IDDF2018-ABS-0156 CLINICAL PROFILE AND FACTORS AFFECTING OUTCOME OF CHILDREN WITH HEPATIC ABSCESS

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Background Hepatic abscess typically presents with nonspecific symptoms which contribute to late diagnosis and treatment, hence complicated course and outcome. Determining the factors affecting complications and outcome among children with hepatic abscess can help improve the management of these patients. The objective is to determine the clinical profile of children with hepatic abscess and the factors affecting their complications and outcome.

Methods This is a retrospective cohort study. Chart review was done in December 2016 among children 0 to <19 years old with a diagnosis of a hepatic abscess on imaging from 1997–2015. Demographic, clinical and diagnostic data gathered were correlated with the outcome and complications.

Results Thirty cases were identified in 19 years, but only 25 charts were reviewed. Mean age in years was 5.27 4.80 SD with male predominance. Fever (96%) and abdominal pain (60%) were common symptoms with *Staphylococcus aureus* (56%) as the most frequent growth on hepatic abscess culture. Anaemia (76%) and leukocytosis (96%), as well as solitary (76%), large abscesses >5 cms (60%) involving the right lobe (72%), were also common. Most were treated with antibiotics alone (60%). All patients improved without mortalities, while pleural effusion (67%) was a commonly seen complication. Only male gender was significantly associated with complications both on Chi-square (p 0.004) and logistic regression (p 0.008).

Conclusions Hepatic abscess is common among the young and male population, manifesting as fever with anaemia and leukocytosis, and *Staphylococcus aureus* commonly growing on hepatic abscess culture. Most were complicated by pleural effusion with no deaths reported. Male gender had a significant association with complications.

IDDF2018-ABS-0168 UTILITY OF FDG-PET/CT IN PRE-TRANSPLANTATION WORKUP OF THE POTENTIAL LIVER RECIPIENT WITH HEPATOCELLULAR CARCINOMA

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Background There is no consensus approach to the decision-making regarding suitability for liver transplantation (LT) in patients with hepatocellular carcinoma (HCC). Positron emission tomography-computed tomography using ¹⁸F-fluorodeoxyglucose (FDG PET/CT) has been found to provide helpful information for determining post-LT prognosis in HCC patients. We aimed to assess the performance of FDG-PET/CT

for detection of metastatic disease or other malignancy in potential liver recipients with HCC.

Methods This retrospective study included 423 adult liver transplant candidates with HCC who underwent both FDG-PET/CT and conventional imaging studies such as chest-abdomen-pelvis CT examinations and bone scintigraphy, together with upper and lower gastrointestinal endoscopy, as pre-transplant workup. The diagnostic performance of FDG-PET/CT was quantitatively evaluated by the calculation of sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV).

Results Out of the 423 patients, 338 (79.9%) were male with a median age of 55 years (54.03–55.43). In terms of extrahepatic evaluation, FDG-PET/CT detected a total of 163 lesions in 142 patients, which consisted of 132 benign and 31 malignant-looking lesions. The number of lesions suspicious for metastatic HCC was initially 24. Among the 17 metastases, 4 were suspected to be a metastatic focus only by FDG-PET/CT, not by conventional scanning. All 2 cases of colorectal cancers diagnosed by sigmoidoscopic screening were detected on neither FDG-PET/CT nor abdomen/pelvis CT images. False-positive FDG-PET/CT results were identified in 12 patients with benign lesions. No false negative errors occurred in FDG-PET/CT, while 1.2% in conventional studies. Taken together, the performance of FDG-PET/CT in detecting metastatic or primary cancer in our series was measured with a sensitivity of 90.48%/89.47%, specificity of 97.04%/97.04%, PPV of 61.29%/62.96%, and NPV of 99.49%/99.49% on per-lesion/per-patient basis.

Conclusions Our results indicate that whole-body FDG-PET/CT, when coupled with the colonic examination, is effective for identification of extrahepatic disorders before LT in patients with HCC and may fully replace multiple organ-specific imaging tests.

IDDF2018-ABS-0173 A STUDY ON OUTCOME OF HEPATITIS C PATIENTS IN A COMMUNITY WITH PREDOMINANT GENOTYPE 3 WITH STANDARD OF CARE TREATMENT BEFORE AND AFTER ADVENT OF DIRECT ACTING ANTIVIRALS IN KASHMIR VALLEY A RETROSPECTIVE CUM PROSPECTIVE STUDY

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Background Hepatitis C virus (HCV) was first identified in 1989 and was the major cause of non-A, non-B viral hepatitis. HCV is a globally prevalent pathogen and is a major cause of healthcare burden in India. As per current estimates, more than 165 million people around the world are infected with HCV, of whom 3 50 000 die each year. The treatment of hepatitis c has evolved by leaps and bounds in last two decades to almost a perfection at present. The aim of our study was to study and compare the response to different regimen during and after the Interferon era.

