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

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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

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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...
from an elderly patient with non-cirrhotic hepatitis C that needs further evaluations.

**Methods** A 78-year-old man was admitted due to right upper quadrant pain, mild fever and weight loss. Triple-phase abdominal CT showed a large liver mass (12.8 × 8.6 × 10.2 cm in size) with perihepatic fluids and multiple cystic lesions in various sizes that were conglomerated inside the mass (figure 1). Multiple satellites nodules with central cysts were also found, suggesting either hepatocellular carcinoma (HCC) with intrahepatic metastasis or multiple liver abscesses. He had elevated leucocytes (15,570 mm$^{-3}$) and alanine transaminase (244 U/L). However, his serum seramoeba and fecal amoeba tests were negative. His Anti-HCV serology was positive. Moreover, his AFP and CEA levels were 75.94 ng/mL and 1.8 ng/mL consecutively. Two weeks course of antibiotics were initiated with no changes in his liver masses after further evaluation of abdominal CT. However, his leucocytes and alanine transaminase improved towards normal levels. Liver biopsy was offered for the patient, but he refused to do so.

**Results** The presentation of HCC can sometimes mimic an abscess, especially when cystic degeneration appeared within the tumor. Meanwhile, there were some cases of liver abscesses that were indistinguishable from HCC. The patient, in this case, had liver and leucocytosis, which were the characteristics for liver abscess. Moreover, his AFP level was not increased significantly. However, insignificant changes after antibiotic therapy raised a dilemma on his definite diagnosis. Although very rare, a non-cirrhotic hepatocellular carcinoma in hepatitis C can also occur. This direct carcinogenesis mechanism can be potentially induced by the non-structural protein of hepatitis C virus. Looking at this case, a liver biopsy is needed for concluding a diagnosis for this patient.

**Conclusions** Establishing a diagnosis for atypical presentations of HCC and liver abscess can be quite difficult. Due to the big differences in their prognosis, familiarity with unusual clinical and imaging findings, as well as liver biopsy, are needed to ensure a certain diagnosis for the patient.

**IDDF2020-ABS-0192**

**TERLIPRESSIN NON-RESPONSE PREDICTS MORTALITY IN ACUTE-ON-CHRONIC LIVER FAILURE–A PROSPECTIVE COHORT STUDY**

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**Background** Terlipressin with albumin is the recommended standard of care for hepatorenal syndrome. However, there is a paucity of Asian data on the use of terlipressin in acute-on-chronic liver failure (ACLF) patients. We aimed to evaluate the safety and efficacy of terlipressin infusion in ACLF patients with HRS-AKI (acute kidney injury).

**Methods** Consecutive ACLF patients aged between 18–75 years treated with terlipressin infusion for HRS-AKI were included. The primary objective was to assess the incidence of adverse events, and secondary were to assess the response to terlipressin therapy, predictors of terlipressin non-response, and transplant-free survival at day 30, 90.

**Results** During the study period, 116 ACLF patients (Males-94%; Age-48.31±9.01yrs; Alcohol-51%; MELD-31.37±7.36) received terlipressin therapy for HRS-AKI. Fifty-two percent had a bacterial infection at baseline. The mean dose of terlipressin was 2.75±0.93 mg/day for 5.28±3.51 days. Twenty-one percent of patients developed adverse effects (Diarrhea-37.5%, abdominal pain-25%) to terlipressin, and 12% required drug discontinuation. Sixty-five percent (75/116) of patients responded to terlipressin, of which 39.7% (46/116) had a complete response, and 25% (29/116) achieved a partial response. Time to the reversal of AKI was 4.8±2.64 days. Twenty-eight percent of patients required renal replacement therapy. Transplant free survival at day 30 and 90 was 71% and 57.8%. On multivariate analysis baseline serum creatinine [OR-2.24 (1.41–3.57); p<0.001], ACLF grade [Gr.II-4.98 (1.5–16.5); p=0.009], Gr.III-7.61 (1.91–30.16); p=0.004], and change in MAP at day 3 [OR-0.73 (0.57–0.92); p=0.009] were predictors of terlipressin non-response. On multivariate analysis terlipressin non-response [HR-3.49 (1.85–6.57); p<0.001] and