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.

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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.

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GRADUALLY DECREASING OF SERUM HBCrAg IN REAL-WORLD CHRONIC HEPATITIS B PATIENTS RECEIVING LONG-TERM NUCLEOT(S)IDE ANALOGUES-BASED THERAPY

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Background This study aimed to investigate the detailed dynamics of qHBcrAg and influence factors of long-term qHBcrAg in a cohort of patients who had received over 8 years of continuous NAs therapy.

Methods This was a retrospective study. All patients were recruited from our previous published study, who started therapy with NAs between 2007 and 2008. Serum HBsAg and HBcrAg levels were quantitatively measured at baseline, the sixth month and each year of follow-up, using the stored serum samples.

Results Among the 94 patients, serum qHBcrAg presented a gradually decreasing trend from baseline to year 8, either in HBeAg-negative or HBeAg-positive patients. Good correlation of qHBcrAg and qHBsAg was observed at baseline, but this correlation weakened remarkably during treatment. Serum qHBcrAg.

Conclusions Serum HBcrAg levels are varied during the course of antiviral therapy, and qHBcrAg may serve as a new important tool for the management of CHB.

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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 BMI2; (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).