Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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**Results**: A total of 98 patients were included. Liver steatosis was diagnosed in 31 patients (31.6%) and was independently associated with male gender, BMI, ALT and total bilirubin levels. The prevalence of significant fibrosis assessed by TE, APRI and FIB4 was 26.9%, 6.4% and 3.2%, respectively. Seven patients had a TE result \(\geq 7.1\) kPa. NASH was found in 5 (8.3%).

**Conclusion**: Among HIV infected patients undergoing ART, almost one third have NAFLD. Neither TE, APRI or FIB4 were able to act as surrogates for significant liver fibrosis. Nevertheless, TE \(\geq 7.1\) kPa was able to accurately select a subgroup of patients at risk for NASH.

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**P-3 IMPACT OF THE SUSTAINED VIROLOGICAL RESPONSE ON THE GLUCOSE METABOLISM IN PATIENTS WITH HEPATITIS C**

Fabia Benetti1, Ítalo de Maman Junior1, Cristina Coelho Borges Cheinquer2, Fernando Wolff1, Alexandre de Araújo3, Hugo Cheinquer1

1 Pós-Graduação em Gastroenterologia e Hepatologia da Universidade Federal do Rio Grande Do Sul, Porto Alegre, Brasil 2 Curso de medicina Universidade do Vale do Rio do Sinos-Unisinos, Porto Alegre, Brasil 3 Departamento de Gastroenterologia do Hospital de Clínicas de Porto Alegre, Brasil

**Introduction**: Hepatitis C (HCV) is a systemic disease with hepatic and extrahepatic repercussions, its association with some diseases, such as hepatocellular carcinoma is well documented, however its relationship with glucose metabolism is still unclear. Objective: to analyze the impact of the sustained viral response (SVR) on the glucose metabolism in patients with HCV, before and after 12 weeks of treatment with direct acting antivirals (DAA).

**Methods**: 207 HCV patients attended at the Outpatient Clinic for Viral Hepatitis of the Hospital de Clínicas de Porto Alegre, from October 2015 to December 2018, participated in the study. Participants who obtained SVR and had data on glucose metabolism (fasting glucose and/or HbA1c) were included before and after the treatment.

**Results**: Of the 207 participants, 52% (107) were women. Type 2 diabetics (DM2) and pre-diabetics had a higher frequency of comorbidities and polypharmacy, compared to the normoglycemic ones. Regarding blood glucose classification, 98 (47%) were normoglycemic, 58 (28%) pre-diabetic and 51 (25%) diabetics at the beginning of treatment. After the treatment, 17/98 (17.3%) normoglycemic patients came to be pre-diabetic and none were diagnosed with T2DM. Among the pre-diabetics, 11/58 (19.8%) went to DM2 and 29/58 (50%) returned to being normoglycemic. As for pre-treatment DM2 patients, 12/51 (23.5%) returned to pre-diabetes, while 3/51 (5.9%) became normoglycemic.

**Conclusion**: Most patients who achieve SVR after treatment with DAA show improvement or stability of the glycemic parameters, including among those already diagnosed with DM2. However, a subgroup shows worsening of glucose metabolism, including progression to diabetes.

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**P-4 ALBUMIN LEVELS HAVE STRONG ASSOCIATION WITH MORTALITY IN COVID-19 INFECTED PATIENTS**

Martín Uriel Vázquez-Medina1, Cesar Montejo-Velázquez2, Cruz Vargas-De-León3, Arcelia Carolina Barrón-Campos3, José Antonio Almeyda-Farfán1

**Introduction**: It has been related with severity in COVID-19, there is no agreement of the albumin cutoff points with a potential clinical use. Additionally, a measure of strength of the association between albumin levels and mortality has not been reported. Therefore, the aim of this study is to evaluate if Child Pugh albumin categories are associated with mortality and obtain the strength of the association.

**Methods**: Patients admitted to hospitalization with a positive SARS CoV 2 PCR from 4 April to 24 June 2020 were analyzed. Three groups were formed based on Child-Pugh albumin categories. Death frequency were compared between groups and statistical significance of the difference were assessed using a Chi² test, strength of association between albumin levels and death was evaluated with a Kendall Tau B test.

