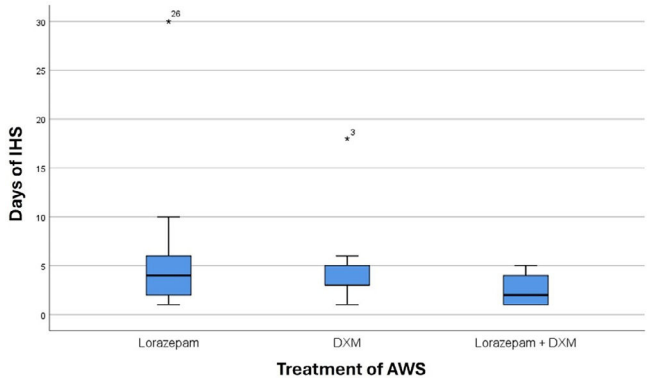
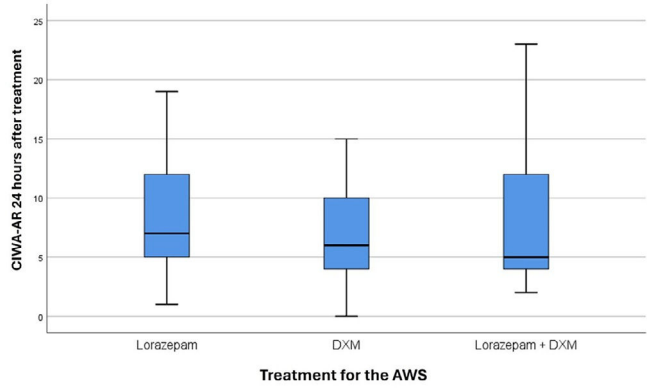
960) g/day, CIWA-Ar at admission 20 (10-46) points, Child -Pugh 10 (5-14) points, MELD-Na 16 (8-40) points. Regarding the AWS treatment: 17 (43.6%) received lorazepam, 13 (33.3%) DXM, and 9 (23.1%) lorazepam + DXM. When compared between groups there were no differences in terms of days of IHS [4 (1-30) 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

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

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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

of UTI are caused by multidrug-resistant organisms, and that only combinations of broad-spectrum antibiotics offer adequate coverage for nosocomial infections.

Conclusions: For the first time in Latin America, we provide high-quality data to guide empirical antibiotic recommendations for UTI in patients with cirrhosis.

Table: Proportion (95% CI) of UTI Episodes with Susceptibility to Different Antibiotic Regimens by Site of Infection Acquisition (n=278). Adequate options for stable patients are highlighted in light gray, and those for critically ill patients are highlighted in dark gray

Antibiotic Regimen	Community-acquired n= 119	Healthcare-associated n= 69	Nosocomial n= 90
Nitrofurantoin*	82 (73-89)	66 (51-78)	55 (43-67)
Quinolones	36 (28-46)	26 (17-38)	23 (16-33)
TMP-SMX (Trimethoprim-Sulfamethoxazole)	43 (34-52)	36 (25-48)	26 (18-36)
Ceftriaxone	51 (42-60)	29 (20-41)	21 (14-31)
Cefepime	53 (44-62)	31 (21-43)	27 (18-37)
Ceftazidime	47 (38-56)	29 (20-42)	22 (15-32)
Aminoglycoside	82 (74-88)	70 (58-80)	63 (52-73)
Piperacillin-tazobactam	61 (51-69)	46 (34-58)	29 (21-40)
Ertapenem	79 (71-86)	60 (48-71)	46 (37-57)
Colistin	80 (71-87)	63 (50-75)	69 (57-79)
Piperacillin-tazobactam + Vancomycin	61 (52-70)	52 (39-63)	32 (23-43)
Meropenem or Imipenem	90 (83-94)	77 (65-85)	56 (45-66)
Carbapenem + Vancomycin	91 (84-95)	82 (71-90)	58 (47-68)
Carbapenem + Linezolid	92 (85-96)	90 (80-95)	64 (54-74)
Aminoglycoside + Colistin	85 (77-90)	71 (59-81)	80 (69-87)
Ceftazidime-avibactam	83 (75-89)	68 (55-78)	68 (58-77)
Ceftazidime-avibactam + Aztreonam	68 (59-76)	54 (42-66)	72 (61-80)
Ceftolozane-tazobactam	85 (78-91)	70 (57-80)	73 (62-81)
Ceftazidime-avibactam + Vancomycin	95 (89-98)	88 (78-94)	76 (66-84)

