B (72%) and Child C (75%) patients in comparison to child A patients (52%) ($p=0.013$) (figure 1).

Abstract IDDF2018-ABS-0189 Figure 1 Median vitamin d levels according to child pugh status

Conclusions 25-Hydroxy Vitamin D deficiency was present in 61% and diabetes mellitus co-existed in 21% of HCV patients at presentation. Diabetes and low levels of 25-OH vitamin D at presentation were associated with higher incidence of cirrhosis and HCC. We believe that improving diabetes control and correcting vitamin D deficiency can improve outcomes in hepatitis C related liver disease.

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PREDICTORS OF SHORT-TERM MORTALITY IN SEVERE ALCOHOLIC HEPATITIS AND USE OF STEROIDS IN CLINICAL PRACTICE: AN EXPERIENCE OUTSIDE CLINICAL TRIAL FROM INDIA

Ravi Daswani*, Ashish Kumar, Shivam Khare, A Shrihari, Praveen Sharma, Naresh Bansal, Vikas Singla, Anil Arora. *Sir Gangaram Hospital, New Delhi, India*

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Background Severe AH (SAH) is the most florid presentation of alcohol-related liver disease with high short-term mortality. Steroids have remained the mainstay of therapy despite the controversy. The aim of the present study was to assess the risk factors and compare the severity scores predicting 90 day

Score	AUC	Std error	P value	95% CI	
				Lower	Upper
DF	0.675	0.041	<0.001	0.595	0.755
GAHS	0.675	0.039	<0.001	0.599	0.752
ABIC	0.666	0.040	<0.001	0.588	0.744
MELD	0.761	0.035	<0.001	0.691	0.830
Meld Na	0.728	0.038	<0.001	0.653	0.803
CTP	0.713	0.038	<0.001	0.638	0.788

Abstract IDDF2018-ABS-0190 Figure 1 Comparison of baseline severity scores in predicting 90-day mortality

mortality along with the feasibility of steroids in this sick subset of patients.

Methods All patients with SAH (defined as Discriminant Function ≥ 32) admitted from January 2015 to February 2017 at our Institute were prospectively enrolled. All patients were given standard treatment according to various guidelines, and their 90 day mortality was determined. Various hematologic, biochemical factors and severity scores were compared between survivors and patients who died.

Results A total of 183 patients (98% males, median age 41 years [range 20–70 years]) were included. The median MELD was 26 (15–40). Ascites was present in 83% and hepatic encephalopathy in 38%. Only 21 (12%) could be offered steroid therapy, due to contraindications in the remaining. By 90 days, only 103 (56%) patients survived while 80 (44%) patients had died. All patients died due to progressive liver failure and its complications. On multivariate analysis presence of ascites, hepatic encephalopathy, high bilirubin, low albumin, high creatinine, high INR, and low potassium independently predicted 90 day mortality. All the scores performed significantly in predicting 90 day mortality with no statistically significant difference between them. MELD score had a maximum area under the curve 0.76 for 90 day mortality (table 1 and figure1). A combination of Child class and presence of acute kidney injury (creatinine ≥ 1.35) was good in predicting 90 day mortality.

Abstract IDDF2018-ABS-0190 Table 1

Score	AUC	Std error	P value	95% CI	
				Lower	Upper
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CTP	0.713	0.038	<0.001	0.638	0.788

Conclusions In India, SAH is characterised by a median MELD score of 26 and has a 90 day mortality of 44%. Most Indian

patients are not eligible to receive corticosteroids. Presence of Child C status and high serum creatinine value (≥ 1.35 mg/dL) accurately predicts mortality and is an easy and effective bedside tool to prognosticate the patients at admission. Newer treatment options need to be explored for these patients.

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REDUCED MUSCLE (RADIO) DENSITY AND BARCELONA CLINIC LIVER CANCER (BCLC) STAGING ARE INDEPENDENTLY SURVIVAL PROGNOSTIC OF INDONESIA HEPATOCELLULAR CARCINOMA (HCC) PATIENTS

Yan Mardian*, ²Yoshihiko Yano, ³Neneng Ratnasari, ⁴Lina Choridah, ³Fahmi Indrarti, ³Putut Bayupurnama, ³Catharina Triwikatwani, ⁴Nurhuda Hendra Setyawan, ⁵Yoshitake Hayashi. ¹Division of Infectious Disease Pathology, Department of Microbiology and Infectious Disease, Kobe University Graduate School of Medicine, Kobe, Japan; ²Department of Gastroenterology, Kobe University Graduate School of Medicine, Kobe, Japan; ³Division of Gastroenterohepatology, Department of Internal Medicine, Dr. Sardjito Hospital, Faculty of Medicine, Gadjah Mada University, Yogyakarta, Indonesia; ⁴Department of Radiology, Dr. Sardjito Hospital, Faculty of Medicine, Gadjah Mada University, Yogyakarta, Indonesia; ⁵Division of Molecular Medicine and Medical Genetics, Department of Pathology, Kobe University Graduate School of Medicine, Kobe, Japan

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Background Body composition components (Sarcopenia and intramuscular fat [IMF] deposition) were proven as risk factors predicting poor survival among HCC patients in the Japanese population. Since HCC characteristics were peculiar in Indonesia: advanced-stage at presentation; early-age onset; and HBV endemicity; our objective was to demonstrate key determinants of HCC prognosis in Indonesia.

Methods Skeletal muscle index (SMI) and mean muscle attenuation (MA) were measured from transverse Computed Tomography (CT) images at the third lumbar vertebra (L3) in a prospective cohort of 49 Indonesia patients with different stages of HCC. Images were analysed using SliceOmatic V5.0 (Tomovision, QC Canada), which enables specific tissue demarcation using Hounsfield unit (HU) thresholds. Clinical, laboratory and body composition assessments are comprehensively analysed using Kaplan-Meier procedure and Cox's

Abstract IDDF2018-ABS-0195 Figure 1 Overall survival curves a Kaplan meier curve indicating the survival of patients with intramuscular fat imf deposition and normal muscle attenuation ma b Kaplan meier curve indicating the survival of patients with alpha fetoprot