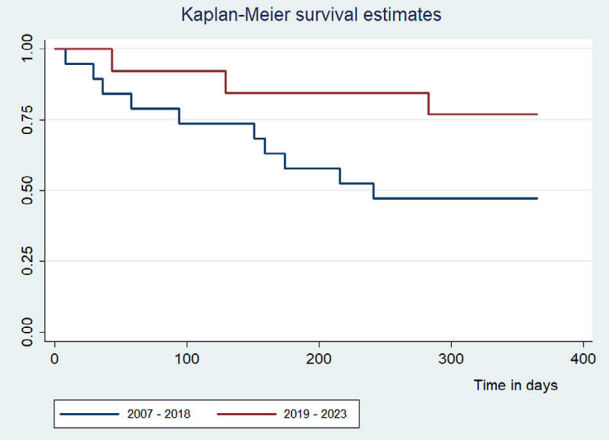
gastrointestinal bleeding (59%), followed by refractory ascites (36%). Additionally, 33.3% presented some degree of portal vein thrombosis, and 33.3% had reported hepatic encephalopathy episodes before the procedure. The average MELD Na score was 15.4. Only three patients experienced hemorrhagic complications 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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