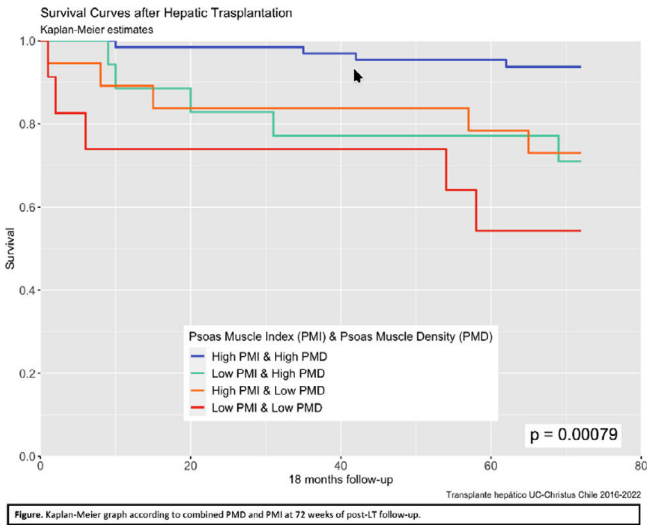

Figure. Kaplan-Meier graph according to combined PMD and PMI at 72 weeks of post-LT follow-up.

Figura

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P-63 CHARACTERISTICS AND CLINICAL OUTCOMES IN CIRRHOTIC PATIENTS TREATED IN ICU BETWEEN 2018-2023

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Conflict of interest: No

Introduction and Objectives: Cirrhosis is a chronic disease with a variable clinical course ranging from compensated stage to acute-on-chronic liver failure. The management of such patients focuses on multiorgan support in the intensive care unit (ICU). However, the criteria for defining the futility of management or even potential candidates for transplantation in our setting are not clearly established. *Objectives:* To describe the sociodemographic and clinical characteristics and outcomes of adult patients with liver cirrhosis treated in the ICU between 2018 and 2023 at the Cardioinfantil Foundation.

Patients / Materials and Methods: A retrospective observational cohort study was conducted. Quantitative variables were described as mean and standard deviation or median and interquartile range, depending on their distribution. Qualitative variables were expressed as frequencies and percentages. To compare variables between groups, Student's t tests were used for continuous variables and chi-square tests or Fisher's exact test for categorical variables. Logistic regression models were applied to identify risk factors associated with mortality, adjusting for possible confounders.

Results and Discussion: Statistically significant differences ($p<0.001$) were found associated with higher mortality in patients with higher CHILD, MELD and CLIF-C AD scores. Higher mortality was also found in patients with associated renal dysfunction, who developed any type of infection or who required IMV. No differences in survival were found in patients who underwent transplantation.

Conclusions: Patients with cirrhosis treated in the ICU have a higher mortality rate in relation to greater renal dysfunction, need for IVM, impaired hepatic synthesis or the presence of any type of infection. Respiratory and urinary tract infection where the most common. No association was found with systemic inflammatory response and mortality. The proportion of suitable patients eligible for transplant was low. Prospective studies are required to identify the patient population that may benefit from early transplantation and thereby improve their survival.

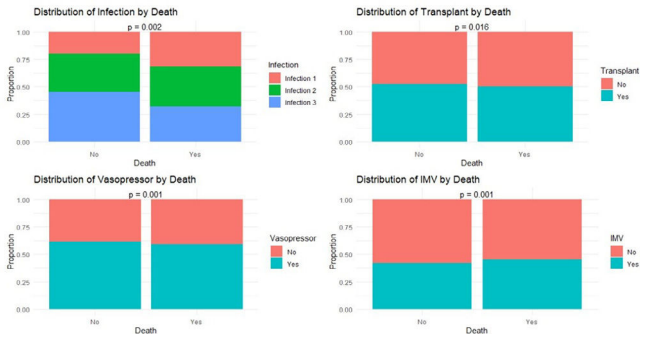

Table 1. Demographic and clinical characteristics and risk markers

	Total population n= 121	Dead n= 35	p Value
Age, median (IQR)	60.00 [52.00, 64.00]	61.00 [52.25, 65.00]	0,054
CHILD, median (IQR)	11.00 [9.00, 12.00]	11.00 [10.00, 12.00]	<0.001
MELD, median (IQR)	20.00 [16.00, 26.00]	22.00 [18.25, 28.00]	<0.001
MELD_Na, median (IQR)	23.00 [18.00, 30.00]	18.00 [13.00, 23.00]	<0.001
CLIF_C_AD (median [IQR])	56.00 [50.75, 66.00]	52.00 [46.00, 56.00]	0.001
Creatinine, median(IQR)	1.20 [0.80, 2.00]	1.30 [0.90, 2.18]	<0.001
Infection (%)	85 (70.2)	17 (48.6)	0.002
Trasplant (%)	11 (9.1%)	7 (20%)	0.016
HRS, n (%)	66 (54.5)	4 (11.4)	<0.001
IMV, n (%)	29 (24.0)	25 (29.1)	<0.001

IQR: Interquartile range, HRS: Hepatorenal Syndrome, IMV: Invasive Mechanical Ventilation

Table 1. Patient Characteristics

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P-64 DOWNSTAGING STRATEGY FOR LIVER TRANSPLANTATION IN HEPATOCELLULAR CARCINOMA. A COHORT STUDY IN A COLOMBIAN HOSPITAL

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Conflict of interest: No

Introduction and Objectives: Hepatocellular carcinoma (HCC) with low tumor burden can be treated by liver transplantation (LT). Downstaging is a strategy to reduce tumor burden and allow transplantation. *Objectives:* To present the features and outcomes of patients undergoing LT with a downstaging and to compare them with patients transplanted according to Milan criteria

Patients / Materials and Methods: Retrospective cohort study of transplanted patients from July 2012 to January 2024 in a Colombian hospital. Downstaging was carried out in accordance with UNOS criteria. Death and recurrence of HCC were the primary outcomes. Cox proportional hazards model was adjusted for age and Child-Pugh score.

Results and Discussion: 79 patients, 17 in downstaging group (DG) and 62 in Milan Group (MG). All patients had cirrhosis. Median age was 60 years and 71% were men. DG has less diabetes mellitus than MG (24% vs. 48%), less comorbidities (82% vs. 92%), better Child-Pugh, less ascites (6% vs. 50%), less encephalopathy (18% vs. 45%) and less variceal bleeding (17% vs. 32%). In DG, the median number of tumors was 2 (IQR: 1-3, 29% with just one) and in MG it was 1 (IQR: 1-1, 79% with just one). Dowstaging was performed using either TACE alone (88%) or in combination with radiofrequency ablation (22%). Liver specimens showed a high sum of tumor diameters in DG