Abstracts

Abstract P35 Table 1

Primary Sclerosing Cholangitis & IBD – n =14

Order of diagnosis	13 diagnosed with IBD prior/concomitant to PSC					
Age @ Diagnosis	Median - 9 years (5–16)					
Type of IBD	CD	IBDU	UC			
	6	7	1			
Location	Gastric, duodenal, colonic		colonic			
Treatment	5-ASA	CS	Aza	Biologics	UDCA	Surgical
	57%	21%	14%	15%	64%	1 (?)
GGT (median)	diagnosis	1yr	7yr			
	268	37	31			

Abstract P35 Table 2

AIHO & IBD – n = 9

Order of diagnosis	AIH diagnosed prior to IBD – 4					
	IBD diagnosed prior to AIH – 3					
Age at Diagnosis	Median – 12 years (6–16)					
Type of IBD	IBDU		UC			
	2		7			
Location	Colonic					
Treatment	5-ASA	CS	Aza	Surgical	UDCA	Biologics
	22%	100%	44%	33%	55%	4%

(UC:7, indeterminate: 2). AIHO was diagnosed prior to IBD in 4; 3 were diagnosed with IBD prior to AIH. In this group, 66% had severe pancolitis and 33% required surgical resection. (Results summarised in table below).

In the PSC+IBD group follow-up data included 1 year (n =8), 3 year (n=6), 5 year (n =5) 7 year (n =3). Median age at diagnoses was 9 years (5–16). Aside from one patient, patients were diagnosed with IBD prior to PSC or concomitantly. At diagnosis, 64% received ursodeoxycholic acid; 21% had steroids, 14% had azathioprine and 57% had aminosaliclates. Two patients received infliximab and adalimumab. The median Gamma GT (GGT) at diagnosis was 268 (16–877), at 1 year was 37 (7–104), at 7 years was 31 (11–52).

In the AIHO+IBD group, data included 1 year (n=8), 3 year (n=3), 5 year (n=1) and 7 year (n=1). Median age at diagnoses was 12 years (6–16). AIH was diagnosed prior to IBD in 4 patients; 3 patients were diagnosed with IBD prior to AIH. At diagnosis, 55% received ursodeoxycholic acid, 100% received steroids, 44% received azathioprine and 22% of patients received aminosaliclates. One year after diagnosis, one patient received infliximab. Biochemical remission was achieved in 75% (5) by 1 year and 100% (3) by three years.

In both groups, normalisation of GGT or ALT did not correlate with resolution of endothelial thickening of the CBD on ultrasound. Portal hypertension was found in 13% of patients (PSC group 2; AIHO 1). No patients died or received a liver transplant.

Summary and Conclusion Patients with PSC were more likely to have a diagnosis of IBD-U whilst patients with AIH-overlap were more often diagnosed with UC. In terms of IBD outcomes 13% of patients required biologics and surgical resection. In keeping with the literature, only one patient had portal hypertension at diagnosis. In total, 13% of AIHO+IBD

and PSC+IBD patients developed portal hypertension. None died or required liver transplantation.

P36

OUTCOMES OF PEDIATRIC LIVER TRANSPLANTATION, COMPARISON BETWEEN ACUTE AND CHRONIC LIVER FAILURE SETTINGS

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Background Managing children suffering from acute liver failure (ALF) is a dynamic process. Listing them for liver transplantation (LT) is considered when the probability of spontaneous recovery is low. Children with ALF who meet criteria are eligible for super urgent transplantation, the window between presentation and LT can range between few hours up to few days. The dynamics are different in case of children with end stage chronic liver disease (ESCLD) who are transplanted electively as candidates are usually in less critical condition.

Aim To compare long-term recipient and graft survival as well as complication rates between children transplanted for either ALF or ESCLD.

Methods This is a retrospective review of primary LT recipients in Leeds Teaching Hospitals NHS trust. Patients were divided into either ALF or ESCLD group according to their listing indication and the following parameters were compared: Pre-transplant recipient parameters, donor parameters, operative parameters, and outcomes.

Results Children undergoing re-transplantation, transplants for liver tumours or metabolic diseases without underlying

Abstract P36 Figure 1 Recipient survival curves for both groups
Figure2: graft survival curves for both groups

Abstract P36 Figure 2 Graft survival curves for both groups

liver disease were excluded (90 LTs). Our database showed 232 primary LTs between 2000 and 2020 with the following distribution :195 elective LTs for ESLD and 37 super-urgent LTs for ALF. Recipients' age and weight were significantly higher in ALF group. Most common indication for LT in ESLD group was biliary atresia while seronegative

