LONG-TERM OUTCOMES OF LIMITED ENDOSCOPIC SPHINCTEROTOMY PLUS LARGE-BALLOON DILATION VERSUS ENDOSCOPIC PAPILLARY LARGE-BALLOON DILATION ALONE FOR REMOVAL OF BILE DUCT STONES

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Background Limited endoscopic sphincterotomy with large balloon dilation (ES-LBD) and endoscopic papillary large-balloon dilation (EPLBD) alone have been proven safe and effective for removal of common bile duct (CBD) stones. However, few reports exist regarding the long-term outcomes of these techniques. The aim of this study was to assess long-term outcomes of ES-LBD compared with EPLBD alone for retrieval of CBD stones.

Methods Patients with EPLBD alone or ES-LBD referred for CBD stones removal between June 2008 and August 2015 in our centre were retrospectively reviewed. The main outcomes of complete stone clearance, ERCP-related adverse events, late biliary complications during long-term follow-up were analysed.

Results Basic patient characteristics were not significantly different between the groups that underwent EPLBD alone (n=164) and ES-LBD (n=52). EPLBD alone compared with ES-LBD resulted in similar outcomes in terms of overall successful stone removal (99.4% vs 100%, p=0.76) and ERCP-related adverse events (7.9% vs 5.8%, p=0.77). The mean duration of the follow-up was 75.5 months and 65.1 months for EPLBD alone and ES-LBD, respectively (p=0.17). A significantly higher incidence of late biliary complications was observed in the ES-LBD group than EPLBD alone (12 [23.1%] vs 18 [11.0%]; p=0.04). Multivariate analysis showed that endoscopic sphincterotomy (EST) (OR, 2.407; 95% CI, 1.054–5.301; p=0.037) and mechanical lithotripsy (ML) (OR, 2.981; 95% CI, 1.272–6.987; p=0.012) were independent risk factors for late biliary complications.

Conclusions During long-term follow-up, patients who underwent ES-LBD had significantly more late bile complications than those after EPLBD alone. EST and ML, special attention should be paid to the possible occurrence of late biliary complications.

COMPARISON OF CHILD-PUGH AND MODEL FOR END STAGE LIVER DISEASE SCORES AS PREDICTOR OF SPONTANEOUS BACTERIAL PERITONITIS

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Background Spontaneous bacterial peritonitis (SBP) is the presence of ascitic fluid infection in the absence of any surgically treatable source. SBP is a common complication of liver cirrhosis.

Aim To compare Child-Pugh (CP) and Model for End Stage Liver Disease (MELD) scores as a predictor of SBP

Subjects Adult liver cirrhosis patients with ascitis who had no antibiotic usage in the previous one month seen at the gastroenterology unit of Aminu Kano Teaching Hospital, Kano.

Methods The study is a cross-sectional study of 170 consecutive patients seen between April 2015 to October 2016. Detailed history taking and physical examination were carried out on all patients. Blood samples were taken for liver function test including serum bilirubin, international normalised prothrombin time,white blood cell count and urine analysis. Patients with SBP and those with no SBP were compared. Child-Pugh and MELD scores were calculated. Chi-square analysis was done to compare categorical variables. Analysis of variance was done to compare continuous variables.

Results Of 170 patients, 321 (35.9%) had SBP. SBP was significantly associated with diabetes mellitus (DM), chronic kidney disease (CKD) and ascitic fluid albumin less than 1g/L (p<0.05). Child-Pugh and MELD scores were not significantly different between the groups that underwent EPLBD alone and ES-LBD, respectively (n=164) and ES-LBD (n=52). EPLBD alone compared with ES-LBD resulted in similar outcomes in terms of overall successful stone removal (99.4% vs 100%, p=0.76) and ERCP-related adverse events (7.9% vs 5.8%, p=0.77). The mean duration of the follow-up was 70.5 months and 65.1 months for EPLBD alone and ES-LBD, respectively.

Methods We analysed a consecutive cohort of hospitalised cirrhotics having pleural effusion (PE) at admission. Baseline HVPG and PE tap were done for aetiology and any infection. We determined rate and predictors of PE resolution with standard medical treatment (SMT) need for intercostal drainage (ICD), and efficacy and safety of TIPS in HH.

