patient remained well until the age of 21 when he presented with cholestatic liver enzyme derangement, ascites and weight loss. Imaging suggested portal hypertension and a liver biopsy revealed epithelioid granulomas with no central necrosis and multinucleate giant cells with peri-venular and peri-portal fibrosis. Chronic liver screen and mycobacterial testing was negative. Around this time his daughter developed polyarthritis, uveitis and hepatosplenomegaly at the age of 4 years. She was diagnosed with Blau syndrome after genetic testing revealed the hitherto unreported pathological variant, c.1471A>C, p.(Met491Leu), in the NOD2 gene. Genetic testing confirmed the presence of the same mutation in her father, consistent with a diagnosis of Blau syndrome.

At the age of 31, despite selective immunotherapy he developed cirrhotic complications including recurrent oesophageal bleeding and spontaneous bacterial peritonitis. He was accepted onto the liver transplant waiting list and subsequently received a Donation after Circulatory Death (DCD) graft in March 2019. Progress following transplantation was satisfactory and immunosuppression consisted of Tacrolimus, Azathioprine and Prednisolone.

Three months later he was treated for septic complications from ischemic cholangiopathy. Imaging revealed a degree of hepatic artery stenosis and bile duct stricturing, thought to be ischemic in nature. He underwent liver biopsy which showed biliary features as well as focal portal and lobular non-necrotizing granulomatous inflammation identical to that seen in his native liver explant, thus in keeping with disease recurrence in his graft. Following his initial grafting he is awaiting re-transplantation.

Review of Antibody Therapies in Blau Syndrome

Of 84 Blau patients treated with antibody therapy, 5 hepatic cases responded to anti-TNF therapy, with promising results if instigated before decompensation occurs.

Conclusion We report the first case of liver transplantation for Blau syndrome, in an adult case of Blau syndrome with a novel NOD2 mutation.

P73 'HEPATIC SARCOID: UK EXPERIENCE IN OUTCOMES FOR ORTHOTOPIC LIVER TRANSPLANTATION FOR ADULT GRANULOMATOUS LIVER DISEASE'

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Introduction Sarcoidosis is an autoinflammatory granulomatous disease of unknown aetiology most commonly presenting with lung or intrathoracic involvement. However, hepatic sarcoidosis is increasingly recognised and seen in 12–20% of cases, a quarter of whom will develop liver cirrhosis and is a rare indication for liver transplantation.

Genetic factors, environmental triggers and a dysregulated immune system are thought to be involved in the development of sarcoidosis and the characteristic sterile, well circumscribed, non-caseating epithelioid granulomas seen in hepatic sarcoid.

The long-term transplantation outcomes in this patient cohort have not been previously investigated in the UK. We present unpublished data from the UK Transplant registry on outcomes in hepatic sarcoidosis.

Methods and Materials Patients listed for liver transplantation with a primary diagnosis of hepatic sarcoidosis were identified from the UK Transplant Registry between 2008 and 2019 (NHS Blood and

Transplant (NHSBT) Data). Data from this cohort was examined including demographics, graft and patient outcomes.

Results In the UK, 30 patients have been listed for liver transplantation due to hepatic sarcoidosis in the last decade. 18 patients received a liver transplant, 14 of whom are still alive today. Four patients died whilst on the waiting list. The mean age and mean United Kingdom Model for End Stage Liver Disease (UKELD) score at time of listing were 51.0 years (± 10.3 years) and 56.0 (± 4.2), respectively. The median patient survival was 1091 days, with both the 1- and 3-year patient survival being 89%. Graft failure occurred in 4 of the transplanted cases, and of these cases one was a result of recurrent disease, and another a result of biliary tract stenosis. In total 6 cases of sepsis were observed in the transplanted cohort. Details on the causes of death were unavailable.

Conclusion Hepatic sarcoid is a rare indication for liver transplantation. NHSBT data between 2008 and 2019 shows that patient survival for liver transplant recipients with this condition in the UK was satisfactory in the short to medium term. US data between 1987 and 2007 suggested 1- and 5- year patient survival of 78% and 61% respectively, which is worse than the UK outcomes, but might reflect recent advances in the field. Although not common, recurrent sarcoidosis in the donor liver does occur and may respond to increased immunosuppression. Graft failure due to disease recurrence was observed in one case in the UK cohort.

P74 HEPATITIS C VIRUS HIGH INTENSITY TEST AND TREAT HMP LEEDS

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Background and Aims Prisons are a high prevalence site with high throughput of people who in inject drugs. A High Intensity Test and Treat (HITT) initiative is one potential approach to try and micro-eliminate HCV in prisons. Leeds is a medium secure local prison and was chosen as a site to trial this approach. The aim was to test and treat as many prisoners as possible over a two weeks period.

Method Prior to testing commencing a publicity campaign was conducted by peers within the prison and prisoners were incentivized to be tested by providing chocolate bars and telephone access cards. Over the course of a weekend period in July 2019 an attempt was made to test all inmates in the prison for HCV, Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) with a point of care Matrix test. Positive antibody tests were further tested with capillary blood PCR tests performed in the local laboratory with test result turnaround of 24 hours. Prisoners testing PCR positive were immediately informed of the diagnosis and a review of their current drug history made to check for drug drug interactions. If a genotype was already known they were treated with an appropriate genotype specific drug or if no genotype was available they were treated with the pan-genotypic drug Maviret®.