**Results**: A total of 348 patients were studied, age was 54.4 ± 14.7 years, 250 (71.8%) were male and 182 patients died (52%). Association of Albumin level and Death is presented Table 1. Kendall Tau B shows that knowing albumin level improves in 32% the prediction of death and since it has a negative coefficient at a lower level of albumin, risk of death increase.

**Table 1**

| Albumina      | Total n | Alive (n=166) n (%) | Death (n=182) n (%) | P-value |
|---------------|---------|---------------------|---------------------|---------|
| Normal >3.5 g/dL | 106     | 77 (72)             | 29 (27)             | <0.001* |
| MH 3.5-2.8 g/dL | 157     | 66 (42)             | 91 (57)             |         |
| SH <2.8 g/dL   | 85      | 23 (27)             | 62 (72)             |         |

MH: Mild hypoalbuminemia; SH: Severe hypoalbuminemia

*Obtained with Chi² test, Kendall’s Tau-B = -0.32 ASE = 0.046.

**Conclusions**: Kendalls Tau-B shows a strong association between Child-Pugh albumin categories and death, so is possible its use in clinical decisions as a marker of severity.

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**P-5 HEPATITIS E VIRUS INFECTION INCREASES THE RISK OF DIABETES AND MORTALITY IN HCV INFECTED PATIENTS**

Patricia Momoyo Yoshimura Zitelli1, Michele Gomes-Gouveia1, Daniel F. Mazo1,4, Julio da Motta Singer1, Claudia PMS Oliveira1, Alberto Queiroz Farias1, João Renato Pinho1, Ryan YukimatsuTanigawa2, Venancio Avancini Ferreira Alves2, Flair José Carrilho1, Mário Guimarães Pessoa3

1 Departamento de Investigación, Hospital Central Militar, CDMX, México 2 Servicio de Gastroenterología, Hospital Central Militar, CDMX, México 3 Departamento de Posgrado, Escuela Superior de Medicina, CDMX, México

**Introduction**: To optimize hospital management of COVID-19 patients it is important to have parameters that allow us to identify patient with an increased risk of death. Although hypoalbuminemia has been related with severity in COVID-19, there is no agreement of the albumin cutoff points with a potential clinical use. Additionally, a measure of strength of the association between albumin levels and mortality has not been reported.

Therefore, the aim of this study is to evaluate if Child Pugh albumin categories are associated with mortality and obtain the strength of the association.

**Methods**: Patients admitted to hospitalization with a positive SARS CoV 2 PCR from 4 April to 24 June 2020 were analyzed. Three groups were formed based on Child-Pugh albumin categories. Death frequency were compared between groups and statistical significance of the difference were assessed using a Chi² test, strength of association between albumin levels and death was evaluated with a Kendall Tau B test.

**Results**: A total of 348 patients were studied, age was 54.4 ± 14.7 years, 250 (71.8%) were male and 182 patients died (52%). Association of Albumin level and Death is presented Table 1. Kendall Tau B shows that knowing albumin level improves in 32% the prediction of death and since it has a negative coefficient at a lower level of albumin, risk of death increase.

**Table 1**

| Albumina      | Total n | Alive (n=166) n (%) | Death (n=182) n (%) | P-value |
|---------------|---------|---------------------|---------------------|---------|
| Normal >3.5 g/dL | 106     | 77 (72)             | 29 (27)             | <0.001* |
| MH 3.5-2.8 g/dL | 157     | 66 (42)             | 91 (57)             |         |
| SH <2.8 g/dL   | 85      | 23 (27)             | 62 (72)             |         |

MH: Mild hypoalbuminemia; SH: Severe hypoalbuminemia

*Obtained with Chi² test, Kendall’s Tau-B = -0.32 ASE = 0.046.

**Conclusions**: Kendalls Tau-B shows a strong association between Child-Pugh albumin categories and death, so is possible its use in clinical decisions as a marker of severity.