Results Of 1449 admissions involving 762 cirrhotics (mean CTP 10.6) with PE, 967 (84.2%) had hepatic hydrothorax (HH), 181 (15.8%) tubercular PE (TRPE) and despite comparable HVPG, CTP and MELD scores at baseline, patients with HH compared to TBPE developed more complications (HE-41.6% vs 30.2%, AKI-48.6% vs 37% and septic shock-14.1% vs 8.3%; all p<0.01). 475 (49.2%) HH were symptomatic (dyspnea-30.1%, cough-24%, chest pain-16.9%) at admission and PE tap revealed SBE in 22.9%. Presence of co-existing SBP (52.5%; OR 5.1) and ICD placement (24.2%; OR 3.1) were independent predictors for SBE. Baseline HVPG (16.6±4.4 vs. 16.4±5.1; P=0.6) and MELD scores were comparable in SBE and no SBE. 43% patients of HH responded to SMT alone, 13.8% required ICD. 41 patients underwent TIPS (based on lower CTP-9.9±2.6 and MELD-18.7) and higher HVPG (19±4.7). Despite the reduction in pressure gradient (mean PVRAP) from 23.1 to 7.2 mmHg, only 20 (48.2%) had complete resolution of HH, with similar mortality. Main post-TIPS complications were encaphalopathy (8 patients, 6 resolved) and ischaemic hepatitis (4 patients, 2 resolved). 321 (35.9%) HH patients had in-hospital mortality and independent predictors were MELD >25, SBE non-response to SMT and septic shock.

Conclusions Only one-half of HH resolve with standard medical therapy and for any intervention including TIPS generally heralds poor outcome. Role of hepatic hemodynamics response in predicting complications and resolution to HH is limited. Early referral for liver transplantation is imperative.

TIPPS IN DIFFICULT-TO-TREAT PLEURAL EFFUSION IN CIRRHOSIS. DOES HEPATIC HEMODYNAMICS RESPONSE HAVE A ROLE?

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Background Pleural effusions complicate advanced liver disease in 5% patients. Early identification of cause and related complications is imperative for appropriate management and survival. Unlike refractory ascites, data is limited on safety and efficacy of TIPS in cirrhotics with refractory reffiling pleural effusion.

Methods We analysed a consecutive cohort of hospitalised cirrhotics having pleural effusion (PE) at admission. Baseline HVPG and PE tap were done for aetiology and any infection. We determined rate and predictors of PE resolution with standard medical treatment (SMT) need for intercostal drainage (ICD), and efficacy and safety of TIPS in HH.

Results Of 1449 admissions involving 762 cirrhotics (mean CTP 10.6) with PE, 967 (84.2%) had hepatic hydrothorax (HH), 181 (15.8%) tubercular PE (TRPE) and despite comparable HVPG, CTP and MELD scores at baseline, patients with HH compared to TBPE developed more complications (HE-41.6% vs 30.2%, AKI-48.6% vs 37% and septic shock-14.1% vs 8.3%; all p<0.01). 475 (49.2%) HH were symptomatic (dyspnea-30.1%, cough-24%, chest pain-16.9%) at admission and PE tap revealed SBE in 22.9%. Presence of co-existing SBP (52.5%; OR 5.1) and ICD placement (24.2%; OR 3.1) were independent predictors for SBE. Baseline HVPG (16.6±4.4 vs. 16.4±5.1; P=0.6) and MELD scores were comparable in SBE and no SBE. 43% patients of HH responded to SMT alone, 13.8% required ICD. 41 patients underwent TIPS (based on lower CTP-9.9±2.6 and MELD-18.7) and higher HVPG (19±4.7). Despite the reduction in pressure gradient (mean PV-RAP) from 23.1 to 7.2 mmHg, only 20 (48.2%) had complete resolution of HH, with similar mortality. Main post-TIPS complications were encephalopathy (8 patients, 6 resolved) and ischaemic hepatitis (4 patients, 2 resolved). 321 (35.9%) HH patients had in-hospital mortality and independent predictors were MELD >25, SBE non-response to SMT and septic shock.

