follow-up (RD: 0.28; 95% CI: -0.03–0.75). Xiao Pi Kuan Wei Decoction may have a large beneficial effect on alleviating postprandial fullness (Standardised mean difference (SMD): -2.14; 95% CI: -2.76–0.70), early satiety (SMD: -3.90; 95% CI: -0.68– -0.42), and epigastric pain (SMD: -1.23; 95% CI: -1.66– -0.29). No serious adverse events were reported.

Conclusions Modified Zhi Zhu Decoction and Xiao Pi Kuan Wei Decoction may be considered as an alternative for patients unresponsive to prokinetics. Confirmatory head-to-head trials should be conducted to investigate their comparative effectiveness against prokinetics.

IDDF2021-ABS-0056

LIVER STIFFNESS PLUS PLATELETS PREDICTS LONG-TERM OUTCOMES IN CHILD-PUGH A CIRRHOSIS

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10.1136/gutjnl-2021-IDDF.74

Background Portal hypertension (PH) remains an important sequela of cirrhosis, contributing to morbidity and mortality. Non-invasive algorithms identifying patients at risk of clinically significant portal hypertension (CSPH) and high-risk gastro-oesophageal varices (varices needing treatment, VNT) are critical. We previously described an algorithm whereby liver stiffness measurement (LSM) ≤ 25 kPa plus platelets ≥ 100 excluded VNT in Child-Pugh A cirrhosis. 5 years following the inception of our initial study, this study aimed to assess the prognostic value of LSM ≤ 25 kPa plus platelets ≥ 100 in predicting long-term hepatic decompensation and death.

Methods This is a retrospective multicentre study of patients from two tertiary centres. Medical records were reviewed for all subsequent gastroscopies, LSM, six-monthly laboratory tests and abdominal ultrasounds, symptoms/signs consistent with hepatic decompensation (ascites, variceal bleeding, hepatic encephalopathy), and mortality from the initial study date. Patients with an LSM > 25 kPa plus platelets < 100 were considered high risk for VNT, while patients with LSM ≤ 25 kPa and/or platelets ≥ 100 were considered low risk.

Abstract IDDF2021-ABS-0056 Figure 1

Abstract IDDF2021-ABS-0056 Figure 2

Results 180 patients were included. Median age was 55 yrs (IQR 49–63), 70% male, with no significant difference between groups. Median follow-up was 7.7 yrs (4.5–9.0). At study inception, 30/180 (17%) were high risk. The majority (114/180, 63%) had cirrhosis secondary to HCV, similar according to risk group ($p=0.752$). Decompensation was significantly more common in high-risk patients (11/30 (37%) vs 26/150 (17%) respectively, $p=0.016$; (IDDF2021-ABS-0056 Figure 1. Decompensation according to high-risk and low-risk category)). 2/150 (1%) low-risk patients were re-classified as high-risk. 19/150 (13%) of low-risk patients had VNT compared to 7/30 (23%) in the high-risk group ($p=0.043$). There was a trend towards higher mortality in high-risk vs low-risk patients (12/30 (40%) vs 36/150 (24%), respectively, $p=0.067$; (IDDF2021-ABS-0056 Figure 2. Death according to high-risk and low-risk category)).

Conclusions Our previously defined algorithm of LSM and platelets has prognostic value in predicting for subsequent decompensation and death. LSM+PLT can assist in stratifying future risk of liver-related events in Child-Pugh A cirrhotics.

IDDF2021-ABS-0064

ASCITIC FLUID TOTAL CELL COUNT AND POLYMORPHONUCLEAR CELL COUNT IN PATIENTS WITH CIRRHOSIS AND ASCITES AND ITS PROGNOSTIC VALUE

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10.1136/gutjnl-2021-IDDF.75

Background Spontaneous bacterial peritonitis (SBP) is defined as ascitic fluid (AF) infection without a surgically treatable intra-abdominal source of infection with or without a positive AF culture and AF polymorphonuclear (PMN) cell count of > 250 . In this study, we assessed the prognostic value of AF total cell count and PMN cell count in patients with cirrhosis and ascites and its outcome.

