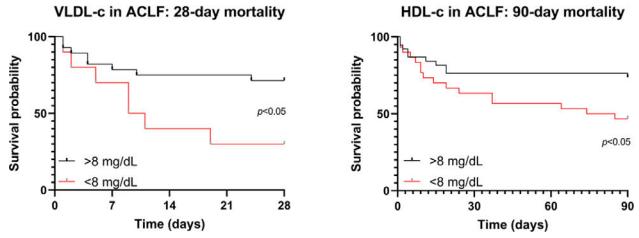
Kaplan-Meier mortality analysis on 28- and 90-day mortality in ACLF patients, according to the VLDL-c (left) and HDL-c (right) thresholds established by ROC curves.



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#192

CLINICAL RESULTS IN PATIENTS WITH GASTROESOPHAGEAL VARICEAL BLEEDING IN THE ICU: ANALYSIS OF 85 CASES IN A TERTIARY CARE CENTRE

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Introduction and Objectives: Variceal bleeding represents a challenge in the intensive care unit (ICU). This study describes the experience at a tertiary care center, evaluating clinical characteristics, the impact of early endoscopy (<12 hours), transfusion requirements, complications, and 6-week mortality.

Patients and Methods: Retrospective study of 85 patients with portal hypertension and gastroesophageal variceal bleeding admitted to the ICU between 2023 and 2024, all of whom underwent endoscopic intervention within 12 hours. Clinical variables, type of endoscopic therapy, bleeding control, transfusion requirements, ICU length of stay, rebleeding, infectious complications, and mortality were analyzed. Descriptive statistics, chi-square tests, and survival analysis were performed using SPSS.

Results: 281 endoscopies for gastrointestinal bleeding, 85 were due to variceal bleeding. Mean age was 64.14 years, 58.8% were male. Banding was performed in 85.9% of cases. Initial bleeding control was achieved in 92.9% of patients. Rebleeding occurred in 58.8%, and 6-week mortality was 18.8%, predominantly in patients with more advanced liver dysfunction (Child-Pugh score C, p<0.0001). The mean number of blood units transfused was 1.59. Patients who received more than 6 units had significantly higher mortality (68% vs. 13%, p<0.002) and longer ICU stays (p<0.004). Infections occurred in 21.2% of patients and were associated with increased rebleeding (p<0.014) and higher mortality (p<0.001).

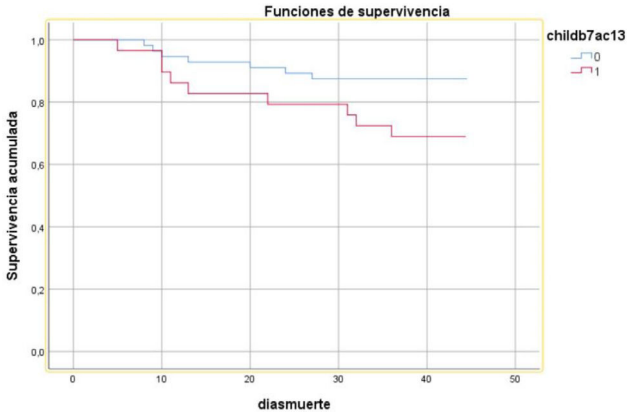
Conclusions: Early endoscopy is effective in achieving initial hemostasis, but prognosis remains poor in patients with advanced liver dysfunction. Massive transfusion and infectious complications are associated with worse outcomes. Early supportive care optimization and consideration of preemptive TIPS should be part of the management strategy.

Conflict of interest: None

Table 1. Patient characteristics (n=85)

Age, years (mean +DE)	64.14 DE 1.1
Male sex, n (%)	50 (58,8)
Child-Pugh score at admission, n (%)	
Child A	24 (27.9)
Child B	36 (41.9)
Child C	25 (29.1)
Endoscopic band received, n (%)	
Endoscopic band ligation	73 (85.9)
Sclerotherapy	8 (9.4)
Other	3 (3.5)
Initial bleeding control, n (%)	
Yes	79 (92.9)
No	6 (7.1)
Rebleeding, n (%)	
Yes	50 (58.8)
No	35 (41.2)
ICU stay, days (mean +DE)	3.75 (DE 6.57)
Red blood cell units transfused, mean +DE	1.59 (1.73)
6-week mortality, n (%)	
Yes	16 (18.8)
No	69 (81.2)
Complications, n (%)	
Hepatic encephalopathy	24 (28.2)
infection	18 (21.2)
Shock	21 (24.7)

6-week mortality



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#193

DEMOGRAPHIC AND CLINICAL CHARACTERISTICS, AND DIAGNOSTIC-THERAPEUTIC MANAGEMENT OF PATIENTS WITH CHOLANGIOCARCINOMA AT A TERTIARY CARE CENTER

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Introduction and Objectives: Cholangiocarcinoma is an aggressive malignancy of the biliary tract that is frequently diagnosed at advanced stages, limiting access to curative treatment.

Describe the clinical profile, diagnostic workup, therapeutic strategies, and outcomes in patients treated for cholangiocarcinoma.

