control group was 4.35 ± 0.98 , in the preeclampsia without severity features group 5.05 ± 0.87 , and in the preeclampsia with severity features group 6.67 ± 1.84 . The mean control group CAP was 202.82 ± 21.26 db/m2, in the preeclampsia without severity features group was 227.81 ± 47.81 db/m2, and in the preeclampsia with severity features group was 215.28 ± 37.41 db/m2. Univariate contrasts were significant for preeclampsia with severity criteria features versus preeclampsia F (2 of 23) = 7.679, $p = 0.011$. Preeclampsia with severity features versus control F (2 of 22) = 11.134, $p = 0.003$.

Conclusions: Liver stiffness significantly increases in patients with preeclampsia and preeclampsia with severity features measured by transient elastography. This increase is due to intrahepatic fibrin deposition, but not by fibrosis (collagen) itself. Transient elastography could be useful as a predictor of severity in patients with preeclampsia.

Ethical statement: Study approved by the research ethics committee of the General Hospital of Mexico registration key DI/23/310-E/03/37.