zones with consistent energy delivered has yet to be used in the Philippines. With the combination of this consistent power/energy delivery and variable antenna lengths for different tumor locations, more precise management would entail a better outcome for the patient.

Conclusions These 6 cases represent the possibility of a more refined approach to the management of HCC and liver metastasis. This presents an opportunity to possibly improve interventional care provided to each patient, ensuring the best possible results with minimally invasive ablation therapy. This paper would provide opportunities to evaluate this technique and compare it to conventional RF ablative management.

IDDF2019-ABS-0094 TUMOR SIZE AND LOCATION AFFECTING THE TREATMENT SELECTION FOR SOLITARY SMALL RECURRENT HEPATOCELLULAR CARCINOMA (≤3.0 CM) AFTER INITIAL HEPATECTOMY

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Background We aimed to investigate the optimal treatment modality between radiofrequency ablation (RFA) and repeated hepatectomy in the treatment of solitary recurrent HCC (rHCC) after hepatectomy, considering the influence of tumor size and location.

Methods From Jan 2009 to Dec 2016, 630 consecutive patients with solitary small rHCC (≤3.0 cm) after initial hepatectomy who underwent RFA or repeated hepatectomy were enrolled in three tertiary referral centers. Patients were divided into four groups according to tumor size (≤ 2.0 cm or >2.0 cm) and location (central or peripheral) respectively. Overall survival (OS) and recurrence-free survival (RFS) rates were compared between RFA and repeated hepatectomy in these four groups.

Results For central rHCC ≤ 2.0 cm, the OS and RFS rates at 5 years after RFA were significantly higher than those after repeated hepatectomy (69.9% vs 53.1%, P=0.001; 56.2% vs 42.6%, P=0.038). For central rHCC >2.0 cm, the 5-year OS and RFS rates were not significantly different between repeated hepatectomy and RFA (55.9% vs 48.2%, P=0.080; 27.0% vs 19.2%, P=0.103). For peripheral tumors ≤ 2.0 cm (58.8% vs. 47.7%, P=0.001; 45.2% vs. 25.6%, P=0.001) or >2.0 cm (62.6% vs. 45.4%, P=0.001; 44.7% vs. 21.1%, P=0.010), the OS and RFS rates at 5 years after repeated hepatectomy were both significantly higher than those after RFA. Complications were more common in patients after repeated hepatectomy than RFA, especially for central tumors.

Conclusions RFA might be the optimal treatment for patients with central rHCC ≤ 2.0 cm whereas repeated hepatectomy should be recommended for patients with peripheral tumors.

IDDF2019-ABS-0097 THE RELATIONSHIP BETWEEN HEPATIC STEATOSIS AND RESULT OF VIRAL HEPATITIS C TREATMENT

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Background Hepatitis C virus (HCV) infection is an important liver disease. Nowadays 185 million patients were suffered from HCV infection. Forty to eighty-five percentages of these patients had hepatic steatosis particularly in HCV genotype 3 which is the most common genotype in Thailand.

The previous studies evaluated hepatic steatosis by liver biopsy and they analyzed the correlation between hepatic steatosis and HCV treatment but results were unclear. Most of the previous results showed hepatic steatosis decrease efficacy of treatment but others showed no correlation. This research proposes the relationship between hepatic steatosis and treatment result using the Controlled attenuation parameter (CAP) from transient elastography which is less invasive.