9.1 (2/22) ($p=NS$), respectively (table 1). Group A had significantly longer mean T-RBO than group B (168.4 ± 135.0 vs 51.8 ± 27.7 days, respectively; $p=0.045$). At the 6-month interval, the median number of biliary reintervention procedures in group A was significantly lower than group B (0; IQR 0–1 vs 2.5; IQR 2–5), respectively; $p=0.001$). The death rate at the 2-year interval of group A and B was 100% (16/16) and 93.8% (15/16) ($p=NS$), respectively (table 1).

Abstract IDDF2019-ABS-0142 Table 1 Comparison of demographic data and results of the CERES procedure versus PTBD in patients with malignant hilar biliary obstruction (CERES=combination of ERCP and EUS-guided biliary drainage, PTBD=percutaneous biliary drainage, NS=not significant)

	CERES group (n=22)	PTBD group (n=22)	P value
Number of patients; n	22	22	
Age; years (mean $\pm$ SD)	62.4 $\pm$ 9.4	59.8 $\pm$ 10.9	NS
M: F	14:8	8:14	NS
Total bilirubin; mg/dl (mean $\pm$ SD)	17.3 $\pm$ 9.6	19.3 $\pm$ 8.3	NS
Large ascites; n (%)	0	2 (9.1)	NS
2-year death; n (%)	16/16 (100)	15/16 (93.8)	NS
Technical success rate; n (%)	20 (90.9)	22 (100)	NS
Clinical success rate; n (%)	18 (81.8)	19 (86.4)	NS
Number of biliary re-intervention procedure per person in 6 months; median (IQR)	0 (0–1)	2.5 (2–5)	0.001
Time to recurrent biliary obstruction; days (mean $\pm$ SD)	168.4 $\pm$ 135.0	51.8 $\pm$ 27.7	0.045
Complication; n (%)			NS
EUS	2 (9.1)	-	
ERCP	2 (9.1)	-	
PTBD	-	2(9.1)	

Conclusions For BD in MHBO, based on results of this study, CERES provided longer patency with less frequent of RBO at 6-month interval.

IDDF2019-ABS-0213

LONG-TERM CHANGES OF GUT MICROBIOTA, ANTIBIOTIC RESISTANCE, AND METABOLIC PARAMETERS AFTER HELICOBACTER PYLORI ERADICATION- A MULTICENTRE RANDOMISED TRIAL

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Background We previously showed that the eradication rates of triple therapy for 14 days (T14), concomitant therapy for 10 days (C10), and bismuth quadruple therapy for 10 days (BQ10) were 83.7%, 85.9%, and 90.4% in the first-line treatment of *Helicobacter pylori* (*H. pylori*). The short-term and long-term impacts these therapies on the gut microbiota, antibiotic resistance, and metabolic parameters were assessed in the present study

Methods Patients with *H. pylori* infection ($n=1620$) were randomized in this multicenter, open-label trial to receive T14, C10, or BQ10 therapy. The long-term outcomes included reinfection rate, changes in the gut microbiota, antibiotic resistance and metabolic parameters. Fecal samples were collected before and 2 weeks, 2 months, and at least 1 year after eradication therapy and 16S rRNA amplicon sequencing were done to assess gut microbiota change. Susceptibility testing for fecal *E. coli* and *Klebsiella pneumoniae* was done. This trial is registered with ClinicalTrials.gov, number NCT01906879.

Results Compared to baseline, α -diversity and β -diversity were significantly reduced 2 weeks after T14, C10, and BQ10. α -diversity and β -diversity were restored at week 8 and 1 year in patients treated with T14, but were not fully recovered in patients treated with C10 and BQ10 at week 8 and 1 year. The transient increase of the resistance rates of *E. coli* and *Klebsiella pneumoniae* to penicillin derivatives, cefazolin,

Abstract IDDF2019-ABS-0213 Figure 1 Gut microbiota changes after *H. pylori* Eradication

cefmetazole, fluoroquinolones, gentamicin, and trimethoprim-sulfamethoxazole after T14 and C10 at week 2 returned to the basal state at week 8 and 1 year. Although body weight and BMI slightly increased, there were significant improvements in metabolic parameters with a decrease in insulin resistance, triglycerides and low-density lipoprotein, and an increase in high-density lipoprotein. Overall, there was no significant change in the prevalence of metabolic syndrome at week 8 and 1 year, after T14, C10, and BQ10. (figure 1)

