

majority of patients were symptomatic (92%): jaundice (68%), abdominal pain (35%), fever (17%) and rash (15%). Hepatic encephalopathy was present in 32%. Laboratory patterns of DILI were: hepatocellular (R value >5) 54%, cholestatic (R <2) 28% and mixed (R = 2–5) 19%. Hy's law was met in 48% while 26% had ALF (encephalopathy + INR > 1.5). The median admission MELD score was 21. 35% of patients received corticosteroids, and 15% received ursodeoxycholic acid. ICU admission and haemodialysis occurred in 35% and 11%, respectively. During the study period, there were 12 deaths and 12 LT. The 90-day LT-free survival was 71%. Univariate predictors for LT or mortality at 90 days were: jaundice (HR 9.77, P=0.027), encephalopathy (HR 2.70, P=0.036), hepatocellular pattern (HR 2.85, P=0.047), fulfilling Hy's Law (HR 2.71, P=0.046) and MELD (HR 1.14, P<0.001). On multivariable analysis, only MELD remained predictive of worse 90-day LT-free survival (HR 1.14 per point increase, P<0.001).

Conclusions At this LT centre, 30% of patients hospitalised for non-paracetamol DILI experienced death or LT at 90 days. The proportion of cases due to non-prescription drugs increased over time. MELD score predicted for adverse outcomes.

IDDF2020-ABS-0169 DEVELOPMENT OF VIROLOGICAL BREAKTHROUGH IN TREATMENT NAÏVE HEPATITIS B PATIENT RECEIVING TENOFOVIR: A CASE REPORT

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10.1136/gutjnl-2020-IDDF.159

Background Tenofovir disoproxil fumarate (TDF) is a nucleotide analogue that is widely used to treat chronic hepatitis B infection. This treatment is currently considered to be effective in achieving good virological, serological, and biochemical response with a high barrier of resistance. We reported a case of a virological breakthrough in a patient with chronic hepatitis B and cirrhosis receiving TDF.

Methods We presented a case of a 48-year-old male who had been treated with TDF for the last 10 months.

Results The patient was diagnosed with decompensated cirrhosis with variceal bleeding and was tested positive for hepatitis B. His initial viral load prior to treatment was 4.38×10^4 IU/mL. Four months after the initiation of the antiviral, his serum HBV DNA level was undetectable, and there were improvements in biochemical parameters. However, the serum HBV DNA level rebounded to 1.28×10^3 IU/mL at 10 months after treatment. The patient was compliant with the treatment program, was monitored regularly, and took his medication every day. No prior history of other antiviral agents was noted, and he didn't have any specific comorbidity. He is in otherwise stable clinical condition. We are planning on switching his treatment to entecavir.

TDF is one of the only 2 antiviral agents (along with entecavir) that was thought to have a high barrier of resistance. A longitudinal study of TDF therapy demonstrated no resistance development throughout 8 years of treatment, although several case reports have identified resistance cases. Several studies had pointed out possible mutations' points for TDF resistance, including A181T/V, A194T, M204V/I, Y9H, L91I, S106C,

S106G, T118C, T118G, Q267L, I269L, A317S, K333Q, and N337H. Switching treatment to entecavir seemed to show good results in previous reports.

Conclusions The virological breakthrough might still occur in patients receiving TDF. Further evaluation of such resistance mechanism was needed.

IDDF2020-ABS-0171 ACUTE LIVER FAILURE: OUTCOME AND PROGNOSTIC PREDICTORS

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10.1136/gutjnl-2020-IDDF.160

Background Acute liver failure (ALF) is defined as a rapid hepatic dysfunction and encephalopathy in the absence of pre-existing liver disease. Globally, viral hepatitis is responsible for the majority of cases of ALF. This study aimed to determine the etiology, outcome, and predictive factors for in-hospital mortality in ALF patients.

Methods A descriptive study was conducted at the Gastro-Hepatology Department of Asian Institute of Medical Sciences, Hyderabad from May 2018 to September 2019. A total of 31 patients were included in the study and evaluated for etiology, prognostic factors, and outcome during the hospital stay. International Normalized Ratio (INR), sepsis (2 SIRS + confirmed or suspected infection), prognostic scores {King College Criteria (KCC), and Model End-Stage Liver Disease (MELD)} and other prognostic factors were compared.

Results Thirty-one patients with a mean age of 22 years, 21 (67.7%) were males. Most common etiology was indeterminate 21 (67.7%) while 5 (16.15%) had Hepatitis B and 5 (16.15%) had Hepatitis E. The in-hospital mortality was 19 (61.3%), out of which 14 (73.3%) were males and 12 (38.7%) recovered spontaneously. INR > 5.00 (Mean = 3.12 and 4.02 in both groups respectively, $p=0.02$), MELD score >32 (Mean = 29.58 and 33.31 in both groups respectively, $p=0.049$), KCC 2 or more out of 5 (Mean = 0.83 and 1.31 in both groups respectively, $p=0.068$), and sepsis ($p=0.008$) were independently associated with in-hospital mortality.

Conclusions The in-hospital mortality of ALF was significantly high with raised INR, MELD (>32), KCC (2/5), and sepsis. Hence, they are poor prognostic factors.

IDDF2020-ABS-0172 THIRTY-DAY READMISSION AFTER ESOPHAGEAL VARICEAL HEMORRHAGE AND ITS IMPACT ON OUTCOMES IN THE TERTIARY CARE HOSPITAL

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10.1136/gutjnl-2020-IDDF.161

Background Esophageal variceal hemorrhage (EVH) is a potentially fatal Gastro-intestinal emergency. The aim of this study was to evaluate the in-hospital mortality rate, 30-day readmission rate, and its impact on mortality and morbidity in EVH patients.

