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HIPPOCAMPAL AXIS DYSFUNCTION EVALUATION BY REY-OSTERRIETH COMPLEX FIGURE TEST (RCFT) SHOULD BE INCLUDED IN MINIMAL HEPATIC ENCEPHALOPATHY (MHE) ASSESSMENT

S. Casu¹, F. Figorilli¹, F. Di Stefano², S. Onali¹, C. Balestrieri³, G. Serra³, M. Puligheddu², L. Chessa¹

¹ Department of Medical Sciences “M. Aresu”, University of Cagliari, Cagliari, Italy

² Department of Neurology, University of Cagliari, Cagliari, Italy

³ Department of Internal Medicine, Azienda Ospedaliero-Universitaria di Cagliari, Cagliari, Italy

Background and aims: Up to 80% of patients with liver cirrhosis develop MHE, which reduces quality of life, survival and it is a prognostic factor for the development of overt hepatic encephalopathy. Patients with MHE are unimpaired at clinical examination but alterations could be detected with neuropsychological investigation. Psychometric hepatic encephalopathy score (PHES) and electroencephalography (EEG) are commonly used to diagnose it. We aimed to assess the cognitive impairment among patients with MHE after a long follow-up.

Methods: Thirteen patients with liver cirrhosis were diagnosed with MHE at our centre in 2007 through the EEG and neuropsychological evaluation. All patients underwent standardized (TMT A and B, Digit Symbol test and Stroop test) and not standardized tests (Rey’s word, phonemic verbal fluency, RCFT and recall) for MHE in order to assess attention, long-term verbal and visuospatial memory, executive functions and visuospatial function. In 2015, patients who completed the follow-up, have been reevaluated by EEG and neuropsychological tests. Neuropsychological performances obtained in 2007 and 2015 have been compared.

Results: Seven patients (54%) completed the 8 year-follow-up. Three (23%) underwent liver transplantation and three (23%) died due to liver-related causes. The 7 patients with regular follow-up underwent a second EEG and neuropsychological assessment. EEG did not show any relevant alterations while the neuropsychological assessment demonstrated a significant worsening of scores in the delayed recall of the RCFT ($p < 0.05$) between 2007 and 2015.

Conclusions: Our patients showed a visuospatial memory impairment during follow-up suggesting a progressive dysfunction in hippocampal axis. Standardized tests for MHE and EEG are not able to evaluate hippocampal dysfunction, therefore they may be insufficient to recognize certain aspects of cognitive impairment in MHE. To achieve a better understanding of neurological dysfunction, RCFT should be included in the cognitive evaluation and follow-up of MHE.

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LIVER TRANSPLANTATION IN HIV-POSITIVE PATIENTS: THE INITIAL EXPERIENCE

C. Di Benedetto¹, C. Iegri¹, L. Pasulo¹, G. Travi², C. Moiola², M. Colledan¹, L. De Carlis², C. Mazzarelli², G. Cologni¹, A. Corti², E. Mazza², M. Marchesi¹, A. De Gasperi², I. Mangoni², F. Mangiola¹, L. Belli², S. Fagioli¹, M. Puoti²

¹ A.O. Papa Giovanni XXIII, Bergamo, Italy

² A.O. Niguarda Ca’ Granda (Milan), Italy

Background and aims: The introduction of highly effective combined antiretroviral therapy (cART) has increased the risk of long-term evolution towards end-stage liver disease in HIV-patients. Thereby liver transplantation (LT) is increasingly indicated in this population even though in HCV/HIV patients, the outcome is poorer than other indications. We revised our experience in HIV patients with the following aims: overall patients (OS) and graft survival (GS); type and rate of complications; HCV impact on OS.

Methods: The data of all (20) HIV infected patients who underwent LT from March 2012 to May 2015 at two newly starting HIV programs in North Italy were retrospectively analyzed. All patients were on c-ART with a CD4count $> 200/\text{mm}^3$.

Results: Median age was 49.5 years (CI 48–51 years). HCV co-infection was the most frequent indication (75%). Median MELD at OLT was 14.5 (13–20). 7 patients (35%) had HCC. OS is 89% and 67% at 1 and 3 years, respectively, with survival rates appearing poorer in HCV co-infected patients compared with non-HCV (86% and 55% vs 100% and 100% at 1 years and 3 years; log rank 0.18; HR 4.12, $p = \text{ns}$). When prognostic factors of mortality were evaluated, only donor age showed a trend towards statistical significance at linear regression test (r -squared 0.13; $p = 0.11$). GS was 90% at 1 and 3 years. At univariate analysis, only acute renal failure post-LT was significantly associated to GS ($p = 0.02$). Bacterial infections accounted for 65% of overall complications but were not associated with mortality. All HCV patients experienced HCV viral recurrence; 7 with clinically relevant hepatitis, have been treated with DAAs, achieving an EOT response. No significant DDIs were observed during antiviral therapy.

Conclusions: Our study confirmed the effectiveness of LT in HIV patients, including HCV co-infected. We observed a good safety profile of DAAs in combination with cART; this data is encouraging, even in light of the present role of DAAs in this setting.

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ACCURACY OF THE LATEST RELEASE OF A 2D SHEAR WAVE ELASTOGRAPHY METHOD FOR STAGING LIVER FIBROSIS IN PATIENTS WITH CHRONIC HEPATITIS C: PRELIMINARY RESULTS

G. Ferraioli¹, L. Maiocchi¹, R. Lissandrin¹, C. Tinelli², C. Filice¹

¹ Ultrasound Unit, Infectious Diseases Department, Fondazione IRCCS Policlinico S. Matteo, Medical School University of Pavia, Pavia, Italy

² Clinical Epidemiology and Biometric Unit, Fondazione IRCCS Policlinico S. Matteo, Pavia, Italy

Aim: This single center cross-sectional study was conducted to prospectively assess the performance of the latest release of a 2D shear wave elastography method by comparing the results to those obtained with transient elastography (TE).

