

Results and Discussion: Most of the cohort was composed of white (52,9%) females (71,8%). The median age at transplant time-point was 27 years, ranging from 11 to 73 years. After LT 15,5% experienced graft lost, with the need of a second or third liver transplant. During the follow-up 32,9% of the patients died, with a mean survival time of 17.5 years (± 1.4). The overall survival in 5 years was approximately 80%. There was no difference in survival between males and females. Conversely, patients who were submitted to more than one liver transplant had a poorer overall survival. (Fig.1).

Conclusions: Preliminary results show a good overall post-transplant survival for AIH, which is in compass with international reports. The necessity of retransplant conveys a worse prognosis. Other features that might impact overall and graft survival are to be further evaluated in this cohort.

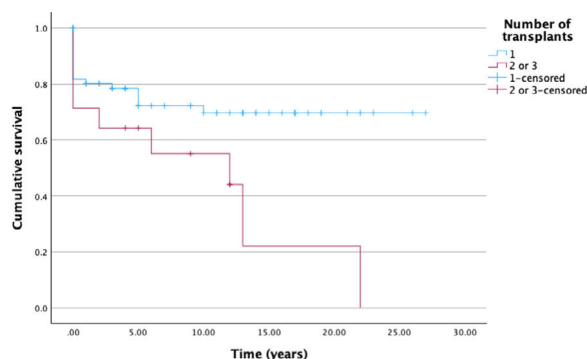


Figure 1 – Overall survival after liver transplantation from autoimmune hepatitis regarding the number of transplants

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P-120 POLYMORPHISMS OF HLA (LOCI DR 4*) IN HISPANICS AS RISK FACTOR FOR DE-NOVO AUTOIMMUNE HEPATITIS AFTER LIVER TRANSPLANTATION

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Conflict of interest: No

Introduction and Objectives: De-novo Autoimmune Hepatitis (De-novo AIH) after Liver Transplantation (LT) is considered rare. Its importance relies in a severe clinical course, with graft loss, non-response to immunosuppressants and need for retransplantation. The HLA (loci DR 3 and DR 4) has been associated with De-novo AIH especially in children in India.

The objective was to determine the allelic frequencies of HLA (loci DR 3 * and DR 4 *) in donor livers of an adult population of patients with LT and its association with De-novo AIH.

Patients / Materials and Methods: Retrospective observational study of cases and controls. 260 adult LT recipients were included. Cases were defined as histological confirmation of AIH De-novo after LT, controls were LT recipients free of the disease.

The proportion of exposed cases was compared with the corresponding proportion in the control group.

Results and Discussion: It is found that the frequency expressed as a percentage of individuals with the characteristic (HLA DR4 and

De-novo AIH) is higher in the group of cases than in the control group, so it can be assumed a statistically significant association between the presence of HLA DR 4 in the donor and development of AIH De-novo after LT.

8 cases were confirmed. All presented alterations of liver function tests with necroinflammatory pattern during the first 3 months after transplantation despite levels of immunosuppression within therapeutic ranges and all possible causes of alteration of the hepatic profile were ruled out. Despite appropriate management all of them developed cirrhosis and indication of retransplantation.

Conclusions: AIH De-novo after LT is a real challenge for LT programs. Recent evidence demonstrating this type of genomic association with post-transplant diseases arouses the need for new management in line with Future, Precision or Personalized Medicine, where molecular biology and genetics play a crucial role in individualized therapies reducing costs avoiding unnecessary expenses to the health system.

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P-121 SEPTIC SHOCK IN LIVER CIRRHOSIS: A COHORT STUDY OF A UNIVERSITY HOSPITAL IN CHILE

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Introduction and Objectives: Patients with cirrhosis and septic shock face a high mortality rate, reaching up to 40%. There is limited literature from Latin America on this condition and associated mortality variables. The aim was to describe mortality in patients with liver cirrhosis and septic shock and analyze the associated variables.

Patients / Materials and Methods: A retrospective, observational, analytical study was conducted on patients with liver cirrhosis, who were diagnosed with septic shock, according to Sepsis-3 criteria, during their hospitalization in Hospital Clínico Universidad de Chile, between 2017 and 2023. A confidence level was set at 95% with a statistical significance of $p = 0.05$.

Results and Discussion: A total of 68 patients with septic shock were included, with a mean age of 61 years; the majority were male (57%). The primary etiologies of cirrhosis were alcohol-related (31%) and metabolic-associated (27%). Most patients had a Child-Pugh score of B or C (95%). The 28-day mortality rate was 38%, and the one-year mortality rate was 54%. These patients experienced 74 episodes of septic shock. Of these, 61% were associated with healthcare-related infections, and in 47% a Gram-negative microorganism was identified. Significant variables associated with 28-day mortality included a history of hepatic encephalopathy, low platelet count at admission, elevated total bilirubin, and higher severity scores (SOFA, Meld-Na, CLIF-SOFA). One-year survival was significantly higher among patients who received a liver transplant (HR 0.11, 95% CI 0.01 – 0.86, $p = 0.036$) (Figure 1).