

CO-059 - THE IMPACT OF COVID-19 PANDEMIC IN LIVER CIRRHOSIS HOSPITAL ADMISSIONS

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Background and Aims: The impact of COVID-19 pandemic in cirrhotic patients' management is yet to be determined. Whether the unavoidable clinical practice modifications resulted in worse outcomes remains unanswered. We aimed to compare hospital admissions due to cirrhosis acute decompensations or complications before and during the pandemic.

Methods: Retrospective unicentric cohort study considering all hospital admissions due to cirrhosis acute decompensations or complications between April-September 2019 (pre-pandemic), 2020 (early pandemic in Portugal) and 2021 (1 year post pandemic start).

Patients' sociodemographic, clinical and biochemistry data at admission were reviewed. Hospital 30-day readmission and mortality (at hospital; post discharge: 30, 90 days, 1 year), were the outcomes of interest.

Statistics: descriptive statistics, chi-square, Mann-Whitney and Kruskal-Wallis tests.

Results: We evaluated 127 admissions of 96 patients, mean age 60.1+/-11.0 years, mostly male (84.4%), with alcohol related liver cirrhosis (59.4%), and no previous hepatocarcinoma diagnosis (87.5%).

Overall, patients' clinical status before and during the pandemic (including both periods) was similar, regarding causes of admission, biochemistry data, prognostic scores, and outcomes (all $p > 0.050$).

Most patients presented severe disease at admission (median Child Pugh, 10; median MELD, 22). Ascites (68.5%) and hyponatremia (53.5%) were the most common clinical features detected. As for admission causes, hydropic decompensation and hepatic encephalopathy were the main findings irrespective of the study's timepoints (before 40.0% and 17.5%, during 37.9% and 17.2%, respectively). Interestingly, patients were discharged sooner during the pandemic (median 9 vs 14 days, $p < 0.049$).

Conclusions: Unlike empirical belief, this study showed that disease severity and decompensation of cirrhotic patients admitted to the hospital during the last 3 years, were similar, irrespective of COVID-19 pandemic, suggesting the contingency plans did not negatively impact these patients. Larger studies may further confirm these results. Whether cirrhotic patients delayed discharges before pandemic were modified due to contingency plans or social causes remains unaddressed.