Conflict of interest: No

Introduction and Objectives: Inflammatory bowel disease (IBD) is a globally increasing condition. There is growing interest in the comorbidities associated with IBD, including steatotic liver disease (SLD). SLD has been demonstrated in individuals with IBD, even in the absence of other metabolic factors. Few studies have evaluated this association in the Latin American population. *Objectives:* The study aims to evaluate the frequency of SLD in Chilean subjects with IBD and its association with clinical and metabolic variables.

Patients / Materials and Methods: We conducted a retrospective cross-sectional study of 148 adults with IBD (Crohn's disease: 89, ulcerative colitis: 46, and unclassified colitis: 13) who had abdominal imaging such as ultrasound, CT, or MRI in the last 15 years. Patients were considered to have SLD if this diagnosis was reported in the imaging report. Differences between groups were evaluated using chi-square and non-parametric tests.

Results and Discussion: The median age of this cohort was 48 years (Q1: 37, Q3: 63 years), and 85 (57.4%) were female. Thirty patients (20.2%) had SLD. Subjects with SLD had significantly higher weight (75.8 vs 66kg, p<0.001) and body mass index (27.6 vs 22.6kg/m^2, p<0.001) compared with subjects without SLD. In multivariate analysis, this association remained significant independently of age, sex, and IBD disease activity (p<0.001). The use of corticosteroids showed a 100% association with SLD (p<0.001). No significant association was observed between SLD and other treatments or variables such as age, sex, type or activity of IBD, gallstones, triglyceridemia, glucose, or smoking.

Conclusions: The frequency of SLD in Chilean patients with IBD is within the lower range of previous reports in other series. In our sample, the variables associated with SLD in subjects with IBD were elevated BMI and corticosteroid therapy.

https://doi.org/10.1016/j.aohep.2024.101668

P-55 FIRST EVALUATION ALBI SCORE COULD BE A TOOL FOR RISK STRATIFICATION OF HCC DEVELOPMENT IN PATIENTS WITH CHRONIC HEPATITIS C AND CIRRHOSIS

Claudia Maccali[1], Isabel Veloso Pereira[1], Lisa RC Saud[1], Regiane SSM Alencar[1], Arthur IN Oliveira[1], Jose Tadeu Stefano[1], Aline L Chagas[1], Mario G Pessoa[1], Claudia P Oliveira[1]

[1] *Departamento de Gastroenterologia, Universidade de São Paulo, São Paulo, Brasil*

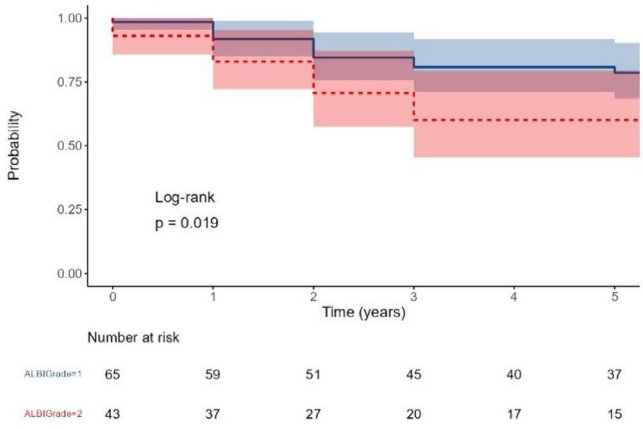
Conflict of interest: No

Introduction and Objectives: Hepatitis C virus (HCV) still is the leading cause of hepatocellular carcinoma (HCC) in Brazil, even after the new treatments with DAAs. HCC surveillance is recommended based on liver fibrosis, whereby patients with advanced fibrosis are suitable for screening. Therefore, there is a need for tools to improve risk stratification in this population. Our aim was to assess whether the ALBI score performed at first evaluation of patients with HCV-related cirrhosis could stratify the risk of developing HCC.

Patients / Materials and Methods: This study included 108 patients with HCV-related cirrhosis evaluated in the outpatient units in Hospital de Clínicas da Faculdade de Medicina da Universidade de São Paulo, Brazil. Clinical data from the first evaluation and ALBI score with first the laboratory tests were used for the statistical analysis. The last follow-up was at the last HCC screening image in patients who did not develop HCC and at HCC diagnosis in those who did. The statistical analyses were performed using Jamovi software version 2.3.23.

Results and Discussion: During follow-up, with a mean duration of 5.28 ± 4.72 years, 32 patients developed HCC. Patients who developed HCC had significantly lower albumin values (p=0.039) and a higher proportion of ALBI grade 2 (p=0.036) at the first outpatient assessment. Evaluating HCC risk over time by Kaplan-Meier, patients with ALBI grade 2 had a significantly higher risk of developing HCC than patients with ALBI grade 1 (p=0.019) when assessed at 1 year (17% vs. 8.2%), 2 years (29.3% vs. 15.4%), 5 years (40.9% vs. 21.4%) and 10 years (47.4% vs. 23.9%). Patients with ALBI grade 2 had a two-fold higher risk of developing HCC during follow-up (OR 2.27, 95%CI 1.12-4.59, p=0.023).

