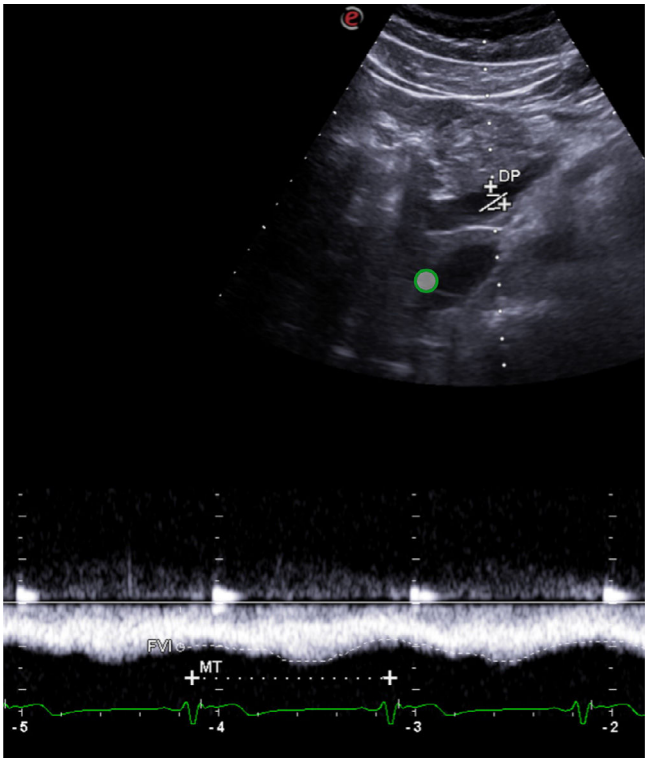

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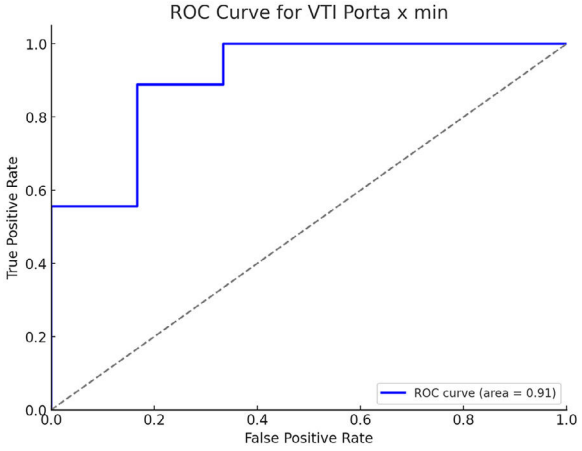

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P-117 CONTINUOUS INTRAVENOUS TACROLIMUS FOR LIVER TRANSPLANT RECIPIENTS: IMPLEMENTATION STRATEGY AND CLINICAL OUTCOMES

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Conflict of interest: No

Introduction and Objectives: Tacrolimus is the cornerstone of immunosuppression following liver transplantation (LT). In patients with prolonged orotracheal intubation, enteral administration (oral, nasogastric or sublingual) can result in variable pharmacokinetics and trough levels. Continuous intravenous tacrolimus (CIT) may ensure a more stable dose-to-trough levels ratio. We aimed to describe an implementation strategy and outcomes of CIT in LT recipients.

Patients / Materials and Methods: This case series includes consecutive adult LT patients receiving CIT at a single center from 2018 to 2024. CIT was administered to patients who could not receive enteral medication. The CIT dose ranged from 0.01 to 0.02 mg/kg/day, with adjustments based on the patient's clinical condition, and target blood trough levels 5-8 ng/ml. Clinical outcomes included acute cellular rejection, infections, renal and neurologic toxicities.

Results and Discussion: Twelve patients received CIT, with a median initiation at 4 days (IQR: 2.5–19) post-LT. The median initial dose was 1 mg/24h (IQR: 0.7–1.0), Six (50%) patients achieved target trough levels at a median of 2.5 days (IQR: 1.5–4). Of the 12 patients, 11 had at least one tacrolimus trough level over 10 ng/ml, 7 had levels over 12 ng/ml, and 3 had levels over 15 ng/ml. The median duration of CIT was 12 days (IQR: 9–22). During CIT administration, complications included seizures (n=1), cytomegalovirus reactivation (n=4) and acute kidney injury (n=3). No cases of acute cellular rejection were observed, and 2 patients died during hospitalization, with deaths not related to CIT.

Conclusions: This case series suggests that CIT is a feasible option with manageable toxicities for LT recipients unable to receive enteral medication, helping to prevent acute cellular rejection episodes.

