ratio, serum protein and albumin concentration, and serum creatinine concentration. Diagnostic paracentesis was carried out and samples of ascitic fluid (AF) taken for cell count and differential, microscopy, culture and sensitivity, and AF protein and albumin concentration. CP and MELD scores were computed for all patients. MELD score was calculated using internet medcalculator. SBP was defined as the presence of AF neutrophil count of ≥ 250 cells/mm³. The concordance (c) statistics equivalent to the area under receiver operating characteristics curve was computed for CP and MELD scores respectively and compared using Delong's method.

Results Of the 170 patients, 64 (37.6%) had SBP. One hundred and ten (64.7%) had CP score B and 60 (35.3%) had CP score of C. Mean CP score was 8.7 ± 1.9 . Seventy five (44.1%) had <10 , 65 (38.2%) had 10–19, 28 (16.5%) had 20–29, 1 (0.6%) had 30–39 and 1 (0.6%) had ≥ 40 MELD scores respectively. Mean MELD score was 13.4 ± 6.9 . The c-statistics for CP score and MELD score were 0.87 (95%CI: 0.71–0.85) and 0.64 (95%CI: 0.56–0.73) respectively. The difference was statistically significant ($p=0.0004$).

Conclusions Child-Pugh score was superior to MELD score as a predictor of SBP in our study patients.

IDDF2018-ABS-0068 A POTENTIAL LINK BETWEEN POLYCYSTIC OVARY SYNDROME AND NON-ALCOHOLIC FATTY LIVER DISEASE: AN UPDATE META-ANALYSIS

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Background Polycystic ovary syndrome (PCOS) itself accounts for a high risk of developing non-alcoholic fatty liver disease (NAFLD). Alternatively, 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.

IDDF2018-ABS-0078 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, in-complete 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 (Child-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.

IDDF2018-ABS-0079 THE SAFETY OF PERCUTANEOUS RADIOFREQUENCY ABLATION WITH COOL-TIP ELECTRODE FOR THE TREATMENT OF HEPATOCELLULAR CARCINOMA

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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