Conclusions: Assessment of baseline ALBI score can improve HCC risk stratification in patients with HCV-related cirrhosis.



Kaplan-Meier plot for hepatocellular carcinoma risk in HCV-related cirrhosis with ALBI grade 1 and 2 at baseline

https://doi.org/10.1016/j.aohep.2024.101669

P-56 EXPERIENCE WITH DEXMEDETOMIDINE IN THE MANAGEMENT OF ALCOHOL WITHDRAWAL SYNDROME FOR PATIENTS WITH CIRRHOSIS

Liliana Ivonne Gallardo Gonzalez[1], Jose Luis Perez Hernandez[1], Maria Fatima Higuera de la Tijera[1]

[1] *Hospital General de México Dr Eduardo Liceaga, Ciudad de México, México*

Conflict of interest: No

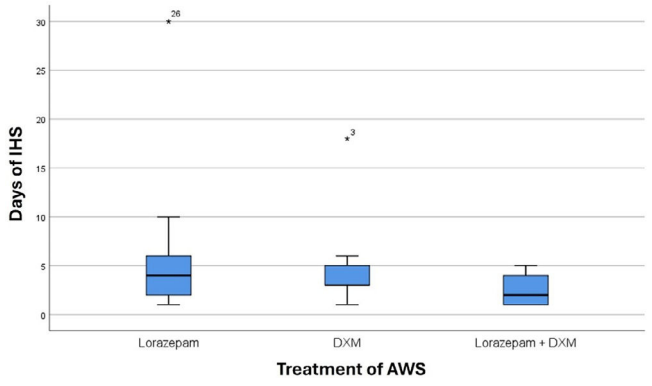
Introduction and Objectives: Lorazepam is the first-line treatment in patients with alcohol withdrawal syndrome (AWS). In patients with cirrhosis and AWS, the use of dexmedetomidine (DXM) has been poorly studied. The objective of this study is to report the effect of DXM in patients with cirrhosis and AWS.

Patients / Materials and Methods: Observational, retrospective, descriptive and analytical study. Patients with cirrhosis and AWS, treated with lorazepam, DXM, or both, were included. The Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar) data was collected before and after treatment; as well as the days of in-hospital stay (IHS). The quantitative variables were summarized using non-parametric descriptive statistics according to the distribution of the variables (average and range); as well as frequencies and percentages in the case of qualitative variables. To compare between three independent groups, the Kruskal-Wallis (KW) and Jonckheere-Terpstra (JT) tests were used. A significant difference was considered one with a value of p<0.05.

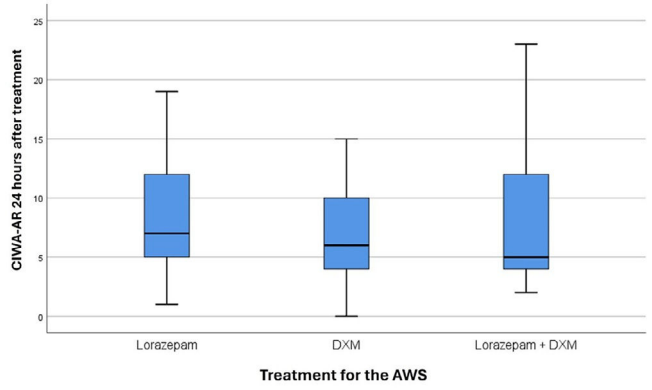
Results and Discussion: 39 patients were included, 37 (94.9%) men, average age 41 (27-66) years, alcohol consumption 287 (64-

960) g/day, CIWA-Ar at admission 20 (10-46) points, Child -Pugh 10 (5-14) points, MELD-Na 16 (8-40) points. Regarding the AWS treatment: 17 (43.6%) received lorazepam, 13 (33.3%) DXM, and 9 (23.1%) lorazepam + DXM. When compared between groups there were no differences in terms of days of IHS [4 (1-30) vs. 3 (1-18) vs. 2 (1-5) respectively for lorazepam, DXM, lorazepam + DXM; KW p=0.86, JT p=0.82], nor in terms of CIWA-Ar at 24 hours post-treatment [7 (1-19) vs. 6 (0-15) vs. 5 (2-23) respectively for lorazepam, DXM, lorazepam + DXM; KW p=0.19, JT p=0.45]. No serious adverse effects were reported with any of the three strategies.

Conclusions: DXM appears to be an effective and safe option for the treatment of AWS in patients with cirrhosis. However, clinical trials are required to validate our findings.



