

required liver biopsy. Of the remainder, 16 (59%) did not require biopsy because Fibroscan had answered the clinical question and three failed to attend for review. Overall, 53 (80%) did not require a liver biopsy after Fibroscan was used to determine the presence or absence of advanced fibrosis or cirrhosis.

Conclusion In our cohort, Fibroscan prevented the need for liver biopsy in 80% of patients. Our main use of the test has been in attempting to identify patients with cirrhosis who might need hepatoma screening. Fibroscan is highly effective in reducing the need for biopsy in such cohorts.

Competing interests None declared.

PTU-087

MANAGEMENT OF PYOGENIC LIVER ABSCESS: AN 11-YEAR RETROSPECTIVE STUDY OF PRACTICE AT A METROPOLITAN HOSPITAL AND DEVELOPMENT OF LOCAL GUIDELINES

doi:10.1136/gutjnl-2012-302514c.87

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Introduction Pyogenic liver abscess (PLA) is an uncommon condition associated with considerable morbidity and mortality despite modern treatment. Patients have prolonged lengths of stay, require repeated imaging and procedures, and frequently develop significant complications. We audited the burden of PLA and the outcomes of treatment in Chelsea and Westminster Hospital, London. We used our data to develop local guidelines for PLA, incorporating information from previous case series and a review of the literature.

Methods Between January 2000 and September 2011, 41 patients had a correctly coded diagnosis of PLA. Electronic or paper medical records were available for 40 patients. We collected anonymised information regarding the medical history, investigations and clinical course.

Results 40 patients (78% male, mean age 54 years, 70% caucasian) were treated for acute PLA, with no in-hospital deaths. Mean length of stay was 19.3 days (CI 15.1 to 23.4 days). Presentations were non-specific, and the diagnosis rarely considered on admission. Blood results in most patients on admission demonstrated a characteristic pattern of hypoalbuminaemia, high CRP, and non-specific liver dysfunction. 61.1% of patients were septic on admission. In general, appropriate imaging was arranged early in the admission. Diagnosis of PLA was made with CT (54%) or ultrasound (46%). 75% of abscesses were found in the right lobe, with a mean maximum diameter of 6.5 cm (SD 2.4 cm). 48% of patients had multiple abscesses, and 40% had signs of loculation on imaging. 78% of abscesses were larger than 5 cm. 68% of abscesses were aspirated or drained, with three patients requiring repeated intervention, and one referred to a hepatobiliary unit. Length of stay was longer in older patients ($p<0.05$), those requiring drainage (23.8 vs 11.3 days, $p<0.001$) and those with complications (28 vs 11.8 days, $p<0.001$). Abscess size was not related to length of stay or need for drainage. Decisions regarding antibiotics and drainage varied between clinicians. Severe complications developed in 50% of patients and included venous thrombosis ($n=4$) and need for ITU support ($n=4$). Resolution was typical, with no in-hospital mortality. Underlying causes for PLA included abdominal malignancy ($n=4$), appendicitis ($n=2$) and diabetes mellitus ($n=5$). Often no cause was found, and screening for causes with MRCP and colonoscopy was not universal.

Conclusion Our study describes a large UK cohort of patients with PLA, with a lower mortality than described in other case series, and good outcomes without drainage in selected patients with large abscesses. Our cohort showed considerable variation in PLA treatment, and in response we have developed PLA management guidelines.

Competing interests None declared.

PTU-088

THE MICROFLORA OF BILE AFTER INTRAOPERATIVE ASPIRATION OF THE GALLBLADDER DURING CHOLECYSTECTOMY FOR ACUTE CHOLECYSTITIS

doi:10.1136/gutjnl-2012-302514c.88

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Introduction Emergency cholecystectomy for the management of acute cholecystitis is now common. In order to facilitate this

PTU-086 KLF6 SPLICE VARIANT 1 IN PATIENTS WITH COLORECTAL LIVER METASTASIS CORRELATES WITH A HIGHER CLINICAL RISK SCORE

doi:10.1136/gutjnl-2012-302514c.86

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Introduction In its wild type form KLF6 (KLF6-WT) acts as a tumour suppressor gene whose expression is lost in a variety of human cancers. Conversely, KLF-6 splice variant 1 (KLF6-SV1) is able to function as an oncogene playing an important role in tumour proliferation and invasion. The aim of this study was to determine how the expression of these two KLF6 variants in patients with colorectal liver metastases (CRLM) correlates with an established prognostic scoring system.

Methods Patients undergoing resection of CRLM over a 2-year period were identified for inclusion within this study. Immunohistochemistry was performed using antibodies directed against KLF6-WT and KLF6-SV1 on formalin fixed paraffin embedded tumour samples and the proportion of positively stained nuclei for each was determined using an automated computerised image analysis system. Clinical data were collected and Fong's Clinical Risk Score (CRS) was calculated as a marker of patients outcome. Spearman's correlation coefficient was used to determine the relationship between nuclear staining of KLF-6 and the CRS. Continuous variables were compared with Mann-Whitney U test. A p value <0.05 was considered significant.

Results 25 patients (male 64 %) were included in this study with a mean age of 69.2 years (range 52–81). The distribution of CRS were as follows; CRS score 0 n=2, CRS score 1 n=6, CRS score 2 n= 3, CRS score 3 n=10, CRS score 4 n=3, CRS score 5 n=1. Nine patients developed recurrence within 1 year of liver resection. All patients remained alive at the end of the study period. There was a positive correlation between KLF6-SV1 and the calculated CRS (Spearman's correlation efficient = 0.481, p=0.015) whereas no such correlation existed with KLF6-WT. In those with a CRS <3 the mean proportion of positive nuclear staining for KLF6-SV1 was 5% as compared to 15% in those with a CRS \geq 3 ($p<0.05$).

Conclusion In this preliminary study, high expression of KLF6-SV1 in patients with CRLM correlates with a higher CRS. Further long-term follow-up data are required to determine what affect this has on prognosis and overall patient survival.

Competing interests K Y D Hui: Grant/Research Support from: Cancer Research UK, the Dowager Countess Eleanor Peel Trust, S Robinson: None declared, G Patman: None declared, D Manas: None declared, H Reeves: None declared, S White: None declared.