Abstract P36 Table 1 Comparison between ALF and ESLD groups

Parameter	ALF group (n=37)	ESLD group (n=195)	P
Recipient gender:			
• Male	16 (43.2%)	102 (52.3%)	0.312
• Female	21 (56.8%)	93 (47.7%)	
Recipient age at transplant (years):			
Median (Min. – Max.)	8.8 (0.1 – 16.7)	2.5 (0.3 – 17.2)	0.031
Recipient Weight (kg)			
Median (Min. – Max.)	25.5 (2.7 – 66.5)	12.5 (4.7 – 89)	0.011
Waiting time(days)			
Median (Min. – Max.)	3 (1–41)	60.5(1–560)	<0.001
Graft type			
• Graft variant	23 (62.2%)	155(79.4%)	0.016
• Whole graft	14 (37.8%)	38 (19.4%)	
• Missing	0	2(1.2%)	
Donor gender:			
• Male	45.7%	46.9%	0.902
• Female	54.3%	53.1%	
Donor weight (kg)			
Median(min-max)	67 (8 – 90)	68 (10 – 98)	0.912
Donor age (years)			
Median (Min. – Max.)	39 (0.9 – 65)	29.5 (1 – 66)	0.039
Vascular complications			
• AV malformation post liver biopsy	0 (0%)	1 (0.5%)	FEp=1.000
• Massive retroperitoneal hematoma from femoral vein bypass cannula.	0 (0%)	1 (0.5%)	FEp=1.000
• HAS	2 (5.4%)	13 (6.7%)	FEp=1.000
• PVS	0 (0%)	14 (7.2%)	FEp=0.134
• HAT	1 (2.7%)	10 (5.1%)	FEp=1.000
• PVT	1 (2.7%)	7 (3.6%)	FEp=1.000
• HVS	1 (2.7%)	0 (0%)	FEp=0.159
Biliary complications			
• CHD sludge	0 (0%)	2 (1%)	FEp=1.000
• Biliary stricture	3 (8.1%)	21 (10.8%)	FEp=0.775
• Bile leak	0 (0%)	23 (11.8%)	FEp=0.031
Rejection:			
	17 (45.9%)	62(31.8%)	0.096
Cause of graft loss	(n = 5)	(n = 27)	
• HAT	0 (0%)	9 (33.3%)	FEp=0.288
• PNF	2 (40%)	5 (18.5%)	FEp=0.296
• Chronic rejection	3 (60%)	6 (22.2%)	FEp=0.121
• Biliary tract complications	0 (0%)	7 (25.9%)	FEp=0.560
Cause of death	(n = 9)	(n = 17)	
Unknown	0 (0%)	5 (29.4%)	FEp=0.129
Cardiopulmonary	3 (33.3%)	1 (5.9%)	FEp=0.104
Cerebral oedema	1 (11.1%)	0 (0%)	FEp=0.346
Fungal infection	1 (11.1%)	0 (0%)	FEp=0.346
Gastro-intestinal	0 (0%)	1 (5.9%)	FEp=1.000
Intra-cranial hemorrhage	1 (11.1%)	0 (0%)	FEp=0.346
Liver Failure	1 (11.1%)	4 (23.5%)	FEp=0.628
Recurrence of disease	0 (0%)	1 (5.9%)	FEp=1.000
Sepsis	2 (22.2%)	5 (29.4%)	FEp=1.000

hepatitis was the most common indication in ALF group. Time on transplant waiting list was significantly shorter for ALF group. Regarding pre-transplant location, home location was higher in ESLD group while hospital and PICU location were significantly higher in ALF group. In terms of the source of the graft, living donors were significantly higher in the ESLD group (34 donors) than ALF group where no living donors were used. There was no statistically significant difference between both groups in terms of rejection and vascular complications while biliary complications showed significantly higher bile leak rates in the ESLD group. Post-transplant survival was significantly higher in the ESLD group as 1-,5- and 10 years survival rates for ESLD group were 97.9%,93.9%,89.4%,85.0% respectively while survival rates in ALF recipients during the same period were fixed at 78.3%(P=0.007). Graft survival was longer in the ESLD group but the difference was not statistically significant.

Summary We studied 195 elective LTs for patients with ESLD and 37 super-urgent LTs for ALF patients. Recipients in ALF group were significantly older and heavier. Vascular complications and rejection rates did not show significant difference between two groups while bile leak was significantly higher in the ESLD group. Patient survival was significantly higher in ESLD group while graft survival did not show significant difference between two groups.

Conclusion Post LT survival in ALF patients is significantly inferior to ESLD patients.

P37

PARENTERAL INTAKE OF VITAMINS AND TRACE ELEMENTS IN CHILDREN ON HOME PARENTERAL NUTRITION: CAN WE MEET ESPGHAN RECOMMENDATIONS USING FIXED-DOSE MULTIVITAMIN/TRACE ELEMENT PRODUCTS? – EXPERIENCES FROM A REGIONAL PAEDIATRIC INTESTINAL FAILURE SERVICE

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Background ESPGHAN guidelines stipulate the recommended quantities of parenteral vitamins and trace elements to be used in children on home parenteral nutrition (HPN). The use of standard fixed-dose multivitamin/multitrace products makes tailoring the individual intake of these nutrients challenging in daily clinical practice. Importantly, the dosage of these products received is based on an individual's body weight and is highly influenced by other factors, such as number of HPN bags infused per week and HPN composition, and their intake not routinely assessed.

Objective The aim of this study was to assess parenteral vitamin and trace element receipt in children receiving HPN, in light of the recently updated 2018 ESPGHAN recommendations.

Methods The average daily parenteral intake of vitamins and trace elements of the paediatric HPN cohort at Cambridge University Hospitals (CUH) was assessed and expressed as a percentage of the current ESPGHAN recommendations. This was adjusted for, where HPN was not meeting the child's full parenteral energy requirements. Where ESPGHAN stated