DEVELOPMENT OF VIROLOGICAL ACUTE LIVER FAILURE: OUTCOME AND THIRTY-DAY READMISSION AFTER 2020; HBV DNA level rebounded to 1.28 × 10^3 IU/mL at 10 months after the initiation of the antivirus. His medication every day. No prior history of other antiviral treatment program, was monitored regularly, and took his medication every day. No prior history of other antiviral treatment program, was monitored regularly, and took his medication every day.

Background A descriptive study was conducted at the Gastro-Hepatology Department of Asian Institute of Medical Sciences, Hyderabad from May 2018 to September 2019. A total of 31 patients were included in the study and evaluated for etiology, other prognostic factors were compared.

Results Thirty-one patients with a mean age of 22 years, 21 (67.7%) were males. Most common etiology was indeterminate 21 (67.7%) while 5 (16.1%) had Hepatitis B and 5 (16.1%) had Hepatitis E. The in-hospital mortality was 19 (61.3%), out of which 14 (73.3%) were males and 12 (38.7%) recovered spontaneously. INR > 5.00 (Mean= 3.12 and 4.02 in both groups respectively, p=0.008), KCC 2 or more out of 5 (Mean= 0.83 and 1.31 in both groups respectively, p=0.068), and sepsis (p=0.008) were independently associated with in-hospital mortality.

Conclusions The in-hospital mortality of ALF was significantly high with raised INR, MELD (>32), KCC (2/5), and sepsis. Hence, they are poor prognostic factors.

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THIRTY-DAY READMISSION AFTER ESOPHAGEAL VARICEAL HEMORRHAGE AND ITS IMPACT ON OUTCOMES IN THE TERTIARY CARE HOSPITAL

Background Esophageal variceal hemorrhage (EVH) is a potentially fatal Gastro-intestinal emergency. The aim of this study was to evaluate the in-hospital mortality rate, 30-day readmission rate, and its impact on mortality and morbidity in EVH patients.

Methods A descriptive study (prospective) was conducted at the Gastro-hepatology department of AIMS Hyderabad from March 2018 to March 2019. A total of 150 patients were included in the study and evaluated for outcomes.

Results In-hospital mortality of EVH was significantly high with raised INR, MELD (>32), KCC (2/5), and sepsis. Hence, they are poor prognostic factors.

Conclusions The in-hospital mortality of ALF was significantly high with raised INR, MELD (>32), KCC (2/5), and sepsis. Hence, they are poor prognostic factors.