Clinical hepatology

IDDF2020-ABS-0013 EFFECTIVENESS AND SAFETY OF GLECAPREVIR AND PIBRENTASVIR FOR HEMODIALYSIS PATIENTS WITH HEPATITIS C VIRUS INFECTION AT A SINGLE CENTER

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Background Glecaprevir/pibrebtasvir(GLE/PIB) is anpan-genotypic regimen for the treatment of hepatitis C virus(HCV) infection. GLE and PIB are direct-acting antiviral(DAA)agents that can be used for patients with chronic renal failure who are on hemodialysis(HD) and those with HCV genotype 2 infections. Here, we report the usefulness and safety of GLE/PIB in 13 hemodialysis(HD) patients with HCV infection.
Methods The subjects comprised patients with genotype 1and 2(six each) and one unknown genotype patients in whom GLE/PIB therapy was introduced by December 2018. The mean age was 69.2(59–78)years (seven men and six women). The mean HCV RNA amount prior to treatment initiation was 4.81(2.1–6.5). The administration periods were 8 and 12 weeks(n=9 and 4, respectively).
Results Twelve patients received all the doses orally while an increase in total billrubin(T-BIL) caused the administration to be discontinued in one patient. HCV RNA at week 4 after treatment initiation became undetectable 1nn 11(91.6%) of the 12 patients. All patients achieved a rapid viral response (RVR). Concerning adverse effects, although itching occurred in three(25%) patients, the symptom improved following administration of oral medication, and the treatment was able to be continued.
Conclusions The results suggest that GLE/PIB can also be safely administered to HD patients. However, the usefulness and safety need to be further studied by examining more cases.

IDDF2020-ABS-0032 CLINICAL DETERMINANTS OF MULTIDISCIPLINARY INTERVENTION AND PROLONGED ENDOSCOPIC THERAPY IN ERADICATING HIGH-RISK ESOPHAGOGASTRIC VARICES

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Background High-risk esophagogastric varices (EGV) are prone to bleeding and are recommended to be eradicated through endoscopic therapy by practice guideline. However, a considerable number of patients may fail the endoscopic variceal eradication (VE) when second-line non-endoscopic treatments, including radio-interventional and surgical therapy are required. To date, predictive factors for the multidisciplinary therapy switch are unclear. We aimed to investigate factors that determine the therapy switch and the length of endoscopic therapy to VE.
Methods We carried out this retrospective study based on an established cohort of cirrhosis recruiting patients from 2011 to 2018. Relevant medical and endoscopic data were collected and comprehensively assessed. Multivariate analyses were performed to identify factors associated with the therapy switch in all included patients, and the length of time to VE in endoscopic VE-achieved patients.
Results A total of 330 patients were included for analysis, of which 289 cases (87.6%) achieved VE through sequential endoscopic therapies. The median (Interquartile range, IQR) time to VE was 5 (2–10.5) months and the median (IQR) number of endoscopic sessions required was 3 (2–5). Meanwhile, thirty-two cases (9.7%) failed endoscopic VE and transferred to multidisciplinary therapy during endoscopic intervals (25 cases for surgical therapy and 7 cases for radio-interventional therapy). Multivariate analysis showed that splenomegaly (hazard ratio, HR 1.21, 95%CI 1.09–1.34), portal vein thrombosis (HR 2.88, 95%CI 1.20–6.88) and thrombocytopenia (HR 0.99, 95%CI 0.97–1.00) were associated with the therapy switch. Among endoscopic VE-achieved patients, male sex (HR 1.49, 95%CI 1.12–1.99), large varices (HR 4.01, 95%CI 2.22–7.23), long-segment varices (HR 1.70, 95%CI 1.04–2.78), and intercurrent bleeding (HR 2.24, 95%CI 1.53–3.30) were associated with prolonged time required for VE.
Conclusions Patients with an enlarged spleen, portal vein thrombosis and low platelet count are at high risk of undergoing multidisciplinary therapy to eradicate EGV. Severe varices, male sex and interval bleeding event impair endoscopic efficacy significantly. Our findings may help improve patient risk stratification and medical resources allocation.

IDDF2020-ABS-0047 CLINICAL USE OF NON-SELECTIVE BETA-BLOCKERS IN UNSELECTED CIRRHOTIC PATIENTS RECEIVING ENDOSCOPIC SECONDARY PROPHYLAXIS

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Background The combination of non-selective beta-blockers (NSBBs) and endoscopic band ligation has been recommended as the first-line therapy for preventing variceal rebleeding. However, little is known about the routine clinical use of this medication. We aimed to investigate the current situation of NSBBs use in respect of prevalence, tolerance and compliance in this study, and compare with that of endoscopic therapy.
Methods We prospectively recruited cirrhotic patients undergoing secondary prophylaxis in our department from May 2019 to Jan 2020. Relevant medical and endoscopic data were collected. Bedside interviews were carried out using the specifically designed questionnaire. Therapy compliance was also assessed during the 6-month follow-up after initial therapy. Univariate and multivariate logistic regression were performed to explore the factors associated with therapy compliance.
Results A total of 269 consecutive patients were screened, and 259 of them were included. Main etiologies of cirrhosis

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