Abstract IDDF2021-ABS-0084 Table 1 Clinical profile of the patients who had ascites after LDLT

	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7
Age (years)	62	23	65	50	54	22	46years
Sex	Female	Female	Male	Male	Female	Female	Male
Indication for transplant	NASH	Chronic Buddi-Chiari Syndrome	AUD-related	AUD-related	Chronic Hepatitis B	Wilson's disease	AUD-related
Pre transplant factors							
Ascites	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Refractory ascites	Yes	Yes	No	Yes	Yes	No	Yes
HRS	Yes	No	Yes	Yes	Yes	Yes	No
SBP	No	No	No	No	Yes	No	No
Hepatic encephalopathy	No	No	Yes	Yes	No	No	Yes
Shunt surgery	No	Yes	No	No	Yes	No	No
CIT	105 min	95 min	118 min	120 min	85 min	65 min	98
Early resurgery	MHV thrombosis – Thrombectomy on POD1	Yes-Trans gastric bilioma drainage	No	No	No	No	No
Time for onset of ascites	3 months	2.5 months	3 months	3 months	3 months	3 months	3 months
USG Doppler	Normal hepatic blood flow	Normal hepatic blood flow	Normal hepatic blood flow	Normal hepatic blood flow	Normal hepatic blood flow	Normal hepatic blood flow	Normal hepatic blood flow
Ascitic fluid analysis							
Protein (g/dL)	3.5	4.5	3.4	3.3	3.5	2.8	5.5
Sugar (mg/dL)	102	92	133	148	427	128	121
Albumin (g/dL)	2.1	2.2	1.9	2.0	2.2	1.5	2.3
ADA(u/dL)	37	33	6	40	23	5	33
Cell count(cell/hpf)	800	750	100	350	400	200	560
Cell type	95% lymphocytes	95% lymphocytes	93% lymphocytes	95% lymphocytes	80% lymphocytes	95% lymphocytes	98% lymphocytes
Cultures	Negative	Negative	Negative	Negative	Negative		
Others	-	-	-	MTB PCR Positive	GeneXpert MTB positive. Triglyceries in AF(ascitic fluid-518 mg/dL)	Renal Biopsy showed chronic tubulointerstitial nephritis	Gene X pert MTB positive
2D ECHO	Normal	Normal	Normal	Normal	Normal	Normal	Normal
HVPG	Not done	9mmHg	10mmHg	Not done	Not done	Not done	Not done
Liver biopsy	Not done	Not done	Normal	Not done	Not done	Normal	Not done
Others			Renal Biopsy- Ig A nephropathy				
Diagnosis	Tubercular ascites	Tubercular ascites	Ig A nephropathy	Tubercular ascites	Tubercular ascites	Tacrollmus Induced proteinuria and CKD	Tubercular ascites

IDDF2021-ABS-0088

UTILITY OF PRE AND POST TREATMENT ALPHA-FETOPROTEIN IN THE PROGNOSIS OF HEPATOCELLULAR CARCINOMA TREATED WITH ULTRASOUND-GUIDED PERCUTANEOUS RADIOFREQUENCY ABLATION

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Background Post-treatment alpha-fetoprotein (AFP) response has been reported to be associated with prognosis of hepatocellular carcinoma (HCC). We aimed to determine whether pre-and post-treatment AFP are associated with survival for HCC patients undergoing radiofrequency ablation (RFA).

Methods RFA was performed on 166 index HCC patients from 2007 to 2018. Post-treatment AFP was monitored at 1-

,3- and 6-months and percentage AFP responses were computed from pre-treatment AFP. Overall Survival (OS) was estimated using Kaplan-Meier; log-rank and Cox regression analysis of predictors were analyzed.

Results Pre-treatment AFP levels $\geq 10\text{ng/ml}$, $\geq 100\text{ng/ml}$ and $\geq 1000\text{ng/ml}$ were observed in 55.1% (92/166), 31.1%(52/166) and 9.6%(16/166), respectively. Patients with pre-treatment AFP $\geq 10\text{ng/ml}$ had poorer OS compared to AFP $< 10\text{ng/ml}$ (1-,3- and 5-year: 77.3%,50.7%,23.3% vs 93.1%,70.1%,42.2%; $p=0.003$). In those with normal post-treatment AFP, AFP response $\geq 50\%$ at 6 months was a predictor of OS (1-,3- and 5-year: 96.4%,84.4%,62.8%; $p=0.014$). In those with high post-treatment AFP, AFP response $\geq 50\%$ at 1 month ($p=0.009$) and 3 months ($p=0.002$) were predictors of OS. Furthermore, normal AFP at any time during 1-,3- or 6-months post treatment with RFA were associated with better OS ($p<0.001$). When pre- and post-treatment AFP were

