compared to the control. In addition, decreased T_3 levels by decreasing DI (28%, p <0.05). Atorvastatin reversed these effects on every parameter studied, reaching control values.

Conclusions: Atorvastatin administration, in addition to prevention, can reverse proliferation, migration, inflammation, and apoptosis in our model, potentially reversing the deregulation of cell growth in the early stages of hepatocarcinogenesis. In addition, AT restores DI activity, potentially balancing thyroid metabolism.

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P-50 CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF PATIENTS WITH ACUTE HEPATITIS B VIRUS IN A PUBLICAL HOSPITAL IN CHILE FROM 2015 TO 2022.

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Conflict of interest: No

Introduction and Objectives: Since Chile is a low endemic Hepatitis B virus (HBV) country, most cases present as acute infection that resolves spontaneously (95%). There is scarce literature describing the demographic characteristics and serological follow-up of patients with acute HBV infection in Chile.

The objective is to describe demographic, clinical, laboratory and serological characteristics of patients evaluated in the viral hepatitis polyclinic of a Chilean public hospital. To evaluate indication criteria, received treatments, and surrogate markers of therapeutic objectives.

Patients / Materials and Methods: Observational, retrospective study including adults with acute HBV infection, without immunodeficiency, controlled in hepatology policlinic between 2015 and 2022 at Hospital del Salvador. Descriptive statistics were used to determine the demographic characteristics of this population, criteria for indication of antiviral therapy and surrogate markers of therapeutic targets.

Results and Discussion: 180 clinical records were reviewed. 147 were excluded: poor treatment adherence and follow-up (30), deceased (59), chronic HBV infection (39) and immunodeficiency (19). 33 patients were included in the analysis, with mean age of 32.3 years and 69.6% being men. Sexual transmission was the most frequent transmission mechanism (48%). There were no cases with cirrhosis at the time of diagnosis. 6 patients (18.1%) required antiviral treatment due to severity, being entecavir the antiviral most frequently prescribed. 36.3% achieved ALT normal levels, most of them at the third month. 39.3% achieved loss of the HBV surface antigen (HBsAg).

Conclusions: Most patients achieved loss of HBsAg, however, many had no follow-up HBsAg studies or did not adhere to medical controls. Only 1 patient was diagnosed as chronic infection during follow-up. Follow-up and adherence to medical controls in patients with acute HBV infection need to be improved.

TREATMENT N: 33 PATIENTS WITH HBV ACUTE INFECTION	
Treatment indication criteria	N (%)
HVB chronic hepatitis with persistent ALT >1.1 above normal level and viral load HVB >2.000 UI/mL	1 (3.03)
No treatment indication	27 (81.81)
Severe acute hepatitis with or without liver failure	5 (15.15)
Antiviral prescription n= 6	
1. ENTECAVIR	6 (100%)
TREATMENT AND FOLLOW-UP RESULTS	
ALT level normalization (< 55 UI/mL)	
1. Yes	12 (36,36)
2. Normal baseline level	6 (18,18)
3. No follow-up	13 (39,39)
4. No ALT baseline levels	2 (6,06)
Time to ALT normalization	
1. Month 3	7 (21,21)
2. Month 6	2 (6,06)
3. Month 12	1 (3,03)
4. Month 18	2 (6,06)
5. Normal prior to first control	3 (9,09)
6. No follow-up	18 (54,54)
HBsAg loss	
1. Yes	13 (39,39)
2. No	1 (3,03)
3. No follow-up	19 (57,57)
Time to HBsAg loss	
1. Month 3	6 (18,18)
2. Month 6	5 (15,15)
3. Month 12	1 (3,03)
4. Month 18	1 (3,03)
5. No follow-up	19 (57,57)
6. Persistent positive HBsAg	1 (3,03)

Clinical and serological characteristics of patients with acute HBV infection.

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P-51 TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS), EXPERIENCE IN A UNIVERSITY CENTER

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Conflict of interest: No

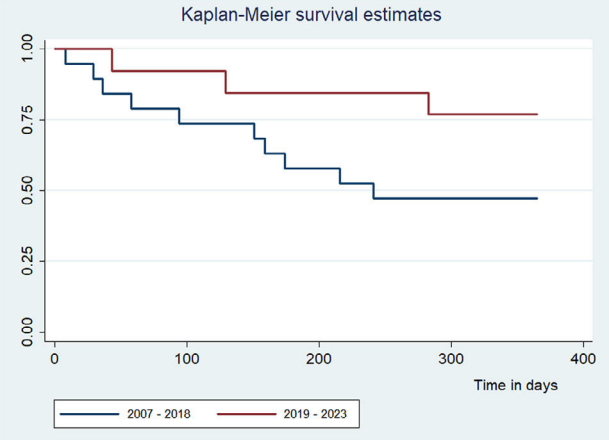
Introduction and Objectives: Transjugular intrahepatic portosystemic shunt (TIPS) is a procedure that diverts portal blood flow to the hepatic vein with the aim of reducing portal hypertension, being an alternative for managing its complications, such as variceal gastrointestinal bleeding and ascites, in both cirrhotic and non-cirrhotic patients. *Objetives:* To characterize patients who underwent TIPS between January 2007 and July 2024 at the Hospital Clínico De la Universidad de Chile