Materials and Methods: A retrospective, descriptive, cross-sectional analysis was conducted on 30 patients with a confirmed diagnosis of cholangiocarcinoma between 2020 and 2024. Variables included demographic details, clinical features, diagnostic modalities,

treatment received, and survival outcomes. Statistical analysis was performed using descriptive statistics, medians and interquartile ranges for continuous variables and absolute and relative frequencies for categorical data.

Results: Most patients were male (63.3%) with a mean age of 66 ± 9.1 years. Perihilar tumors were the most frequent subtype (46.7%), followed by intrahepatic tumors (36.7%). Jaundice (73.3%) and abdominal pain (56.7%) were the most common presenting symptoms. A history of smoking (60%) and alcohol use (40%) was frequent. Diagnostic imaging was initiated with ultrasound in 93.3% of cases complemented by CT scans (83.3%) and MRCP (70%). Elevated CA 19-9 levels were observed in 80% of patients. Only 23.3% of patients were eligible for curative surgery. Most received palliative chemotherapy. Biliary drainage was required in 43.3%. Overall survival was 43% at one year and declined to 20% at two years.

Conclusions: These results highlight the need for earlier recognition and timely referral to specialized, multidisciplinary centers to improve the management and prognosis of this challenging disease.

Conflict of interest: None

Clinical and Diagnostic Finding	Frequency / Percentage
Total patients	30
Most common type	Perihilar (n=14, 46.7%)
Average age	66 ± 9.1 years
Male sex	n=19 (63.3%)
Jaundice	n=22 (73.3%)
Abdominal pain	n=17 (56.7%)
Weight loss	n=15 (50%)
Primary sclerosing cholangitis	n=4 (13%)
Chronic liver disease	n=8 (26.7%)
Smoking	n=18 (60%)
Alcohol use	n=12 (40%)
Ultrasound as initial study	n=28 (93.3%)
Computed tomography	n=25 (83.3%)
MR cholangiography	n=21 (70%)
ERCP performed	n=17 (56.7%)
Elevated CA 19-9	n=24 (80%)
Eligible for curative surgery	n=7 (23.3%)
Chemotherapy (cisplatin + gemcitabine)	n=17 (56.7%)
Biliary drainage (endoscopic / IR)	n=11 (38%) / n=19 (62%)
Palliative care only	n=6 (20%)
12-month survival	n=13 (43%)
24-month survival	n=6 (20%)

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#194

MICROPLANNING WORKSHOPS: STRUCTURING CARE PATHWAYS AS A STRATEGY FOR VIRAL HEPATITIS ELIMINATION

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Introduction and Objectives: Viral hepatitis represents a significant public health issue in Brazil. Considering the territorial diversity and challenges in service organization, specific strategies are necessary to support states and municipalities in addressing the disease.To present the experience of microplanning workshops conducted by the Ministry of Health to support the development and implementation of the Viral Hepatitis Care Pathway (VHCP) across territories as a strategy to eliminate the disease by 2030.

Materials and Methods: The workshops use active learning methodologies, including dialogued presentations and group dynamics, to identify challenges, facilitators, and strategies for implementing the VHCP. Activities were adapted to each state's context. To evaluate learning, a questionnaire with 10 questions on viral hepatitis was administered before and after the theoretical content.

Results: In 2024, six workshops were held, five in the North Region (Acre, Amapá, Pará, Rondônia, and Roraima) and one in the Southeast (including Rio de Janeiro, São Paulo, Espírito Santo, and Minas Gerais), training around 500 professionals. There was a significant increase in knowledge about viral hepatitis. Challenges identified included high staff turnover, shortage of qualified teams, difficulty accessing remote populations, low adherence to testing and vaccination efforts, and lack of protocols. Facilitators included the availability of supplies, vaccination, training sessions, dialogue with communities, and the presence of professionals in management roles. In 2025, the Guide for the Elimination of Viral Hepatitis was launched, along with an operationalization workshop for managers. Six more workshops are planned for the second semester, and a Best Practices Seal will be awarded to health regions that formalize the care line in CIB (Bipartite Interagency Commission).

Conclusions: The workshops and the guide strengthen the organization of services and contribute to the elimination of viral hepatitis. The Best Practices Seal recognizes the efforts of territories in responding to the disease.

Conflict of interest: None

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#195

OMEGA-5 FATTY ACID NANO AS AN ADJUVANT THAT REDUCES OXIDA-INFLAMMATION IN PATIENTS WITH SEVERE ALCOHOL-ASSOCIATED HEPATITIS

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Introduction and Objectives: Severe alcohol-associated hepatitis (SAAH) is characterized by antioxidant deficiencies and heightened inflammation. Omega-5 fatty acid (nano=Granagard®) has been shown antioxidant and anti-inflammatory properties.

To evaluate the efficacy of Omega-5 fatty acid (nano) as an adjuvant to prednisone in modulating oxidative and proinflammatory parameters in SAAH.

Patients / Materials and Methods: Randomized, double-blind, placebo-controlled clinical trial (NCT 03732586) was conducted at a single center in Mexico. Patients with confirmed SAAH (MDF ≥32)