(22%) and drug-induced hepatitis (12%). The commonest reason for admission was decompensated liver disease seen in 32% of patients. 14.5% of patients experienced variceal haemorrhage at or during admission. There was a significant difference in mortality, in-hospital complications and the need for tertiary centre referral between patients with and without cirrhosis. The commonest in-hospital complications were infection and renal dysfunction; 16% of our patients required ICU support. There was no significant difference in median length of stay (LOS) between patients with and without cirrhosis. However patients with cirrhosis had more complex discharge requirements as demonstrated by referral to social services.

Abstract PWE- Table 1 Demographics & Outcomes

	Cirrhosis (n = 46)	Non-Cirrhosis (n = 23)
Gender: Male:Female	30:16	15:8
Age range (mean)	37–84 (54)	23–74 (49)
Ethnicity: White:Non-White	25:21	9:14
Inpatient complications (%)	14 (20%)	0
Mortality (%)	5 (7%)	0
Tertiary centre transfer (%)	7 (10%)	0
LOS range (median)	1–46 (6)	1–36 (7)
Section 2 social work referral	11	4

Conclusion Patients with cirrhosis have significantly more complex in hospital stay and discharge needs compared to patients without cirrhosis. Our study has shown a significantly lower mortality for patients with liver disease than previous studies. We suggest that management by a hepatologist and access to tertiary services improves mortality. The complexity of patients with cirrhosis suggests that a multi-professional team is required to reduce overall LOS.

Disclosure of Interest None Declared.

REFERENCE

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PWE-135 HEPATITIS E: AN EMERGING INFECTION IN NORTH EAST OF SCOTLAND?

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Introduction Hepatitis E virus (HEV) is enterically transmitted and is endemic in some areas of the world. In the UK it was generally thought to be associated with travel but infection in those with no history of travel outside the UK has recently been recognised.[1] We reviewed data of patients with serologically proven acute HEV infection in North East of Scotland.

Methods The Regional Virology database was interrogated to identify all patients who had serological testing for acute HEV infection {anti-HEV IgM antibody [recomWell ELISA kits (Mikrogen)]} between March 2011 and November 2012. Casenote review was performed in those with positive serology. Presenting features and clinical course were recorded in addition to demographics, occupation, travel history, biochemical abnormalities, imaging and liver biopsy results.

Results There were 105 patients who had serological testing for evidence of acute HEV infection and 12 (11%) yielded positive IgM results, with HEV RNA detectable in 10/12 (83%) using an in-house real time RT-PCR assay.

Of the 12 confirmed cases, 10 (83%) were male and median age was 54.5 years. There was no history of travel outwith the UK in 7 (60%). Presentation was with flu like illness in 75% and clinically detectable jaundice was present in 66%. Hospitalisation was needed in 83%.

All patients had a significant transaminitis, median ALT 1487 IU/L (range 117–5645). The ALT to AST ratio was greater than 1. Serological screening for other causes of acute hepatitis was negative. IgA was elevated in 58% cases. Imaging was normal in 6 (50%), with fatty change in 3 (25%) and calculi confined to the gall bladder alone in 4 (33%) cases. Two patients underwent liver biopsy to exclude pre-existing liver disease. In both the features noted were consistent with viral liver injury.

All patients had spontaneous clinical and biochemical resolution with median time to normalisation of ALT of 6 (range 4–26) weeks. One patient developed both clinical and biochemical thyrotoxicosis which resolved spontaneously with resolution of HEV-associated clinical symptoms. Of interest, during the same study period 6 cases of acute Hepatitis B and 3 cases of acute Hepatitis A infection were diagnosed in our region.

Conclusion In our region, prevalence of HEV related acute hepatitis is higher than previously perceived and appears to be more common than acute Hepatitis A and B. Acquisition of HEV infection occurs in the UK often without travel history or obvious source of infection. Therefore, we suggest routine testing for HEV in patients with significant transaminitis.

Disclosure of Interest None Declared.

REFERENCE

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PWE-136 THE EFFECT OF C282Y HOMOZYGOSITY ON FULL BLOOD COUNT INDICES

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Introduction Full blood count (FBC) indices and iron studies are utilised in initial screening of patients with clinical suspicion of haemachromatosis and HFE genetic testing is used for diagnosis. The aim of this study is to determine what effect haemachromatosis has on FBC indices and to detect any correlation with iron overload in subjects with C282Y homozygosity.

Methods Data were obtained from blood samples taken from first time donors to the Australian Red Cross Service prior to venesection. FBC indices were recorded from C282Y homozygous patients and also from an age-matched healthy control group. Ferritin levels from the haemachromatosis group were also obtained. All P values were derived from two-tailed statistical tests and Chi-square tests. *P* values of less than 0.05 considered significant. Multivariate regression analysis was used to assess the differences between blood donors and haemachromatosis patients.

Results The HFE group and normal controls were well matched with forty males and forty females in each group and no significant difference in age between the groups. Males homozygous for C282Y had a significantly (P = 0.001) higher mean ferritin level 787.3 mcg/L (522.1–1052.6) compared with females 268.3 mcg/L (147.1–389.4). Eighty percent of C282Y homozygous males presented with iron overload on their first Red Cross Blood donation visit, whereas only fifty percent of C282Y homozygous females had an elevated ferritin level on their first visit (P = 0.045). Of the forty patients homozygous for the C282Y mutations, there was evidence of iron overload in 26 patients (as defined by a ferritin greater than 200 mcg/L). There was no significant difference in all measure parameters between haemachromatosis patients with a