Patients / Materials and Methods: Observational, retrospective cohort study. 39 patients medical records who underwent the procedure during the specified period were reviewed.

Results and Discussion: 39 patients were analyzed, 53.8% of whom were men, with an average age of 60.7 years. The procedure was performed in 51% (20/39) of the patients within a period of just 4 years (2019 to 2024). The main indication was secondary to variceal

gastrointestinal bleeding (59%), followed by refractory ascites (36%). Additionally, 33.3% presented some degree of portal vein thrombosis, and 33.3% had reported hepatic encephalopathy episodes before the procedure. The average MELD Na score was 15.4. Only three patients experienced hemorrhagic complications related to the procedure, with one resulting in death. 53.8% reported some degree of hepatic encephalopathy after the procedure. One-year survival was analyzed, showing 47.4% in patients whose procedure was performed before 2019 versus 76.9% in the period between 2020 and 2023 (p 0.095). Four patients underwent transplants after TIPS, without complications.

Conclusions: We have observed a progressive increase in the indication for TIPS over time at our center, with half of the cases concentrated in the last four years. In addition, survival outcomes appear to be better, probably due to improved patient selection and more timely indications. The procedure was safe, with a low rate of acute complications and an incidence of encephalopathy similar to that reported in the literature. Longer-term follow-up will allow us to verify its effectiveness in our population



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P-52 CHARACTERIZATION OF SERUM METABOLOMIC PROFILE BY NMR IN PATIENTS WITH VARIOUS DEGREES OF HEPATIC ENCEPHALOPATHY.

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Conflict of interest: No

Introduction and Objectives: Hepatic encephalopathy (HE) is a complication of liver failure whose clinical identification is commonly delayed. Measurement of parameters reflecting HE would be desirable in clinical practice. Metabolomic study using nuclear magnetic resonance (NMR) represents a strategy in this regard, with advantages such as detecting numerous types of metabolites. *Objetive:* To characterize the serum metabolomic profile (SMP) of various clinical stages of HE severity using NMR.

Patients / Materials and Methods: Observational, cross-sectional, analytical, prospective study. Anthropometric, hematologic, and biochemical parameters were evaluated in patients >18 years: 15 controls (C), 18 hepatopathy without HE (HSHE), 11 minimal HE (HEM), 9 West Haven (WH) I, 12 WHII, 9 WHIII, and 8 WHIV. SMP was analyzed by NMR, characterizing the profile per patient, study group, and analyzed by PLS-DA using MetaboAnalyst 5.0 platform.

Results and Discussion: Signals from 45 metabolites were assigned, quantifying 43. PLS-DA showed differences in SMP between groups, with metabolite concentrations decreasing as HE severity increased, except for 3-methylhistidine, which increased with HE severity. Acetone, lysine, glycerol, and serine were higher in C compared to HSHE and HEM; proline, cysteine, threonine, alanine, 3-hydroxybutyrate, and isoleucine were higher in HEM or HSHE compared to WHI and WHII. The metabolite/creatinine index identified 14 metabolites that differentiated the groups (3-methylhistidine, acetone, proline, 3-hydroxybutyrate, lysine, cysteine, threonine, glycerol, glycine, lactate, alanine, serine, valine, and isoleucine).

Conclusions: SMP differed among the groups, with metabolites implicated in severe HE including arginine, isoleucine, valine, alanine, histidine, threonine, glycerol, serine, tyrosine, glutamine, phenylalanine, formate, ornithine, tau-methylhistidine, and methionine. Implicated metabolic pathways were phenylalanine, tyrosine, and tryptophan; phenylalanine; histidine; glycine, serine, and threonine; glutathione. WH has an objective and measurable explanation using metabolomics.

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P-53 IMMUNE-MEDIATED ADVERSE EVENTS FOLLOWING ATEZOLIZUMAB PLUS BEVACIZUMAB IS ASSOCIATED WITH DECREASED SURVIVAL IN PATIENTS WITH CIRRHOSIS

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