a tendency to anxiety. We believe that the absence of physical symptoms, a relatively young age and a higher incidence of females, were important factors when reviewing the level of anxiety in this disease.

Abstract# P-436

Aim: To describe the outcome of liver transplant patients in our center.

Methods: We reviewed the records of the 63 liver transplant patients, 50 adults and 13 children (62 primary transplants, 1 retransplant), from 2000 to 2009. Donors and graft profile: 55 cadaveric and 8 living related donors: 54 whole liver, 1 reduced size liver and 8 LDLT.

Results: Transplant type: 63 LT alone, 1 Combined LK-transplant.

Gender: 34 males, 29 females. Age: 8 months to 70 years. Child Pugh scores: 8-15 (mean:11), MELD scores: 15-40 (mean: 22). Etiology: Adults: PBC 11 (22%), autoimmune hepatitis 9 (18%), Alcohol 9 (18%), NASH: 6 (12%), HCV: 5(10%), HBV 3(6%), cryptogenic: 3 (6%), alpha 1 antitrypsin deficiency: 1 (2%). Children: Biliary atresia: 4 (40%), autoimmune hepatitis: 2 (15%), congenital hepatic fibrosis: 2 (15%), others etiologies: 5 (40%): Caroli Disease (01), Portal Arteriovenous Fistulas (01), Cholesterol ester storage disease (01), Type 1 Taurinuria and HCC (01). Retransplantation for HAT/PEPT (01), Surgical technique: classic, 10, page back 23.

Surgical Complications: Bile leak: 3 patients, (4.7%), Hepatic artery Thrombosis: 3 (4.7%), Portal vein thrombosis 2 (3.2%), gut micro-perforations with colon resection: 1 (1.7%)

Medical Complications: Primary Non function: 3 (4.7%), Severe neurocysticercosis: 5 (7.9%), acute rejection: 9 (14.2%), candidemia: 6 (9.5%), CMV infection: 3 (4.7%), Varicella zoster: 2 (3.2%), AKI with dialysis support: 2 (3.2%), disseminated cryptocoecosis: 1 (1.5%), Parvovirus B 19 infection: 1 (1.5%), bronchiolitis obliterans organizing pneumonia (BOOP): 1 (1.5%), Post transplant diabetes: 2 (3.2%), Polynephritica in critically ill patients. 2 (3.2%). One case of, immunotolerance (free immunosupression).

Mortality: 5 (7.9%), related to Primary Non Function: 3, myocardial infarction: 2, Septic-POMS: 1 (1.5%). Retransplant: 1 (1.5%), for simultaneous hepatic artery and portal vein thrombosis.

Conclusion: In our country we can to offer the best treatment for end stage liver disease in adult and children patients with similar results than other centers in the world.

Abstract# P-437
Long-Term Follow Up of Hepatitis B Virus-Specific Immune Response in Liver Transplant Patient Receiving Third-Generation Hepatitis B Vaccine, Cindy K. Cheung, Chung Mau Lo, Sec Ching Chan, Shueing Tat Fan. Department of Surgery, The University of Hong Kong, Queen Mary Hospital, Hong Kong, China

Background and aim: Vaccination is associated with lower seroconversion rate in immunosuppressed patients. In our previous study, with the use of 3rd generation pro-S containing Hepatitis B virus (HBV) vaccine (Sci-B-Vac®), 50% (10/20) liver transplant patients had hepatitis B surface antigen (HBsAg) seroconversion and 7 with sustained (>6 months) antibody production. We aim to investigate the long-term efficacy of the third-generation recombinant HBV vaccine in immunocompromised liver transplant patients.

Patients and Methods: All patients recruited for vaccination had undergone HBV-related liver transplantation and had no evidence of HBV recurrence or immunity at more than 12 months (median 20.9 months, range 12.8 – 87.6 months) after transplantation. Among the 20 patients, 2 patients (1 responder and 1 non-responder) had loss follow-up due to immigration. Twelve out of 18 patients with median follow-up 63.6 months (range 63-64 months) from date of vaccination were recruited. Serum HBsAg and anti-HBs levels were monitored. Peripheral blood samples were obtained from each patient. HBV-specific T cell interferon-γ (IFN-γ) ELISPOT was performed. Phenotypes of circulating T and B-lymphocytes were analysed by FACS.

