depression, mild growth retardation and decreased levels of cholesterol were observed. Some patients needed to use of GSCh or erythropoietin, but all cases could sustain the combination therapy. Three cases had accomplished the combination treatment and showed sustained virological response. Discussion: FLV and other statins (HMG-CoA reductase inhibitors) are reported to have some anti-HCV effects and to enhance the anti-HCV effect of interferon. In Vivo. But there are only few clinical studies. This is the first clinical trial of statin, PEG-IFN and RBV combination treatment in children and adolescents with HCV. FLV improved the effectiveness of PEG-IFN and RBV dramatically, and disappearance of HCV-RNA was achieved in all patients with treatment resistant CHC. Conclusion: The combination therapy of PEG-IFN, RBV plus FLV was quite effective to CHC in children and adolescents who had not responded to the standard treatment of PEG-IFN and RBV.

Su1317
Prognostic Significance of Abnormal Liver Function Tests in Acute Decompensated Heart Failure
Jayrashini Chittambabona, Samuel M. Haner, Arjinder Sethi, Nimesh Patel, Waldy Tamayo, and Alexander J. Talebian
Background: Hepatic congestion leading to abnormal liver function tests (LFTs) is a common finding in patients with acute decompensated heart failure. The aim of this study was to determine the prognostic significance, if any, of abnormal LFTs in acute decompensated heart failure as this has not been extensively studied so far. Methods: A retrospective chart review of all adult patients (> 18yrs of age) who were admitted to a community hospital with a diagnosis of acute decompensated heart failure during the period from Jan 1, 2008 to June 30, 2010 was performed. Of the 187 patients identified, 170 patients were included in the study. Exclusion criteria included insufficient laboratory data, acute/chronic kidney injury (serum creatinine > 2mg/dl), acute myocardial infarction, hepatitis (drug-induced/ infectious), malignancy, alcohol or drug withdrawal from any cause, and any 2 points of the study were readmission or death secondary to heart failure. The Cox proportional hazard model was used for statistical analysis of the data. p values ≤ 0.05 were considered statistically significant. Results: The mean age of the patients was 78.5 yrs. 42% of the patients were male. 122 patients were readmitted secondary to heart failure during the study period. Serum total bilirubin (>0.01), serum B-natriuretic peptide (>0.05), ejection fraction (p <0.05) and heart rate (p<0.05) were found to be significant predictors of hospital readmission secondary to acute decompensated heart failure. Multivariate analysis showed that high serum total bilirubin (>1.3 mg/dl) on admission was an independent predictor (p = 0.05) of hospital readmission secondary to heart failure. Blood pressure (systolic/ diastolic), serum creatine, serum sodium, serum alkaline phosphatase, serum alanine transaminase and serum aspartate transaminase levels on admission were not significant predictors of readmission secondary to heart failure. An analysis by stratification showed that patients with serum total bilirubin >1.3 mg/dl on admission had a readmission rate that was 78% ± 20% (p <0.01) higher at any given time than those with serum total bilirubin ≤ 1.3 mg/dl. Patients with either serum total bilirubin > 1.3 mg/dl on admission or an ejection fraction < 35% collectively had a readmission rate that was 87% ± 20% (p <0.05) higher than those without these criteria. Conclusion: In patients with acute decompensated heart failure, elevated serum total bilirubin on admission with or without low ejection fraction (<35%) predicts worse prognosis and an early future readmission secondary to heart failure.

Su1318
Diagnostic Laparoscopic Liver Biopsy: A Single Center Experience
Lennox Jellors, Deepthi Bollineni, Christopher B. O’Brien, Eugenie R. Schill, Paul Martin
BACKGROUND: Liver biopsy (bx) remains the gold standard for evaluation of chronic liver disease. With the advent of enhanced imaging methods and non-invasive markers of fibrosis, the role of laparoscopic liver biopsy (LLB) in this patient group is currently being reassessed. The role of LLB in our center: METHODS: WE reviewed the records of 350 consecutive patients (pts) over a period of two years. The procedure was performed under conscious sedation in a GI endoscopy suite lasting 15-20 min. The mean age was 48 yr (range 21-78) with 221 males and 129 females. Indications for laparoscopic liver biopsy included staging for disease severity in chronic viral hepatitis (54.8%), HCV co-infected pts (10.5%), NAFLD (4.85%), cholestatic and autoimmune disorders (5.14%). Other indications included evaluation of hepatic masses (8%), unexplained elevation of liver enzymes (8%), cryptogenic cirrhosis (3.42%) and miscellaneous (5.14%). RESULTS: The diagnosis was confirmed and disease severity was staged successfully in all the patients with viral hepatitis (mono and co-infected pts) and NASH. Among the patients who underwent LLB for evaluation of a liver mass-diagnosis was established in 57.14% cases. The location of the liver mass in segment VIII/ IV was the most common localization of the liver mass in each of the 41 cases with elevated liver enzymes of unknown cause and in 91 66% with unexplained cause of cirrhosis. A 8x of right and left lobe was performed in 264 (75.42%) pts. Sixty six of the 264 pts, (25%) had a difference of at least one stage between the right and left lobes. In 21 pts (7.9%), cirrhosis was diagnosed in one lobe whereas stage 3 (18 pts) and stage 2 (3 pts) fibrosis was noted in the other lobe. A difference of two stages between the lobes was found only in 8 pts (3.03%). A single lobe Bx was performed in 24.57% pts due to fibrosis was noted in the other lobe. 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