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emotional support not only from family but from society also. There is a paucity of literature regarding knowledge, attitude, and practice regarding alcoholism, its harmful effects, and alcohol-related liver disease in the community. We aimed to assess the knowledge, attitude, and practice (KAP) regarding alcohol use among the first-degree relatives of ALD patients and to find out the association of various factors impacting the KAP.

**Methods:** This self-administered questionnaire-based cross-sectional survey included first-degree relatives of patients with alcoholic liver disease. The questionnaire consisted of 35 questions on knowledge, attitude, and practice towards alcohol consumption. The questionnaire has been validated, and a reliability assessment has been done.

**Results:** The study included 187 first-degree relatives of patients with ALD aged 20.0-62.0 years. The prevalence of alcohol consumption among first-degree relatives was 63%, and the most common reason for alcohol consumption was social inking, followed by family tradition and fun. The present study shows a positive attitude of participants regarding the ill effects of alcohol on social and personal life. 88.8% believe that alcohol consumption will lead to a financial crisis. 41% of participants were in favor of an alcohol ban. A similar number of participants believe alcohol consumption can turn a person into a criminal. KAP score of females was significantly greater than males (p-value <.05).

**Conclusions:** There is a high prevalence of alcohol consumption in relatives of ALD patients. The participants have good knowledge and attitude towards alcohol use and related disorders. Despite good knowledge and attitude, people consume a significant amount of alcohol.

**Methods:** We retrospectively included patients with AAH who were not treated with corticosteroids (Gr.A) and compared the outcomes with patients who received corticosteroids (Gr.B). Oral prednisolone was administered for a duration of 4 weeks unless the patient was a non-responder (Lille’s score > 0.45) or developed an infection. The primary objective was to compare the incidence of infections in each group. Secondary objective was to assess the transplant free-survival and 90 days mortality.

**Results:** A total of 158 patients were assessed, 46 of these patients had infections at baseline and were excluded. 112 patients with AAH were included (Gr.A-44 and Gr.B-68). Age and severity scores were similar in both groups (mDF: Gr. A-91.32±51.3 vs. Gr. B-88.7±38.47; P=0.79).

40% (n=45) of AAH patients developed infections by day 90. The most common being urinary tract infection (14/45;31.12%), followed by pneumonia (22.23%;10/45) and spontaneous bacteremia (20.05%;9/45). 71% of patients had microbiologically proven infection. Klebsiella and E.coli were the commonest organisms found in 31.12% of patients (including M Klebsiella in 8.9% of patients) and 24.5% of patients. 7% of patients developed C. albicans infection. The incidence of infection was 38.6% (17/44; 95%CI,24.35-54.5) in Gr.A vs. 41.2% (28/68; 95%CI,29.3-53.77) in Gr.B (P=0.78). 69% of patients responded to steroid therapy. The mean duration of steroid therapy was 20.05±9.6 days. Incidence of infections was higher in the non-responder group (62%;15/24) than in the responder group (32%;15/47; P=0.02). On Kaplan-Meier analysis, transplant-free survival at day 90 was better with steroid therapy. However, mortality was similar in both groups at day 90 (Gr. A-38.6% vs. 45.6% in Gr.B; P=0.46).

**Conclusions:** Infections are common in AAH and are more frequent in steroid non-responders. Strategies to prevent infections in AAH is the need of the hour.

**Comparison of Infective Profile in Alcohol-Associated Hepatitis Amongst Patients Managed with Steroids vs Supportive Care**

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**Background and Aim:** Corticosteroids are a therapeutic option for patients with alcohol-associated hepatitis (AAH) and are associated with a short-term mortality benefit. However, concern of infections precludes many clinicians from using steroid therapy in patients with AAH. Therefore, we aimed to compare the incidence of infections in patients with AAH who received steroids against those who did not.
hypoglycemic drugs and who developed severe autoimmune hepatitis (with typical features including strongly positive anti mitochondrial antibody and severely elevated immunoglobulins G, positive ANA as well as typical histological findings) following SARS-CoV-2 vaccination (ChAdOx nCoV- 19 Corona Virus recombinant (CoviShield) Vaccine). The link between SARS-CoV-2 vaccination and the development of autoimmune diseases needs to be further investigated. We aimed to present our case of Autoimmune hepatitis developed following the (ChAdOx nCoV-19 Corona Virus recombinant (CoviShield)) vaccine in the light of the literature.

