pgRNA under LLD in HBeAg-positive patients was significantly lower than that in HBeAg-negative patients (15.75% [23/46] *vs.* 77.59% [45/58], $P < 0.001$). Overall, serum HBV pgRNA strongly correlated with HBcrAg ($r = 0.760$, $P < 0.001$), and moderately correlated with HBV DNA ($r = 0.663$, $P < 0.001$) and HBsAg ($r = 0.670$, $P < 0.001$). As compared to HBsAg and HBV DNA, only HBcrAg showed stable correlation with serum HBV pgRNA both in HBeAg-positive and HBeAg-negative patients. Multivariate logistic regression analysis showed that only HBcrAg was independently associated with serum HBV pgRNA below LLD (OR: 2.900, $P = 0.000$) (AUROC = 0.944, cut-off value = 6.60 log₁₀ U/mL).

Conclusions Serum HBV pgRNA level differed between HBeAg-positive and HBeAg-negative patients; and it had a better and more stable correlation with serum HBcrAg than serum HBV DNA and HBsAg, irrespective of HBeAg status. Serum HBcrAg was an independent predictor of serum HBV pgRNA below LLD.

IDDF2019-ABS-0340

THE SPONTANEOUS SYMPTOMATIC ACUTE EXACERBATION OF CHRONIC HEPATITIS B (CHBAE) – CLINICAL PROFILE AND OUTCOMES WITH EARLY ANTI-VIRAL THERAPY

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10.1136/gutjnl-2019-IDDFabstracts.309

Background Spontaneous severe symptomatic reactivation of chronic hepatitis B (CHBAE) has high mortality once patient decompensates. The aim of the study was to evaluate the outcome with early anti-viral therapy (AVT) in CHBAE.

Methods Consecutive adult patients having CHBAE seen at the Department of Gastroenterology, G.I.P.M.E.R. New Delhi,

India were enrolled in the study. CHBAE severity was classified on basis of clinical features, total bilirubin & prolongation of prothrombin time as mild (Bil 2–5 mg/dl, PT <3 secs), moderate (Bil >5–15 mg/dl, PT 3–5 secs & severe (Bil >15 mg/dl or PT >5 secs or acute decompensation i.e. ascites & or hepatic encephalopathy). AVT (Tenofovir or Entecavir) was started in moderate & severe disease at the time of initial presentation (i.e. Early AVT). Patients were followed at weekly interval till improvement & then every month till 3 months. The primary outcome was survival at 3 months.

Results 53 patients with confirmed CHBAE finally included. Mean age was 39.8 ± 14.4 yrs. & 38 (72%) were males. Mild CHBAE (n=3), moderate CHBAE (n=21) & severe CHBAE (n=29) cases respectively. Moderate group had (cirrhotic n=03) & median duration of symptoms was 25 days (21–28 days), S. Bil 9.3 mg/dl (7.9–10.9 mg/dl), ALT 1161 IU/ml (608–1395 IU/ml), S. Alb 3.9 gm/dl (3.6–4.4 gm/dl) & HBV DNA 33910 IU/ml (7916–1900000 IU/ml) respectively. Severe CHBAE group had (cirrhotic n=11) & median duration of symptoms was 28 days (21–42 days), S. Bil 19.32 mg/dl (15.4–23.1 mg/dl), ALT 1088 IU/ml (311–1440 IU/ml), S. Alb 3.5 gm/dl (3.1–4.2 gm/dl) & HBV DNA was 174931 IU/ml (7600 – 667601 IU/ml). In moderate CHBAE (Entecavir n=14, Tenofovir n=7) & in severe CHBAE (Entecavir n=24, Tenofovir n=05) were treated respectively. There were 4 (7.5%) deaths in severe CHBAE, all deaths were in cirrhotic patients whom presented with decompensation. (figure 1)

Conclusions Severe CHBAE presents with decompensation of underlying cirrhosis & early initiation of AVT at initial presentation in symptomatic moderate & severe CHBAE prevents clinical deterioration, improves prognosis and reduces mortality.

IDDF2019-ABS-0345

SARCOPENIA IN CIRRHOSIS: A RISK FACTOR FOR HOSPITALIZATIONS AND SHORT TERM MORTALITY

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10.1136/gutjnl-2019-IDDFabstracts.310

Background Sarcopenia is an under-recognized complication of cirrhosis which negatively impacts survival and quality of life. There is a paucity of Indian data regarding the prevalence and clinical significance of sarcopenia in cirrhotics. Our aim was to assess the prevalence of sarcopenia and its impact on short-term morbidity and mortality (6 months) of patients with cirrhosis.

Abstract IDDF2019-ABS-0345 Table 1

Characteristics	No sarcopenia (N=82)	Sarcopenia (N=74)	P-value
Ascites	49	64	0.003
Encephalopathy	5	28	0.0001
Re-admission	18	55	0.0001
Death	3	18	0.0002

Abstract IDDF2019-ABS-0340 Figure 1

Methods This was a prospective study of 156 consecutive patients with liver cirrhosis. The cross-sectional area of the right psoas muscle was measured at the level of L3-vertebra and Psoas muscle index (PMI)(mm²/m²) was calculated. Sarcopenia was defined based on the CT study of patients with irritable bowel syndrome (controls), as PMI less than 295 mm²/m² and 356 mm²/m² for females and males respectively.

Results 74(47.4%) patients had sarcopenia. Sarcopenia was more common in males and patients with alcohol-related liver disease(ALD). 70% of ALD patients had sarcopenia. There was a negative correlation between the PMI and severity of liver disease as assessed by Child and MELD scores ($r = -0.591$ and -0.465 respectively). Patients with encephalopathy, ascites and coagulopathy had a higher prevalence of sarcopenia (table1).

55(74.3% v/s 22%) of the patients who had sarcopenia required readmission within 6 months of follow-up as compared to those without sarcopenia ($p=0.0001$) (figure 1). 6-months mortality was higher among patients with sarcopenia (24.3% v/s 3.7%; $p=0.002$). MELD score and PMI were independently associated with higher mortality. PMI Cut off value for predicting mortality obtained was 305.9 mm²/m² with a sensitivity of 76.2% and a false positivity of 22.2%. (AUC was 0.805; 95% confidence interval:0.69–0.91, $p=0.001$).

Abstract IDDF2019-ABS-0345 Figure 1 Risk of readmission among sarcopenic and non-sarcopenic patients

Conclusions PMI for the assessment of sarcopenia is simple, objective and reproducible. Sarcopenia is seen in about half of the patients with liver cirrhosis and more common in patients with alcohol-related liver disease, ascites and encephalopathy. Sarcopenic patients have frequent hospitalizations, lower short-term survival and worse prognosis.