We confirmed by various angles that the needle was inserted into the center of tumor nodules.

The simultaneous study before RFA therapy showed the inflow of arterial blood and tumor stain, and importantly, it appeared that 4D real-time US provided much perceptible information on the spatial relationship between RFA needle and the target lesion and resulted in accurate therapeutic efficacy for percutaneous RFA procedure.

Conclusions We experienced the treatment of 15 patients with HCC by RFA 4D real-time ultrasound system. The application of this method allowed a more accurate cauterization of the tumor.

IDDF2021-ABS-0034 MIDODRINE AS A SECONDARY PROPHYLAXIS FOR HEPATORENAL SYNDROME

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Background Midodrine is an alpha agonist with proven benefits in refractory ascites and hepatorenal syndrome (HRS). Terlipressin is superior to midodrine plus octreotide for HRS. However, terlipressin requires intravenous access and is associated with risk of mesenteric ischemia, cardiac side effects, peripheral cyanosis and even diarrhea on prolonged use. Midodrine, although inferior to terlipressin in hepatorenal syndrome, it can serve as a step-down approach helping us decrease the duration of terlipressin.

Methods In this single-center prospective study, 50 consecutive patients presenting to the Department of Gastroenterology with acute kidney injury (AKI) and fulfilling EASL definition of HRS-AKI were included. All patients received albumin (40 grams per day) plus Terlipressin (2-4 mg per day) till complete resolution of HRS (serum creatinine within 0.3 mg/dL of baseline). After resolution, Group A patients were continued on standard of care (SOC) while Group B patients were started on Midodrine 22.5mg per day in addition. The primary outcome was the recurrence of AKI at 12 weeks. The secondary outcomes were the ability to re-introduction of beta-blockers and diuretics within 12 weeks.

Results The two groups were similar in age, gender, CTP scores, MELD scores and etiology of cirrhosis at baseline. The etiology for AKI-HRS was diuretics/diarrhea-related or sepsis-related in all patients. Four patients in each group were lost to follow-up while 2 patients in GrA and 3 patients in GrB died. The recurrence of AKI within 12 weeks was higher in GrA compared to GrB (5/19 versus 2/18 respectively). At 12 weeks, 3 patients in GrA could tolerate diuretics while 10 patients in GrB could tolerate diuretics. Beta-blockers were not started in any patient in GrA while was started in 1 patient in GrB. No added side effects were seen in the midodrine group.

Conclusions In this small study, Midodrine served as an effective drug for secondary prevention of HRS. Large randomized studies may be carried out in the future to support this pilot study.

IDDF2021-ABS-0038 SAFETY AND TECHNICAL SUCCESS OF LAPAROSCOPIC TRANSCYSTIC COMMON BILE DUCT EXPLORATION IN PATIENTS WITH SUSPECTED CHOLEDOCHOLITHIASIS BUT NEGATIVE MRCP UNDERGOING LAPAROSCOPIC CHOLECYSTECTOMY

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Background There is little research to evaluate laparoscopic transcystic common bile duct (CBD) exploration (LTCBDE) as a diagnostic test to identify choledocholithiasis undergoing laparoscopic cholecystectomy (LC). The aims of this study were to assess the technical success and safety of LTCBDE in patients with suspected choledocholithiasis but negative magnetic resonance cholangiopancreatography (MRCP) undergoing LC.

Methods We did an ambispective cohort study in patients with gallstones and suspected CBD stones but negative MRCP undergoing LC. The primary outcomes were the rate of complication in the hospital.

Results Between January 2010 and December 2018, 620 patients (median age, 58 years; 58.4% female) were eligible for the study. The success rate of LTCBDE was 91.8% and CBD stones were observed in 53.3% with a stone clearance rate of 99.3%. The overall postoperative complication rate was 0.65% and no death was recorded in the total cohort. Notably, the morbidity in LTCBDE is 0.53%. Retained CBD stones were diagnosed in 2 patients and managed by ERCP successfully. In LTCBDE cohort, the median duration of operation was 78 (60-100) min and the median postoperative hospital stay was 1 (1-2) days. Overall, at a mean follow-up of 4.1 (2.3-6.1) years, recurrent CBD stones occurred in 1.1% and all-cause mortality in 0.6%.

