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Conflict of interest: No

Introduction and Objectives: Decompensated cirrhosis (DC) is an important cause of death worldwide, including in Latin America. This study aimed to evaluate in-hospital and 30-day post-discharge mortality in a multinational cohort in Latin America.

Patients / Materials and Methods: Non-elective cirrhosis admissions from Nov 2021 to Aug 2022 in sites from Mexico, Brazil, Argentina and Chile were included. Demographics, admission medications, prior conditions, etiology, and other data around admission were collected from patients and their medical records. Continuous variables were summarized using mean ($\pm$ SD), and categorical variables as counts (%). Main outcomes were inpatient mortality/hospice and 30-day post-discharge mortality. Univariable comparisons were compared between outcomes using two-sample *t*-tests or chi-squared tests as appropriate. Multivariable models controlling for all variables significantly associated with outcomes at the *p* < 0.05 level were fit.

Results and Discussion: Of 651 patients with valid inpatient outcomes, 158 died in-hospital or were moved to hospice (24.3%). At 30-days, 139 were lost to follow-up, leaving 512 patients. Of these, 172 died by 30 days (33.6%). In-hospital and 30-days mortality were not affected by etiology (HBV, HCV, MASLD, crypto). Variables significantly associated with mortality at both timepoints were prior LVP/HE, admission medications, prior infection, liver-related admission, and higher MELD-Na (Table 1). On multivariable analysis, admission betablockers and lactulose were associated with high mortality; MELD-Na and infection on admission were associated to death at both timepoints (Table 2)

Conclusions: DC is associated with significant in-patient and 30-day mortality in the region, regardless of etiology and country, especially in patients with higher MELD-Na and/or infected on admission.

Table 1.

Variable	Inpatient Outcomes (n = 651)			30-Day Outcomes* (n = 512)		
	Survived/LT (n = 493, 75.7%)	Death/ Hospice (n = 158, 24.3%)	p-value	Survived/LT (n = 340, 66.4%)	Death (n = 172, 33.6%)	p-value
Age (years)	57.96 ($\pm$ 13.11)	56.59 ($\pm$ 12.73)	0.24	56.50 ($\pm$ 12.93)	56.34 ($\pm$ 12.82)	0.89
Male Sex	273 (55.4%)	88 (55.7%)	>0.99	200 (58.9%)	97 (56.4%)	0.67
Cirrhosis Etiology						
Hepatitis C	81 (16.4%)	20 (12.7%)	0.31	55 (16.2%)	22 (12.8%)	0.38
NAFLD/MASLD	123 (24.9%)	36 (22.8%)	0.66	72 (21.2%)	37 (21.5%)	>0.99
Hepatitis B	5 (1.0%)	2 (1.3%)	>0.99	4 (1.2%)	2 (1.2%)	>0.99
Cryptogenic	46 (9.3%)	18 (11.4%)	0.55	33 (9.7%)	19 (11.0%)	0.75
Others	12 (2.4%)	1 (<1.0%)	0.28	8 (2.4%)	2 (1.2%)	0.56
Prior AKI	79 (16.0%)	27 (17.1%)	0.85	60 (17.6%)	35 (20.3%)	0.53
Prior Hydrothorax	24 (4.9%)	15 (9.5%)	0.05	18 (5.3%)	17 (9.9%)	0.08
Cirrhosis History						
Prior LVP (6mo)	36 (7.3%)	29 (18.4%)	<0.001	32 (9.4%)	24 (14.0%)	0.16
Hospitalized (6mo)	174 (35.3%)	62 (39.2%)	0.42	130 (38.2%)	71 (41.3%)	0.57
Prior HE (6mo)	180 (36.5%)	77 (48.7%)	0.008	123 (36.2%)	89 (51.7%)	0.001
Variceal Bleed (6mo)	189 (38.3%)	55 (34.8%)	0.48	120 (35.3%)	62 (36.0%)	0.94
Transplant Listed?	75 (15.2%)	37 (23.4%)	0.02	69 (20.3%)	30 (17.4%)	0.51
Infected in Past 6mo	78 (15.8%)	32 (20.3%)	0.24	63 (18.5%)	36 (20.9%)	0.60
Prior HCC (6mo)	36 (7.3%)	16 (10.1%)	0.33	25 (7.4%)	18 (10.5%)	0.30
Admission Details						
Beta-Blocker	237 (48.1%)	51 (32.3%)	<0.001	150 (44.1%)	63 (36.6%)	0.13
Lactulose	180 (36.5%)	89 (56.3%)	<0.001	119 (35.0%)	93 (54.1%)	<0.001

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Variable	Inpatient Outcomes (n = 651)			30-Day Outcomes* (n = 512)		
	Survived/LT (n = 493, 75.7%)	Death/ Hospice (n = 158, 24.3%)	p-value	Survived/LT (n = 340, 66.4%)	Death (n = 172, 33.6%)	p-value
Rifaximin	97 (19.7%)	44 (27.8%)	0.04	68 (20.0%)	52 (30.2%)	0.01
Diuretics	225 (45.6%)	83 (52.5%)	0.16	152 (44.7%)	92 (53.5%)	0.07
PPI	167 (33.9%)	56 (35.4%)	0.79	104 (30.6%)	58 (33.7%)	0.54
Statins	57 (11.6%)	14 (8.9%)	0.42	29 (8.5%)	17 (9.9%)	0.73
SBP	68 (13.8%)	29 (18.4%)	0.20	46 (13.5%)	30 (17.4%)	0.30
Prophylaxis						
HBV antivirals	7 (1.4%)	2 (1.3%)	>0.99	2 (<1.0%)	3 (1.7%)	0.44
Infection	122 (24.7%)	68 (43.0%)	<0.001	80 (23.5%)	81 (47.1%)	<0.001
Admission						
Liver Related	439 (89.0%)	154 (97.5%)	0.002	306 (90.0%)	166 (96.5%)	0.02
Admission						
MELD-Na	19.76 ($\pm$ 7.69)	26.76 ($\pm$ 6.86)	<0.001	20.29 ($\pm$ 7.65)	27.22 ($\pm$ 7.27)	<0.001

Table 2.

