Commonest cause of death was cardiac related events (24%), followed by sepsis (23%) or liver related complications (14%). Disease duration prior to transplantation, initial presentation with autonomic rather than peripheral neuropathy, TTR mutation, and modified body mass index (mBMI) of <600, indicating poor nutritional status, were identified as significant factors influencing survival after LT (p<0.01).

**Conclusion** Liver transplantation is rational and effective treatment for FAP with excellent long-term outcomes and 10-year survival >70%. Type of mutation, nutritional status, disease duration and degree of autonomic involvement are significant prognostic factors.

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**P74 HEPATOCYTE TRANSPLANTATION IN RATS WITH ACUTE LIVER FAILURE USING CELLS LABELLED WITH A CLINICAL GRADE MRI CONTRAST AGENT**

**Aim** To estimate the incidence rates of ALF leading to registration for LT in patients exposed to NSAIDs.

**Method** Aims of the study were to: (1) investigate the possibility of labelling hepatocytes in vitro using superparamagnetic iron oxide nanoparticles (SPIOs), (2) determine the effects of labelling on cell viability and function, and (3) perform in vivo experiments on tracking labelled cells by MRI.

**Introduction** Hepatocyte transplantation is being evaluated as an alternative to orthotopic liver transplant. However, the fate of hepatocytes after transplantation is not well defined.

**Results** In seven countries over 3 years only 34 NSAID-exposed ALF cases were identified with no differences in incidence rates per million tt-yrs among the most used NSAIDs. Non-overdose paracetamol-associated liver failure was twice more common.