Methods The current study was a hospital-based prospective cum retrospective study. For retrospective data, 200 Hepatitis 'C' patients (Genotype 3) from 2011 to 2014 were analysed with respect to patients' demography, Quantitative Hepatitis

'C' RNA before treatment, during treatment and after treatment. For prospective study, 290 patients with Hepatitis C genotype 3 were studied for two years (June 2015 to June 2017). They were enrolled both from IPD and OPD. These patients were detected HCV positive during blood donation, preoperative evaluation, evaluation of liver function tests etc.

Results For the retrospective group, SVR24 was achieved in 90.96% (171/188) patients on Peg-IFN alpha 2a plus Ribavirin (weight based) combination for a period of 24 weeks. For prospective group, SVR12 was achieved in 94.57% (157/166) patients on Sofosbuvir plus Ribavirin combination for a period of 12 weeks and 98% (98/100) patients on Sofosbuvir plus Daclatasvir combination for a period of 12 weeks among non-cirrhotics while as among cirrhotics SVR24 was achieved in 83.33% (20/24) patients on Sofosbuvir plus Ribavirin plus Daclatasvir combination for a period of 24 weeks.

Conclusions Overall in the retrospective group, an SVR24 was 90.96%, and in prospective group, SVR12 was achieved in 94.57% on Sofosbuvir plus Ribavirin combination for 12 weeks, 98% on Sofosbuvir plus Daclatasvir for 12 weeks and in Cirrhotic group, 83.33% achieved an SVR12 on Sofosbuvir plus Ribavirin plus Daclatasvir combination for 24 weeks.

IDDF2018-ABS-0186 CHOLEDOCHODUODENAL FISTULA IN A PATIENT WITH BILIARY INTRADUCTAL PAPILLARY MUCINOUS NEOPLASM

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Background Biliary intraductal papillary mucinous neoplasm (IPMN-B) is an uncommon low malignant tumour of the bile duct. IPMN-B characterised by secreting mucus, biliary obstruction, dilation of the bile duct and has potential to transform to the malignancy. In this study, we may introduce our experiences and summarise the clinicopathological and molecular features of IPMN-B by literature review.

Methods Here we report the case of a 66-year-old female presented with repeated fever and elevated liver enzymes. Magnetic resonance cholangiopancreatography (MRCP) demonstrated definite cyst tumour and biliary dilatation of common bile duct and hepatic duct (figure 1). Endoscopic retrograde cholangiography (ERC) revealed that the bile duct filled with floating filling-defects and the mucus perforated to duodenal mucosa generating the choledoch duodenal fistula. Due to the poor clinical condition of this patient, we performed biliary plastic stents through the duodenal fistula and transcended the primary mucinous neoplasm to drainage the bile acid. We also summarise the clinicopathological and molecular features of IPMN-B by literature review, which may help to recognise this rare bile duct tumour and improve the clinical diagnosis and treatment decision when encountering the similar series cases.

Results We successfully relieved biliary obstruction and remitted the elevated liver enzymes and infectious symptoms of this

patient by endoscopic therapy. In addition, the patient undergoing the follow-up to monitor the biliary mucinous neoplasm.

Conclusions Our case demonstrated that patients with IPMN-B or accompany with complications such as the choledochoduodenal fistula, palliative endoscopic drainage may be an effective approach. ERCP is useful for the diagnosis, drainage and decompression of biliary IPMN.

Abstract IDDF2018-ABS-0186 Figure 1 Median vitamin d levels according to child pugh status

IDDF2018-ABS-0189 EFFECT OF DIABETES MELLITUS AND VITAMIN D LEVELS ON HEPATITIS C RELATED LIVER DISEASE

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Background There is a high incidence of Diabetes mellitus and vitamin D deficiency seen among Hepatitis C patients. The effect of the simultaneous occurrence of DM and low levels of 25-Hydroxy Vitamin D on HCV related liver disease remains unclear. In this study, we have aimed to assess the influence of DM and levels of Vitamin D on HCV related liver disease patients.

Methods In this retrospective study, all patients who tested positive for Anti-HCV between January 2014 – December 2016 were included and were reviewed for gender, age, diabetes, genotype, level of 25-Hydroxy Vitamin D, the status of liver disease including HCC at inclusion. The association of diabetes and low Vitamin D levels (<30 ng/mL) with liver status and child pugh class (CTP) was analysed.

Results A total of 777 patients were included. At presentation 439 (56%) patients had cirrhosis; including 51 (7%) with HCC and 287 (37%) had chronic hepatitis. 25-Hydroxy Vitamin D level was available in 206 patients at baseline. Low Vitamin D level was present in [126/206 (61%)] of the patients. DM was present in [165/777 (21%)] of the patients and was more common with genotype 1 and 4 (p=0.056). Patients who had associated diabetes presented more commonly with cirrhosis 122/439 (28%) and HCC 122/439 (29%) in comparison to chronic hepatitis 28/287 (10%) (p<0.01). Lower Vitamin D level (<30 ng/mL) was seen in 67% (98/147) of patients with cirrhosis, 78% (11/14) with HCC and 47% (28/59) with chronic hepatitis (p=0.012). In cirrhotic patients, vitamin D deficiency was significant in child