The data from the 278 episodes with complete information are presented. For episodes with two isolations, susceptibility was assessed considering the coverage of both. * Nitrofurantoin was tested in 91 Community-acquired, 47 Health-associated and 65 nosocomial infections. Nitrofurantoin achieves good concentrations in urine but does not concentrate well in plasma and kidney parenchyma.

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P-58 PILOT STUDY OF HEPATITIS E VIRUS SEROPREVALENCE IN HEPATITIS B AND DELTA CARRIERS IN THE WESTERN AMAZON

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Conflict of interest: No

Introduction and Objectives: Hepatitis E virus (HEV) is a zoonotic virus transmitted via the fecal-oral route with a generally favorable prognosis. However, higher risks exist for pregnant or immunocompromised patients. Infection occurs through contaminated food, water, or direct contact with infected blood. Its asymptomatic nature and favorable prognosis likely contribute to underreporting in Brazil, especially in peri-urban and rural areas with limited healthcare access. *Objective:* To evaluate the seroprevalence of HEV in patients with mono-infection of Hepatitis B and co-infection with Delta virus in Rondônia.

Patients / Materials and Methods: An exploratory cross-sectional study using the Dia.Pro HEV Ab total ELISA kit for serological evaluation of 177 samples from the serum bank of the Molecular Virology Laboratory at Fiocruz-RO of patients with viral hepatitis from the Tropical Medicine Center (CEMETRON) in Rondônia. The samples were stratified into 74 VHD co-infected and 103 HBV mono-infected groups. The diagnosis of the Delta virus was performed using molecular biology on samples collected between 2018 and 2022. The results were analyzed using T-test and chi-square test.

Results and Discussion: The total sample consisted of 177 participants, including 95 men, 54 women, and 28 without information. The average age of participants was 41 years (M = 41), with the Delta group averaging 40 years and the HBV mono-infected group averaging 42 years. Of the 74 VHB-VHD sera, 9 (12.16%) were HEV IgG positive, 58 (78.40%) were non-reactive, and 7 (9.45%) were indeterminate. Among the 103 HBV sera, 9 (8.73%) were HEV IgG positive, 86 (83.50%) were non-reactive, and 8 (7.76%) were indeterminate.

Conclusions: The findings of HEV in HBV and VHD patients in Rondônia showed results similar to those found in studies with other populations. This is the first study on HEV in HBV and VHD patients.

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P-59 SOCIAL DETERMINANTS OF HEALTH AND INEQUITIES IN CHRONIC DISEASES: THE CASE OF LIVER DISEASES

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Conflict of interest: No

Introduction and Objectives: Cirrhosis is the leading cause of liver-related deaths worldwide. However, it should be highlighted that not only biology determines the disease, since ancient times it has been described that health is socially determined, however, today the same underlying problems continue to arise since its causes remain unresolved. It is clear that the mechanisms of society have a direct influence on the disease and only by taking these aspects into account can we understand social inequities in the field of health and intervene to correct them.

Patients / Materials and Methods: Retrospective descriptive ecological study using data from secondary sources, coming from mortality databases, morbidity databases of the National Public Health Surveillance System, Transplant Network, National Institute of Health and Liver and Transplant Associations.

Results and Discussion: Although vaccination, screening, and antiviral treatment campaigns for hepatitis B and C have reduced the disease burden in some parts of the world, concomitant increases in injection drug use, alcohol abuse, and metabolic syndrome threaten these trends, moreoveer, we can estimate that the affected population is much larger.