Clinical Hepatology

IDDF2019-ABS-0018 EVALUATION OF ANTI-CANCEROUS AND GENOTOXIC MECHANISMS VIA GENE EXPRESSION ANALYSIS OF VARIOUS EXTRACTS FROM THERMOPSIS TURCICA IN LIVER CANCEROUS CELL LINE

¹Muhammad Muddassir Ali*, ²Ibrahim Hakki Cigerci. ¹Institute of Biochemistry and Biotechnology, University of veterinary and animal sciences Lahore Pakistan, Pakistan; ²Afyon Kocatepe University, Faculty of Science and Literatures, Biology Department, Afyonkarahisar, Turkey

10.1136/gutjnl-2019-IDDFabstracts.241

Background The hepatocellular carcinoma is a devastating disease and it's a fifth common cancer. It has increased from the last ten years and the third commonest cause of cancer-related death. Many species of *Thermopsis* have been used as a source of traditional oriental medicines. Its many species are endemic in different regions of the world, for example, *Thermopsis turcica* (*T. Turcica*) is endemic to turkey. The Current study was designed to investigate the anticancerous and apoptotic mechanisms via gene expression analysis of various extracts from *T. turcica* in HepG2 cell line.

Methods Different doses of *T. turcica* extracts were used in MTT assay; cytotoxic and non-cytotoxic concentrations were used in comet test and qRT PCR to find the genotoxicity and gene expression analysis of apoptotic and repair genes.

Abstract IDDF2019-ABS-0018 Figure 1 Molecular mechanism interaction of apoptosis and cell cycle arrest induced by the various extracts of *t. turcica*

Results In MTT cytotoxicity assay, Ethyl acetate extracts showed the highest cytotoxic effect, compared to other extracts. Methanol had more effect at a higher concentration compared to ethanol. Water and hexane had the least cytotoxic effects. Depending upon the MTT results, cytotoxic and non-cytotoxic doses were selected as 200 µg/ml and 50 µg/ml, respectively. Ethyl acetate showed the highest DNA damage (22.33 ± 1.52) at cytotoxic concentration. While least was observed in water extract (8.33 ± 1.73 ; 4.33 ± 0.57) at both concentrations, respectively. All groups were significantly differ

($P > 0.05$) from the control group at 200 µg/ml concentration. Up regulation of the p53, p21, Cyclin D1, NFkB, TRAIL-R1 and TRAIL-R2 was observed, Whereas, down-regulation was observed in PCBP4, Bax, bcl-2 and bcl-xl genes at all concentrations of the all extracts. Caspase 3, 8 and 7 were also expressed at all doses of different extracts, except for the hexane and water, where they were down-regulated. DNA repair genes were up regulated except at the non-cytotoxic concentrations of hexane and at both concentrations of water extracts (figure 1).

Conclusions Various extracts of *T. turcica*, expressed the anti-cancerous activity in the HepG2 cells and Ethyl acetate extracts had the highest cytotoxic and genotoxic activity.

IDDF2019-ABS-0020 ACUTE CHOLESTATIC HEPATITIS INDUCED BY EPSTEIN-BARR VIRUS INFECTION IN AN ADULT

Kyoung Min Sohn* . Department of Gastroenterology, Hansol Hospital, Korea, South

10.1136/gutjnl-2019-IDDFabstracts.242

Background Acute cholestatic hepatitis without features of infectious mononucleosis is a rare presentation of primary Epstein-Barr virus (EBV) infection, with only several cases previously reported in the medical literature.

Methods A 24 years old young man with a febrile illness was noted to have a cholestatic picture of deranged liver function tests. Over the following week, progressive obstructive jaundice developed, with no evidence of choledocholithiasis on ultrasound and magnetic resonance cholangiopancreatography. Serological tests for hepatitis A, B, C, E, cytomegalovirus (CMV), leptospirosis were negative. Specific immunoglobulin M antibodies against EBV were detected in his serum and the diagnosis of EBV associated hepatitis was confirmed by polymerase chain reaction testing.

Results Supportive treatment was implemented and his liver function had normalized 3 months after presentation.

Conclusions EBV is associated with a wide variety of clinical manifestations and can present as cholestatic hepatitis with or without features of infectious mononucleosis. While the diagnosis is often suggested by serological testing, EBV polymerase chain reaction is a new non-invasive laboratory study that can help identify infection in cases where the clinical presentation is atypical. Early investigation for EBV in febrile patients with deranged liver function tests and no demonstrable biliary obstruction on imaging can expedite both diagnosis and treatment, thereby avoiding costly or invasive procedures such as liver biopsy.

IDDF2019-ABS-0023 EUS-GUIDED VERSUS ERCP-GUIDED BILIARY DRAINAGE FOR PRIMARY PALLIATION OF MALIGNANT BILIARY OBSTRUCTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

¹Zheng Jin*, ²Xiaofeng Zhang. ¹Hangzhou Geriatric Hospital, China; ²Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medicine, China

10.1136/gutjnl-2019-IDDFabstracts.243

Background Current evidence supporting the utility of endoscopic ultrasound-guided biliary drainage (EUS-BD) as a first-

line treatment option for malignant biliary obstruction (MBO) is limited. We conducted a meta-analysis to compare the performance of EUS-BD and endoscopic retrograde cholangiopancreatography-guided biliary drainage (ERCP-BD) as primary palliation of MBO.

