By multivariate Cox regression analysis lack of SVR (HR: 14.9, 95%CI: 6.3–35.1; p < 0.001) and Child B cirrhosis (HR: 29.4, 95%CI: 3.8–223.9; p < 0.001) were independently related with liver mortality. Independent predictors of liver-unrelated mortality were no SVR (HR: 41.77, 95%CI: 17.30–100.87; p < 0.001), Child B cirrhosis (HR: 3.00, 95%CI: 1.36–6.22; p = 0.006), BMI (HR: 0.89, 95%CI: 0.81–0.98, p = 0.023) and diabetes (HR: 2.38, 95%CI: 1.13–5.00, p = 0.022).

Conclusion: In this real world setting using a variety of DAA regimens SVR reduced overall mortality and risk of liver-related and unrelated deaths at all stages of disease, nut mostly in Child A cirrhosis. The effect on cardiovascular deaths, which is evident also in the pre-cirrhotic stages deserves further follow up and investigation.

https://doi.org/10.1016/j.dld.2018.01.005

OC-02

Endoscopic radiofrequency ablation for the treatment of Gastric Antral Vascular Ectasia in cirrhotic patients: A bi-centric clinical and economical cost-effective analysis

M. Senzolo1, S. Realdon1, B. Simoncin1, A. Zanetto1, S. Caronna2, G. Saracco2, C. De Angelis2, W. Debernardini-Venon2
1 Multivisceral Transplant Unit, Department of Surgery, Oncology and Gastroenterology, Padua University Hospital, Italy
2 Gastroenterology and Hepatology Unit, Città della Salute e della Scienza, Turin, Italy

Introduction: Gastric Antral Vascular Ectasia represents a significant cause of GI bleeding and transfusion dependent anaemia in cirrhotics. In 1/3 of cases it is refractory to argon plasma (APC) treatment and radiofrequency ablation (RFA) have been described to be potentially useful in heterogeneous cohorts of patients.

Aim: To prospectively evaluate the safety/efficacy of RFA for GAVE in cirrhotics with severe anaemia and to compare the cost and the advantage of the RFA.

Materials and methods: cirrhotics with GAVE, recurrent GI bleeding and/or severe chronic anaemia were enrolled at Padua and Turin Gastroenterology Units. RFA was performed by HALO90ULTRA Ablation System. All the clinical data (haemoglobin, number of transfusions, need of re-treatment), the GAVE endoscopic grade and the GI bleeding related hospitalizations were collected over a 6 months follow-up. An economic analysis was performed in the same interval time.

Results: 25 patients (mean age 70 years; 50% Child B) were enrolled. 21/25 did not respond to APC. RFA obtained eradication of GAVE in 100%. During the follow up, Hb increased from 8 ± 0.7 g/dL to 11 ± 1 g/dL (p < .001) and 15/25 patients were transfusion free. After RF, there was a reduction in the number of transfusions (25 ± 14 to 1 ± 7; p < .001) and a reduction in GI bleeding related hospitalizations (16.4 ± 0.4 to 0.3 ± 0.1; p < .001). The economic analysis showed a reduction of total cost (€ 13.933 to € 6.233), transfusions related cost (€ 10.048 vs. € 2448) and hospitalizations for GI bleeding related cost (€ 3407 vs. € 648), after RFA.

Conclusions: RFA is safe and effective procedure for cirrhotics with GAVE, mostly refractory to APC. Although the cost of RF is high, cost analysis shows a significant overall economic savings. RF could be considered as a first line treatment in severe form of GAVE.

https://doi.org/10.1016/j.dld.2018.01.006

OC-03

Epidemiology, predictors and outcomes of multi drug resistant (MDR) bacterial infections in patients with cirrhosis across the world. Final results of the “Global study”


1 Unit of Internal Medicine and Hepatology (UIMH), Department of Medicine – DIMED, University of Padova, Padova, Italy
2 Postgraduate Institute of Medical Education and Research, Chandigarh, India
3 Department of Medical and Surgical Sciences, Alma Mater Studiorum University of Bologna, Bologna, Italy
4 Department of Hepatology, Institute of Liver and Biliary Sciences, New Delhi, India
5 Division of Gastroenterology and Hepatology, AOU Città della Salute e della Scienza di Torino, University of Turin, Italy
6 Liver Unit, Hospital Clinic, University of Barcelona, Barcelona, Spain
7 Gastroenter, University of Campinas, Campinas, Brazil
8 Department of Internal Medicine, Hallym University College of Medicine, Chunchon, Republic of Korea
9 Department of Internal Medicine, Hallym University Sacred Heart Hospital, Anyang, Republic of Korea
10 Liver Unit, Hospital Dr. Carlos B. Udaondo, Buenos Aires, Argentina
11 Universidad Nacional de Rosario, Rosario, Argentina
12 Hepatologia. Hospital Regional de Mato Crosso do Sul (HRMS), Campo Grande, Brazil
13 Gastroenterology, Department of Clinical Medicine, Sapienza University of Rome, Rome, Italy
14 Unit of Gastroenterology and Hepatology, University Hospital of Geneva, Geneva, Switzerland
15 Liver Unit, Department of Internal Medicine, Hospital Universitari Vall d’Hebron, Barcelona, Spain
16 Department of Medical Gastroenterology, Odense University Hospital, Odense, Denmark
17 Department of Gastroenterology, Sri ram Chandra Bhanj Medical College, Cuttack, India
18 Digestive Disease & GI Oncology Center, Medistra Hospital, Jakarta, Indonesia
19 Hospital Valdivia, Universidad Austral de Chile, Valdivia, Chile
20 Liver Unit, Hospital Italiano, Buenos Aires, Argentina
Higher incidence of shock (27 vs 15%; p < 0.001) and the site of infection (pneumonia [OR = 3.20; p < 0.001], UTI [OR = 2.79; p < 0.001] and skin and soft tissue infection [OR = 2.92; p < 0.001]) and healthcare associated [1.62; p = 0.032]) and the site of infection (pneumonia [OR = 3.20; p < 0.001], UTI [OR = 2.79; p < 0.001] and skin and soft tissue infection [OR = 2.92; p = 0.004]).

MDR infections were associated with a lower rate of response to empirical antibiotic treatment (40 vs 68%; p = 0.004) and mortality (31 vs 21%; p = 0.004) than those due to non-MDR bacteria.

Conclusions: The relevant differences in the etiology of bacterial/fungal infections across the world, particularly as regard to prevalence of MDR bacteria, highlight the need to develop different empirical antibiotic strategies across different continents and countries.