Results: All 12 patients had no evidence of HBV recurrence at last follow-up. Six out of 12 (50%) patients were vaccination responders. Three non-responders were undergoing hemodialysis. Anti-HBs level was detectable (>10 IU/mL) in 3 responders (median 27 IU/mL, range 14-73 IU/mL). IFN-γ secreting T-lymphocyte to HBsAg was higher in responder (mean=5.1 SFC/2x10^5 PBMC) than in non-responder (mean=1.4 SFC/2x10^5 PBMC), while response to HBsAg was lower in responder (mean=2.1 SFC/2x10^5 PBMC) than in non-responder (mean=2.7 SFC/2x10^5 PBMC). Peripheral blood memory B-lymphocytes in responder was higher (median 0.52, range 0.04 – 0.74 [% out of total nucleated cells]) vs median 0.13, range 0.04 – 0.33 [% out of total nucleated cells]) (p=0.026).

Conclusions: Long-term efficacy with the use of 3rd generation recombinant HBV vaccine was demonstrated by the sustained anti-HBs production for >5 years after vaccination. Suggesting active HBV immunization can be achieved in immunocompromised patients with the use of a more immunogenic vaccine. Low T-lymphocytes response might due to the absence of antigenic stimulation in patients without HBV recurrence.

Abstract# P-438
Emergency Liver Transplantation in Italy: 3 Years of Activity. Carlo De Chilla, Sante Venettoni, Andrea Ricci, Francesca Lollì, Lucia Rizzato, Alessandro Nanni Costa, Special thanks to all Italian Liver Transp. CentroItaly. Italian National Transplant Centre, Roma, Italy

Introduction: While waiting lists for elective liver transplantation in Italy are regional and/or interregional, cases for emergency liver transplantation (ELT) are managed by a national uniform protocol.

Aim of the study: To examine the ELT Italian experience from the 1st of January 2007 to the 31st of December 2009.

Material and methods: We examined the number of patients listed for ELT in all Italian Transplant Centres between 2007 and 2009, timeliness of organ availability, graft and recipient survival.

Results:Between the 1st of January 2007 and the 31st of December 2009, 226 patients, 126 males (M) and 100 females (F) were listed for ELT (Table 1), average was 36.7 yrs (range 20-70 yrs).

<table>
<thead>
<tr>
<th>ELT causes</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Liver Failure</td>
<td>13</td>
<td>27</td>
<td>24</td>
<td>64</td>
</tr>
<tr>
<td>Primary Non Function</td>
<td>56</td>
<td>28</td>
<td>33</td>
<td>87</td>
</tr>
<tr>
<td>Traumas</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Wilson's Disease</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>12</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>71</td>
<td>77</td>
<td>226</td>
</tr>
</tbody>
</table>

Table 1: 155 (68,59%) patients underwent surgery, 83 M and 72 F, average was 36.7 yrs (range 0 – 70 yrs).

71 (31,42%) patients did not undergo surgery, 32% of these died.

As for organ availability, average waiting time was 4.6 days (range 0-45 days), compared to 6.58 years in elective transplantation. Graft and recipient survival % at 1 year were 76.2 ± 4.2 and 78.9 ± 4.2 respectively in ELT, in comparison with graft and recipient survival % being 80.9 ± 0.4 and 85.6 ± 0.4 respectively in elective transplantation.

Conclusion: Survival rates in ELT are slightly inferior than rates concerning patients undergoing elective transplantation. However, the implementation of a national uniform protocol for ELT has guaranteed liver availability at very short average waiting time (4.6 days), thus supporting the fair management of this procedure.

