caused by *E. Coli*, *Citrobacter spp.*, and *Staphylococcus aureus* was present in three patients, an outcome that was not identified in the study population. The mortality rate was 28.5%. The mortality rate was higher than Webb *et al* 1 (18%) and other studies where rates were reported from 12% to 18%, and where the white population was predominant.

The therapy provided in our institution was focused on tapering the immunosuppressive therapy attached with the use of dexamethasone. This treatment was given to six patients [4].

Conclusion: Our rate of mortality was higher compared with other similar studies. However, further future studies should include outcomes in the Hispanic population due to the social factors in addition to genetic factors that could be involved in higher mortality in ICU. Also, taking into account the increase in the number of cases, the follow-up of patients with liver diseases by telephone contact with transplant centers should be considered.

Uncited references: [2,3,5]

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P-98 BIOCHEMICAL MAKERS AMONG CHRONIC LIVER DISEASE PATIENTS ACCORDING COVID-19 INFECTION: A FOLLOW-UP STUDY

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Introduction: Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has spread rapidly around the world, posing a major threat to human health and the economy. Chronic Liver disease (CLD) patients could be at high risk for COVID-19. At this moment, there is little data about biochemical variation according to liver disease along to COVID-19 infection.

Objectives: This study aims to report the levels of biochemical markers in CLD patients with or without COVID-19 to give more information that could help clinical monitoring.

Methods: A total of 66 CLD patients were included in this study during year of 2020. Study was approved by Brazilian Ethics Committee. Blood and respiratory samples were collected after signed informed consent. At baseline and during follow-up, all subjects included in this study underwent routine examination, monitoring of biochemical markers, and SARS-CoV-2 nucleic acid testing with a median follow-up interval of 15 days.

Results: Most of individuals were male 56% (37/66) and mean age of population was 49±17 years. Six out 66 CLD patients were SARS CoV-2 RNA positive at baseline. At the end of follow-up, all these 6 patients achieved SARS-CoV-2 clearance. At least once during follow-up, the CLD group versus CLD/COVID-19 group, 50% (30/60) vs. 33% (2/6) had abnormal alanine aminotransferase; 47% (28/60) vs. 17% (1/6) had abnormal aspartate aminotransferase; 60% (36/60) vs. 67% (4/6) had abnormal γ-glutamyltransferase, 32% CLD patients (19/60) had abnormal total bilirubin levels vs. none of the CLD/COVID-19 group.

Conclusions: Previous liver disease did not seem to increase the biochemical levels, except GGT, during COVID-19 infection. However, liver function monitoring is still essential for both COVID-19 patients with and without liver disease.

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P-99 PREVALENCE OF SARCOPENIA IN PATIENTS WITH LIVER CIRRHOSIS. A CROSS-SECTIONAL STUDY AT TEODORO MALDONADO CARBO HOSPITAL

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Introduction: Sarcopenia (S) in liver cirrhosis (LC) is associated with an increased in morbi-mortality. Therefore, identifying it is an important prognostic parameter in the diagnosis of this groups of patients.

Objective: Determine the prevalence of Sarcopenia in patients with Liver Cirrhosis.

Method: Observational, analytical, cross-sectional study.

HTMC AS400 system was performed in a population of 300 patients with LC who attended in the period 2015-2018. One hundred of them met inclusion criteria: **(1)** LC of any etiology; **(2)** ≥18 years and **(3)** with an Abdominal CT Scan with transverse section at L3 level. Patients with LC who had other associated serious and/or malignant pathologies were excluded.

To evaluate Sarcopenia, we used the program NIH IMAGEJ that determines the muscle mass index in Hounsfield Units, with cut-off point for: Men ≤ 52.4 cm^2/m^2 and Women ≤38.5 cm^2/m^2. Results were evaluated using chi-square and Mann-Whitney U (v.3.6.0 Foundation for Statistical Computing; Vienna, Austria).