Days of in-hospital stay



CIWA-Ar at 24 hours post-treatment

https://doi.org/10.1016/j.aohep.2024.101670

P-57 SUSCEPTIBILITY PATTERNS AND EMPIRICAL ANTIBIOTIC GUIDANCE FOR URINARY TRACT INFECTIONS IN PATIENTS WITH CIRRHOSIS

Carolina Vazquez[1], Gonzalo Gomez Perdiguero[1], Esteban Gonzalez Ballerga[2], Ilse Sorena Pardo Ivirico[2], Agustin Di Santo[3], Camila Maria Briz[3], Maria Dolores Murga[4], Ana Palazzo[4], Lorena Notari[5], Josefina Pages[6], Julia Brutti[7], Brenda Osso Sanchez[5], Manuel Mendizabal[6], Margarita Anders[7], Diego Giunta[8], Gisela Gualano[9], Agostina Romero[10], Alina Zerega[11], Pablo Calzetta[12], Martin Elizondo[13], Maria Laura Garrido[14], Maximiliano Castro[15], Astrid Smud[1], Jesica Milena Tomatis[16], Natalie J. Vilcinskas[17], Diego Arufe[18], Melisa Dirchowlf[19], Fernando Cairo[20], Nelly Gutierrez Acevedo[21], Adrian Gadano[1], Sebastian Marciano[1]

[1] *Hospital Italiano de Buenos Aires, CABA, Argentina*
[2] *Hospital de Clinicas Jose de San Martin, CABA, Argentina*
[3] *Sanatorio Guemes de Buenos Aires, CABA, Argentina*
[4] *Hospital Ángel C. Padilla, Tucuman, Argentina*
[5] *Hospital Medico Policial Churruca Visca, CABA, Argentina*
[6] *Hospital Universitario Austral, Buenos Aires, Argentina*
[7] *Hospital Aleman, CABA, Argentina*
[8] *Unidad de Epidemiología Clínica - Karolinska Institutet, Suecia - Instituto Universitario del Hospital Italiano Buenos Aires, Suecia - Buenos Aires, Argentina*
[9] *Hospital Regional Dr. Ramon Carrillo, de Santiago del Estero, Santiago del Estero, Argentina*
[10] *Sanatorio Diagnostico de Santa Fe, Santa Fe, Argentina*
[11] *Sanatorio Allende, Cordoba, Argentina*
[12] *Hospital Juan A Fernandez, CABA, Argentina*
[13] *Unidad Bi Institucional de Enfermedades Hepáticas Complejas (Hospital Militar - Hospital de Clínicas)., Montevideo, Uruguay*
[14] *Hospital Central Dr Ramon Carrillo, San Luis, San Luis, Argentina*
[15] *Hospital José Bernardo Iturraspe, Santa Fe, Santa Fe, Argentina*
[16] *Policlínico Privado San Lucas (Rio Cuarto), Cordoba, Argentina*
[17] *Hospital Central de Mendoza, Mendoza, Argentina*
[18] *Sanatorio Sagrado Corazón, CABA, Argentina*
[19] *Hospital Privado de Rosario, Santa Fe, Argentina*
[20] *Hospital El Cruce, Buenos Aires, Argentina*
[21] *Hospital 4 de Junio Ramón Carrillo, Chaco, Argentina*

Conflict of interest: No

Introduction and Objectives: The lack of data on bacterial susceptibility in urinary tract infections (UTI) among patients complicates empirical antibiotic selection. Aims: To assess the antibiotic susceptibility of UTI-causing bacteria in patients with cirrhosis and recommend appropriate antibiotic therapy.

Patients / Materials and Methods: Cross-sectional study using data from the prospective registry of bacterial infections in adult patients with cirrhosis in Argentina and Uruguay. We included episodes of culture-positive UTI in patients hospitalized for this condition or who developed a UTI during their stay. Antibiotic susceptibility patterns and recommendations are presented according to the site of acquisition. According to our definition, empirical antibiotic treatment should aim to cover roughly 80% of anticipated bacteria in stable patients and 90% in critically-ill patients.

Results and Discussion: A total of 278 episodes were included, involving 227 patients recruited from 20 centers between Dec/2020 and July/2024. Of these, 97% (n=269) were monobacterial, and 3% (n=9) involved infections with two bacteria, resulting in 287 isolates. The most frequent isolates were enterobacteria, especially E. coli (43%), notably in community-acquired (CA) UTI (60%); K. pneumoniae accounted for 28% of the isolates, rising to 40% in nosocomial UTI. The most frequent Gram-positive cocci was enterococcus (14%). The table displays the susceptibility patterns for various antibiotics and highlights those suitable for empirical treatment according to the observed coverage. Multidrug resistance was observed in 52% (CI95: 46-58) of episodes: 40% (CI95: 32-50) in community-acquired and 68% (CI95: 57-77) in nosocomial infections. It is concerning that half