Abstract# P-439
Liver or Combined Liver-Kidney Transplantation for Autosomal Dominant Polycystic Kidney Disease. Fabrizio Di Benedetto1, Giuseppe D’Arno2, Nicola De Ruvolo3, Roberto Montalb1, Nicola Cautero2, Gian Piero Guerrini2, Roberto Ballarini2, Mario Spaggiari2, Rosa Maria Immollo1, Maria Marino1, Nazareno Smerieri1, Antonio Minnoli2, Gian Paolo Bianchi2, Giorgio E. Gerussi1,1 Liver and Multivisceral Transplant Centre, University of Modena and Reggio Emilia, Modena, MO, Italy; 1Department of Urology, University of Modena and Reggio Emilia, Modena, MO, Italy

Introduction: Autosomal dominant polycystic kidney disease ADPKD is a rare disorder, characterized by multiple macroscopic liver and kidney cysts. Isolated Liver transplantation or combined with kidney is a treatment option for these patients with regards to complications arising in hepatic and kidney cysts that are not controlled by other procedures.
Abstract P-440

Significance of a Semi-Quantitative Assessment of Donor Specific Antibody Using Antibodies Using the Luminex Single Bead Method in Liver Transplantation. Hiroto Egawa1, Kimiko Jurugi2, Rie Hishida2, Hiroaki Taga2, Etsu Ashihara3, Taira Machida2, Hidenori Ohe2, Shoji Uemoto2, Surgery, Murakami Memorial Hospital, Asahi University, Gifu, Japan; 2Blood Transfusion and Immunology, Kyoto University, Kyoto, Japan; 3Surgery, Kyoto University, Kyoto, Japan

Aim: To determine risks of preoperative anti-donor antibody (DSA) semiquantitatively in liver transplantation. Patients and Methods: DSA was determined by the Igg fluorescent antibody test (IgG-FAT), antiglucon globulin (AHH)-LCT in 109 patients undergoing liver donor transplantation from December 2008 to November 2009. The class I antigens of LCT/AHH-LCT-positive cases were determined using Luminex single bead method and the relation between the fluorescence intensity (FI) of Luminex single bead and clinical outcomes were evaluated.

Results: LCT and/or AHH-LCT were positive in 26 patients (29.8%). Both of LCT and AHH-LCT were positive in 5 patients and only AHH-LCT was positive in 13 patients and only LCT was positive in 4 patients. FI was divided to high FI (11 patients with FI of greater than 10,000), low (5 patients with FI of lower than 10,000), and negative (8 patients). Hospital death occurred in 9 patients. These patients were classified into 5 groups according LCT/ AHH-LCT/Fl. The survival rate was 20% (3/15) in ++/high, 33% (2/6) in ++/medium, 100% (3/3) in ++/low, 75% (3/4) in +/negative (n=3), and 100% (4/4) in --/negative (n=4), respectively.

Conclusion: HLA Class IDSA with FI greater than 10,000 had great negative impacts on patient early survival.

Abstract P-441

Sexual Life and Liver Transplantation in Patients with Familial Amyloidotic Polyneuropathy. Rui Faria1, Tania Oliveira e Silva1, Luís Campos Pinheiro1, Eduardo Barroso1, Jorge Rocha Mendes1, 1Urology, Curry Cabral Hospital, Lisbon, Portugal; 2Liver, Pancreatic and Kidney Transplant and General Surgery, Curry Cabral Hospital, Lisbon, Portugal

INTRODUCTION: Sexual life is important in patients with familial amyloidotic polyneuropathy. Our objective is to determine the effects of FAP and liver transplant in sexual life in these patients.

METHODS: We evaluated 16 patients not yet submitted to transplant and 60 patients already submitted to liver transplant, through application of the International Index of Erectile Function-15 (IIEF-15).

RESULTS: In the group not yet submitted to liver transplant, the prevalence of any degree of erectile dysfunction was 68.8%, and 43.8% presented severe ED. 87.6% had any dysfunction in the intercourse satisfaction domain, and 50% had severe dysfunction in this domain. 50.1% had any dysfunction in the orgasmic function domain, and 37.5% had severe dysfunction in this domain. 87.7% had any dysfunction in the sexual desire domain, and 63.9% had severe dysfunction in this domain. 93.4% had any dysfunction in the overall satisfaction domain, and 18.8% had severe dysfunction in this domain. In the group already submitted to liver transplant, the prevalence of any degree of erectile dysfunction was 70%, and 46.7% presented severe ED. 90.9% had any dysfunction in the intercourse satisfaction domain, and 47.1% had severe dysfunction in this domain. 75% had any dysfunction in the orgasmic function domain, and 35% had severe dysfunction in this domain. 71% had any dysfunction in the sexual desire domain, and 67.7% had severe dysfunction in this domain. 96.7% had any dysfunction in the overall satisfaction domain, and 21.7% had severe dysfunction in this domain. This difference is not statistically significant.

