P-93 DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS WITH CHRONIC HEPATITIS B VIRUS INFECTION IN A PUBLIC HOSPITAL IN CHILE BETWEEN YEARS 2015 AND 2022

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Conflict of interest: No

Introduction and Objectives: The prevalence of hepatitis B virus (HBV) in Chile is 0.54%. Antiviral treatment is guaranteed by a ministerial program for infected people who meet treatment criteria. To date, the serological response rate in Chile has not been reported. *Objectives:* To determine the frequency of normalization of alanine aminotrasferasa (ALT), HBV Deoxyribonucleic Acid (DNA), loss of e (HBeAg) and superficial (HBsAg) antigens in adult patients with chronic HBV infection treated with antivirals in a public hospital in Chile.

Patients / Materials and Methods: Observational, retrospective study including adults with chronic HBV infection, without immunodeficiency, controlled in hepatology policlinic between 2015 and 2022 at Hospital del Salvador. Descriptive statistics were used to determine the demographic characteristics of this population, criteria for indication of antiviral therapy and surrogate markers of therapeutic targets.

Results and Discussion: 180 clinical records were reviewed. 141 were excluded: poor treatment adherence and follow-up (30), deceased (59), acute HBV infection (33) and immunodeficiency (19). 39 patients were included in the analysis, being 61.5% men and 25.6% with evidence of cirrhosis at diagnosis. 21 patients (53.8%) received antiviral therapy, 14 of them (66.6%) receiving entecavir. The most frequent treatment criteria was viral load > 2000 plus ALT > 1.1 times above normal, followed by evidence of cirrhosis. 88.8% of treated patients achieved normal ALT at follow-up. 51.2% achieved undetectable HBV DNA. 23% (9) were HBeAg positive with 4 of them achieving negative HBeAg. None achieved loss of HBsAg.

Conclusions: Most patients achieved normal ALT and HVB DNA levels with treatment. There is a significant number of patients who did not adhere to medical controls and there is no protocol for serological follow-up, making it difficult to select candidates for antiviral suspension.

TREATMENT N: 39 PATIENTS WITH CHRONIC HVB INFECTION	
Treatment indication criteria	
HVB chronic hepatitis with persistent ALT >1.1 above normal level and viral load HVB >2.000 UI/mL	13 (33.33)
Necroinflammation and/or significant fibrosis on liver biopsy and HBV viral load >2000 UI/mL	1 (2.56)
Cirrhosis diagnosed by biopsy or images, regardless of viral load	7 (17.94)
No treatment indication	18 (46.15)
Prescribed antiviral	
1. Entecavir	14 (66.66)
2. TDF	5 (23.80)
3. TAF	1 (4.76)
4. Other	1 (4.76)
5. No treatment indication	18
TREATMENT RESULTS	
ALT level normalization (<55) (n=39)	
1. Yes	8 (20.5)
2. No	1 (2.56)
3. Normal baseline level	25 (64.10)
4. No follow-up	4 (10.25)
5. No baseline level	1 (2.56)
HBsAg loss (n=39)	
1. Yes	0
2. No	7 (17.94)
3. No follow-up	32 (82.05)
Virologic response (n=39)	
1. Virological breaktrough (viral load >1 log above nadir)	1 (2.56)
2. Undetectable viral load	20 (51.28)
3. No baseline viral load	1 (2.56)
4. No follow-up	5 (12.82)
5. No treatment indication	12 (30.76)
Time to undetectable viral load (n=39)	
1. Month 3	3 (7.69)
2. Month 6	5 (12.82)
3. Month 12	4 (10.25)
4. Month 18	2 (5.12)
5. Month 24	3 (7.69)
6. No follow-up	12 (30.76)
7. Not achieved TND	1 (2.56)
8. No treatment indication	6 (15.38)
9. TND at baseline	3 (7.69)
HBeAg loss (n HBeAg + = 9 patients)	
1. Yes	4 (44.44)
2. No	1 (11.11)
3. No follow-up	4 (44.44)
antiHBeAg seroconversión during follow-up (n HBeAg + = 9 patients)	
1. Yes	2 (22.22)
2. No	1 (1.38)
3. No follow-up	4 (44.44)
4. No baseline level, negative during follow-up	1 (11.11)
5. No baseline level, positive during follow-up	1 (11.11)

Clinical and serological characteristics of patients with chronic HBV infection.

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P-94 MICROBIOLOGY OF INFECTIONS IN PATIENTS WITH LIVER CIRRHOSIS HOSPITALIZED AT THE CLINICAL HOSPITAL OF THE UNIVERSITY OF CHILE

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Conflict of interest: No

Introduction and Objectives: Infections are a frequent cause of decompensation in patients with liver cirrhosis (LC). Understanding