

## EP-102 - INFLUENCE OF COVID-19 ON PATIENTS UNDER PROPHYLACTIC ENDOSCOPIC VARICEAL LIGATION (EVL) THERAPY IN A PORTUGUESE CENTER

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**Aims:** Evaluate the impact of COVID-19 on outcomes of patients under prophylactic EVL therapy, namely variceal eradication, bleeding post-EVL therapy and death at 6 months post-last session.

**Methods:** Retrospective study of patients on EVL at a tertiary hospital between 2017 and 2020. To have independent groups concerning EVL therapy pre and during pandemic, the cutoff date was 1<sup>st</sup> January 2019. Variceal eradication and bleeding were analyzed during one year of follow-up. Differences between groups were identified using chi-squared and independent t-tests. Risk factors were identified through logistic regression.

**Results:** 97 patients were included: 75 men (77%) with mean age of 59±12 years. Cirrhosis was the predominant cause of portal hypertension (88%): alcohol and virus as main etiologies (75%). 398 prophylactic EVL sessions were performed: 53 patients underwent 223 sessions (56%) in pre-pandemic group and 44 underwent 175 (44%) in the latter. However, no statistical significance in the mean number of sessions was observed between them (p=0.587). 66 patients performed EVL therapy as secondary prophylaxis. 12 and 15 patients suffered post-EVL bleeding and death, respectively. There was no association of these two outcomes between pre and pandemic groups. However, variceal eradication showed significant difference (p=0.001)-Figure 1. The independent risk factors for variceal eradication were pandemic group and total number of EVL sessions per patient (p<0.01), whereas for death at 6 months were age, portal vein thrombosis, and MELD-Na (p<0.05).

**Conclusion:** COVID-19 reduced the number of prophylactic EVL sessions, and therefore variceal eradication was significantly lower in pandemic group. In contrast, bleeding post-EVL-therapy and death at 6 months post-last session showed no significant difference.

