

benefit most from assessment in hepatology outpatients with staging of fibrosis.

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Disclosure of Interest None Declared.

PTU-116 INTER-RELATIONSHIPS BETWEEN PARAMETERS OF IRON OVERLOAD AND THEIR ASSOCIATION WITH LIVER FIBROSIS SEVERITY IN HAEMOCHROMATOSIS

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Introduction In the current era of routine HFE genotyping for suspected haemochromatosis, venesection is performed in C282Y homozygous patients with milder iron overload than was previously the case. It is thus useful to re-evaluate inter relationships between parameters of iron overload and their association with severity of liver fibrosis. We aimed to evaluate these relationships in C282Y homozygous patients undergoing venesection for iron overload.

Methods Retrospective analysis of departmental haemochromatosis database. We included 114 C282Y homozygous patients (76 men, age [median (range) 54(24–78)] years, who had elevated serum ferritin and had undergone venesection therapy. Data analyses included Pearson regression, Mann-Whitney testing and Cox multiple regression analysis.

Results At presentation, serum ferritin was 1018 (111–8179 mg/L and serum% iron saturation was 79% (29 – 99%). 73 patients had available liver histology, which showed Pearl grade 4 (0–4) siderosis (the 1 patient with grade 0 siderosis had serum ferritin of 6035 and required removal of 34 units of blood). Ishak fibrosis score was 1(0–6). 15 patients had cirrhosis. Patients underwent venesection of 14 (3–100) units of blood at 1–2 week intervals until serum ferritin fell to the lower end of the normal range. The number of units of blood removed to achieve this correlated significantly with baseline serum ferritin (Pearson $r = 0.62$ $p < 0.001$), serum iron saturation ($r = 0.36$ $p < 0.001$), liver siderosis grade ($r = 0.39$ $p < 0.001$) and (in 16 cases where measured) liver iron concentration ($r = 0.91$ $p < 0.03$). These iron storage parameters showed no correlation with age of presentation but were all higher (except siderosis grade) in men than in women ($p < 0.01$ – 0.001). Ishak fibrosis score correlated positively with number of units venesected ($r = 0.64$; $p < 0.001$), liver iron content ($r = 0.75$ $p < 0.01$), baseline serum ferritin ($r = 0.68$ $p < 0.001$) and iron saturation ($r = 0.34$ $p < 0.01$) but was not significantly associated with age, gender, known alcohol excess ($n = 25$) or steatosis on liver biopsy ($n = 24$). Patients with cirrhosis had higher baseline serum ferritin (2523 (680–6908) vs 1018 (111–8179) mg/L $p < 0.001$) and had more units venesected (42 (18–100) vs (14 (3–69) $p < 0.001$) than those without. In Cox multiple regression analysis, liver fibrosis stage was independently associated with baseline serum ferritin and number of units venesected (both $p < 0.001$) but was not associated with age, gender, known alcohol excess or steatosis.

Conclusion In C282Y homozygous patients, severity of overload, assessed by baseline serum ferritin and number of units venesected, is the main determinant of liver fibrosis severity, which is not associated with age, gender, presence of liver steatosis or known alcohol excess.

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PTU-117 CUTANEOUS STIGMATA OF CHRONIC LIVER DISEASE; WHAT DO THEY MEAN?

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Introduction As clinicians we are taught to assess all patients for cutaneous signs of chronic liver disease (CLD). However, there is limited evidence available in the literature regarding their significance or prognostic value for diagnosing the presence or severity of CLD. The aim of this prospective study, therefore, was to assess the frequency and significance of cutaneous stigmata in patients with suspected CLD.

Methods Between 2006 and 2011 outpatients with suspected CLD attending for liver biopsy were assessed by an experienced gastroenterology registrar, who undertook the liver biopsy, and documented the presence of palmar erythema, Dupuytren's contracture, spider naevi, clubbing or gynaecomastia. Correlation between these cutaneous stigmata and the presence and degree of liver damage was assessed by the chi square test.

Results 124 consecutive outpatients underwent assessment and liver biopsy; 42 (34%) female and 82 (66%) male, median age 46 years (range 18–78). Bloods tests showed median bilirubin 11 $\mu\text{mol/l}$ (range 3–500), median ALT 74 IU/l (range 11–562) and median INR 1 (range 0.8–1.7). The commonest clinicopathological diagnoses were chronic hepatitis C 31%, non-alcohol related fatty liver disease 19% and alcohol related liver disease 12%. 19 patients had cirrhosis, 56 fibrosis and 49 had no fibrosis. Overall only 36/124 (29%) patients had any stigmata of CLD. 13/19 cirrhotic patients had stigmata compared to 23/105 non cirrhotic patients ($\chi^2 = 18.5$, $p < 0.001$). 26/75 patients with any degree of fibrosis had stigmata compared to 10/49 patients with no fibrosis ($\chi^2 = 1.8$, $p = \text{NS}$). 7 patients had 2 different stigmata of CLD, of whom 5 had cirrhosis and 2 had fibrosis. Females (14/42) were no more likely to have stigmata than males (25/82) ($\chi^2 = 0.1$, $p = \text{NS}$). Patients with viral hepatitis were no more likely to have stigmata than those with fatty liver disease ($\chi^2 = 1$, $p = \text{NS}$).

Conclusion Cutaneous stigmata of CLD are absent in the majority of patients with suspected CLD and a significant minority of patients with cirrhosis. This may contribute to the under diagnosis of chronic liver disease at all stages of severity.

Disclosure of Interest None Declared.

PTU-118 BACLOFEN AS AN ADJUNCT PHARMACOTHERAPY FOR THE MAINTENANCE OF ABSTINENCE IN ALCOHOL DEPENDENT PATIENTS WITH LIVER DISEASE

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