ROC curve of sCr for predicting terlipressin non-response
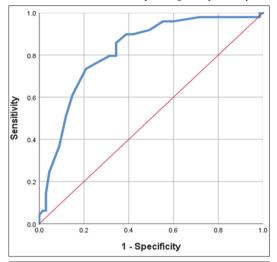
Baseline sCr ≥3.02mg/dl had a sensitivity of 75.6% and specificity of 84% for predicting terlipressin non-response with a AUROC of 82.2 (95%CI, 74.1-90.4; p<0.001).

ROC curve of MELD score for predicting 90-day mortality

MELD ≥30.5 had a sensitivity of 85.7% and specificity of 65.7% for predicting 90-day mortality with AUROC of 81.9 (95%CI, 74.1-89.7; p<0.001).

Abstract IDDF2020-ABS-0192 Figure 1 ROC curve of serum creatinine (sCr) and MELD score for predicting terlipressin non-response and 90-day mortality, respectively

MELD score [HR-1.12 (1.06–1.18);p<0.001] predicted mortality at day-90 (figure 1).

Conclusions Terlipressin infusion is safe and effective in ACLF patients. Non-response to terlipressin is dependent on baseline sCr and ACLF grade. Terlipressin non-response and MELD scores predict mortality in ACLF patients with HRS-AKI. (CTRI/2019/10/021737).

IDDF2020-ABS-0197 | **STUDY ON CORRELATION BETWEEN SERUM FERRITIN LEVELS AND LIVER STIFFNESS ASSESSED BY FIBROSCAN IN PATIENTS WITH CHRONIC HEPATITIS C**

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Background Chronic hepatitis C is a major infectious disease which mainly causes of morbidity worldwide in patients with liver disease and liver transplantation. Raised ferritin levels play an important role in intervening the process which is associated with hepatic injury. Screening with non-invasive strategies can detect the disease at the early stage, and intervention could be initiated.

Aims To determine the correlation between serum ferritin levels and liver stiffness values in patients of chronic hepatitis C.

Methods A cross-sectional study was conducted at 103 Cam Khe Clinic from May 2019 to April 2020. 93 patients with chronic hepatitis C fulfilling inclusion criteria were included in this study. Liver fibrosis stages were appreciated using transient hepatic elastography by Fibroscan, the activities of serum liver function biomarker enzymes and serum ferritin levels were determined by the automated analyser.

Results The average age of patients was 48 years, with men accounted for 78% of the total. The mean serum ferritin value was 148.19 ng/ml, liver stiffness measurements range from 12.5 to 75.5 kPa, with a median value of 17.39 ± 15.98 kPa. Significantly elevated levels of serum ferritin (p < 0.001), were detected in patients with severe fibrosis compared to mild fibrosis. The concentration of serum ferritin was increased with the evolution of fibrosis in all stages from F0 to F4, and this increase was significant (p<0.01) in cirrhotic patients (F4). There was a positive correlation between serum level of ferritin and the progression of fibrosis (0.979391) (r = 0.976).

Conclusions There is a significant correlation between serum ferritin and liver stiffness. Serum ferritin concentration may be used as liver fibrosis biomarkers.

IDDF2020-ABS-0198 | **STUDY ON FIBROSIS CHANGE WITH TRANSIENT ELASTOGRAPHY IN CHRONIC HEPATITIS B VIRUS TREATMENT WITH TENOFOVIR**

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Background Tenofovir disoproxil fumarate (TDF) is one of the first optimal choices to be used in the treatment of chronic hepatitis B. FibroScan is non-invasive methods to assess liver fibrosis.

Aims To evaluate the therapeutic effect of TDF on fibrosis via FibroScan after treatment.

Methods This study was conducted in 63 chronic hepatitis B patients who had the indication of antiviral therapy at 103 Cam Khe Clinic from March 2019 to March 2020. All patients with chronic hepatitis B treated with TDF for 6 months. Liver fibrosis stages were appreciated using transient hepatic elastography by Fibroscan before and after 6 months of treatment.