

extrapyramidal and neurocognitive symptoms have now resolved suggesting that this extrapyramidal syndrome is reversible.

Conclusion Rifaximin is efficacious in the treatment of the Parkinsonian phenotype of HE in this small case series which appears to be independent of ammonia lowering. Larger clinical trials are now warranted.

Competing interests None declared.

PTU-021 DO ALL REGENERATIVE NODULES BECOME HEPATOCELLULAR CARCINOMA? THE OUTCOME OF 4 YEARS MRI SURVEILLANCE

doi:10.1136/gutjnl-2012-302514c.21

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Introduction There are few epidemiological data on the longitudinal follow-up of nodular lesions in cirrhotic patients.

Methods The Royal Free Hospital database was searched for all reports of MRI scans of the liver in which the term "nodule" was used. 630 such scans were identified in 369 individual patients between 1 January 2006 and 1 January 2011. Patients were then excluded if there was <1-year follow-up (45), if hepatocellular carcinoma (HCC) was identified on the initial scan (135), if an alternative diagnosis was made (129) or if no significant arterialised lesion was reported despite previous suspicion on ultrasound scanning (31). Retrospective analysis was, therefore, performed on 29 cirrhotic patients with a diagnosis of regenerative, indeterminate or dysplastic arterialised nodules at baseline and >1 year total follow-up with MRI and alpha-fetoprotein (AFP) surveillance.

Results The median age at first scan was 55 years (range 36–73) and the most common aetiologies of cirrhosis were hepatitis C (55%), hepatitis B (10%) and alcohol (25%) with 10% other. The median follow-up period was 22 months (12–56) and the median number of scans 4 (2–10). At baseline nodules were described as indeterminate in 48%, regenerative in 45% and dysplastic in 7%. The prevalence of HCC after 1, 2, 3 and 4 years of follow-up was 5 (17%), 9 (31%), 11 (38%) and 11 (38%) respectively, with the highest incidence occurring in the first 2 years of follow-up (82% of cases). The median size of nodule at baseline in those who developed HCC was 10 mm (5–18) and it was 9 mm (5–26) in those who did not. There was no association between the description of the nodule and the likelihood of developing HCC (five arising from indeterminate and 6 from regenerative nodules) and the two nodules initially described as dysplastic did not transform to tumour. AFP results were not informative.

Conclusion 31% of lesions described as arterialised nodules when first scanned developed into HCC within 2 years and initial radiological features consistent with "regenerative" nodules are not reassuring. Patients with discrete arterialised nodules should be enrolled in enhanced surveillance programmes.

Competing interests None declared.

PTU-022 PREOPERATIVE NEUTROPHIL: LYMPHOCYTE RATIO DOES NOT PREDICT POST-OPERATIVE COMPLICATIONS FOLLOWING HEPATIC RESECTION

doi:10.1136/gutjnl-2012-302514c.22

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Introduction Neutrophil:lymphocyte ratio (NLR) is a marker of systemic inflammation and, if high, has been shown in several

studies to be correlated with adverse outcome following operative intervention in many conditions.^{1–3} We attempted to test this association by analysing pre-operative NLR in all patients undergoing liver resection in our unit and attempting correlation with markers of adverse outcome in the form of post-operative complications and length of inpatient stay.

Methods Our unit is a regional tertiary referral centre for hepatic surgery undertaken for both benign and malignant disease. A database of patient demographics, radiological and histological findings and blood tests for this cohort has been prospectively maintained since 2005 and the data has been retrospectively analysed for this study. A NLR of >5 was considered elevated.

Results Between 15 July 2005 and 27 September 2011, 377 hepatic resections were performed. 62% were for colorectal carcinoma metastases, 6% for other metastases, 8% for benign disease, 7% for cholangiocarcinoma, 7% for hepatocellular carcinoma, 4% for gall-bladder cancer and 2% for neuroendocrine tumours. Median patient age was 65 and 56% were male. Our median NLR was 2.5. Overall morbidity was 26%. Post-operative complications seen include bile leak 8%, liver failure 1% and post-operative death 2%. There were no intra-operative deaths. Intra-operatively, 19 % of patients required an average of 3.8 units packed cell transfusion, 6% an average of 3.7 units FFP and 2% 1.5 pool platelets. When NLR was correlated against post-operative complications, there was seen to be no association ($p>0.5$). Median length of inpatient stay was 8 days (range 3 to 70 days). There was also no correlation demonstrable between NLR and length of inpatient stay ($p=0.23$).

Conclusion Preoperative NLR does not appear to be a useful predictor of post-operative outcomes in the form of complications and post-operative hospital stay in patients undergoing liver resection.

Abstract PTU-022 Table 1

Surgical procedure	Percentage
Right hemihepatectomy	29%
Left hemihepatectomy	12%
(Partially) extended right hemihepatectomy	13%
(Partially) extended left hemihepatectomy	6%
Left lateral excision	9%
Wedge resection	24%
Excision gallbladder bed	4%
Other	3%

Competing interests None declared.

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PTU-023 LONG-TERM OUTCOMES FOLLOWING DRUG-ELUTING BEAD TRANSARTERIAL CHEMOEMBOLISATION (DEB-TACE) AS PART OF MULTIMODALITY TREATMENT FOR HEPATOCELLULAR CARCINOMA

doi:10.1136/gutjnl-2012-302514c.23

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