

formulation of an intervention to cooperate between cardiology and gastroenterology departments of the hospital and to explore the truths behind Hepatitis-B effecting multiorgan systems.

**Methods:** Cross-sectional analytical study was conducted at PIMS Hospital, Islamabad from March 2007 to August 2008. Confirmed cirrhotic end-stage liver disease HEP-B patients were recruited. An equal numbers of non-cirrhotics were also taken as control. ECG was recorded and values of HR and QTc were calculated. Comparison of increased frequency of HR and prolongation of QTc were done using Chi-square (biostatistical) Test with significance level at 0.05 and using SPSS15 software. Curves of HR and QTc were plotted for the presence of cirrhosis.

**Results:** 78 confirmed patients of HEP-B cirrhosis of liver along with the same number of non-cirrhotic patients as control. The mean  $\pm$  SD of QTc of cirrhotic group was  $0.438 \pm 0.015$  sec and that in non-cirrhotic group was  $0.432 \pm 0.010$  sec and that for HR in cirrhotic and non cirrhotic were  $78.34 \pm 12.15$  and  $74.98 \pm 8.03$  beats/min respectively. The mean QTc and HR values were significantly more among cirrhotic as compared to non cirrhotic with  $p=0.006$  and  $p=0.043$  respectively.

**Conclusion:** Means of both HR and QTc were significantly higher in cirrhotic patients as compared with non-cirrhotic controls. The data can be used in future in making and correlating cardiac diseases with liver problems specially hepatitis B infections.

**PP-044** Study on characteristics of Th17 in HBV-associated acute on chronic liver failure patients and the correlation with prognosis

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**Background:** People's health were threatened by hepatitis B virus-associated acute on chronic liver failure (HBV-ACLF). No one reported the characteristics of Th17 in HBV-ACLF patients and the immunological markers related to prognosis of HBV-ACLF are lack.

**Methods:** Th17 frequency and IL-17 levels were measured on admission in 48 HBV-ACLF, 40 chronic hepatitis B (CHB) and 38 decompensated cirrhosis (HBV-LC) patients without bacteria or fungus infection simultaneously, 23 healthy cases (HC) were controlled. Th17 frequency, as well as the plasma concentration of IL-17 and liver tissue in situ IL-17 expression were compared among the four different groups. Dynamic detection of Th17 frequency of 48 HBV-ACLF patients on 2, 4 and 12 weeks.

**Result:** Th17 frequency and IL-17 concentration in peripheral blood of HBV-ACLF patients were higher than HBV group, HBV-LC group and the healthy control group. Intrahepatic in situ expressions of IL-17 in ACLF group were higher than those in CHB, HBV-LC and HC. The Th17 frequency in peripheral blood of survival ACLF patients were significantly lower than the non-survival patients. The frequency of Th17 decreased gradually in survival group, Th17 frequency of non-survival group increased. The frequencies of Th17 changes of 2 weeks to admission were correlated with the prognosis in HBV-ACLF patients.

**Conclusion:** Th17 and IL-17 expressions increase in HBV-ACLF patients. Th17 can be served as an immunological marker of prognosis in HBV-ACLF patients.

**PP-045** Effect of combination millimeter wave irradiation on hepatic cellular cancer patient

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**Objectives:** Combination MWI (millimeter wave irradiation) called IZL-2003 immunotherapy system irradiate marrow and Chinese channel and point, The aim was to promote bone marrow cell regeneration or proliferation, and increased white blood cell count, improve patient's quality of life and tumor immunity function.

**Methods:** there was 61 selected HCC patients, 40 cases of the total was in treatment group, MWI and general liver aids was administered together, 21 cases was as control group with only general liver aids, combination MWI include constant amplitude EHF (extremely high frequency), pulse EHF and poly-energy EHF, Irradiation frequency was between 35GHz and 42.8 GHz.

**Results:** MWI increased white blood cell count and haematoglobin level for HCC patients with lower white blood cell, P value was 0.028 and 0.017 respectively, T cell subgroup CD4<sup>+</sup> count was raised after MWI, when CD4<sup>+</sup> count was below 400 cells/ $\mu$ L, CD4<sup>+</sup> count was raised significantly. Otherwise, MWI improve effectively symptom, appetite, physical capacity and other quality of life. So it raised Karnofsky score, effective rate was above 80%,  $P < 0.05$ .

**Conclusion:** MWI increased white blood cell and haematoglobin level for HCC patients with lower white blood cell. It was adapt to the patient with lower white blood cell and anaemia, and improved immunity function and other quality of life. It will be Cooperated with radiotherapy and chemotherapy without trauma and side effect for patients.

**PP-046** The clinical features of hepatogenous diabetes

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**Objectives:** To investigate the clinical features and the possible etiology of hepatogenous diabetes.

**Methods:** One hundred and two cases with hepatogenous diabetes were retrospectively analyzed and compared with those of primary type 2 diabetes mellitus.

**Results:** Only 17% of patients with hepatogenous diabetes showed the typical diabetic symptoms such as dry mouth, polydipsia, polyphagia, polyuria, et al. The patients with hepatogenous diabetes showed fasting plasma glucose (FPG) as  $(7.8 \pm 2.6)$  mmol/L and postprandial plasma glucose (PPG) as  $(12.7 \pm 3.0)$  mmol/L. In oral glucose tolerance test (OGTT), The patients with hepatogenous diabetes showed a much lower level of FPG than that of primary type 2 diabetes mellitus ( $P < 0.01$ ). In insulin and C-peptide release test, both the two groups showed a delayed insulin peak, but the patients with hepatogenous diabetes showed higher insulin values at all the four periods of time than those of primary type 2 diabetes mellitus ( $P < 0.05$ ). After the treatment of diet control together with the use of insulin or other oral drugs, most patients showed normal or near normal levels of blood glucose. Only 5 cases had diabetic complications, and 4 cases died of complications of underlying chronic hepatic diseases.

**Conclusion:** The hepatogenous diabetes is clinically asymptomatic, and is characterized by higher PPG. The insulin treatment is effective for the patients with hepatogenous diabetes, and the short-time poor prognosis is more likely to be affected by the underlying hepatic disease. Insulin resistance may play a central role in the etiology of the hepatogenous diabetes.

**PP-047** Naloxone in the management of hepatic encephalopathy

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**Objectives:** This study aimed to assess the effectiveness and safety of naloxone in the management of hepatic encephalopathy.

**Methods:** We employed the method recommended by the Cochrane Collaboration to perform a meta-analysis of randomized controlled trials of naloxone therapy for hepatic encephalopathy including 17 randomized controlled trials.