

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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