Conclusions Our study suggests that LTCBDE is associated with a low risk of complications and can be performed safely in patients undergoing LC. The increased diagnostic yield of LTCBDE found in this study contributes to the reduce of retained stones' incidence. Thus, LTCBDE should be considered the favored choice in the diagnostic algorithm for choledocholithiasis if patients with suspected choledocholithiasis but negative MRCP undergoing LC.

IDDF2021-ABS-0040 LESS LIVER FIBROSIS MARKER INCREMENT IN OVERWEIGHT CHRONIC HEPATITIS B PATIENTS OBSERVED BY AGE-ADJUSTED FIBROSIS-4 INDEX

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Background Chronic hepatitis B patients in Taiwan with no or limited liver injury are not reimbursed for antiviral treatment by the Taiwan National Health Insurance (NHI). Innovative fibrosis marker, age-adjusted Fibrosis-4 Index (FIB4-AA), was implemented to evaluate the tendency of liver fibrosis in these patients.

p values of Cutoff BMI

Abstract IDDF2021-ABS-0040 Figure 1

Cutoff BMI and Odds Ratio of Liver Fibrosis

Abstract IDDF2021-ABS-0040 Figure 2

INITIAL FIB4 AND PROSPECT OF FIB4-AA

Abstract IDDF2021-ABS-0040 Figure 3

Methods The FIB-4 indices of 256 antiviral treatment-naïve chronic hepatitis B patients at Kaohsiung Medical University Hospital from 2003 to 2019 were reviewed. The difference in initial FIB-4 and last FIB4-AA was treated as a categorical variable, representing the tendency of liver fibrosis in each individual aside from ageing. Logistic regression was implemented to evaluate the three parameters most dependent on the

increment of FIB4-AA: e seroconversion, body mass index (BMI) and initial FIB-4 index.

Results The yearly FIB-4 growth rate of an individual without chronic hepatitis was lower than that of the study group (0.0237 vs 0.0273 for males, 0.02 vs 0.0288 for females). Patients undergoing or completing e seroconversion were less prone to increment of FIB4-AA ($p=0.036$, OR 0.524). Logistic regression revealed that BMI ≥ 25 kg/m² significantly less increment of FIB4-AA ($p=0.001$, OR 0.383, 95% CI 0.212 to 0.690)(IDDF2021-ABS-0040 Figure 1. Cutoff BMI and significant dependence on less liver fibrosis, IDDF2021-ABS-0040 Figure 2. Cutoff BMI and odds ratio of liver fibrosis), while patients with initial FIB-4 <1.29 were prone to increasing liver FIB4-AA ($p<0.001$, OR 3.687, 95% CI 1.999 to 6.797)(IDDF2021-ABS-0040 Figure 3. Initial FIB4 and prospect of FIB4-AA growth).

Conclusions Chronic hepatitis B patients not meeting the reimbursement criteria of the Taiwan NHI are prone to increment of liver fibrosis marker. Overweight is associated with less increment of fibrosis marker, while initial FIB-4 <1.29 is associated with increasing fibrosis marker.

IDDF2021-ABS-0042

VALIDATION OF ABCR AND ART SCORE FOR PREDICTING OVERALL SURVIVAL IN HCC PATIENTS TREATED WITH TACE AT HANOI MEDICAL UNIVERSITY HOSPITAL

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Background Validation of ABCR and ART scores for predicting overall survival of hepatocellular carcinoma patients treated by conventional transarterial chemoembolization at Ha Noi Medical University Hospital.

Methods From January 2018 to December 2020, 30 consecutive HCC patients, mainly with viral-induced disease, were treated with TACE. Using a regression model of the predictive variables of our population, we validated two scores designed to help for predicting overall survival.

Results In the multivariate analysis, three prognostic factors were associated with overall survival: BCLC and AFP (>200 ng/ml) at baseline and absence of radiological response. These factors were included in a score (ABCR, ranging from -3 to +6) which correlates with survival and identifies three groups.

Abstract IDDF2021-ABS-0042 Figure 1