Conclusions Only one-half of HH resolve with standard medical therapy and for any intervention including TIPS generally heralds poor outcome. Role of hepatic hemodynamics response in predicting complications and resolution to HH is limited. Early referral for liver transplantation is imperative.
A POTENTIAL LINK BETWEEN POLYCYSTIC LONG-TERM SURVIVAL AND PROGNOSTIC FACTORS OF HEPATOCELLULAR CARCINOMA AFTER RADIOFREQUENCY ABLATION WITH COOL-TIP ELECTRODE: PROSPECTIVE RESULT IN 105 PATIENTS

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Background Radio-frequency ablation (RFA) has been indicated as a curative treatment for early-stage hepatocellular carcinoma (HCC). This study was to assess the long-term survival result and analyse risk factors of percutaneous Radiofrequency Ablation with Cool-tip in HCC patients.

Methods A prospective study involved 105 cirrhotic HCC patients (mean tumour size: 32.5 ± 11.3 mm) underwent percutaneous RFA using Cool-tip RF electrode (COOL-TIP E SERIES, COVIDIEN) at the 108 hospital, from September 2012 to December 2017. The Kaplan-Meier curves and the multivariate Cox regression analysis were used to assess the prognostic factors.

Results The progression-free survival (PFS) was 23.6 ± 1.2 months and the overall survival (OS) was 40.3 ± 0.74 months. The cumulative 1 year, 2 year, 3 year, 4 year survival probability were 98%; 95.2%; 87.3% and 70.1% respectively. The PFS was related to tumour morphology, HCC differentiation BCLC staging. The OS were affected by tumour characteristics, number of tumour, AFP response, and tumour complete response. Pre-treatment elevated AFP, multifocal HCCs, non-response AFP, incomplete tumour necrosis were negative prognostic factors for long-term survival. The OS and survival rates were also related to Child Pugh class and stage of tumour. At multivariate analysis (Cox Survival Analysis) tumour size and liver function (Chil-Pugh class) were independent significant predictors of overall patient survival.

Conclusions RFA with Cool-tip electrode is effective for HCC patients; the long-term survival result depends on some prognostic factors before treatment.

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LONG-TERM SURVIVAL AND PROGNOSTIC FACTORS OF HEPATOCELLULAR CARCINOMA AFTER RADIOFREQUENCY ABLATION WITH COOL-TIP ELECTRODE: PROSPECTIVE RESULT IN 105 PATIENTS

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Background Although ablation therapy has been accepted as a safe technique for treatment of unresectable HCCs, investigation of its complications has been limited, and A physician who performs ablation treatment should be aware of the broad spectrum of complications. We aim to study the safety of percutaneous Radiofrequency Ablation with Cool-tip for the treatment of HCC.

Methods A prospective study involved 82 cirrhotic HCC patients (mean tumour size: 31.54 ± 10.7 mm) underwent percutaneous RFA using Cool-tip RF electrode (COOL-TIP E SERIES, COVIDIEN) at the 108 hospital, from September 2012 to October 2016). Patients were evaluated during RFA treatment, throughout the immediate post RFA course, and

Background Polycystic ovary syndrome (PCOS) itself accounts for a high risk of developing non-alcoholic fatty liver disease (NAFLD). Additionally, other specific factors in women with PCOS may contribute to this association, which presently remains unknown. Therefore, we aimed to shed some light on this issue, and thereby performed this meta-analysis.

Methods Relevant studies that were published before May 2017 were identified and retrieved from PubMed and Web of Science databases. Data were extracted, and the pooled odds ratios (ORs) and 95% confidence intervals (95% CIs) were calculated.

Results A total of 17 studies were included in this analysis. Compared to the control group, the risk of NAFLD in the PCOS group was higher (OR=2.25, 95% CI=1.95–2.60). When stratified by BMI and geographic location, these results indicated that the frequency of NAFLD risk was significantly higher amongst obese subjects (OR=3.01, 95% CI=1.88–4.82), non-obese subjects (OR=2.07, 95% CI=1.12–3.85), subjects from Europe (OR=2.00, 95% CI=1.58–2.52), subjects from the Asia-Pacific Region (OR=2.32, 95% CI=1.89–2.84) and subjects from America (OR=2.96, 95% CI=1.93–4.55), respectively. In addition, PCOS patients with hyperandrogenism (HA) had a significantly higher risk of NAFLD than controls (OR=3.31; 95% CI=2.58–4.24). However, there was no association between PCOS patients without HA and a higher risk of NAFLD (OR=1.46; 95% CI=0.55–3.87).

Conclusions The results of this meta-analysis suggest that PCOS is significantly associated with high risk of NAFLD. This association was independent of obesity and geographic region but might correlate with HA.