encephalopathy 36.7% (33/90), lungs infection and abdominal infection 17.8% (16/90), hepatorenal syndrome 23.3% (21/90), as well as alimentary tract hemorrhage 16.7% (15/90). 63 patients totally underwent plasma pheresis, continuous hemofiltration and Molecular Absorbent Recirculating System (MARS) therapy 76 sessions. HBV active replication (HBV DNA positive) occurred in 78.9% of the patients (71/90), 15 patients died within 30 days after Ltx, and the perioperative mortality is 16.7%. Leading post-Ltx complications were lungs infection 41.1% (37/90). There were no primary liver nonfunction and blood vessel complications in all the patients. Biliary complication accounts for 12.2% (11/90).One-year survival is 76.1% (54/71). Lamivudine combined HBIG were used to prevent HBV recurrence, and there was no HBV graft reinfection and hepatitis B recurrence during a mean 23-month follow up period.

Conclusion: Acute on chronic hepatitis B patients waiting for Ltx are generally with severe damaged liver function, multiple-organ impairment and inner environment derangement. Therefore much should be done to improve organ function so that better inner environment can be obtained before Ltx. While during Surgery, attention should be paid in the maintenance of coagulability and urine output and in the shrinking of operation time. Attention should also be paid to the intensive care of liver, lung and kidney functions, the appropriate living graft volume, the individual use of immunsuppresive agent and the effective prophylaxis for acute lungs injury and secondary infections post-operatively. With sufficient efforts in all the aspects listed above, acute on chronic hepatitis B patients underwent Ltx could expect a satisfactory clinical outcome and a better quality of life.

**PP-082** Liver transplantation for the treatment of hepatocellular carcinoma: A single center report of 103 cases

S.C. Lu, J.S. Wu, M.L. Wang, W. Lai, N. Li. Department of Hepatobiliary Surgery and liver transplant center, Beijing Youan hospital, Capital Medical University, Beijing 100069, China

Objective: To compare the long-term survival of orthotopic liver transplantation (OLT) in patient of HCC within different selection criteria and analyze the risk factors of tumor recurrence after liver transplantation.

Methods: OLT was performed on 103 patients with HCC at Department of surgery of Beijing You-An hospital between April 2004 and March 2008. The data were retrospectively analyzed with regard to the response to OLT and survival. The patients are divided into three group according to the characteristics of tumor: group A (within Milan criteria), group B (extra Milan criteria within UCSF criteria) and group C (beyond UCSF criteria). Accumulative survival rate and tumor-free Survivals were compared among three groups.

Result: 1-, 2-, 3-year accumulative survival rate of 103 patients were 84.0%, 70.5% and 60.2%, which were 93.4%, 83.8%, 73.2% in group A (n=50), 93.3%, 79.4%, 66.2% in group B (n=17) and 67.0%, 45.5%, 34.1% in group C (n=36) respectively. There is no difference in long-term survival rate between group A and group B (P = 0.631), while significant difference between group A and group C (P = 0.001) or group B and group C (P = 0.045).

Conclusion: HCC fulfilling Milan criteria is best indicated for liver transplantation, and satisfied outcomes can be achieved for the HCC recipients exceeding Milan criteria but within UCSF criteria as well. Prognostic risk factors are tumor staging and microvascular invasion of tumor.

**PP-083** Baseline ALT and HBV DNA levels predict long term therapeutic outcomes in adefovir (ADV) treated Chinese HBeAg(+) chronic hepatitis B (CHB) patients

M.D. Zeng1, Y.M. Mao1, G.B. Yao2, H. Ren3, Y.G. Chen4, D.Z. Xu5, Y.M. Chen6. 1Renji Hospital, Shanghai; 2Jing-An Qu Central Hospital, Shanghai; 32nd Hospital of Chongqing Medical University, Chongqing; 41st Hospital of Zhejiang University, Hangzhou; 5Ditan Hospital, Beijing; 6Sun Yet-San 3rd Hospital, Guangzhou, China

Background: Previous results have demonstrated that HBeAg loss and seroconversion rates on ADV therapy were significantly correlated with baseline ALT levels. We present predictors of long-term treatment outcomes, based on both baseline ALT and HBV levels to help optimize patient management.

Methods: Retrospective multivariate analyses assessed the effects in a sub-group of study subjects with baseline ALT >2×ULN and HBV DNA ≤10⁸ copies/mL on treatment outcomes at Week 208.

Results: Subjects with baseline ALT >2×ULN and HBV DNA ≤10⁸ copies/mL (n=44) showed superior outcomes compared to other study subjects with the proportion achieving HBV DNA <300 copies/mL (68.18% vs. 52.02% P = 0.041), HBeAg loss (59.09% vs. 40.87%, P = 0.020), and HBeAg seroconversion (38.64% vs. 23.80%, P = 0.031). In subjects with baseline ALT >2×ULN and HBV DNA ≤10⁶ copies/mL, and detectable HBV DNA at Week 208 ADV-associated mutations were seen in 3.92% compared to 10.4% in other subjects.

Conclusion: High baseline ALT and low baseline HBV DNA were predictive of 4-years treatment outcomes in HBeAg-Positive patients. Long-term outcomes were significantly better in HBeAg-Positive patients with baseline ALT >2×ULN and HBV DNA ≤10⁸ copies/mL.

**PP-084** Early virologic response predicts therapeutic outcomes in adefovir-treated HBeAg-positive chronic hepatitis B (CHB) patients

J.L. Hou1, Y.Z. Wang2, X.Q. Zhou3, J.Q. Niu4, Y.M. Wang5, H. Wang6, Y.M. Mao7, NanFang Hospital, Guangzhou; 2Jinan Infectious Disease Hospital, Jinan; 3Ruijin Hospital, Shanghai; 41st Hospital of Jilin University, Changchun; 5Xinan Hospital, Chongqing; 6People’s Hospital, Beijing; 7Renji Hospital, Shanghai, China

Background: Long-term antiviral therapy is the most common approach in the treatment of CHB. Prediction of long-term treatment outcomes based on early virologic response may help optimize patient management.

Methods: 240 HBeAg positive CHB subjects received ADV (adefovir dipivoxil 10mg) treatment for 208 weeks. The effects of HBV DNA levels at Week 40 and outcomes at Week 208 were assessed by multivariate analyses.

Results: Subjects were grouped by HBV DNA at week 40: ≤10⁵ and >10⁵ copies/mL (table).

<table>
<thead>
<tr>
<th>HBV DNA at Week 40</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤10⁵</td>
<td>&gt;10⁵</td>
</tr>
<tr>
<td>DNA undetectable⁴</td>
<td>72.87%</td>
</tr>
<tr>
<td>HBeAg loss</td>
<td>55.04%</td>
</tr>
<tr>
<td>HBeAg seroconversion</td>
<td>31.01%</td>
</tr>
<tr>
<td>ALT normalization</td>
<td>85.27%</td>
</tr>
<tr>
<td>ADV Mutation</td>
<td>10.08%</td>
</tr>
</tbody>
</table>

Conclusion: Low HBV DNA at Week 40 was predictive of 4-year treatment outcomes in HBeAg-Positive chronic