Methods A descriptive study (prospective) was conducted at the Gastro-hepatology department of AIMS Hyderabad from

September 2019 to January 2020. Adults with EVH were included in the study. The clinical characteristics and laboratory data at admission were documented, based on which MELD and CTP scores were calculated. The surviving patients were then followed via telephone after 30 days and readmission and its reasons, mortality, and morbidity within 30-days were determined.

Results A total of 95 EVH patients were included in the study, out of which 74.7% were males. The mean age of the participants was 49.56 years. The etiology was Hepatitis C in 62 (65.3%) patients. The in-hospital mortality was 5 (5.3%). Of those who survived, 17 (17.5%) had readmissions with rebleeding as cause in 7 (7.4%) patients. The rest of the patients were admitted with other complications of end-stage liver disease.

Conclusions The all-cause 30-day readmission rate after EVH was 17.5% with more than one-third of the cases due to rebleeding. The readmission was not associated with higher rates of mortality (in-hospital mortality rate vs readmission mortality rate).

IDDF2020-ABS-0176 **CLINICIAN EXPERIENCE AND ATTITUDES TO PALLIATIVE CARE IN PATIENTS WITH HCC – AN AUSTRALIA-WIDE SURVEY**

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10.1136/gutjnl-2020-IDDF.162

Background Palliative care (PC) service involvement in HCC patients is suboptimal. Little is known about clinician experience and attitudes towards PC in HCC, which formed the aim of our study.

Methods A nationwide survey of consultants/trainees was conducted through the Gastroenterological Society of Australia. Clinician and practice demographics, experience and attitudes towards PC use in HCC patients were collected.

Results 161 respondents participated with representation from all states/territories (61% male, 94% gastroenterologist/hepatologist). Most worked in public metropolitan hospitals (79%) with weekly multidisciplinary tumour board meetings (MDTBM) (59%) and had no formal PC training (71%).

MDTBM with PC team attendance was reported by 11%, although 77% thought this would be useful. Both rates of PC referral and perceived usefulness of PC increased incrementally from Barcelona Clinic Liver Cancer (BCLC) 0/A to BCLC D patients but were not universal even in advanced (46%/terminal(87%) stages. Those with prior PC training were more likely to refer BCLC 0/A patients for early PC ($P=0.01$). Referral rates for outpatient PC were higher in respondents who attended MDTBM with PC present ($P<0.05$ for all BCLC stages). Common reasons for referral were: end-of-life care (93%), pain (63%), treatment side-effects (21%) and psychological symptoms (21%). Most acknowledged PC discussions with patients occurred too late (61%) while the best time was thought to be at diagnosis of an incurable disease (61%). PC service was rated good/very good by 70% for outpatients and 81% for inpatients and 81% thought the referral process was easy. Major barriers identified to PC referral were: negative associations with the term 'PC' (83%), patient/family lack of acceptance (82%/77%), cultural factors (74%) and insufficient time in clinic (70%). The majority (78%) thought patients would be more accepting of PC if the name was changed to 'supportive care'.

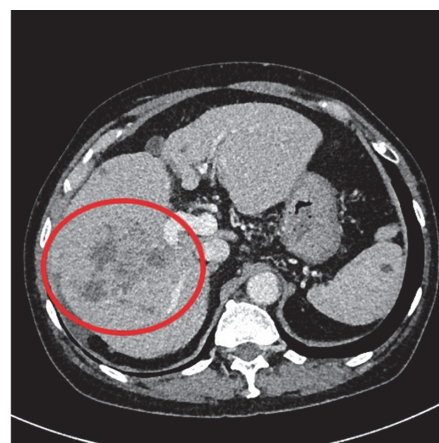
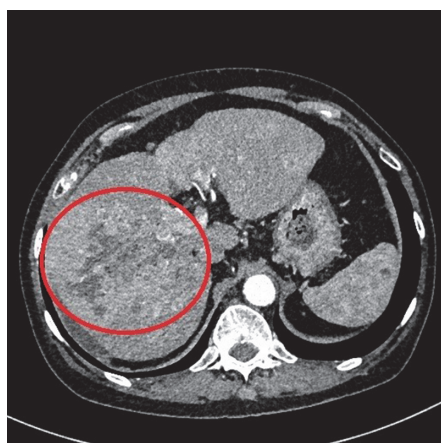
Conclusions PC referral for HCC patients occurs late and is not universal even in late-stage disease. Barriers to PC referral were not related to the quality of/access to PC services but rather to clinician perception/belief that PC would not be accepted by patients and their families.

IDDF2020-ABS-0180 **MULTIPLE NODULAR LIVER MASSES IN ELDERLY PATIENT WITH NON-CIRRHOTIC HEPATITIS C: A DILEMMA BETWEEN HEPATOCELLULAR CARCINOMA AND LIVER ABSCESS**

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10.1136/gutjnl-2020-IDDF.163

Background Unusual appearance of liver masses poses diagnostic challenges in differentiating between malignancy and abscess. Here, we found an indeterminate case of liver masses



Abstract IDDF2020-ABS-0180 Figure 1 Arterial and venous phase from abdominal CT of the patient, showing large liver mass with perihepatic fluids and multiple cystic lesions in various sizes that were conglomerated inside the mass