Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Conclusions: Some patients showed persistent jaundice even after transaminase levels returned to normal following HEV infection. This clinical course is self-limited. The prognosis is good the jaundice generally resolves spontaneously after 2-6 months.

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COVID-19 IN LIVER TRANSPLANT RECIPIENTS: AN ITALIAN CASE-CONTROL DOUBLE-CENTER STUDY

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Background and aim: Liver transplant (LT) recipients are clinically vulnerable to SARS-CoV-2 infection, due to immunosuppression and comorbidities. Aim of this study was to evaluate the impact of COVID-19 on LT recipients compared to general population in Southern Italy (Campania region).

Materials and methods: In this case-control double-center study, we enrolled all consecutive adult liver recipients with confirmed SARS-CoV-2 infection. Data were collected at diagnosis of COVID-19 and during follow-up and compared with the Campania regional population (extracted by National Health System COVID-19 database – <https://covid-19.iss.it>).

Results: A total of 30 LT patients developed Sars-CoV-2 infection (76.6% male, median age 62.6yrs). Sixteen (53.3%) were symptomatic; no differences in LT indications, immunosuppression and comorbidities were found between asymptomatic and symptomatic patients. Common COVID-19 symptoms were fever (46.6%), cough (36.6%), fatigue (36.6%) and anosmia (36.6%). Twenty-five (83.4%) patients were managed at home, while 5 (16.6%) required hospitalization (2 were admitted to ICU, 2 developed ARDS and 2 died). Immunosuppressors were modified only in hospitalized patients [reduced in 2 (6.6%) and stopped in one (3.3%) of them]. The cumulative incidence rate of Sars-CoV-2 infection was similar between LT patients and general population (3.28% vs 4.37%, $p=0.1$) while symptomatology rate was higher in LT patients (46.67% vs 15.87%, $p<0.00$). Hospitalization rate was higher in LT patients than in general population (16.67% vs 4.54%, $p=0.001$), with similar median length of stay (11 vs 20 days, $p=0.32$). Lethality rate was higher in LT patients than in general population (6.67% vs 1.76%, $p=0.041$). According to the multivariable logistic regression analysis, age (fully adjusted-OR 1.02 [95% CI 1.00-1.04], $p=0.005$) and female sex (fully adjusted-OR 0.31 [95% CI 0.13-0.73], $p=0.007$) showed positive and negative association, respectively, with Sars-CoV-2 infection in LT patients. In fully adjusted model, LT patients are more frequently symptomatic (OR 5.44 [95% CI 2.44-12.17], $p<0.00$), while hospitalization and death for COVID-19 are not significantly associated with liver transplant ($p=0.72$ and $p=0.46$, respectively).

Conclusions: Our study showed that the vulnerability of the LT patients is not a risk factor for acquiring SARS-CoV-2 infection. Nonetheless, LT patients are more frequently symptomatic, although they are comparable to the general population in terms of hospitalization and lethality.

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IMPACT OF SARS-COV-2 INFECTION IN WAITING LIST FOR LIVER TRANSPLANTATION

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Background and aim: Infections in cirrhotic patients are associated with an increased risk of liver-related complications (LRC) and mortality. Limited data regarding the prevalence of Coronavirus disease (COVID-19) in cirrhotic patients' awaiting liver transplantation (LT) are available. The aim of this study was to evaluate the prevalence of SARS-CoV2 in a cohort of cirrhotic patients and its impact on LRC rate and on LT.

Materials and methods: We retrospectively included 187 waitlist patients for LT from 24-January-2020 (2020-cohort) and 123 patients from 24-January-2019 (2019-cohort). All 2020-cohort patients were screened for COVID-19 symptoms with a survey. COVID-19 infection was defined by a positive PCR assay for SARS-CoV-2 on nasopharyngeal swab or the positivity for specific antibodies or typical lung lesions on CT scan. We also assessed the indirect impact of SARS-CoV2 infection on LRC and LT rate, estimated by competitive risk survival analyses in 2020-cohort vs. 2019-cohort (Fine and Gray method).

Results: In 2020-cohort, 72.7% ($n=136$) of patients were male with mean age of 55.5 ± 12 , 47.2% ($n=85$) patients have alcohol and/or NASH related cirrhosis, with a median MELD score of 14.1 ± 7.4 . 45.5% ($n=71$), 38.5% ($n=60$) and 14.8% ($n=23$) of patients were A, B and C for Child-Pugh-score, respectively. 172 patients responded to survey and 22% ($n=38$) had symptoms. 20/38 patients were tested for SARS-CoV2 and 4 patients were positive. 3/4 patients with COVID-19 disease needed hospitalization and 1 intensive care support. No death was reported and 1 patient was LT. The 2020-cohort and 2019-cohort were comparable for sex ($p=0.6$), age ($p=0.7$), comorbidities ($p=0.2$) and Child-Pugh-score ($p=0.2$). The cumulative incidence of LRC was not significantly higher in the 2020-cohort vs. 2019-cohort (SHR 0.65, 95% CI 0.36-1.15, $p=0.138$). The cumulative incidence of LT was significantly lower in the 2020-cohort than in the 2019-cohort (SHR 0.21, 95% CI 0.13-0.33, $p<0.001$).

Conclusions: Our study reported a low prevalence rate of SARS-CoV2 infection in a cohort of cirrhotic patients waiting for LT. No SARS-CoV2 infection direct or indirect impact on mortality and LRC rate was reported. However, a significant shortage of LT was found in 2020 cohort.

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VALIDATION OF COMBINED NEUTROPHIL TO LYMPHOCYTE RATIO AND PLATELET TO LYMPHOCYTE RATIO (CNP) SCORE AS PREDICTOR FOR RECURRENCE FOLLOWING RADIOFREQUENCY ABLATION OF HEPATOCELLULAR CARCINOMA

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