Abstract IDDF2021-ABS-0088 Figure 1 Kaplan-Meier curve for overall survival of HCC patients based on pre-treatment AFP and post-treatment AFP response $\geq 50\%$ at 1-month after RFA

analyzed, pre-treatment AFP $< 10\text{ng/ml}$ and post-treatment AFP response $\geq 50\%$ at 1 month yielded the best estimated 5-year survival ($p=0.002$) – (IDDF2021-ABS-0088 Figure 1. Kaplan-Meier Curve for Overall Survival of HCC Patients based on Pre-treatment AFP and Post-treatment AFP response $\geq 50\%$ at 1 month after RFA).

Conclusions Pre-treatment AFP $< 10\text{ng/ml}$, 6-months post-treatment AFP response $\geq 50\%$ with normal AFP and 1- and 3-months post-treatment AFP response $\geq 50\%$ with high AFP were predictors of better OS. AFP $< 10\text{ng/mL}$ at any time during 1-, 3- or 6-months after RFA was an important predictor of better prognosis. The best prognosticator for OS was a patient with pre-treatment AFP $< 10\text{ng/ml}$ and post-treatment AFP response $\geq 50\%$ at 1 month.

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PRIMARY NORFLOXACIN PROPHYLAXIS REDUCES THE INCIDENCE OF INFECTIONS IN SEVERE ALCOHOLIC HEPATITIS-A DOUBLE-BLIND, RANDOMIZED CONTROLLED STUDY

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Background Steroid therapy is the standard of care for severe alcoholic hepatitis (sAH) at most centres. However, steroids are associated with an increased risk of infections. Therefore, we aimed to compare the outcomes of patients receiving concomitant norfloxacin (NFX) with steroids in patients with sAH.

Methods In this double-blind, randomized study, acute-on-chronic liver failure (ACLF) patients without sepsis, hepatic encephalopathy, or SBP were assigned to receive oral NFX 400mg or matched placebo (PBO) once daily for 30 days along with standard medical therapy. 143 ACLF patients were included (CTRI/2019/10/021548). On subgroup analysis, 20 in the NFX group and 13 patients in the PBO group received concomitant steroid therapy for sAH. The primary objective was to assess the incidence of infections at days 30, 90, and

Drug	Variable	Day 0	Day 30	Day 60	Day 90
Norfloxacin (NFX)	At risk	20	18	18	14
	Event	0	2	2	6
Placebo (PBO)	At risk	13	8	5	4
	Event	0	5	8	9
Log-Rank test (Mantel-Cox) P-value		NA	0.057	0.002	0.01

Abstract IDDF2021-ABS-0089 Figure 1

the secondary was to evaluate the transplant-free survival (TFS) at days 30, 90.

Results Baseline characteristics were similar in both the groups (MELD-NFX- 27.8 ± 3.79 vs. PBO- 29.62 ± 4.66 ; $P=0.229$). The incidence of infection was lower with NFX (10%) than PBO (38.5%) at day 30 ($P=0.066$). The incidence of infection at day 90 was lower with NFX (30%) than PBO (69.2%) ($P=0.027$) (IDDF2021-ABS-0089 Figure 1. Kaplan Meier analysis of infection incidence at days 30, 60 and 90). TFS was similar in both groups at day 30 (NFX-85% vs. PBO-77%; Log-Rank test: $P=0.524$). However, TFS at day 90 was better with NFX (85%) than placebo (53.8%) (Log-Rank test: $P=0.059$). The most common source of infection was the urinary tract (NFX - 3 vs. Placebo-4). *E. coli* was the commonly isolated organism in both groups. *Candida albicans* were isolated in two patients in NFX group, while none in the PBO group developed fungal infection. Sepsis was the common cause of mortality (NFX-2; PBO-4). Further, one patient in NFX group succumbed to post-TIPS liver failure (for variceal bleed). There were no drug-related adverse events in this subgroup of patients.

Conclusions Primary norfloxacin prophylaxis is safe and effective in reducing infections in patients with sAH receiving steroid therapy.

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A DIAGNOSTIC TEST META-ANALYSIS EVALUATING THE PERFORMANCE OF IMAGING-BASED AND BLOOD BIOMARKER-BASED ASSESSMENT TOOLS FOR FIBROSIS AFTER LIVER TRANSPLANTATION

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Background Assessing fibrosis after liver transplant (LT) remains a core concern and can suggest the presence of de novo nonalcoholic fatty liver disease or recurrence after