cimetidine, 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 Stromal (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. Radiographic closure was defined as complete closure on postoperative MRI.

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**

**IDDF2019-ABS-0073**

**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

Abstract IDDF2019-ABS-0073 Figure 1 Compare model to others predictors for mortality in 6 weeks
new model to existing models of model for end-stage liver disease (MELD), Child-Pugh scores and Glasgow Blatchford Score.

Results

The 6-week overall mortality rate was 12.3%. Multivariate analysis showed that Mean Arterial Pressure (MAP), model for end-stage liver disease (MELD), high-risk stigmata of esophageal varices or peptic ulcer on endoscopic finding and the Glasgow Blatchford Score were independent predictors of mortality. A new logistic model using these variables was developed. This model’s AUROC was 0.934, which was significantly higher than that of MELD (0.721), MAP (0.842), and Glasgow Blatchford Score (0.904). Two external validation studies showed that the AUROC of our model was consistently higher than 0.954. (figure 1)

Conclusions

Our new simplified model accurately and consistently predicted 6-week mortality in patients with acute varical bleeding using objective variables measured at admission. Our system can be used to identify high-risk acute varical bleeding patients.

### IDDF2019-ABS-0079

**IMPACT OF TIME-TO-SURGERY ON THE PROGNOSIS OF HEPATOCELLULAR CARCINOMA PATIENTS AT BCLC STAGE 0- A AFTER LIVER RESECTION**

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Background

Long waiting time before surgery caused by pre-operative interventions may lead to tumor progression and worse prognosis in patients with hepatocellular carcinoma (HCC). The impact of time-to-surgery (TTS) on the prognosis of HCC patients has not been well illustrated in Chinese HCC patients. We tried to clarify the TTS issue in this study in order to provide new perspectives for making rational treatment timing for surgery.

Methods

We enrolled 1051 HCC patients at BCLC stage 0-A with primary liver resection from three centers in China. Patients were divided into two groups according to different cut-off values of TTS (14 days, 21 days, 28 days, 35 days, 42 days). The primary endpoints were recurrence-free survival (RFS) and overall survival (OS).

Results

The median TTS of HCC patients has not been well illustrated in Chinese HCC patients. We tried to clarify the TTS issue in this study in order to provide new perspectives for making rational treatment timing for surgery.

TTS did not produce a significant impact on patients' RFS and OS when cut off values were 14, 21 and 42 days.

Conclusions

TTS between 28 and 42 days may be appropriate for Chinese HCC patients at BCLC stage 0-A to receive surgery.

### IDDF2019-ABS-0108

**HEPATIC DECOMPENSAION RISK IS REDUCED, BUT NOT ELIMINATED AFTER DIRECT-ACTING ANTIVIRALS: THE ROLE OF SPLEEN STIFFNESS MEASUREMENT**

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Background

Little evidence is available on the risk of hepatic decompensation (HD), mainly those related to portal hypertension (PH), after direct-acting antivirals (DAAs) in patients with HCV-related advanced chronic liver disease (ACLD). Our aims were: a) to evaluate the incidence of HD after DAAs, as well as the effect of such treatments on HD development and b) to assess the role of liver (LSM) and spleen (SSM) stiffness measurement in HD prediction after sustained virologic response (SVR).

Methods

We performed in our tertiary centre a cohort study in 146 ACLD patients treated with DAAs and with available LSM and SSM both before and 6 months after end-of-treatment (EOT). A historical cohort of 92 consecutively enrolled untreated cirrhotic patients with active HCV-infection was used as a control group. A propensity score stabilized inverse probability weighting approach was used to account for differences between groups. Time-dependent models for HD prediction after SVR were applied to account for changes in LSM and SSM after DAA therapy.

Results

Median follow-up in the DAA cohort was 33.5 (22 – 38) months. The HD incidence in this cohort was 7.07 (4.56 – 10.96) per 100 person-years (PYs). DAA therapy was an independent protective factor for HD development (hazard ratio [HR], 0.177; 95%Interval of confidence [CI], 0.081 – 0.390) (figure 1A), whereas previous HD (HR, 5.982; 95%CI 2.434 – 14.702) and higher SSM values (HR, 1.025; 95%CI 1.006 – 1.045) were associated with a higher risk of the event. SSM≥54 kPa was independently associated with HD despite SVR achievement (HR, 4.678;