Conclusion We have identified and characterized a rare causal variant in MTTP and homozygosity for MTTP p.I564T is associated with progressive NAFLD without any other manifestations of abetalipoproteinemia.

TANDEM MASS TAG-BASED QUANTITATIVE PROTEOMIC PROFILING IDENTIFIES NOVEL PUTATIVE SERUM BIOMARKERS FOR THE DIAGNOSIS OF DRUG-INDUCED LIVER INJURY IN PATIENTS

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Abstracts

AN AUDIT OF THE KNOWLEDGE OF THE DECOMPENSATED LIVER DISEASE BUNDLE AND ASCITIC TAPS ON PATIENTS PRESENTING ON THE MEDICAL TAKE

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Background The BSG-BASL decompensated cirrhosis care bundle seeks to optimise patient management during the first 24 hours of presentation. The pandemic has impacted on junior doctors’ hepatology training, by reducing access to face-to-face teaching. We sought to redress this by assessing how a remote education programme could affect bundle implementation and awareness, shortly after the UK’s first COVID-19 wave.

Methods A retrospective snapshot case-note audit was undertaken for 4 weeks (August 2020) at Bristol Royal Infirmary (BRI). Decompensated cirrhosis admissions were identified from coding and bundle usage and compliance with ascitic tap guidance were quantified. An online survey was conducted of BRI junior doctors (medical) to assess knowledge of the bundle and awareness of appropriate ascitic fluid tests. Subsequent quality improvement interventions were developed, with repeat audits in May-June 2021.

Results The baseline audit identified appropriate bundle completion in 50% (n=8/16) decompensated cirrhosis patients, none by foundation doctors, with 2 by hepatology consultants. Ascitic tap was attempted in only 50% of patients with detectable ascites (4/8), with recommended tests requested in 2 of 3 successful taps.

The online survey (40 participants 42% response) revealed good knowledge of when to use the bundle (85%) and how to access it (90%). For patients with new ascites, 46% of participants identified appropriate tests, however 39/40 also selected unnecessary options. Knowledge was poorer for patients with known ascites; 20% selected correct investigations and no participants knew the exact combination to request. Procedural skills varied, 49% of participants had performed an ascitic tap unsupervised, but 33% had never attempted one.

After these audits, remote teaching sessions and posters were used to improve prompting of bundle completion; paper copies were distributed to admission areas. Re-audit (May 2021) identified 15 hepatic decompensation admissions, of