Age-standardised/specific mortality and incidence rates (ASMR/ASpMR and ASIR/ASpIR) of PLC subcategories were calculated. Trends in the rates of hepatocellular carcinoma (HCC) and intrahepatic bile duct tumours (IHBD) were evaluated using a regression method in which a least squares regression line was fitted to the natural logarithm of the rates. About 30% of incidence data for PLC included information on the ethnic origin of the cases and thus we were able to analyse the ethnic distribution of HCC and IHBD for this sub-set over the study period.

**Results**
The ASMR for PLC increased in both sexes: from 3.88 and 2.03 per 100 000 in 2001 to 5.10 and 2.63 per 100 000 in 2008, for males and females respectively. Speci

**Conclusion**
Mortality and incidence rates of PLC continue to increase in England and Wales during 2001–2008, with a modest contribution from immigrant ethnic populations to the increasing trend.

**Competing interests**
None declared.

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**PWE-269 HEAT SHOCK PROTEIN-70 (HSP-70) A NOVEL SURROGATE MARKER FOR HYPOXIA INDUCED LIVER INJURY (HILI)—A PROSPECTIVE OPEN LEVEL CONTROL CLINICAL PILOT STUDY**

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**Introduction**
Hypoxic hepatopathy (HH) is a common entity in hospital with impaired hepatic perfusion secondary to transient altered cardiac pulmonary haemodynamics, manifesting with sharp rise of transaminases with perfusion injury rarely requiring transplantation. Transaminases are non-specific index of reperfusion injury (IR). HSPs are reperfusion signal proteins represent shear stress. HSP-70 is one of specific signals of IR impacts on specific target. This study evaluates the utility of a novel marker of HILI.

**Methods**
Sixty (n=60) patients were recruited from Hospital. Group A control (n=20) Group B (n=20) HILI, Group C (n=20) Acute Hepatitis [(Tylenol 8/20 (40%), Acute hepatitis B 8/20 (40%) herpes simplex 1/20 (5%), EBV 1/20 (5%), acute hepatitis A 1/20 (5%), unknown 1/20 (5%)]. All groups underwent serial blood levels of HSP70, Liver and renal functions, MELD score, SOFA score, from day 0, 4, 7 and 10. Exclusion; Cardiorespiratory failure, Renal failure, Acute alcoholic hepatitis, sepsis, organ transplant haemolysis Syndromes, CVA, MELD >20, MAP <90.

**Results**

<table>
<thead>
<tr>
<th>Day</th>
<th>Group A control HSP level</th>
<th>Group B hypoxic liver injury HSP level</th>
<th>Group C acute hepatitis HSP level</th>
<th>Group C tylenol HSP level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 0</td>
<td>0</td>
<td>Intermediate</td>
<td>Low</td>
<td>Normal</td>
</tr>
<tr>
<td>Day 4</td>
<td>0</td>
<td>Very high</td>
<td>Low</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Day 7</td>
<td>0</td>
<td>Very high</td>
<td>Low</td>
<td>Intermediate</td>
</tr>
<tr>
<td>Day 10</td>
<td>0</td>
<td>Low</td>
<td>Low</td>
<td>Normal</td>
</tr>
<tr>
<td>MELD (mean)</td>
<td>4</td>
<td>17</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>SOFA (mean)</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>MAP (mean)</td>
<td>122</td>
<td>98</td>
<td>102</td>
<td>124</td>
</tr>
</tbody>
</table>

**Conclusion**
Estimated prevalence of LAL 8.3% compared to the historical data (25 in 1 million) LAL has heterogeneity with an overlap WITH NAFLD and NASH. LAL deficiency has peripheral atherogenic potential with significant clinical morbidities with high Steatotic, Fibrogenic, and inflammatory scores than NAFLA or NASH. CESD is an integral part of Fatty liver disease.

**Competing interests**
None declared.

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**PWE-270 UNREVEALING A NOVEL ASSOCIATION OF CHOLESTEROL ESTER STORAGE DISEASE (CESD) AND NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD)—A SIMILAR CLINICAL SPECTRUM WITH DIFFERENT AETIOLOGY A PROSPECTIVE CLINICAL STUDY**

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**Introduction**
NAFLD is the most evolving global morbidity progresses to cirrhosis, liver cancer and Transplantation. Clinical Spectrum is heterogeneous with biochemical and histological diversity. CESD is a part of metabolic storage disease with an intrinsic Lysosomal Acid Lipase deficiency (LAL) mimicking clinical overlap with NAFLD. This clinical pilot study evaluates the clinical overlap of similar metabolic syndromes with diverse aetiology And outcome.

**Methods**
Three hundred (n=300) patients with fatty liver disease with Hepatomegaly, splenomegaly or Both with Mean BMI 27%, Mean (Anthropometric assay W/H ratio mean 0.9, HDL 28, LDL 148, Triglyceride 187, HbA1c 5.9, HOMA Score 2.2, CRP 2.3, ALT 67, RR 2.3, Homocystein 11, Leptin 3.6, Adiponectin 1.1 TNF-α 1.2, IL10 1.2, IL12 0.8, MELD 4). All under went Abdominal Sonogram and carotid artery Doppler. Serum Fibro sure, NASH score was measured and liver biopsy was performed in NASH group. Patients were divided into Group A (n=100) control with mean BMI 27.8% and no hepa-splenomegaly; Group B (n=100) NAFLD with low BMI <26%, and Group C, NASH (n=100) with NAFLD with BMI >50%.

**Results**

<table>
<thead>
<tr>
<th>Group</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAL levels</td>
<td>0</td>
<td>18/25 (72%)</td>
<td>7/25 (28%)</td>
</tr>
<tr>
<td>Heterozygotes</td>
<td>0</td>
<td>18/10 (100%)</td>
<td>6/7 (86%)</td>
</tr>
<tr>
<td>Compound heterozygotes</td>
<td>0</td>
<td>0</td>
<td>1/7 (14%)</td>
</tr>
</tbody>
</table>

**Conclusion**
LAL 8.3% compared to the historical data (25 in 1 million) LAL has heterogeneity with an overlap WITH NAFLD and NASH. LAL deficiency has peripheral atherogenic potential with significant clinical morbidities with high Steatotic, Fibrogenic, and inflammatory scores than NAFLA or NASH. CESD is an integral part of Fatty liver disease.

**Competing interests**
None declared.