[1] *Hospital de Clínicas de la Facultad de Medicina de Ribeirão Preto, Ribeirão Preto, Brasil*

Conflict of interest: No

Introduction and Objectives: Liver transplantation (LT) is the definitive treatment for decompensated cirrhosis and liver failure. Patients with ascites refractory to the use of diuretics fit the criteria for a special situation, according to technical note No. 32/2021, issued in 2021 by the Ministry of Health (MS). Cases with refractory ascites now directly and immediately receive 29 points on the MELD score. Thus, changes in the waiting time for LT are expected after the aforementioned technical standard, but the real impact on morbidity and mortality is unknown.

This study aims to compare the waiting time for LT for refractory ascites before and after technical note No. 32/2021. In addition, the study will also evaluate the proportion of those transplanted for refractory ascites after the 2021 resolution.

Patients / Materials and Methods: The electronic medical records of patients undergoing LT in a tertiary service during the years before (2018 and 2019) and after (2022 and 2023) technical note No. 32/2021 were evaluated. Patients undergoing LT of both sexes and aged 18 or over were included. The data was stored in a spreadsheet and compared.

Results and Discussion: There was a 59-day reduction in the median waiting time, considering the interval between the special situation being granted and the actual LT being performed. In addition, there was a 5.85% increase in the number of LT for refractory ascites, considering the years 2018 and 2019 *versus* 2022 and 2023.

Conclusions: The implementation of technical note No. 32/2021 correlated with a reduction in the waiting time for LT for patients with refractory ascites. In addition, the implementation of this resolution was also correlated with a small increase in the number of transplants for refractory ascites. Despite the initial results, a longer observation period is needed for more in-depth analyses of survival and morbidity.

https://doi.org/10.1016/j.aohep.2024.101699

P-86 SHORT TERM RESULTS OF TRANSPLANTED ACLF PATIENTS IN A YOUNG TRANSPLANT PROGRAM IN CHILE

Matias Sanhueza Montequin[1], Nicole Mac-Guire Macchiavello[2], Giovanna Zavadzki Albuquerque[3], Vicente Gonzalez Isla[4], Jose Tomas Leyton Bustamante[4], Valeria Galaz Kutulas[5], Elizabeth Rivas Garrido[6], Julio Benitez Perez[7], Erwin Buckel Schaffner[8], Edmundo Martinez Escalona[9], Rolando Rebolledo Acevedo[7], Rodrigo Wolff Rojas[9], Blanca Norero Muñoz[9]

[1] *Gastroenterology Fellow, Facultad de Medicina Clínica Alemana-Universidad del Desarrollo, Santiago, Chile*
[2] *Medical Student, Facultad de Medicina Clínica Alemana-Universidad del Desarrollo, Santiago, Chile*
[3] *Internal Medicine Resident, Complejo Asistencial Sotero del Rio, Santiago, Chile*
[4] *Internal Medicine Resident, Facultad de Medicina Clínica Alemana-Universidad del Desarrollo, Santiago, Chile*
[5] *Surgery Resident, Complejo Asistencial Sotero del Rio; Instituto de Ingenieria Biologica y Medica, Pontificia Universidad Católica de Chile, Santiago, Chile*
[6] *Clinical Research Nurse, Instituto de Ingenieria Biologica y Medica, Pontificia Universidad Católica de Chile, Santiago, Chile*
[7] *Transplant Surgeon, Liver Transplant Unit, Complejo Asistencial Sotero del Rio; Instituto de Ingenieria Biologica y Medica, Pontificia Universidad Católica de Chile, Santiago, Chile*
[8] *Transplant Surgeon, Liver Transplant Unit, Complejo Asistencial Sotero del Rio, Santiago, Chile*
[9] *Hepatologist, Liver Transplant Unit, Complejo Asistencial Sotero del Rio, Santiago, Chile*

Conflict of interest: No

Introduction and Objectives: Pts with ACLF should be assessed for liver transplant (LT) due to the high mortality without LT (28-day mortality: grade 1 = 14.6%, 2 = 32%, 3 = 78.6%). There is a survival benefit for ACLF grades 2-3 with LT (85-89% at 3-months and 70-80% at 3-years). Grade 2, and specially grade 3 ACLF pts remain a challenge for LT teams. New scoring systems (eg. SALT-M) have been developed to assist decision-making. There is limited data on this topic in Chile and Latin America. *Aim:* To characterize ACLF pts who underwent LT in our center between January 2020 and March 2024.

Patients / Materials and Methods: Observational retrospective study. Clinical and laboratory data were collected. The cohort was divided into 3 groups based on ACLF grade. We calculated ACLF scores and assessed outcomes at 28-days and 3-months after LT.

Results and Discussion: A total of 100 LT were performed between January 2020 and March 2024. 31 pts (31%) had ACLF before LT. Table 1 shows general data of ACLF LT pts. Alcohol and autoimmune were the most frequent etiologies. Infection was the most frequent extrahepatic comorbidity before and after LT (80.7% and 93.6% respectively). Length of stay (LOS) was influenced by the grade of ACLF, with grade 3 patients having the longest ICU stay (20.92 days). 28-day and 3-month survival rates were 90.3% and 87.1%, respectively. Only grade 3 ACLF LT pts showed a difference between 28-day and 3-month survival. Multi organ dysfunction syndrome (MODS) was the main reported cause of death (75%).

Conclusions: Short term outcomes were consistent with national and international data. Infections were the main complication before and after LT. SALT-M score correlates with ACLF severity but would not have changed the decision to perform LT. A prolonged LOS is expected in ACLF LT pts.

https://doi.org/10.1016/j.aohep.2024.101700

P-87 TRANSCULTURAL ADAPTATION OF THE MEDITERRANEAN DIET TO THE DIETARY HABITS OF EACH GEOGRAPHICAL REGION OF ARGENTINA FOR THE TREATMENT OF METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD)

Maria Adela Crosetti[1], Alejandra Maynat[2], Andrea Zúñiga[1]

[1] *Subcomisión Hígado Graso - SAHE - Argentina, Junin - Buenos Aires, Argentina*
[2] *Gedyt: Gastroenterología diagnóstica y terapéutica. Caba. Argentina, CABA, Argentina*

Conflict of interest: No

Introduction and Objectives: The progressive increase in the prevalence of MASLD and its impact on morbidity and mortality require dietary options for its prevention and treatment, with the Mediterranean diet (MD) being the most scientifically supported. This study analyzes the similarities and differences of this diet with respect to the dietary habits of the different regions of Argentina,