painful relief is up to 75% in combined treatment group, 28.6% in control group.

Conclusion: Regional high-frequency hyperthermia combined with TACE get better effect than TACE merely, without sever side effect, be worth applying in clinical.

**PP-043 Clinical analysis of 145 cases with spontaneous bacterial peritonitis**

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Objective: To evaluate the characteristics of clinical manifestation and laboratory tests of spontaneous bacterial peritonitis (SBP). To improve the level of diagnosis and treatment in patients with spontaneous bacterial peritonitis.

Methods: A retrospective analysis of 145 patients with SBP was performed, including the general data, cause of disease, clinical manifestation, laboratory examination and prognosis. All cases were performed with blood routine test, blood clotting function and biochemical tests. 121 cases were performed with ascites routine tests and ascites cultures. All patients were given antibiotics of third generation cephalosporin and/or quinolones on the basis of routine supportive therapy.

Results: Among these study the patients with cirrhosis were 130 (89.66%), including 77 cases (53.10%) with hepatitis B, 27 cases (18.62%) with hepatitis C, 9 cases (6%) with primary biliary cirrhosis, 12 cases (8%) with alcoholic cirrhosis, 5 cases (3%) with cryptogenic cirrhosis, 15 cases (10%) with severe hepatitis. In clinical manifestation, 35 cases (24.14%) with fever, 61 cases (42.06%) with abdominal pain, 76 cases (52.41%) with abdominal distension, 29 cases (20%) with diarrhea, 48 cases (33.10%) with hypoproteinemia, 25 cases (17.24%) with abdominal tenderness, 65 cases (44.82%) with abdominal rigidity, 21 cases (14.48%) with ascites, 102 cases (70.35%) with peripheral white blood cell counts were >10×10^9/L, 4 cases (2.77%) with thrombopenia, 95 cases (66.87%) with INR were <1.5, 86 cases (60%) with abdominal tenderness, 42 cases (29.18%) with ascites, 94 cases (64.8%) with hypoproteinemia, 68 cases (46.8%) with abdominal distension, 50 cases (34.42%) with hypoproteinemia, 50 cases (34.42%) with hypogammaglobulinemia, 68 cases (46.8%) with abdominal tenderness.

Conclusion: Cirrhosis was the most common cause of SBP. The symptoms and signs of SBP were atypical. Abdominal Pain, abdominal distention and abdominal tenderness were common. Peripheral blood leucocyte counts were less increased, but most cases whose eutrophil percentage were >70%. 90% cases with hypoproteinemia and coagulation disorders. Acites white cell counts and polymorphonuclear cell percentage had high diagnostic value for SBP patients. Acites culture positive rate were low. The main positive bacteria were gram stain negative (G−) bacteria. Hepatorenal syndrome was the most severe and fatal complication of SBP. Combined use of antibacterials increased the therapeutic effects and improves the prognosis of patients with SBP.

**PP-044 Basella alba extract act as antitumour and antioxidant potential against N-nitrosodiethylamine induced hepatocellular carcinoma in rats**

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The aqueous ethanolic plant leaves extract of Basella alba (100, 200 and 400 mg/kg bw) were administered to animals significantly inhibited hepatocarcinogenesis induced by N-nitrosodiethylamine (NDEA) and CCL4 (promoter) in a dose dependent manner. Their effect on tumour incidence, levels of liver cancer markers and liver injury markers evaluated the antitumorogenic activity of the extract. Animals treated with single injection of NDEA (200 mg/kg bw. ip) & CCL4 (3 ml/kg bw/week. sc) for 6 weeks group showed 100% tumour incidence. Combined with TACE get better effect than TACE merely, without sever side effect, be worth applying in clinical.

**PP-045 A clinical investigation of plasma actin-free Gc-globulin in chronic or acute-on-chronic liver failure patients caused by hepatitis B virus**

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Aim: To investigate the relationship between plasma Actin-Free Gc-globulin levels and chronic or acute-on-chronic liver failure caused by Hepatitis B virus.

Methods: Plasma actin-free Gc globulin in 56 liver failure patients, 23 cirrhosis (all were infected by HBV) and 25 healthy controls were measured by ELISA. Serum ALT, AST, TBIL, CHE, ALB and Plasma INR, PLT levels were also detected. Meanwhile, the Child-Pugh score was calculated for each patient on admission.

Results: Plasma Af-Gc globulin levels in chronic liver failure (CLF), acute-on-chronic liver failure (ACLF) and cirrhosis (CR) were statistically significantly lower than that of healthy controls. The Af-Gc globulin level for the liver failure was significantly reduced compared with