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

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 perform 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.
then every 3 months after RFA to assess for the development of treatment-related complications.

**Results** A total 115 procedures were performed successfully. No death related to the technique. There were 3 cases with early complication (1 diaphragm perforation, 1 lesion abscess, 1 pleural effusion,) and tumour seeding developed in 2 patients. The rate of Post RFA syndrome was 67%, but most of the symptoms were transient and self-limited.

**Conclusions** RFA using Cool-tip is a safe treatment for patients HCC.

**RISK FACTORS FOR LOCAL RECURRENCE IN THE TREATMENT OF RADIOFREQUENCY ABLATION WITH COOL-TIP ELECTRODE FOR HCC PATIENTS**


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**Background** Radiofrequency ablation (RFA) is one of the curative therapies for HCC patients. However, post-RFA local recurrence is a major factor limiting the outcome. The aim of this study was to evaluate the recurrent rate and analyse the risk factors for local recurrence of percutaneous Radiofrequency Ablation using Cool-tip electrode for the treatment of HCC.

**Methods** A prospective study involved 82 cirrhotic HCC patients (mean tumour size: 3.2±1.1 mm) underwent percutaneous RFA using Cool-tip RF electrode (COOL-TIP E SERIES, COVIDIEN) at the 108 Hospital, from September 2012 to November 2017. We use single gauge, cluster, or multiple electrodes with an exposed needle tip of variable length (2, 3 or 4 cm). The rate of recurrence was recorded, and the prognostic factors for the tumour local recurrence were determined.

**Results** There were 37/75 of patients presented recurrence after achieved complete response, including local recurrence in 11/75 (14.7%) new nodule recurrence in 16/75 (21.3%) and both local and new nodule recurrence in 7/75 (9.3%). The mean time of recurrence was 23 months (12–45 months). Tumour size (3 cm-5 cm), tumour location (close to vascular), size of ablative margin (<0.5 cm), high serum AFP level had a significant adverse prognostic factor for local tumour recurrence.

**Conclusions** Although RFA using Cool-tip is an effective treatment for local tumour control in HCC patients, the long term result depends on some prognostic factors before treatment.

**NONALCOHOLIC FATTY LIVER DISEASE IS ASSOCIATED WITH INCREASED ATRIAL FIBRILLATION RISK IN AN ELDERLY CHINESE POPULATION: A CROSS-SECTIONAL STUDY**

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**Background** Atrial fibrillation and nonalcoholic fatty liver disease are two pathological conditions that are highly prevalent worldwide and share multiple CVD risk factors. There is rare research performed among elderly adults.

**Aims** We conducted this cross-sectional analysis of elderly adults (≥65 years) to investigate the association between atrial fibrillation and nonalcoholic fatty liver disease.

**Subjects** We conducted a cross-sectional study of the elderly adults (≥65 years old) who had undergone an annual physical examination at Zhenhai Lianhua Hospital, Ningbo, China in 2014. 1688 participants (930 males and 758 females) with a median age of 72 (68–76) years were included in this analysis. This study excluded the following participants: (1) those with unknown alcohol intake or excessive alcohol intake; (2) those with unknown BMI or BM12; (3) those with incomplete basic physical data; (4) those with missing liver ultrasonic diagnosis; (5) those with unknown causes of chronic liver disease. This study was approved by the Hospital Ethics Committee. All the participants were verbally informed and agreed to participate in the study. Written informed consent was not required for the observational nature of the study.

**Methods** We analysed clinical data of the elderly adults (≥65 years) who took health examination in Zhenhai Lianhua hospital, Ningbo, China in 2014.

**Results** 522 of the 1688 participants were diagnosed with nonalcoholic fatty liver disease, and 39 participants were confirmed as having atrial fibrillation. Nonalcoholic fatty liver disease was associated with risk factors for AF in the elderly Chinese population (OR 1.95, 95% CI 1.03–3.69).