Methods We searched several databases for comparative studies evaluating EUS-BD vs. ERCP-BD in primary drainage of MBO up to 30 November 2018. The primary outcome was treatment success. Secondary outcomes included adverse events, stent patency, stent dysfunction, reinterventions, procedure duration, and overall survival. Fixed- and random-effects models were used to calculate the pooled estimates.

Results Seven studies involving 445 patients were qualified for the final analysis (IDDF2019-ABS-0023 Figure 1). There was no difference in technical success (risk ratio [RR] 0.99; 95% confidence interval [95% CI]: 0.86–1.13), clinical success (RR 1.02; 95% CI: 0.94–1.12) and total adverse events (RR 0.82; 95% CI: 0.49–1.37) between the 2 procedures (IDDF2019-ABS-0023 Figure 2, 3). EUS-BD was associated with lower rates of post-procedure pancreatitis (RR 0.17; 95% CI: 0.05–0.53), stent dysfunction (RR 0.62; 95% CI: 0.40–0.97), and tumor in/overgrowth (RR 0.21; 95% CI: 0.07–0.70), but higher rates of post-procedure bleeding (RR 8.82; 95% CI: 1.08–72.21) and bile peritonitis (RR 4.84; 95% CI: 1.06–22.07). No differences were noted in reinterventions (RR 0.53; 95% CI: 0.22–1.25), procedure duration (weighted mean difference -2.11; 95% CI: -9.51–5.29), stent patency (hazard ratio [HR] 0.71; 95% CI: 0.45–1.11), and overall survival (HR 1.12; 95% CI: 0.80–1.58) (IDDF2019-ABS-0023 Figure 4, 5).

Conclusions EUS-BD showed similar efficacy, safety, stent patency, and overall survival when compared with ERCP-BD for primary palliation of MBO, whereas exhibiting several clinical advantages (lower risk of post-procedure pancreatitis, stent dysfunction, and tumor in/overgrowth) and disadvantages (higher risk of post-procedure bleeding and bile peritonitis). Large-scale, well-organized, head-to-head studies are warranted.

Abstract IDDF2019-ABS-0023 Figure 1

IDDF2019-ABS-0024

PREVALENCE OF HEPATITIS C AMONG TYPE 2 DIABETES MELLITUS PATIENTS IN A SINGLE CENTER TERTIARY HOSPITAL IN QUEZON CITY, PHILIPPINES

Millette Castro* . University of the East Ramon Magsaysay Memorial Medical Center, Philippines

10.1136/gutjnl-2019-IDDFAbstracts.244

Introduction There is a growing body of literature between Hepatitis C virus infection and T2DM on the framework of insulin resistance. However, there are gaps in the literature and data is still inconclusive. No local study on the prevalence of HCV among diabetics is available.

Objectives This is a pilot study that aims to determine the prevalence of HCV infection among diabetic patients seen at our institution.

Methodology This is a descriptive cross-sectional epidemiological study. Written consent was secured, a consecutive sampling of 318 known diabetics was done and data was collected using a checklist. A drop of whole blood was collected by the investigator by finger prick method and tested for HCV antibodies using RAPIDQuick screening test. Frequency and proportion and median and range were used to describe the clinical characteristics of the enrolled subjects. STATA 15.0 was used for data analysis.

Results 318 diabetic patients were tested for HCV. No HCV seropositivity was noted. The median age was 55 years and a half were female. 22% were obese. The following risk factors for HCV were reported: more than half had reported unprotected sex, shares nail cutters, toothbrush, and razors. 261 (82%) had abnormal FBS and median HbA1c was 7.5%. Similarly, 3/4 had abnormal triglyceride levels. On average, more than half of the patients are insulin-requiring for 4 years have T2DM for four years.

Conclusions Despite a negative study, we would like to continue this study to determine the association between the two diseases and in the future can contribute to the local statistics of Hepatitis C.

IDDF2019-ABS-0032

THE ANALYSIS OF THE ALLERGIC REACTION OF WOMEN IN THE THIRD TRIMESTER OF PREGNANCY INDUCED BY REDUCED GLUTATHIONE FOR INJECTION AND INOSINE INJECTION SUCCESSIVELY

¹Duan Xing Ping Duan*, ¹Wang Yan Wang, ²Ren Yu Ren. ¹Department of Pharmacy, Maternal and Child Health Care Hospital of Zigong, China; ²Department of Obstetrics and Gynecology, Maternal and Child Health Care Hospital of Zigong, China

10.1136/gutjnl-2019-IDDFAbstracts.245

Background The specific disease, intrahepatic cholestasis of pregnancy (ICP) is a common pregnancy-complication. However, there are no indications for ICP in the domestic licenced drugs for protecting the liver and reducing bile acid levels, which are often based on evidence-based medicine or evidence-based pharmacy to select drugs that have been used during pregnancy and have no teratogenic evidence.

Methods By analyzing the drug use (Reduced glutathione for injection, Inosine injection and Ursodeoxycholic acid tablets) and the allergic reactions in the clinical practice in a rare patient with hepatic disorders in third trimester of pregnancy, in order to remind clinicians that in the course of using hepatoprotective