Conclusions Eradication of *H. pylori* infection has minimal disruption of the microbiota, no effect on antibiotic resistance of *E. coli* and some positive effects on metabolic parameters. These collectively lend support to the long-term safety of *H. pylori* eradication therapy

IDDF2019-ABS-0219

EFFICACY AND SAFETY OF ADDITIONAL AUTOLOGOUS PLATELET RICH STROMA IN TRANSANAL MUCOSAL ADVANCEMENT FLAP REPAIR OF TRANSSPHINCTERIC CRYPTOGLANDULAR PERIANAL FISTULAS

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Background Treatment of transsphincteric cryptoglandular perianal fistulas is challenging and associated with high recurrence rates. Transanal Advancement Flap Repair (TAFR) fails in almost one of every three patients, probably due to persistent chronic inflammation. Autologous Platelet-rich Stroma (PRS), platelet-rich plasma (PRP) combined with progenitor cells from autologous stromal vascular fraction (SVF), obtained from liposuction, could suppress chronic inflammation and improve success rates in TAFR. This study aimed to assess the feasibility, safety and efficacy of additional injection of autologous during TAFR of transsphincteric cryptoglandular fistulas. **Methods** 22 patients with transsphincteric cryptoglandular fistulas who underwent TAFR between December 2017 and October 2018 were prospectively included after informed consent. All patients underwent standardized TAFR and standardized preparation of autologous PRS. Inclusion criteria were transsphincteric fistulas with only one internal opening (or a second one very close by) and absence of pelvic abscess. Clinical healing was defined as the absence of symptoms and closure of the external opening at physical examination.

Abstract IDDF2019-ABS-0073 Figure 1 Compare model to others predictors for mortality in 6 weeks

Radiographic closure was defined as complete closure on post-operative MRI.

Results This study included 22 consecutive patients (10:12 male: female; median age 44 years (IQR 33–55). Follow-up data of at least 6 months was available for 18 of patients to date. All patients had one or more previous operations ranging from seton drainage to previous TAFR (3/18) or ligation of the intersphincteric fistula tract (LIFT; 2/18). Clinical healing was reached in 16 out of 18 (88.9%) patients after a median postoperative follow-up of 3 months (IQR 2.3–5.0). Two of the 18 patients did not show clinical healing at their last consultation at 4 months follow-up. Of the available 15 MRIs to date (1 is pending), 14 showed radiographic closure (93.3%). Postoperative complications encompassed thrombosis (n=1) and reoperation due to rebleeding (n=1).

Conclusions In 18 patients with transsphincteric cryptoglandular fistula treated with the addition of autologous PRS during TAFR, 93% (14/15) showed complete radiographic closure. The addition of autologous PRS appears to be feasible, safe and highly promising due to high success rates. More studies are needed to determine the exact impact.

Clinical Hepatology

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A SIMPLIFIED PROGNOSTIC MODEL TO PREDICT MORTALITY IN PATIENTS WITH ACUTE VARICEAL BLEEDING: MULTICENTER STUDY RESULTS

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Background Acute variceal bleeding (AVB) is a serious complication associated with high mortality. The aim of our study was to investigate mortality predictors and develop a new simple prognostic model using easily verified factors at admission in AVB patient.

Methods Between October 2012 and September 2018, 1,144 consecutive patients with AVB from Phramongkutklao hospital in Bangkok and Maharat Nakhon Sri Thummarat hospital in Nakhon Sri Thummarat were included. A simplified prognostic model was developed using multiple logistic regression after identifying significant predictors of 6-week mortality. Mortality prediction accuracy was assessed with area under the receiver operating characteristic (AUROC) curve. We compared the

Model to predict mortality in 6 weeks

Area under ROC curve (AUROC)= 0.9343

- Sensitivity 89.04%(95%CI : 86.48 – 91.60)
- Specificity 85.34%(95%CI : 82.44 – 88.44)

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