Table 1

Characteristics	No of patients (%) or median [IQR]
Age	58.0 [27.0 - 69.0]
Sex, female	7 (58.3)
Cirrhosis etiology	
Autoimmune hepatitis	4 (33.3)
MASLD	2 (16.6)
MetAld	1 (8.3)
HCV	1 (8.3)
Alcohol	1 (8.3)
Polycystic disease	1 (8.3)
Cryptogenic	1 (8.3)
No cirrhosis	1 (8.3)
Cadaveric donor (complete)	11 (91.6)
Cadaveric donor (split)	1 (8.3)
Meld Na	27 [9 - 40]
ACLF	3 (25)
Re transplant	4 (33)
Hospitalization days	36 [15-110]
Days of intravenous tacrolimus	12 [4-43]
Post transplantation outcomes	
Neurotoxicity	2 (16.6)
Acute kidney injury	3 (25)
Grade 1	1 (8.3)
Grade 2	1 (8.3)
Grade 3	1 (8.3)
Acute cellular rejection	0
Cytomegalovirus reactivation	3 (25)

IQR [interquartile range], MASLD (metabolic dysfunction-associated steatotic liver disease) HCV (hepatitis C virus) MELD NA (model for End-stage Liver Disease), ACLF (Acute-On-Chronic Liver Failure), ICU (intensive care unit)

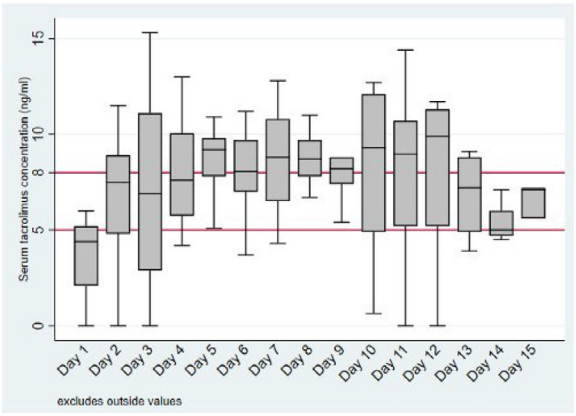

Figure 1. Boxplot of serum dose of tacrolimus every day

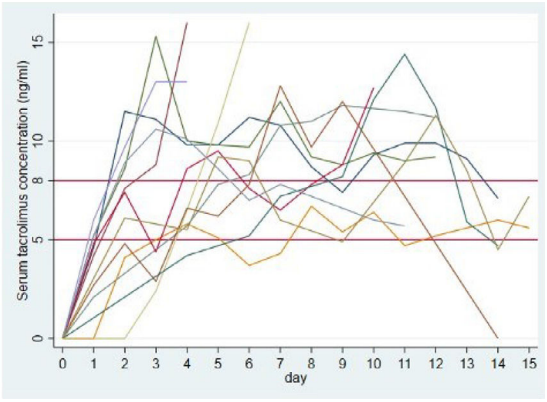

Figure 2. Line of serum concentration in time for every patient in the case series.

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P-118 METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE: INDICATION FOR LIVER TRANSPLANTATION AND OCCURRENCE IN THE POSTOPERATIVE PERIOD

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Conflict of interest: No

Introduction and Objectives: Metabolic dysfunction-associated steatotic liver disease (MASLD) is one of the most important causes of liver disease worldwide, and it is currently the main indication for liver transplantation.

This study aims to evaluate (1) clinical-epidemiological profile of patients listed for liver transplant due to MASLD-related cirrhosis and mortality on the waiting list; (2) occurrence of allograft steatosis and new post-transplant comorbidities; (3) survival of patients with and without MASLD in the postoperative period.

Patients / Materials and Methods: This retrospective study is based on a review of medical records of patients treated at the Liver Transplant outpatient clinic of the Hospital das Clínicas of the Faculty of Medicine of Ribeirão Preto - University of São Paulo, from 2005 to 2015.

Results and Discussion: Of all patients listed for liver transplant (610), 10% had MASLD-related cirrhosis. Of these, 47.5% were female, with an average age of 56.3 years. These patients had higher MELD values (P = 0.01), higher rates of metabolic syndrome (P<0.05), and waiting list mortality of 42.6%. About transplant patients (264), 58 developed hepatic steatosis post-transplant, 82.8% of these with new steatosis and 17.2% with MASLD recurrence. The development of new comorbidities, such as diabetes and systemic arterial hypertension, was present in 26.2% and 22.5% of transplant recipients. Obesity and hypertension were the variables associated with a greater risk of allograft steatosis. The average survival of patients undergoing surgery was 8.7 years. Individuals transplanted for MASLD had significantly lower survival than those with other causes of cirrhosis (P=0.05).

Conclusions: As MASLD is a highly prevalent disease, with different local realities, studies like this can serve as a basis for understanding the local reality and provide important information for developing public health programs.

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P-119 POST-TRANSPLANT OVERALL AND GRAFT SURVIVAL AFTER LIVER TRANSPLANTATION FOR AUTOIMMUNE HEPATITIS

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Conflict of interest: No

Introduction and Objectives: Autoimmune hepatitis (AIH) represents the cause in 5-6% of the total amount of liver transplant in Brazilian centers. Factors that impact post-transplant outcomes are not well known. Data from the European registry show an overall survival of 79,4% post AIH liver transplant whereas Latin American numbers are scarce. The aim of this study is to evaluate long-term patient and graft survival after liver transplant due to AIH.

Patients / Materials and Methods: This is a retrospective and observational study that included 85 patients with AIH who received liver transplant at a reference center in Brazil, from 1996 to 2023. Demographic data was collected, and survival curves were performed using the Kaplan-Meier method.