

levels (OR 1.01 95% CI 1.01-1.02;  $p=0.002$ ) were the only variables independently associated with steatosis. DM (OR 4.8 95% CI 1.6-14.3;  $p=0.005$ ) and SAH (OR 11.6 95% CI 2.2-61.1;  $p=0.004$ ) were associated with advanced fibrosis.

**Conclusion:** On a cohort of patients with Psoriasis, metabolic variables were the main factors related to liver steatosis and fibrosis. There was no association between cumulative MTX dose or disease duration and liver steatosis or fibrosis in this population.

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### P-89 ASSESSMENT OF HEPATIC FIBROSIS IN TYPE 2 DIABETIC PATIENTS: A CROSS SECTIONAL ANALYSIS

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**Introduction:** Metabolic dysfunction associated fatty liver disease (MAFLD) was suggested recently as a more appropriate nomenclature to describe the liver disease associated with known metabolic dysfunction. Type 2 Diabetes is a risk factor for MAFLD, steatohepatitis and patients are at increased risk to developing liver fibrosis and need to be more investigated.

**Aim:** To investigate which MAFLD patients with type 2 diabetes have higher risk for advanced fibrosis.

**Methods:** Patients in diabetes clinic, without known hepatic diseases and without significant alcohol intake (< 21 drinks per week), were voluntarily selected to perform liver ultrasound, liver stiffness and CAP measurements using Fibroscan (Echosens, Paris, France) and serological tests for B and C hepatitis to exclude viral causes of liver disease. Subjects were submitted to a complete clinical examination and laboratory tests.

**Results:** 90 patients were included in this cross-sectional analysis. Overall, 12,2% (11 patients) had advanced fibrosis (liver stiffness > 8,7 Kpa) and 23% (21 patients) had severe steatosis (Grade 3 steatosis; CAP> 290 db/m) based on transient elastography. Factors associated with significant fibrosis were age over 60 years old, alanine amino transferase (ALT) elevation, low HDL (lower than 40), triglycerides elevation, higher BMI and severe steatosis.

**Conclusion:** Prevalence of advanced fibrosis and severe steatosis in patients with type 2 diabetes and MAFLD is very high (12,2% and 23% respectively), what makes screening of these high-risk patients very important. Risk factors such as elevated glycated hemoglobin, higher BMI, triglycerides, ALT and CAP measurements on Fibroscan and low HDL indices are considered to be associated to advanced liver fibrosis.

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### P-91 PREVALENCE OF HEPATITIS C VIRUS INFECTION DETECTED BY RAPID TEST IN A HIGH-RISK POPULATION

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**Introduction:** Hepatitis C virus testing is recommended in selected populations based on demography, prior exposures, high-risk behaviors, and medical conditions. In Perú, screening usually is based on anti-HCV detection using enzyme immunoassays (EIA), but rapid diagnostic tests are an attractive alternative to facilitate screening.

**Aim:** To determine the prevalence of Hepatitis C infection diagnosed by a rapid antibody detection test in a high-risk population.

**Methods:** A Cross-sectional descriptive study. Patients attending the G-I unit of the Daniel A. Carrión National Hospital - Callao- Peru who had risk factors for HCV infection in the period September-November 2018 were included, after informed consent, a HCV Hepa-Scan antibody detection rapid test (Bhat Bio-tech India) was performed.

**Results:** Ninety two patients were included, 56.5% were men and 43.5% women, age average was 52.02 +/- 17.53 years old. The risk factors identified in this population were: past history of major surgery: 35 (38%), Tattoos 28 (30.4%), transfusion 17 (18.5%), drug use 8 (8.7%), healthcare worker 5 (5.4%), inmates 4 (4.3%), HIV infection 2 (2.2%), hemodialysis 1 (1.1%), high risk sexual behavior 1 (1.1%). Twenty nine patients (31.5%) had hypertransaminasemia. One case of Hepatitis C infection (1.1%) was detected, confirmed with serological test and RNA HCV viral load; the risk factor was past history of major surgery.

**Conclusion:** The prevalence of HCV infection detected by rapid antibody test in a population with risk factors was 1.1%.

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### P-93 PREVALENCE OF HEPATITIS E VIRUS IN DIFFERENT GROUPS OF PATIENTS IN SALVADOR, BA, BRAZIL

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**Introduction:** Few studies have been published to assess the prevalence of HEV in our country.

**Objective:** To determine the prevalence of HEV in patients with hepatitis C virus (HCV), hepatitis B virus (HBV), autoimmune hepatitis (HAI) and in patients with drug-induced liver injury (DILI).

**Materials and Methods:** This is a cross-sectional study. A total of 300 volunteers were recruited at the Magalhães Neto Ambulatory, HUPES. Detection of anti-HEV antibodies was determined using the Mikrogen® ELISA (RecomWell anti-HEV IgG, Mikrogen®, Germany). Descriptive statistics was used.

**Results:** 46% (138/300) had HBV, 35.3% (106/300) HCV, 12.3% (37/300) HAI and 6.3% (19/300). The prevalence of anti-HEV IgG was 12.43%, after stratification of patient groups we observed a prevalence of anti-HEV IgG of 13.7% in patients with HCV, 12.9% of HBV, 6.7% of HAI and 21%. The means of TGO and TGP among patients VHE negative were 60.5 and 65.7 IU / mL, respectively, while the mean among those seropositive for HEV were 75.8 and 104.9 IU / mL, respectively, demonstrating an increase in the levels of TGO and TGP among HEV positive people. The mean TGP among DILI patients was 993.3 IU / mL and TGO was 641.4 IU / mL. Fibrosis staging among

seropositive individuals was F1 in 21.7%, F2 in 42.2%, F3 in 27.2 and F4 8.9.

