children Child A. Platelets/spleen size predicted EV in children Child B and C.

	Group 1 (N=89)	Group 2 (N=79)	P
Platelet count (10^3/mcl)	142.0 (99.5-207.5)	95.0 (64.0-180.0)	0.003
Spleen size (cm)	12.7 (11.0-14.8)	13.7 (11.0-16.9)	0.088
Spleen size z score	3.92 (2.25-6.13)	5.94 (2.64-8.16)	0.010
Platelet count/spleen size	1.06 (0.72-1.46)	0.72 (0.41-1.29)	0.008
Platelet count/spleen size z score	14.7 (9.7-21.2)	9.3 (5.1-17.2)	0.000
Platelet count/EASS	8.3 (5.3-11.0)	5.5 (3.3-9.9)	0.005
Apri	1.0 (0.5-2.3)	2.3 (1.1-5.0)	0.000
Cpr	117.9 (110.4-130.4)	95.3 (77.7-109.8)	0.000
Risk score	-1.8 (3.4- -0.4)	1.6 (-0.2-3.2)	0.000
King's variceal prediction score	94.9 (84.6-106.4)	64.7 (44.4-83.6)	0.000
Esofageal varices	44 (49.4%)	51 (64.6%)	0.061

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P-119 GENETIC VARIABILITY OF HEPATITIS B VIRUS AMONG DIFFERENT PHASES OF CHRONIC INFECTION AND HIV COINFECTION IN BRAZIL

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Introduction: Molecular studies regarding hepatitis B virus (HBV) infection are essential as the disease severity depends on these specifications.

Objectives: This study aims to determine HBV genotypes and subgenotypes, nucleos(t)ide analogs (NA) resistance, and HBsAg escape mutations in HBV patients according to different phases of chronic hepatitis B (CHB) and HIV status.

Methods: A total of 93 HBsAg+ patients over 18 years of age were included. Four different phases of CHB have included: 10 immune tolerant phases (IT), 5 immune reactive HBeAg positive phase (IR), 46 low replicative (LR) state, 23 HBeAg-negative CHB (ENH), and also 9 HIV/ HBV coinfected individuals. Samples were submitted to PCR for detecting an overlapping *polI*/ *S* gene region and direct sequenced. Phylogenetic analyses were performed using Mega-X software, identification of vaccine escape and NA resistance was made using the Geno2Pheno HBV website.

Results: Mean age was 44.5± 13.3 years and most of HBV subjects were males (56.9%). Most of the individuals presented genotype A (75.3%) irrespective of group, subgenotype A1 (61 3%), followed by genotypes D (17.3%), F (6.4%), E (1.1%). Genotypes D and F were prevalent in LR group (75% and 66.6%, respectively) and genotype E was found only in IT group (1/1). It was not found NA resistance described to common antiviral treatment. However, high frequency of some specific mutations was found in all groups, such as, M129L (72.0%); W1 53RW (36 5%); V1 63I (64.5%); I253V (55.9%); V278IV (30.1%). Seven subjects (7.5%) presented HBsAg escape mutation of whom the majority had genotype A (85.7%) and belongs to LR group (57.1%); 1 had genotype D (14.3%), 2 were HIV/ HBV coinfected (28.6%) and 1 was ENH (14.3%).

Conclusions: It was found a high prevalence of genotype A1 irrespective of CHB phase or HIV coinfection and HBsAg escape mutations could impact antiviral treatment and diagnosis.

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P-120 NATIONAL SURVEY ON CURRENT PRACTICES TO PREVENT HBV REACTIVATION DURING IMMUNOSUPPRESSION

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Introduction: Reactivation of hepatitis B virus (HBVr) is a problem still neglected worldwide.

Objective: To assess knowledge of physicians regarding HBVr during immunosuppression including use of immunobiologics (IS/IB).

Methods: Between August and October 2020, a national survey regarding current practices in HBVr prevention was sent to members of the Brazilian Societies of Hepatology, Gastroenterology, Hematology, Rheumatology, Oncology and Transplantation using a web-based approach.

Results: 510 physicians answered the survey, mainly gastroenterologists (35%) and rheumatologists (31%). The majority had less than 20 years of clinical practice (62%). 91% reported to routinely request serology for HBV before IS/IB. To 90% of the interviewed doctors, in their clinical practice, serology is missing in less than 25% of their patients already using IS/IB. The most common serology panel requested (75%) is HBsAg, Anti-HBc and Anti-HBs. 76% recommend strategies to prevent HBVr for either HBsAg and/or anti-HBc-positive patients, however, 16% only prescribe to HBsAg-positive. 85% have an specialist on HBVr available for referring patients, but 30% start prevention strategies without the need for specialized evaluation. In this case, the preferred treatment options are entecavir (18%), tenofovir (17%) and lamivudine (6%). 88% reported good adherence of their patients to HBVr prevention strategy. Only 27% referred to maintain prevention strategy for at least 6 months after IS/IB interruption. Finally, 73% of the participants never experienced HBVr on their practice and 42% participated in educational activities about HBVr in the last 2 years.

Conclusions: Compared to previous literature, Brazilian physicians seems to have a better compliance to international guidelines toward HBVr prevention. With the exception of duration of HBVr prophylaxis, medical knowledge on this field can be regarded as above average.

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P-121 ASSESSMENT OF THE ANTERIOR AND POSTERIOR ATTENTIONAL NETWORKS IN PATIENTS WITH MINIMAL HEPATIC ENCEPHALOPATHY

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Introduction: In patients with minimal hepatic encephalopathy (MHE), the spectrum of cognitive functions impaired is related to motor slowness, although the attentional network could also be affected. The posterior and frontal attentional networks can be assessed with discrimination and interference tests, respectively.

Objective: Compare the response to the increase of attentional demands through the discrimination test in the presence of distractor stimuli.