CONCLUSIONS: FAP patients have severe dysfunction in various domains of sexual life and liver transplant does not improve them.

Abstract P-442

Acute Cellular Rejection in Liver Transplanted Patients: Incidence, Risk Factors, and Impact on Outcome. Giancarlo Germani1, Caroline Sabín2, Patrizia Burr2, Nancy Rolando2, Emanuelus Tsacharitsis2, Marco Senzolo3, Keith Rolles1, Andrew K. Burroughs1. 1The Royal Free Sheila Sherlock Liver Centre and Division of Surgery, Royal Free Hospital, London, United Kingdom; 2Research Department of Infection and Population Health, Division of Population Health, Royal Free Campus, London, United Kingdom; 3Department of Surgical and Gastroenterological Sciences, Gastroenterology, University of Padua, Padova, Italy

Background and aims: hepatic allograft rejection remains an important problem after liver transplantation (LT). The aim of this study was to evaluate acute hepatic rejection (ACR) in terms of incidence, risk factors and impact on survival.

Materials and methods: LT patients at the Sheila Sherlock Liver Centre, Royal Free Hospital (London, UK) (1988-2008) were retrospectively evaluated. We considered only histological-proven ACR at the first biopsy performed within 10 days after LT, assumed to be a protocol biopsy (PB). Results: 738 LT patients have been evaluated. 85% of patients underwent PLB. Among these 76% demonstrated evidence of rejection (41% mild, 31% moderate, 4% severe). 12.4% had a normal biopsy and 11.5% had other signs. Factors associated with ACR at PLB were no requirement for renal support (p=0.0061) and suboptimal organ appearance (p=0.006), whereas previous HBV-related cirrhosis (p=0.06) or a higher MELD at transplant (p=0.0007) were both associated with a lower risk of ACR. Being transplanted in a later calendar year (p=0.007) and having high albumin at LT (p=0.002) were associated with moderate/severe ACR at PLB. Being transplanted for HBV-related cirrhosis (p=0.04) and having higher urea level (p=0.0049) were both associated with a lower risk of moderate/severe ACR. 227 patients died and 64 were re-transplanted. The median re-transplant-free survival time was 13.3 years. Patients with any sign of ACR at PLB were not at increased risk of transplant failure. Individuals with mild rejection and with other conditions at PLB were 43% and 31% more likely to experience transplant failure than those with a normal biopsy. Patients with moderate or severe rejection did not appear to have a worse prognosis than those with normal biopsies.

Conclusions: Overall occurrence of acute cellular rejection does not influence survival in LT patients. Therefore the fundamental question is how much rejection is not harmful, and if complete suppression of rejection has to be considered still a goal in managing immunosuppression.

Abstract P-443

Self-Reported Adherence to Medical Prescriptions before and after Liver Transplantation: A Longitudinal Study. Giancarlo Germani1, Francesca Gnosato1, Silvia Lazzeri1, Egle Perissinotto1, Marco Senzolo1, Francesco P. Russo1, Martina Gambato1, Umberto K. Cillo1, Giacomo C. Sturino1, Patrizia Burr1. 1Department of Surgical and Gastroenterological Sciences, Gastroenterology, University of Padua, Padova, Italy; 2Department of Developmental and Socialization Psychology, University of Padua, Padova, Italy; 3Department of Environmental Medicine and Public Health, University of Padua, Padova, Italy; 4Department of Surgical and Gastroenterological Sciences, Surgical Unit, University of Padua, Padova, Italy

Aim: The aim of this study was to evaluate adherence to medical regimen in patients before and after LT.