(2) LSM >11 KPa could be used to identify patients who may have lower response rates and may benefit from longer treatment.

P19 SYMPTOMATIC EPSTEIN BARR VIRUS (EBV) HEPATITIS IS UNCOMMON, BUT OCCURS IN PATIENTS OF ANY AGE, INCLUDING THE ELDERLY

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Introduction Epstein Barr Virus (EBV) infection typically presents as infectious mononucleosis (IM) in young adults with the classical triad of fever, sore throat and lymphadenopathy. Mildly abnormal liver function tests (LFTs) are common but symptomatic hepatitis is rare. Symptomatic, icteric, EBV hepatitis is rarely reported in those with IM and in the elderly.
Aim To review the demographics, presenting features and natural history with EBV hepatitis and to determine what factors might lead a clinician to consider a diagnosis of EBV hepatitis.
Method Retrospective study of 2100 patients attending the Jaundice Hotline, a fast track referral system for patients with jaundice at The Cornwall Royal Cornwall Hospital (1998–2011). EBV hepatitis was defined as: symptomatic hepatitis with positive serology for EBV (serology included EBV nuclear antigen, EBV viral capsid antigen (VCA) IgM and VCA IgG). All patients had no evidence of biliary obstruction or parenchymal liver disease on abdominal ultrasound examination (USS), and negative serology for other hepatotropic viruses (HAV, HBV, HCV, HEV, CMV). Other causes of parenchymal liver disease were also excluded by appropriate blood tests.
Results Of the total of 2100 consecutive patients with jaundice studied, 17 patients (10 males, 7 females) were diagnosed with EBV hepatitis. All patients were immunocompetent. 47% (8/17) of these patients were aged over 60 years (mean age 44 years, range 18–82). At presentation, mean (range) LFTs were: bilirubin 57 µmol/l (11–161), ALT 428 IU/l (34–1471), ALKP 339 IU/l (132–840). Only 3 patients presented as classical IM. 95% (16/17) had significant lymphocytosis and 82% (14/17) patients had splenomegaly on USS examination at initial assessment. Only 2 patients were unwell enough to be admitted to hospital. All patients fully recovered within 4–6 weeks.
Conclusion Symptomatic EBV hepatitis is uncommon and causes a self-limiting illness. EBV hepatitis is not usually associated with classical symptoms of IM and occurred in patients of a wide variety of ages. The diagnosis should be considered in patients of all ages presenting with hepatitis, including those with a cholestatic picture, and especially in those with a lymphocytosis and splenomegaly.

P20 FIRST REPORT OF THE LONG-TERM EFFICACY OF A NOVEL ENDOSCOPIC RADIOFREQUENCY ABLATION TECHNIQUE FOR MALIGNANT BILIARY OBSTRUCTION

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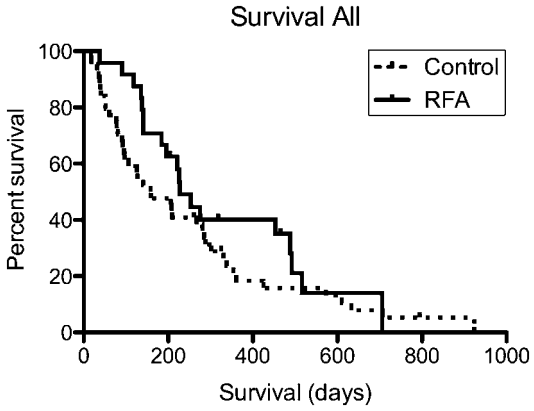
Introduction Insertion of self-expanding metal stents (SEMS) is standard practice in patients with unresectable malignant biliary strictures. Stent occlusion is a significant clinical problem in patients surviving beyond 3 months. A pioneering phase I/II study in our tertiary referral centre demonstrated good safety and 30-day patency using a novel endoscopic radiofrequency ablation (RFA) technique as an adjunct to SEMS.[1] The longer term impact of combined RFA +SEMS on biliary drainage and overall patient survival is unknown.
Aim To investigate long-term safety and efficacy of endobiliary RFA in malignant bile duct obstruction.
Method Retrospective cohort analysis of 24 patients undergoing RFA+SEMS (17 pancreatic carcinoma; 7 cholangiocarcinoma) and 44 matched controls undergoing SEMS insertion alone (34 pancreatic carcinoma, 10 cholangiocarcinoma) for malignant biliary obstruction in a single tertiary referral centre. Patients were matched for age, sex, disease, presence of metastases, ASA/co-morbidities, and intention to treat with palliative chemotherapy. Patients with a potential minimum of 6-month follow-up were included and survival, maintenance of stent patency and procedure-related complications were assessed.
Results RFA treated and control cohorts were closely matched-mean age 71.8±9.8 yrs vs 68.8±10.3, metastases at treatment 9/24 (38%) vs 17/44 (39%), chemotherapy 16/24 (67%) vs 27/44 (61%). Kaplan–Meier analysis showed a median survival of 227 days in the RFA group vs 159 days in controls (p=0.067). Multivariate analysis showed RFA treatment to be the strongest predictor of survival at 90 days (OR 26.1, p=0.011). Survival benefits may extend beyond 90 days (OR 2.8, p=0.071 at 180 days; OR 2.8, p=0.102 at 360 days), but require further investigation. Within 6 months after treatment, more patients were alive with a patent first SEMS in the RFA cohort than in controls. Complications of RFA were few (1 pancreatitis, 2 cholecystitis) and comparable to those associated with standard ERCP alone. The procedure was well-tolerated with a median post-procedure inpatient stay of 1 day (1–24).
Conclusion In the single largest case series studied to date, endobiliary RFA is a safe and efficacious treatment for malignant biliary obstruction, with potential early survival benefit. Large multi-centre prospective trials of this novel treatment modality are warranted.



Abstract P20 Figure 1 Kaplan–Meier survival analysis.

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P21 ACTIVELY INJECTING DRUG USERS CAN BE SUCCESSFULLY TREATED WITH ANTIVIRAL THERAPY FOR HCV, ARE UNLIKELY TO BE RE-INFECTED, AND SIGNIFICANTLY REDUCE THEIR ILLICIT DRUG USE

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Introduction Currently the predominant mode of transmission of hepatitis C virus (HCV) in the developed world is injection drug use