Results

Ano-rectal manometry.

2.5% Cream and Group C (n = 18) Lidocaine 3% Gel foam per rectally (68%). Group A (n = 19) placebo Group B (n = 17) hydrocortisone mg twice daily for 24 weeks Group C (n = 18) Lidocaine 3% Gel foam per rectally twice daily. All underwent Pre and post Proctoscopic evaluation and Ano-rectal manometry.

Results

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectalgia</td>
<td>3/17 (17%)</td>
<td>8/17 (47%)</td>
<td>17/18 (94%)</td>
</tr>
<tr>
<td>Rectal ulcers</td>
<td>0/2 (0%)</td>
<td>1/3 (33%)</td>
<td>2/3 (66%)</td>
</tr>
<tr>
<td>Hemorrhoids resolved w/o bleed</td>
<td>1/6 (16%)</td>
<td>2/6 (33%)</td>
<td>5/7 (71%)</td>
</tr>
<tr>
<td>Proctoscopic examination showing normalisation of mucosa post therapy</td>
<td>4/17 (23%)</td>
<td>7/17 (41%)</td>
<td>17/18 (94%)</td>
</tr>
</tbody>
</table>

Conclusion

Results: Rectalgia resolved in 3/17 (17%), 8/17 (47%) and 17/18 (94%) for Group A, B and C respectively. Rectal ulcers healed in 0/2 (0%), 1/3 (33%) and 2/3 (66%) for all the above groups. Hemorrhoids resolved in 1/6 (16%), 2/6 (33%) and 5/7 (71%) in all groups. Pre/Post Proctoscope revealed normal mucosal integrity in 4/17 (23%), 7/17 (41%) and 17/18 (94%) above groups. Results of Pre/Post Rx mean scores for pain, itching and Burning shown on (Abstract PMO-168 table 3). AR Manometry results showed Pre/Post treatment high sphincter tone >4 mm in Group A 2/15 (8%) and no differences in pre and post treatment, Group B 7/15 (41%), 4/15 (22%) and Group C 5/15 (20%), 2/15 (10%) respectively (Abstract PMO-168 table 4). Side events: Numbrness, 4/17 (23%) in lidocaine. Conclusion: Rectally delivered Lidocaine 3% gel is efficacious, tolerable compared to the SOC and placebo for ARD causing treatment failure, retention and SVR. Larger trial needs to validate this finding.

Competing interests
None declared.

PMO-169

PEGYLATED INTERFERON α, NITAZOXANIDE, TELAPRAVIR, RIBAVIRIN, IN GENOTYPE 1 UNDERGOING PRIOR EXPERIENCED CHRONIC HEPATITIS C PATIENTS: A RANDOMISED PLACEBO CONTROL CLINICAL PILOT TRIAL (I N T R I G U E C I) INTERIM

doi:10.1136/gutjnl-2012-302514b.169

Introduction

Chronic hepatitis C is a global challenge with end stage liver disease and rising Hepatocellular Carcinoma. Peg Interferon α and Ribavirin was the backbone of therapy. Recently introduced Directly Acting Antivirals -protease inhibitor has a promising role in escalating Sustained Viral Response in Response guided therapy in non-responders, partial and relapses. This study utilised Nitazoxanide (NTZ) and Telapovir, with SOC for 24 weeks in treatment experienced patients.

Methods

80 (n=50) patients were divided into Group A (n=12) NTZ 500 mg three times for 12 weeks, Group B (n=12) NTZ 500 mg twice daily for 24 weeks Group C (n=26) control. All received Peg Interferon α 2a 180 μg SQ QOW with fixed dose of Ribavirin 1200 mg daily for 24 weeks with Telapovir 750 mg three times daily for 12 weeks. Viral load was obtained at day 0, 7th day, 14th day, 4th week, 12th week and 24 weeks. Viral kinetics was analysed. In Group A: 5/12 (42%) Non-Responder, 6/12 (50%) partial responder, 2/12 (16%) relapsers. In Group B: 5/12 (42%) Non-responders, 6/12 (50%) partial responder, 1/12 relapers (8%). In Group C: 10/26 (38%) non-responder, 10/26 (38%) partial responder, 4/26 (15%) relapers, 2/26 (8%) unknown. Conclusion: Decompensated Cirrhotic, HCC, poor DM, Haemolytic Anaemia, Severe Coronary artery disease, major depression, renal failure, Prior severe skin rash, active drug and alcohol abuse. Side Effects: Anaemia 28/50 (56%), Neutropenia 14/50 (28%), Thrombocytopenia 8/50 (16%), Fatigue 34/50 (68%), Depression 10/50 (20%), Mild skin rash 22/50 (44%), Severe skin rash 1/50 (2%). Use of Growth factors: Epopen 12/50 (24%) Neupogen 8/50 (16%) Etbromopag 5/10 (50%).

Results


Conclusion

This quadruple truncated regimen has excelled the RVR, ETVR over SOC with Directly Acting Antivirals over 13%, without any difference between 24 weeks of NTZ over 12. Needs a larger trial for validation.

Competing interests
None declared.

PMO-170

PREVALENCE OF HEPATITIS E IN NEW YORK AMONG HIV NEGATIVE CHRONIC LIVER DISEASE POPULATION "IS IT AN INNOCENT BYSTANDER"

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Prevalence of Hepatitis E in New York among HIV negative chronic liver disease population "Is it an innocent bystander?"

This is an observational study to examine the prevalence of Hepatitis E among HIV negative chronic liver disease population in New York, USA.

Methods

A randomised placebo controlled clinical pilot trial was conducted in New York, USA. The study population consisted of individuals with chronic liver disease, including compensated Cirrhotic, HCC, poor DM, Haemolytic Anaemia, Severe Compensated Cirrhotic, HCC, poor DM, Haemolytic Anaemia, Severe

Results


Conclusion

This is the first study to examine the prevalence of Hepatitis E among HIV negative chronic liver disease population in New York, USA. The study population consisted of individuals with chronic liver disease, including compensated Cirrhotic, HCC, poor DM, Haemolytic Anaemia, Severe

Competing interests
None declared.