that of cirrhosis group (P < 0.001); additionally, there was statistically significant difference between CLF and ACLF patients (P = 0.001). Plasma Af-Gc globulin significantly positive correlated with ALB, ALT, AST, CHE (P was 0.001, 0.001, 0.001, <0.001 respectively), while weak positive correlated with TBIL, PLT. Meanwhile, there was significantly negative correlation between plasma Af-Gc globulin and Child–Pugh score (P = 0.02), while weak negative correlated with INR. The level of Af-Gc globulin in liver failure patients who were infected by ascites or hydrothorax were markedly lower than that of non-infected (P = 0.015), the levels of Af-Gc in encephalopathy presence were lower than encephalopathy absent (P = 0.083). No statistically significant difference was noted in non-survivors and survivors of liver failure patients.

Conclusions: Plasma Af-Gc globulin levels in liver failure patients were significantly reduced compared with cirrhosis and healthy controls, but it can not be used to evaluate the prognosis of liver failure patients.

Abbreviations: Alanine aminotransferase (ALT), aspartate aminotransferase (AST), choline esterase (CHE), Albumin (ALB), total bilirubin (TBIL), psma international normalized ratio of prothrombin time (INR), platelet (PLT)

PP-046 The modified Sugiuira procedure in treating variceal haemorrhage: a retrospective analysis of 117 cases
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Objective: To evaluate the clinical effects of the modified Sugiuira procedure in treating gastroesophageal varices bleeding.

Methods: Between April 2001 and December 2006, 117 patients with varices bleeding were treated with the modified Sugiuira procedure. Its clinical data were retrospective analyzed. At the same time the clinical data of 94 cases about the Hassab procedure between July 1996 and March 2001 were taken as control group. Operative complications, residual varices, recurrence of varices bleeding and encephalopathy were observed.

Results: Two groups were not dead cases, encephalopathy (8.6% vs 10.3%, P = 0.05), residual varices (13.5% vs 17.5%, P = 0.05), and recurrent rate of varices bleeding was 0 in Sugiura group and 10.3% in Hassab group (P < 0.05). Univariate analysis showed that mortality was significantly related to age (P = 0.001), treatment method (P = 0.000), TBIL rebound rate of dead group was significantly higher than that of survival group (P < 0.01). Univariate analysis showed that mortality was significantly related to age (P = 0.003), treatment method (P = 0.000), TBIL (P = 0.010), MELD score (P = 0.001), INR (P = 0.014), pretreatment HBV DNA load (P = 0.000), decline of HBV DNA load during therapy (P = 0.013), encephalopathy (P = 0.019) and hepatorenal syndrome (P = 0.026). In multivariate analysis, in patients with MELD scores 30–40, treatment method (P < 0.003), pretreatment HBV DNA load (P < 0.009), decline of HBV DNA load during therapy (P = 0.016) and encephalopathy (P = 0.015) were independent predictors of mortality; for MELD scores above 40, only MELD score (P = 0.012) was independent predictive.

Conclusions: PE significantly decreases the mortality of patients with MELD score 30–40. For ACLF patients with MELD score 30–40, a low viral load pre-treatment and quick decline of HBV DNA load are good predictors for the survival of PE and lamivudine treatment.

Patients and Methods: 21 persons (alcohol surrogate users) were admitted to Infectology Center of Latvia and diagnosed with acute alcoholic hepatitis with intrahepatic cholestasis. Diagnosis was confirmed on the basis of clinical, biochemical and morphological examination data. For comparison, 26 patients with acute alcoholic hepatitis without cholestasis were included in this study. Serum level of apoptosis marker cytokeratin 18 (CK-18) neoepitope (M30-Apotosense® ELISA kit, PEVIVA), ALT activity, C-reactive protein and fibrosis marker hyaluronic acid (ELISA, Corgenix Inc., Colorado, USA) were detected.

Results: Obtained data show a high level of CK-18 in patients with acute alcoholic hepatitis with cholestasis (967.11 ± 111.20 U/L) and without cholestasis (1091.67 ± 153.30 U/L; 40% < P < 50%). Serum ALT activity in alcohol surrogate users was significantly higher (169.57 ± 47.54 U/L) than in patients who used qualitative ethanol (33.62 ± 3.27 U/L; 99% < P < 99%). Serum C-reactive protein level was significantly higher in patients without cholestasis (42.27 ± 6.79 mg/L) than in patients with cholestasis (27.13 ± 9.24 mg/L; P < 99%). Hyaluronic acid concentration was very high in sera of patients with acute alcoholic hepatitis without cholestasis (1006.46 ± 56.96 ng/ml) if compared with cholestatic acute alcoholic hepatitis (271.67 ± 44.33 ng/ml; P < 99%).

Conclusion: Liver cell death in acute alcoholic hepatitis is partially due to necrosis, but there is evidence that apoptosis plays an important role in development of cell injury. The extent of apoptosis process in clinical practice usually is underestimated.

PP-048 Prediction value of MELD scoring system on prognosis in patients with acute-on-chronic hepatitis B liver failure after plasma exchange and lamivudine treatment
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Background and Aim: We use model for end-stage liver disease (MELD) scoring system to predict 3-month prognosis of patients with acute-on-chronic liver failure (ACLF) after plasma exchange (PE) and lamivudine treatment and study the predictive factors on the prognosis of patients.

Methods: 280 patients treated with lamivudine were randomly divided into PE and control groups. The relationship of mortality and influential factors of patients were studied by univariate and multivariate analysis.

Results: The mortality (49.4%) of patients in PE group with MELD score from 30 to 40 was lower than that (86.1%) of control group (χ² = 24.546, P < 0.01), TBIL rebound rate of dead group was significantly higher than that of survival group (P < 0.01). Univariate analysis showed that mortality was significantly related to age (P = 0.003), treatment method (P = 0.000), TBIL (P = 0.010), MELD score (P = 0.001), INR (P = 0.014), pretreatment HBV DNA load (P = 0.000), decline of HBV DNA load during therapy (P = 0.013), encephalopathy (P = 0.019) and hepatorenal syndrome (P = 0.026). In multivariate analysis, in patients with MELD scores 30–40, treatment method (P < 0.003), pretreatment HBV DNA load (P < 0.009), decline of HBV DNA load during therapy (P = 0.016) and encephalopathy (P = 0.015) were independent predictors of mortality; for MELD scores above 40, only MELD score (P = 0.012) was independent predictive.

Conclusions: PE significantly decreases the mortality of patients with MELD score 30–40. For ACLF patients with MELD score 30–40, a low viral load pre-treatment and quick decline of HBV DNA load are good predictors for the survival of PE and lamivudine treatment.

PP-047 Apoptosis, inflammation and fibrosis in acute alcoholic hepatitis with intrahepatic cholestasis
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Introduction: According to recent concepts, pathologically upregulated apoptosis in the liver both directly and indirectly promotes inflammation and fibrosis. The aim of this study was to estimate apoptotic, inflammatory and fibrotic process in acute alcoholic hepatitis with cholestasis.