RACIAL DIFFERENCES IN CIRRHOSIS ETIOLOGY AND MANIFESTATION IN A PREDOMINATELY AFRICAN AMERICAN URBAN MEDICAL CENTER

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**Introduction**

While national trends reflect a decline in HCV related cirrhosis, hepatocellular carcinoma, and live rtransplant, it remains critical to evaluate local trends in urban university medical centers with respect to African American (AA) individuals as compared to non-AA individuals. The objective of this study was to evaluate cirrhosis in AA as compared to non-AA individuals.

**Methods**

Using ICD-10 codes, we identified individuals with cirrhosis seen in a predominately AA urban university medical center in the first six months of 2016. The accuracy for the diagnosis of cirrhosis was determined by reviewing the medical records for laboratory values (ALT/AST/Platelets/Albumin/Fibrospect), FibroScan, US/CT imaging, varices on EGD and signs of decompensation (ascites, encephalopathy and bleeding/bandedvarices). An accurate diagnosis of cirrhosis was determined for 198 patients (146 AA and 52 non-AA).

**Results**

The primary etiology for cirrhosis was HCV (111; 56%), followed by Alcohol (31) and HCV plus alcohol (22)(Table 1). NASH and Cryptogenic were included as a category since they are typically related. All other causesof liver disease (HBV, PBC, autoimmune hepatitis) were included in the other category. While etiology bygender was similar, AA were more likely to have HCV than non-AA. HCV patients were more likely to be seen by GI physicians as compared to patients with other etiologies, especially alcohol. With respect to decompensation at the time of 2016 assessment, patients with HCV were more likely to be compensated than other etiologies (Figure 1). This was also reflected by AA being more likely to be compensated than non-AA, due to the prevalence of HCV as the primary etiology of their cirrhosis. This protection from decompensation was likely due to the fact that if HCV patients had been treated and achieved an SVR, they were more likely to be compensated as compared to not treated patients (73% vs 20% ; p=0.0003)

**Discussion**

Racial differences in cirrhotic individuals were predominately due to the overwhelming incidence of HCV in our AA cirrhotic patients compared to non-AA. As a result of viral elimination in HCV individuals, they did not develop decompensation compared to HCV non-treated and other etiologies. Based on these observations, it is imperative that especially in AA patients HCV infection be identified and treated to improve health outcomes.