Results and Discussion: Most of the cohort was composed of white (52,9%) females (71,8%). The median age at transplant timepoint 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.

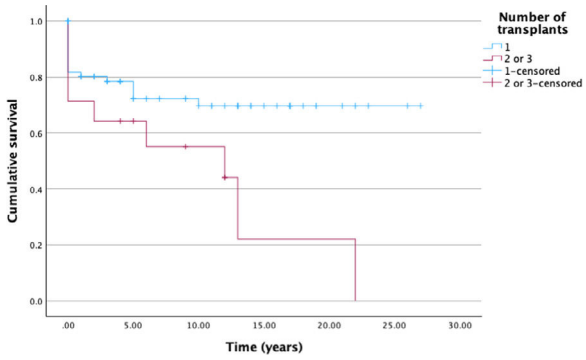

Figure 1 – Overall survival after liver transplantation from autoimmune hepatitis regarding the number of transplants

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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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Conflict of interest: No

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).

Conclusions: Mortality among cirrhotic patients with septic shock in Chile is high and comparable to international cohorts. Liver transplantation reduces mortality in this patient group. Higher SOFA, Meld-Na, and CLIF-SOFA scores at admission are associated with increased mortality.

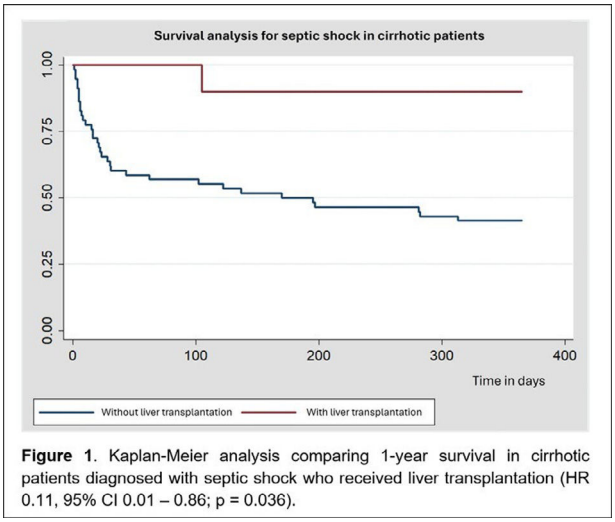

Figure 1. Kaplan-Meier analysis comparing 1-year survival in cirrhotic patients diagnosed with septic shock who received liver transplantation (HR 0.11, 95% CI 0.01 – 0.86; p = 0.036).

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P-122 HELICOBACTER PYLORI AS A RISK FACTOR FOR ENCEPHALOPATHY IN PATIENTS WITH CIRRHOSIS

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Conflict of interest: No

Introduction and Objectives: Helicobacter pylori (H. pylori) has a high prevalence in Mexico, affecting 66% of the population (associated with 30-50% of gastric pathologies). Cirrhosis of the liver ranks as the sixth leading cause of mortality. This study aims to evaluate the correlation between these two entities in patients with liver cirrhosis.

Patients / Materials and Methods: Over a period of 3 years, 148 patients presenting with upper gastrointestinal bleeding were studied. Endoscopy and biopsy confirmed the presence of H. pylori. A certain percentage of these patients also had decompensated liver cirrhosis, assessed through laboratory studies (including prothrombin time), endoscopy with biopsy, elastography, and Child-Pugh classification. A case-control study was conducted, evaluating statistical t-tests, chi-square tests, and odds ratios for both quantitative and qualitative variables.

Results and Discussion: Among the 148 patients with H. pylori, 37 had liver cirrhosis (25%), and among these, 26 had encephalopathy (65%, odds ratio 2.36). The female gender constituted 54%, while males accounted for 46%. The remaining 11 patients (odds ratio 0.041) had a female prevalence of 65% and male prevalence of 35%. According to the Child-Pugh classification, 54% were class A, 31% class B, and 15% class C. Etiologies included obesity and diabetes (58%), alcohol (26%), autoimmunity (8%), and HCV (8%). The correlation between obesity, cirrhosis, H. pylori, and male gender showed an odds ratio of 9.09, while in females, it was 4. Cirrhosis, obesity, and encephalopathy had an odds ratio of 5.36. The mean age for cirrhosis was 60.57, and for cirrhosis with H. pylori and encephalopathy, it was 60.31 (with $P < 0.34$).

Conclusions: H. pylori contributes to over 750,000 deaths annually. In this study, it emerged as a risk factor for encephalopathy in liver cirrhosis patients. Vulnerable groups included women and individuals with obesity and diabetes. Multicenter studies are recommended to assess its true risk factor.

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P-123 CLINICAL COURSE OF PATIENTS WITH CHOLESTATIC LIVER DISEASES IN A LIVER TRANSPLANT CENTER

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Conflict of interest: No

Introduction and Objectives: Primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC) are immune-mediated cholestatic liver diseases, in which inflammation and/or fibrosis result in progressive destrucción of the bile duct. In their clinical course they evolve to cirrhosis and its complications.

The objective was to describe the clinical and evolutionary characteristics and long-term survival in patients with cholestatic liver diseases (CLD).

Patients / Materials and Methods: Descriptive, longitudinal and ambispective study, in patients with cholestatic liver diseases seen in the hepatology clinic of the Medical Surgical Research Center, between 2000 and 2024, with an average follow-up of 6 years (minimum of 1 and maximum of 14). Patients with PBC or PSC who received treatment with ursodeoxycholic acid and quarterly evaluations were included.

The main variables were: initial stage, complications, response to treatment and clinical evolution. The data were processed with the SPSS statistical package version 22.0 on Windows; The analysis was performed by calculating the mean, standard deviation and percentage, and for survival the Kaplan-Meier method was used with a 95% confidence interval.

Results and Discussion: Of 44 patients studied, the most frequent entity was PBC (58.8%). Half of the patients had cirrhosis at the time of diagnosis. Ascites was the most frequent complication (40.9%) and highlighted the insertion of cholangiocarcinoma in 50% of patients with PSC. Most patients had no response to treatment: PBC (61.8%) / PSC (80%). Disease progression was greater in PSC and survival was lower in these patients: 20% at six years.

Conclusions: The clinical course of patients with cholestatic liver diseases was determined by the progression of the disease. Patients with PSC had a more torpid evolution, which led to poor survival in long-term follow-up.

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