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

¹Jeanine Arkenbosch*, ²Oddeke van Ruler, ³Jeroen Stevens, ²Eelco de Graaf, ²Ruud Schouten, ¹Annemarie de Vries, ¹Janneke van der Woude. ¹Department of Gastroenterology and Hepatology, Erasmus Medical Center, Rotterdam, Netherlands; ²Department of Surgery, IJsselland Hospital, Capelle a/d IJssel, Netherlands; ³Department of Plastic and Reconstructive Surgery, Bergman Clinic, The Hague, Netherlands

10.1136/gutjnl-2019-IDDFAbstracts.10

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

IDDF2019-ABS-0073

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

Sakkarin Chirapongsathorn*, Kuntapon Akkarachinores, Amnart Chaipresert, Pawinee Saybungkla. Division of Gastroenterology and Hepatology, Phramongkutklao Hospital, College of Medicine, Thailand

10.1136/gutjnl-2019-IDDFAbstracts.11

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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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 variceal bleeding using objective variables measured at admission. Our system can be used to identify high-risk acute variceal 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

Mengchao Wei*, Shuling Chen, Zhenwei Peng, Zebin Chen, Han Xiao, Ming Kuang. *The First Affiliated Hospital of Sun Yat-sen University, China*

10.1136/gutjnl-2019-IDDFabstracts.12

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 at BCLC stage 0-A was 14 days. Patients in the longer TTS group had significantly longer RFS and OS than those in the shorter TTS group when cut off values of TTS were 28 (RFS: $P = 0.044$; OS: $P = 0.004$) and 35 (RFS: $P = 0.016$; OS: $P = 0.044$) days.

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

¹Giovanni Marasco*, ¹Elton Dajti, ¹Federico Ravaoli, ²Antonio Colechia, ¹Maria Letizia Bacchi Reggiani, ³Agostino Colli, ¹Luigina Vanessa Alemanni, ¹Maria Rosa Tame, ¹Pietro Andreone, ¹Stefano Brillanti, ¹Francesco Azzaroli, ¹Giuseppe Mazzella, ¹Davide Festi. ¹University of Bologna, Italy; ²Borgo Trento Hospital Verona, Italy; ³A. Manzoni Hospital Lecco, Italy

10.1136/gutjnl-2019-IDDFabstracts.13

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), significantly higher than in the active HCV cohort, 19.75 (13.81–28.25) per 100 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. $SSM \geq 54$ kPa was independently associated with HD despite SVR achievement (HR, 4.678;

Abstract IDDF2019-ABS-0108 Figure 1