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