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Results: 28 patients were included: 78.5% male and 21.5% female. The main cause of portal hypertension was NASH (28.5%), followed by alcohol. There were 10 patients (35.8%) in Child A; (32.1%) in B, and (32.1%) in C. The MELD mean was 15.1. Only (10.7%) presented with severe thrombocytopenia. Splenomegaly was present in (46.4%), with portal dilatation in (39.3%). In (78.5%) there was concomitant portal gastropathy. (39.3%) were performed in a context of high bleeding and (100%) were large.

Conclusion: No determining clinical parameters were found in relation to the presence of esophageal varices.

Table 1

| Number of patients | 28 |
|--------------------|----|
| Ligatures performed | 31 |
| Sclerotherapy performed | 3 |
| TIPS performed | 2 |
| Outpatient % | 35.7 |
| Patients admitted % | 64.3 |
| Bleeding at the time of ligation % | 39.3 |
| Average age in years | 58.2 |
| Men % | 78.5 |
| Women % | 21.5 |
| MELD Average | 15.1 |
| CHILD A % | 35.8 |
| CHILD B % | 32.1 |
| CHILD C % | 32.1 |
| Mild thrombocytopenia % | 28.5 |
| Moderate thrombocytopenia % | 39.3 |
| Severe thrombocytopenia % | 10.7 |
| Normal platelets | 21.5 |
| Expanded portal diameter % | 39.3 |
| Presence of portal thrombus % | 17.8 |
| Splenomegaly % | 46.4 |
| Large varicose vein size % | 100 |

P-74 ELEVATED CALPROTECTIN LEVELS ARE ASSOCIATED WITH MORTALITY IN PATIENTS WITH ACUTE DECOMPENSATION OF CIRRHOSIS

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Introduction: Acute decompensation (AD) of cirrhosis is associated with systemic inflammation and increased circulating cytokines. The use of inflammatory markers, such as calprotectin, could provide information on the role of the immune response in the prognosis of cirrhosis.

Aims: To evaluate serum calprotectin levels in patients hospitalized with complications of cirrhosis.

Methods: This prospective cohort study included 200 adult subjects hospitalized for complications of cirrhosis who were followed for up to 30 days after admission. Twenty healthy subjects and 20 patients with stable cirrhosis were evaluated as controls. Serum calprotectin was measured by the ELISA.

Results: Serum calprotectin levels were higher among the two groups of cirrhosis patients when compared to healthy controls. Greater median values of calprotectin were observed among patients with Child-Pugh C, ACLF, infection, ascites and hepatic encephalopathy. Concentrations of calprotectin were not related to the presence of ACLF, infection or to 30-days survival. However, when considered only patients with AD without ACLF (n = 144), higher values of calprotectin and CLIF-C ADs were associated with the lower survival in the univariate and multivariate Cox analyzes. The Kaplan–Meier survival probability was 98.7% in subjects with none of the factors (CLIF-C ADs <60 and calprotectin < 580 ng/mL), 83.6% in subjects with one of the factors (CLIF-C ADs > 60 and calprotectin < 580 ng/mL or CLIF-C ADs < 60 and calprotectin ≥ 580 ng/mL) and 27.3% in subjects with both factors (CLIF-C ADs ≥ 60 and calprotectin ≥ 580 ng/mL), in which p = 0.002 between the first and second groups, and p < 0.001 between the first and third, and between the second and third groups (Figure).