**Conclusions:** In this sample, there was a higher prevalence of HEV among patients with DILI but the number is small, the levels of TGO and TGP were higher and fibrosis was more accentuated among patients with hepatitis E. This data suggest that infection with HEV may cause a worsening in the clinical condition of patients.

Keywords: Hepatitis E, Hepatitis B, Hepatitis C, DILLI, HAI

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### P-94 METABOLIC SYNDROME IN PATIENTS WITH CHRONIC HEPATITIS C

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**Introduction:** The interaction between hepatitis C and metabolic syndrome (MS) is widely discussed in the literature.

**Objective:** To study the prevalence of MS in individuals with chronic hepatitis C and the associated clinical factors.

**Methodology:** This is a cross-sectional study. The study included 334 individuals with chronic hepatitis C, in which anthropometric variables, blood pressure and results of laboratory tests were analyzed.

**Result:** The prevalence of MS in patients with hepatitis C was 2.4% (8/334). The mean values of ALT were  $90.1 \pm 65.8$ ; AST of  $76.3 \pm 70.4$ ; and GGT of  $130.2 \pm 160$ , among those with HCV infection without MS. Among individuals with MS, ALT was  $122.3 \pm 82.3$ , AST was  $76.7 \pm 29.5$ , GGT was  $102.3 \pm 55.2$ . The steatosis found was 49.7% (166/334), while among individuals with MS, a frequency of 62.5% (5/8) was observed. F1 was 23.8% in HCV patients and, in SM, it was 12.5%; F2 48.5% and 37.5%, F3 22% and 37.5% and F4 5.7% and 12.5%. In individuals with hepatitis C and MS, systemic arterial hypertension was observed in 87.5% of cases, diabetes in 75%, dyslipidemia in 62.5% and obesity.

**Conclusion:** MS had a low prevalence in HCV patients, and was associated, with a higher frequency of steatosis, greater inflammatory activity and more advanced liver fibrosis.

Keywords: Hepatitis C, Metabolic Syndrome and HCV

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### P-95 HEPATOXICITY FOR DRUGS AND HERBAL PRODUCTS IN INPATIENTS FROM A UNIVERSITY HOSPITAL, BRAZIL

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**Introduction:** Drug induce liver injury (DILI) and Herbal Induce Liver Injury (HILI) are a frequent complaint in clinical practice. These are manifested with alterations at the liver profile, and most of the time these are underdiagnosed.

**Aims:** To study the prevalence and clinic presentation of DILI/ HILI in 5 clinical inpatient rooms at a University Hospital.

**Methods:** Prospective cohort study with patients admitted between July and October 2020, in 5 inpatient rooms of the University Hospital of Bahia. RUCAM causality score was used to determine DILI/HILI, tests were performed to rule out another etiologies and to confirm DILI

**Results:** Total sample of 400 patients hospitalized for various causes, DILI/HILI was diagnosed in 10 patients: 2.5% of all the sample. Etiology: 90 % allopathic drugs: Clopromazine, Cephalexin, Mesalazine, Etrolizumab, Azatriopine associated with Hydrochloroquine, Tretinoin with Variconazole, Phenytoin, and RIPE (Rifampicin, Isoniazid, Pyrazinamide and Ethambutol). Natural products were 10 %: *Peumus boldus*. Clinical symptoms: 100 % had jaundice; 50 % nausea; 25 % choluria; 25 % fecal acholia; 25 % vomiting; 25 % pruritus; 25 % insomnia; 25 % asthenia; 25 % arthralgia and 25 % eosinophilia. The mean time to resolution of symptoms was 18.5 days; the mean ALT level was 262.6; AST was 216.8 and AF was 1287, without severe cases.

**Conclusions:** The prevalence of DILI/ HDS in the inpatients was 2.5%, considered high, demonstrating the importance of the active search of these cases for its diagnosis.

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### P-97 COLOMBIAN EXPERIENCE IN THE MANAGEMENT OF PATIENTS WITH SARS-CoV-2 INFECTION AND LIVER TRANSPLANTATION

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**Introduction:** Many authors have highlighted the management and outcomes of liver transplant patients with SARS -CoV2, however, there is a reduced experience identified with Hispanic or Latino patients [1]. We would like to share our experience with liver transplantation and SARS-CoV-2 infection (Real-time PCR identification) during 2020.

**Objectives:** Describe the main infectious complications identified in patients with SARS-CoV2 and liver transplantation.

Identify mortality rate among this group of patients and answer to therapies provided during their stay at the Hospital.

Compare the mortality rate with other studies without Latin patients or with a reduced presence of them.

**Methods:** This is an observational descriptive study carried out from May to August 2020

**Results:** 14 Hispanic patients were admitted to our institution (mean age 64 years; range: 57-76). Nine patients required hospitalization, and four patients were admitted to the intensive care unit (ICU). The most frequent risk factors were a history of arterial hypertension (n=8) and chronic kidney disease (n=6). The immunosuppression of these patients was based on antimetabolites (n=9), calcineurin (n=8), prednisolone (n=4) and everolimus (n=3). The onset of symptoms was six days approximately.

All ICU patients receiving mechanical ventilation and renal replacement therapy for stage 3 acute renal failures. However, bacteremia