(77% vs 87%; p<0.03) but this was not a result of complement deficiency as phagocytosis did not depend on whether the bacteria were opsonised or not (73% vs 80%; p=0.9). The proportion of monocytes capable of generating an oxidative killing burst in response to phagocytosed E. coli was markedly reduced (84% vs 47%; p<0.004) in AH patients compared to HC [Abstract PTU-016a figure 1]. Antigen presentation was also impaired: classical monocytes had significantly lower HLA-DR expression in AH compared to controls (73% vs 35%; p=0.002), with similar levels of HLA-DR expression detected in the CD14+CD16+ monocyte subset (94% vs 74%; p=0.4).

Abstract PTU-016a Figure 1

**Conclusion** It appears that there are a number of functional defects in circulating monocytes in patients with AH. The marked impairment of phagocytosis and intracellular killing may contribute to the increased susceptibility to infection in this group of patients.

**Competing interests** None declared.

**REFERENCES**


**PTU-018** CYSTATIN C AND PROTEIN: CREATININE RATIO; POTENTIAL PREDICTORS OF EARLY ACUTE KIDNEY INJURY, RENAL REPLACEMENT THERAPY AND IN-HOSPITAL DEATH IN PATIENTS WITH CIRRHOSIS
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**Introduction** Acute kidney injury (AKI) is common, but difficult to predict in patients with cirrhosis as lower baseline serum creatinine can mask significant chronic kidney dysfunction. Cystatin C is a biomarker of glomerular filtration rate (GFR), which may overcome this weakness. Quantifying proteinuria using the widely available protein:creatinine ratio (PCR) may better the degree of structural glomerular damage.

**Methods** 34 patients with cirrhosis and mean (SD) age 51 (14) years and, median (range) Child-Pugh T urcotte (CPT) score 11 (9–11) were prospectively assessed for 10 days or until AKI, developed. Baseline iohekol clearance was performed to calculate GFR and urine underwent PCR analysis. Daily urine and serum samples were collected for determination of novel serum and urine biomarkers of kidney injury, including Cystatin C. Biomarkers were assessed by area under the receiver operating curve (AUROC) for predicting AKI stage 1, renal replacement therapy (RRT) and death.

**Results** 16 (47%) patients developed AKI defined by an increase of ≥26.4 umol/l from baseline serum creatinine (median 73 range (37–120 umol/l)). Estimated GFR overestimated GFR with median eGFR 95 (47–181) ml/min/1.73 m² compared to a median iohekol