Variable	Inpatient Death/Hospice		30-Day Death	
	OR (95% CI)	p-value	OR (95% CI)	p-value
Admission	0.54 [0.34-0.85]	0.003	—	—
Beta-Blocker				
Admission	3.08 [1.68-5.72]	<0.001	1.54 [0.88-2.69]	0.13
Lactulose				
Infection on	1.81 [1.16-2.82]	0.009	2.32 [1.59-3.62]	<0.001
Admission				
MELD-Na	1.12 [1.08-1.15]	<0.001	1.11 [1.08-1.15]	<0.001

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P-79 CHARACTERISTICS AND OUTCOMES OF TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPS) RECIPIENTS IN A TERTIARY HOSPITAL. LIMA - PERU (JANUARY 2019 - MARCH 2024)

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Conflict of interest: No

Introduction and Objectives: Portal Hypertension (PHT) is the determining event of decompensations in liver cirrhosis, increasing its mortality. TIPS is an effective strategy for the management of PHT; however, in Latin America there are few studies on this topic. *Objective:* To describe characteristics and results of TIPS recipients in a tertiary hospital in Lima (Peru) from January 2019 to March 2024.

Patients / Materials and Methods: This observational, retrospective and cross-sectional study reviewed all medical records of patients $\geq$ 18 years old undergoing TIPS between January 2019 and March 2024, performed by Interventional Radiology Service. For statistical analysis, SPSS 29 software was used.

Results and Discussion: A total of 43 patients (46.5% male) were included, with a mean age of 52.3 years (SD14.9), most of them cirrhotic (93%), being MASLD the main etiology (45%). The mean Child Pugh score was B9, and the Model for End-stage Liver Disease (MELD) score was 12.45 (SD4.6).

TIPS was mainly indicated for refractory/resistant ascites 39.5% (17/43) and variceal hemorrhage 27.9% (12/43), and there was more than one indication in 18.6% (8/43). The mean shunt diameter was 10mm with a pre-procedure pressure gradient of 23.5mmHg (range 12-40) and post-procedure pressure gradient of 7.44 (range 4-13).

Technical success was achieved in 95.3% (shunt creation), hemodynamic success (GHPVH < 12mmHg or decrease $\geq 50\%$) in 100% and favorable clinical success (Table 1).

It was found that 55.8% (24/43) had at least one complication, the main one being hepatic encephalopathy in 32.6% (14/43) and the most serious being hemoperitoneum in 9.3% (4/43).

The average follow-up time was 11 months (1–56 months), showing that 16.27% of patients had access to liver transplantation.

Conclusions: The main indication for TIPS in our setting was refractory ascites, followed by variceal hemorrhage, with high technical and hemodynamic success and favorable clinical response; the most common complication being hepatic encephalopathy.

TABLE 1: INDICATIONS AND CLINICAL SUCCESS OF TIPS

TIPS INDICATION (N = 43)	N	%
- VARICEAL HEMORRHAGE (VH)	12	27.9
- REFRACTORY / RESISTANT ASCITES	17	39.5
- HEPATIC HYDROTHORAX	2	4.7
- BUDD CHIARI SYNDROME	3	7.0
- PORTAL THROMBOSIS	1	2.3
- TWO OR MORE INDICATIONS	8	18.6
CLINICAL SUCCESS (N = 41) *		
- CONTROL OF VH WITHOUT RECURRENCE	10/11	90.9
- ASCITES RESOLUTION ^a	2/24	8.3
- PARTIAL RESOLUTION OF ASCITES ^b	22/24	91.7
- PARTIAL RESOLUTION OF HYDROTHORAX ^c	4/4	100

*Patients who achieved technical and hemodynamic success were included in the analysis.

^aAscites controlled without paracentesis or diuretics.

^bAscites controlled without paracentesis with diuretics

^cHydrothorax controlled without thoracentesis with diuretics

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P-80 RECURRENCE OF PRIMARY SCLEROSING CHOLANGITIS AFTER LIVER TRANSPLANTATION: RESULTS FROM THE BRAZILIAN CHOLESTASIS CONSORTIUM

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Introduction and Objectives: Previous studies have identified risk factors associated with recurrent primary sclerosing cholangitis (rPSC) after liver transplantation (LT) in Caucasians. There is paucity of data regarding rPSC in multiethnic Latin patients. **Objectives:** To investigate rPSC frequency and its associated risk factors in a highly admixed population from Brazil.

Patients / Materials and Methods: The Brazilian Cholestasis Study Group database was retrospectively reviewed for including primary sclerosing cholangitis (PSC) patients who underwent LT. Primary outcome was rPSC.

Results and Discussion: A total of 96 patients were included, 60% males, mean age 32 ± 13 years. After a follow-up of 90 months (interquartile range 39-154), rPSC occurred in 29 (30%) of the participants. There were no statistically significant associations between rPSC and age, gender, concurrent or *de novo* inflammatory bowel disease, MELD score at the time of LT or allograft rejection. The only factor associated with an increased risk of disease recurrence was time after LT.

Conclusions: In Brazilian PSC patients who underwent LT, one-third had rPSC. Longer time after LT was associated with rPSC diagnosis.

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