DEVELOPMENT OF VIROLOGICAL BREAKTHROUGH IN TREATMENT NAÏVE HEPATITIS B PATIENT RECEIVING TENOFOVIR: A CASE REPORT

Ignatius Bima Prasetya*, Nata Pratama Harjito Lugoito, Andrei Kurniawan. Department of Internal Medicine, Faculty of Medicine Pelita Harapan University, Indonesia

Background Tenofovir disoproxil fumarate (TDF) is a nucleotide analogue that is widely used to treat chronic hepatitis B infection. This treatment is currently considered to be effective in achieving good virological, serological, and biochemical response with a high barrier of resistance. We reported a case of a virological breakthrough in a patient with chronic hepatitis B and cirrhosis receiving TDF.

Methods We presented a case of a 48-year-old male who had been treated with TDF for the last 10 months.

Results The patient was diagnosed with decompensated cirrhosis with variceal bleeding and was tested positive for hepatitis B. His initial viral load prior to treatment was $4.38 \times 10^4$ IU/mL. Four months after the initiation of the antiviral therapy program, his viral load increased to $1.28 \times 10^3$ IU/mL. Four months after the initiation of the antivirus, his medication every day. No prior history of other antiviral treatment was noted, and he didn't have any specific comorbidity. He is in otherwise stable clinical condition. We are planning on switching his treatment to entecavir.

TDF is one of the only 2 antivirus agents (along with entecavir) that was thought to have a high barrier of resistance. A longitudinal study of TDF therapy demonstrated no resistance development throughout 8 years of treatment, although several case reports have identified resistance cases. Several studies had pointed out possible mutations' points for TDF resistance, including A181T/V, A194T, M204V/I, Y9H, L91I, S106C, S106G, T118C, T118G, Q267L, L269L, A317S, K333Q, and N337H. Switching treatment to entecavir seemed to show good results in previous reports.

Conclusions The virological breakthrough might still occur in patients receiving TDF. Further evaluation of such resistance mechanism was needed.
September 2019 to January 2020. Adults with EVH were included in the study. The clinical characteristics and laboratory data at admission were documented, based on which MELD and CTP scores were calculated. The surviving patients were then followed via telephone after 30 days and readmission and its reasons, mortality, and morbidity within 30-days were determined.

**Results** A total of 95 EVH patients were included in the study, out of which 74.7% were males. The mean age of the participants was 49.56 years. The etiology was Hepatitis C in 62 (65.3%) patients. The in-hospital mortality was 5 (5.3%). Of those who survived, 17 (17.5%) had readmissions with rebleeding as cause in 7 (7.4%) patients. The rest of the patients were admitted with other complications of end-stage liver disease.

**Conclusions** The all-cause 30-day readmission rate after EVH was 17.5% with more than one-third of the cases due to rebleeding. The readmission was not associated with higher rates of mortality (in-hospital mortality rate vs readmission mortality rate).

**IDDF2020-ABS-0176** CLINICIAN EXPERIENCE AND ATTITUDES TO PALLIATIVE CARE IN PATIENTS WITH HCC – AN AUSTRALIA-WIDE SURVEY

1Abdul-Hamid Sabih*, 2Lynn Lim, 3Maria Cigolini, 4Simone I Strasser, 5Ken Liu. 1AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Australia; 2Palliative Care Services, Royal Prince Alfred Hospital, Australia

10.1136/gutjnl-2020-IDDF.162

**Background** Palliative care (PC) service involvement in HCC patients is suboptimal. Little is known about clinician experience and attitudes towards PC in HCC, which formed the aim of our study.

**Methods** A nationwide survey of consultants/trainees was conducted through the Gastroenterological Society of Australia. Clinician and practice demographics, experience and attitudes towards PC use in HCC patients were collected.

**Results** 161 respondents participated with representation from all states/territories (61% male, 94% gastroenterologist/hepatologist). Most worked in public metropolitan hospitals (79%) with weekly multidisciplinary tumour board meetings (MDTBM) (59%) and had no formal PC training (71%). MDTBM with PC team attendance was reported by 11%, although 77% thought this would be useful. Both rates of PC referral and perceived usefulness of PC increased incrementally from Barcelona Clinic Liver Cancer (BCLC) 0/A to BCLC D patients but were not universal even in advanced (46%)/terminal (87%) stages. Those with prior PC training were more likely to refer BCLC 0/A patients for early PC (P=0.01). Referral rates for outpatient PC were higher in respondents who attended MDTBM with PC present (P<0.05 for all BCLC stages). Common reasons for referral were: end-of-life care (93%), pain (63%), treatment side-effects (21%) and psychological symptoms (21%). Most acknowledged PC discussions with patients occurred too late (61%) while the best time was thought to be at diagnosis of an incurable disease (61%). PC service was rated good/very good by 70% for outpatients and 81% for inpatients and 81% thought the referral process was easy. Major barriers identified to PC referral were: negative associations with the term ‘PC’ (83%), patient/family lack of acceptance (82%/77%), cultural factors (74%) and insufficient time in clinic (70%). The majority (78%) thought patients would be more accepting of PC if the name was changed to ‘supportive care’.

**Conclusions** PC referral for HCC patients occurs late and is not universal even in late-stage disease. Barriers to PC referral were not related to the quality of/access to PC services but rather to clinician perception/belief that PC would not be accepted by patients and their families.

**IDDF2020-ABS-0180** MULTIPLE NODULAR LIVER MASSES IN ELDERLY PATIENT WITH NON-CIRRHOTIC Hepatitis C: A DILEMMA BETWEEN HEPATOCELLULAR CARCINOMA AND LIVER ABSCESS

Jeremia Immanuel Siregar*, Ignatius Bima Prasetya, Nata Pratama Hardjo Lugito, Andree Kurniawan. Department of Internal Medicine, Faculty of Medicine, Pelita Harapan University, Indonesia

10.1136/gutjnl-2020-IDDF.163

**Background** Unusual appearance of liver masses poses diagnostic challenges in differentiating between malignancy and abscess. Here, we found an indeterminate case of liver masses

Abstract IDDF2020-ABS-0180 Figure 1 Arterial and venous phase from abdominal CT of the patient, showing large liver mass with perihepatic fluids and multiple cystic lesions in various sizes that were conglomerated inside the mass