#176 - THE ROLE OF INFECTIONS IN PATIENTS WITH ALCOHOL-ASSOCIATED HEPATITIS IN LATIN AMERICA

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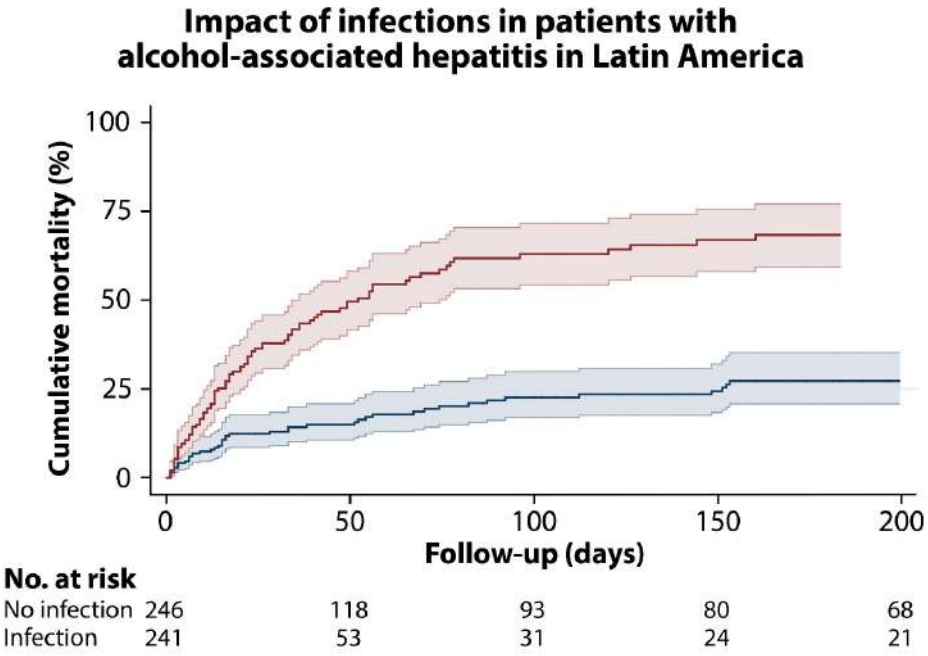
Background: Patients with severe alcohol-associated hepatitis (AH) are at higher infection risk.

Aims: To assess the impact of infections in patients with AH in a multinational cohort in Latin America.

Methods: Multicenter prospective cohort study including patients with AH between 2015–2022. We recorded clinical data, including infections and antibiotic use. We assessed the impact of infections using competing-risk models.

Results: We included 511 patients from 24 centers in 8 countries (Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Mexico, and Peru). The mean age was 50.1±11.9 years, 426 (83.9%) were men, 264 (58.2%) had a previous diagnosis of cirrhosis, and the median MELD at diagnosis was 24.6 [19.6–30.6] points. Out of the total, 25.9% died, and only 3.7% underwent liver transplantation during follow-up. Around 44.5% of patients developed an infection. Of them, 50.9% presented with infection at admission, 30.8% developed an infection during hospitalization, and 18.3% presented an infection in both situations. The most common localizations at admission were pulmonary (32.4%), urinary tract (33.1%), spontaneous bacterial peritonitis (15.9%), and cutaneous (9.7%). The main localizations during hospitalization were pulmonary (34.4%), urinary tract (25.8%), spontaneous bacterial peritonitis (14.0%), and bacteremia (8.6%%). The incidence of multidrug-resistant (MDR) organisms was 11.2% at admission and 10.3% during hospitalization, while the incidence of extensively drug-resistant (XDR) organisms was 1.4% and 4.7%, respectively. The presence of infection was associated with higher mortality (sub-distribution hazard ratio [sHR] 1.92, 95%CI:1.56–2.37; p<0.001)(**Figure**). The infections were independently associated with mortality (sHR 1.33, 95%CI:1.02–1.75; p=0.037) in a competing-risk model adjusted by age, sex, MELD, and ACLF.

Conclusions: Infections during an AH episode are frequent and independently associated with mortality inLatin America. However, the incidence of MDR and XDR organisms was lower than in other regions.


Impact of infections in patients with alcohol-associated hepatitis in Latin America
Cumulative mortality (%)
100
75
50
25
0
0
50
100
150
200
Follow-up (days)
No. at risk
No infection 246 118 93 80 68
Infection 241 53 31 24 21