Methods: Individual case study

Results: Autoimmune Hepatitis workup suggestive of ANA positive with Elevated Serum IgG, with positive AMA with liver histology suggestive of interface hepatitis with multiple foci of lobular necrosis post Covid vaccination

Conclusions: Vaccine can disturb self-tolerance and triggered cross reactivity with host cells. Clinicians should be vigilant for AIH in patients who present with liver injury following vaccination. These new findings should under not deter individuals from getting vaccinated, as the benefits of vaccination far outweigh the risks. Fortunately, COVID-19 vaccine-induced AIH appears amendable to corticosteroid therapy and appears to have a favorable outcome.

3304

BENIGN RECURRENT INTRAHEPATIC CHOLESTASIS- A CASE SERIES

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Background and Aim: Benign recurrent intrahepatic cholestasis (BRIC) is an autosomal recessive inherited disorder characterised by repeated self-limiting episode complex of cholestatic jaundice with intense pruritus, weight loss, lasting several weeks to months with normal asymptomatic phases in between episodes. Due to rarity of disease, no guideline is available for treatment of BRIC. We compared various aspects of three adult patients who were diagnosed as BRIC, including demographics, clinical signs and symptoms, investigations, treatment and outcome.

Methods: Three cases of young adults presented to a tertiary care hospital in last one year with progressive cholestatic jaundice with intense pruritus. In all three cases the diagnosis of BRIC was made by a combination of clinical features, laboratory findings and typical histopathological features on liver biopsy and exclusion of other causes of cholestasis.

Results: The case series includes three male patients, mean age 23.3 years with conjugated hyperbilirubinemia, high ALP levels, with normal GGTP. Two of the three patients had at least two such attacks with normal asymptomatic period between episodes. One patient had single such episode but all other causes of cholestatic hepatitis were ruled out and diagnosis was made based on liver biopsy in all patients. Genetic study was done in one patient with pending report. All of them were treated with rifampicin, UDCA, tapering steroids, anti-histamines and cholestyramine. Episodes resolved within 2-3 months.

Conclusions: BRIC presents around first two decades of life with male preponderance. The diagnosis can be made by exclusion of other causes, histopathology and confirmation by generic testing. Resolution is usually slow, and treatment remains largely symptomatic. As a non-invasive treatment, rifampicin may be the first choice.

3346

THE SPECTRUM OF PRIMARY BILIARY CHOLANGITIS, PRIMARY SCLEROSING CHOLANGITIS AND OVERLAP SYNDROMES AMONG PATIENTS WITH CHRONIC LIVER DISEASE: A SINGLE-CENTRE RETROSPECTIVE ANALYSIS

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Background and Aim: Primary biliary cholangitis (PBC), primary sclerosing cholangitis (PSC) and overlap syndromes constitute a significant proportion of chronic liver diseases (CLD). Since Indian data on these disorders are scanty, we retrospectively evaluated the clinical and laboratory data of these patients managed in a University hospital during the last five years.

Methods: Data of chronic liver patients were analyzed retrospectively from the electronic medical records treated in the two units. Autoimmune hepatitis (AIH) and overlap syndromes were diagnosed using a simplified autoimmune scoring system and Paris criteria, respectively. All biopsy-proven patients with PBC, PSC and overlap syndrome were included.

Results: Of 2673 patients, 99 (3.7%) had autoimmune liver diseases (AILD). AIH was present in 77 (78%) of patients of AILD, others (22%) had PBC, PSC or overlap syndromes (nine [9%] PSC, four PBC [4%], six [6%] AIH-PBC overlap, two [2%] AIH-PSC overlap, and one [1%] AIH with unexplained cholestasis). In our study, PSC was the most common cholestatic entity in the AILD group (9%). It constitutes 41% (9/22) of the total autoimmune cholestatic