

Results The average age of patients was 46 years, with men accounted for 69% of the total. After treatment, normalization of ALT 71.26%, the viral response of 90.23%, HBV DNA below the detection level was 66.3%. Liver fibrosis evaluated by FibroScan before and after 6 months treatment were 7.15 ± 1.56 kPa, and 3.58 ± 1.19 kPa evaluated by FibroScan.

Conclusions TDF was effective for patients after treatment on liver fibrosis assessed by FibroScan in chronic hepatitis B patients.

IDDF2020-ABS-0199

HISTOPATHOLOGICAL AND IMMUNOHISTOCHEMICAL CHARACTERISTICS OF HEPATOCELLULAR CARCINOMA WITH PORTAL VEIN THROMBOSIS

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10.1136/gutjnl-2020-IDDF.168

Background Detection of portal vein thrombosis (PVT), especially benign or neoplastic PVT in new diagnosed hepatocellular carcinoma (HCC) has key meaning for prognosis as well as making the choice of treatment methods.

Objectives To analysis of histopathological and immunohistochemical characteristics of hepatocellular carcinoma with portal vein thrombosis

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Methods We conducted a prospective study of 50 patients with HCC have PVT at Clinic 103 Cam Khe from June 2017 to August 2019. The PVT specimens were collected by biopsy through the skin according to ultrasound guidance. Immunohistochemistry test: the dyeing was performed by BondMax automatic dyeing machine (Leica Biosystems - Australia).

Results The location of HCC tumors associated with the location of PVT ($p < 0.01$). Thromboses in the trunk of the portal vein of 56%, thromboses in the branches of the portal vein of 44%. The degree of thrombosis significantly related to the size of HCC tumor ($p < 0.01$). All of the PVT in patients with HCC were malignant thromboses with moderate differentiation of 58%, poor differentiation of 36%, high differentiation of 6%. Neoangiogenesis in the thromboses by

using immunohistochemistry: low level of 6%, moderate level of 46% and a high level of 48%. The neoangiogenesis in the thromboses significantly related to cancer cell differentiation ($p < 0.01$).

Conclusions The more angiogenesis was, the lower the grade of cell differentiation.

IDDF2020-ABS-0210

STATIN USE ASSOCIATED WITH REDUCED RISK OF ALL-CAUSE MORTALITY IN HEPATOCELLULAR CARCINOMA PATIENTS FOLLOWING LIVER RESECTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

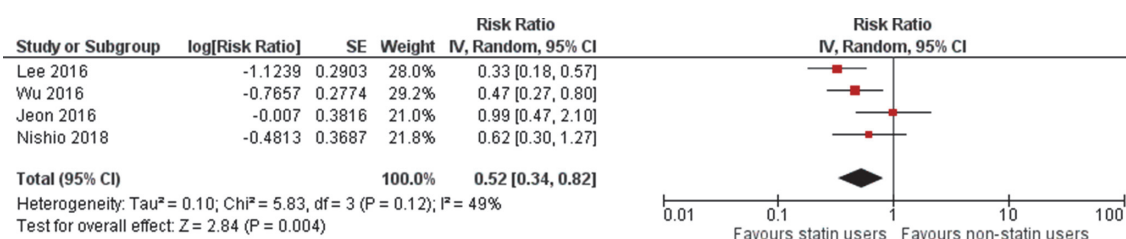
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10.1136/gutjnl-2020-IDDF.169

Background The benefit of statins in overall survival of hepatocellular carcinoma (HCC) patients after curative liver resection has been controversial. Some retrospective studies identified perioperative use of statins was associated with significantly reduction in all-cause mortality in HCC patients after liver resection, among patients with or without chronic hepatitis viral infection in multivariate survival analysis. However, there are also several studies conducted in Japan and United States against the claim. To evaluate the effect of statins on the risk of all-cause mortality in HCC patients after curative liver resections, we performed a systematic review and meta-analysis on this topic.

Methods A systematic search of Medline, Embase, Cochrane Library and Web of Science was conducted through August 2020. Studies were included if they evaluated perioperative exposure to statins, reported the all-cause mortality of HCC patients after curative resection and reported adjusted hazard ratios (HR) of multivariable analysis by Cox proportional hazards model. Summary HR estimates with 95% confidence intervals (CI) were calculated using the random-effects model.

Results The analysis included 4 studies reporting the all-cause mortality of 3,762 HCC patients after liver resection, in which 384 of them received perioperative statins treatments. A meta-analysis of the studies showed a significant (48%) reduction in the risk of all-cause mortality among HCC patients who had perioperative statins use (adjusted HR, 0.52; 95% CI, 0.34–0.82), with moderate heterogeneity among studies (Cochran's Q test, $P = 0.12$, $I^2 = 49\%$) (figure 1) with no publication bias.



Abstract IDDF2020-ABS-0210 Figure 1 Forest plot for the meta-analysis of the association between statin use and overall survival in HCC patients after liver resection