Methods The prospective study included patients with cirrhosis and ascites. Patients biochemical parameters, manual ascitic fluid total cell and PMN count were studied. Based on AF PMN, patients were categorised into, Reactive effusion (RE) AF PMN < 150 , Neutrophilic effusion (NE) AF PMN 150–250 and SBP-AF PMN > 250 . Patients were followed up at the end of 1 and 6 months to study the outcome (survival/expired).

Abstract IDDF2021-ABS-0064 Table 1

		N	Mean	S.D	F-value	p-value
AF total	NE	32	289.4	101.1	164.685	0.0005**
cell	RE	174	55.7	60.6		
count	SBP	42	527.6	272.2		

**Significance at p< 0.01

Abstract IDDF2021-ABS-0064 Table 2

		N	Mean	S.D	F-value	p-value
Ascitic PMN	NE	32	181.9	25.4	212.507	0.0005**
cell count	RE	174	27.2	26.5		
	SBP	42	396.0	203.9		

** Significance at p< 0.01

Abstract IDDF2021-ABS-0064 Table 3

	NE	RE	SBP
1st Month	6.3%	1.7%	4.8%
6th Month	21.9%	8.0%	23.8%

Results 248 patients were included, 174-RE, 42-SBP, 32-NE. There was a statistically significant inter-group difference in mean total leukocyte count, blood urea, sodium, bilirubin, and AF total cell count and AF PMN cell count. There was no statistically significant difference with CTP, MELD-Na, AF albumin, Protein and creatinine, S.albumin, PT/INR. The mean AF total cell count - IDDF2021-ABS-0064 Table 1 and AF PMN - IDDF2021-ABS-0064 Table 2, Outcome- IDDF2021-ABS-0064 Table 3.

Outcome -The mortality in NE was more at first month and comparable to SBP at sixth month as in IDDF2021-ABS-0064 Table 3.

Conclusions AF PMN cell count has considerable prognostic value in patients with cirrhosis and is independent of AF protein, albumin, MELD-Na, CTP, creatinine. Mortality rate was comparable in NE and SBP. This emphasizes the need for early detection and aggressive management of patients with AF PMN cell count >150 cells/mm³, lowering the threshold for antibiotic initiation.

IDDF2021-ABS-0067

THE COMPARISON BETWEEN OVERALL SURVIVAL OF TRANSARTERIAL CHEMOEMBOLIZATION AND BEST SUPPORTIVE CARE IN INTERMEDIATE-STAGE HEPATOCELLULAR CARCINOMA

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10.1136/gutjnl-2021-IDDF.76

Background The newly European Association for the Study of the Liver (EASL) suggests performing transarterial chemoembolization (TACE) for only intermediate stage HCC with compensated cirrhosis (Child-Pugh score 5-6). However, The Thai HCC guideline 2021 allows both compensated cirrhosis and early decompensated cirrhosis (Child-Pugh score 7-8) intermediate stage HCC for TACE. Therefore, our study aims to compare overall survival (OS) between TACE and best supportive care (BSC) of Child-Pugh score 5-8 cirrhosis HCC patients and subgroup analysis in compensated cirrhosis and decompensated cirrhosis.

Methods We retrospectively assessed 118 intermediate-stage HCC patients. Comparison of OS between TACE and BSC were calculated using the Kaplan-Meier method. In addition, the Cox proportional-hazards model was used to evaluate survival-predictive variables and the relationship between the TACE and OS.

Results The 118 intermediate-stage HCC patients were included. There were 32 (27.1%) female patients. The mean age was 59.0 ± 11.4 years, and the mean body mass index was 23.2 ± 4.5 (kg/m²). There were 50 (42.4%) hepatitis B infected patients, 28 (23.7%) hepatitis C infected patients, and 33 (28.0%) alcohol-related liver disease patients. The compensated cirrhosis was 79 (66.9%) patients. Among all patients, HCC patients who underwent TACE had increased median OS comparing to those who

Compensated and early decompensated cirrhosis

Abstract IDDF2021-ABS-0067 Figure 1

Compensated decompensated cirrhosis

Abstract IDDF2021-ABS-0067 Figure 2