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

local microbiology is important for the correct choice of antibiotics and achieving good clinical outcomes. *Objective*: To evaluate the microbiology of infections in patients with cirrhosis who were hospitalized in our institution between 2015 and 2022.

Patients / Materials and Methods: A retrospective, observational, and analytical study of LC patients hospitalized for any reason between 2015 and 2022. Positive cultures in LC patients (1036 in total) were reviewed, focusing on blood cultures, ascitic fluid cultures, and other types (bronchial secretions, devices and pleural fluid). Urine cultures, non-infection-related episodes, and contamination cases were excluded. Clinical characteristics of patients in each episode, as well as antimicrobial resistance of each organism, were analyzed. STATA 13.0 was used for data analysis with significance set at < 0.05.

Results and Discussion: A total of 494 episodes of positive cultures from 187 LC patients were included; median age was 61 years (20-81), with 62% male. In 41% of episodes, the patient was immunosuppressed, and 47% were on prophylactic antibiotics. Forty percent of cultures were blood cultures, 20% ascitic fluid, and 40% other types of cultures. The most frequently isolated microorganisms were Enterobacteriaceae and Gram-positive bacteria. Resistance to extended-spectrum beta-lactamases, Vancomycin, and carbapenemases was evaluated, with Vancomycin resistance being the most frequent, only evaluated in enterococci. Immunosuppression was significantly associated with antibiotic resistance (56% vs 25%; p=0.001), whereas prior use of prophylactic antibiotics did not show a significant association (40% in both groups).

Conclusions: The results suggest the need for empirical therapies for our patients and emphasize the importance of rational antibiotic use.

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P-95 SARCOPENIA: RISK FACTOR FOR MORTALITY IN CIRRHOTIC PATIENTS ON WAITING LIST FOR LIVER TRANSPLANTATION IN A REFERENCE CENTER, COLOMBIA

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Conflict of interest: No

Introduction and Objectives: Sarcopenia is an independent predictor of mortality in patients with chronic liver disease pre- and post-transplant. Measurement of muscle strength by dynamometry can serve as a surrogate marker of frailty in patients with chronic liver disease, especially in those in whom it is not possible to assess sarcopenia through imaging.

Patients / Materials and Methods: To determine the association between sarcopenia, complications of cirrhosis and mortality in cirrhotic patients on the waiting list for liver transplant in a liver transplant reference center in Colombia. *Methods*: An observational, analytical and retrospective study was carried out with a cohort of patients with cirrhosis on the waiting list for liver transplant between 2020 and 2022, in a liver transplant reference center in Colombia.

Results and Discussion: We included 310 patients with a diagnosis of cirrhosis who were on the liver transplant waiting list and had dynamometry and anthropometry records to calculate the SARC-F index. A bivariate analysis was carried out which shows that a high score in CHILDA, MELD, ICU stay, complications such as SBP, dynamometry measurement and sarcopenia generate an estimate of significant association, taking into account a p <0.05. Subsequently, a multinomial logistic regression model was carried out, chronic kidney disease and sarcopenia stand out as influential factors in mortality with P <0.05.

Conclusions: Sarcopenia and chronic kidney disease are factors that have a significant association with higher mortality.

Table 1. Demographic characteristics

	Total population n= 310	Dead n=73	Value of P
Age, middle (IQR)	42.00 [32.00, 48.00]	45.00 [38.00, 49.00]	0.015
Female sex, n (%)	127 (41.0)	32 (43.8)	0.816
Diabetes Yes, n (%)	95 (30.6)	26 (35.6)	0.467
Hypertension Yes, n (%)	76 (24.5)	21 (28.8)	0.424
Hypothyroidism Yes, n (%)	54 (17.4)	16 (21.9)	0.228
CKD(chronic kidney disease), Yes n (%)	29 (9.4)	8 (11.0)	<0.001
non-hepatocellular carcinoma yes, n (%)	26 (8.4)	3 (4.1)	0.003
Osteoporosis Yes, n (%)	83 (26.8)	16 (21.9)	0.442
Osteopenia Yes, n (%)	106 (34.2)	22 (30.1)	0.641
Dementia Yes, n (%)	1 (0.3)	1 (1.4)	0.196
Child quantitative, median (IQR)	8.00 [4.00, 10.00]	5.00 [3.00, 9.00]	0.024
Child qualitative, n (%)			0.004
CHILD A	82 (26.5)	12 (16.4)	
CHILD B	135 (43.5)	25 (34.2)	
CHILD C	89 (28.7)	35 (47.9)	
MELD quantitative, median (IQR)	10.00 [5.00, 19.75]	16.00 [8.00, 23.00]	0.002
ICU Yes, n (%)	144 (46.5)	58 (79.5)	<0.001
hepatocellular carcinoma yes, n (%)	69 (22.3)	17 (23.3)	0.734
Bleeding Yes , n(%)	117 (37.7)	30 (41.1)	0.446
Ascites, n(%)	199 (64.2)	57 (78.1)	0.009
Encephalopathy, n(%)	165 (53.2)	45 (61.6)	0.096
Peritonitis, n(%)	19 (6.1)	11 (15.1)	0.001
Thrombosis, n(%)	67 (21.6)	22 (30.1)	0.003
Sarcf, n (%)	91 (29.4)	32 (43.8)	0.003
RFH_NPT, n (%)	113 (36.5)	44 (60.3)	<0.001

IQR: interquartile range, SARCF: Sarcopenia: RFH, ICU:Intensive care unit, RFH_NPT: Royal Free Hospital Nutritional Prioritizing Tool, CHILD: Child Pugh Turcotte scale, MELD: Model for End-stage Liver Disease.

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P-96 LONG-TERM PIOGLITAZONE TREATMENT AND LIVER STIFFNESS IN MASLD PATIENTS: INSIGHTS FROM A MULTICENTRIC STUDY

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Conflict of interest: No

Introduction and Objectives: Pioglitazone, an agonist of peroxisome proliferator-activated receptor gamma, has shown efficacy in