**0-033**

**Sequential events after first decompensated complication in Korean patients with liver cirrhosis: a prospective multicenter cohort study**

Hyun Young Woo,1, Jeong Won Jang,1, Sang Gyune Kim,1, Chang Hyeong Lee,1, Tae Yeob Kim,1, Won Young Tak,1, Sung Kyu Choi,1, Mong Cho,1, Jong Young Choi2

1Department of Internal Medicine, Pusan National University School of Medicine, Busan, Republic of Korea; 2Department of Internal Medicine, Catholic University of Daegu School of Medicine, Daegu, Korea

**Background:** A novel association between single nucleotide polymorphisms (SNP) near interleukin (IL)-28B gene and antiviral response or spontaneous clearance of hepatitis C virus (HCV) has not been investigated in Korea. We aimed to investigate the genotype frequency of IL-28B SNP, and its role in the treatment response and clinical outcome of HCV infection in Korean patients.

**Methods:** A total 459 Korean individuals including 147 health-check examinees and 312 patients with HCV infection were enrolled at three hospitals in Korea. Genotyping of the rs12979860 and rs8099917 was performed using a TaqMan 5'-allelic discrimination assay.

**Result:** The rs12979860 CC genotype was found in 88% of health-check examinees and 87% of HCV-infected patients. Among the HCV-infected group, spontaneous recovery group (n=47) showed significantly higher frequency of the CC type (98%) than chronic infection group (85%, n=260) including chronic hepatitis, liver cirrhosis (LC), and hepatocellular carcinoma (HCC). Moreover, chronic hepatitis patients (n=174) showed significantly higher frequency of the CC type (88%) than LC or HCC patients (78%, n=86). The CC genotype frequency was not different according to the HCV genotype (1 vs. 2). In the genotype 1 HCV infected patients, the CC genotype was an independent factor associated with sustained virologic response to standard antiviral therapy, while not in genotype 2 infection by multivariable analysis. Among the genotype 1 patients showing early virologic response and the CC type, SVR rate was 97%, while SVR in those with non-CC type was 65%. The genotypic pattern of the rs12979860 and rs8099917 were nearly same.

**Conclusion:** The rs12979860 CC and rs8099917 TT genotypes were found in more than 85% of Korean population, and significantly associated with better clinical outcomes and therapeutic response in Korean patients infected with HCV. Further study on the utility of the SNP analysis in the treatment algorithm is warranted.

**Keywords:** Hepatitis C virus, IL28B, Single nucleotide polymorphism

**0-034**

**Comparison of the effects of terlipressin, somatostatin, and octreotide when combined with endoscopic treatment in acute gastroesophageal variceal bleeding: a multicenter prospective randomized controlled trial**

Yeon Seok Seo1, Soo Young Park2, Moon Young Kim1, Ju Hyun Kim1, Jun Yong Park1, Hyung Joong Yim1, Byoung Kuk Jang3, Hong Soo Kim4, Taeho Hahn4, Byoung Ik Kim3, Jeong Hye5, Won Young Tak6, Soon Koo Baik7, Kwang Hyub Han8, Jae Seok Hwang9, Sang Hoon Park10, Mong Cho11, Soon Ho Um11

1Department of Internal Medicine, Hanyang University Guri Hospital, Seoul, Korea; 2Department of Internal Medicine, Kyungpook National University School of Medicine, Daegu, Korea; 3Department of Internal Medicine, Chonnam National University Medical School, Gwangju, Korea

**Background:** The reported survival after decompensation ranged from 14-88% at 5 years. The reported prognosis after decompensation, however, needs to be interpreted with caution, because of concerns regarding inclusion of patients probably at different disease stages. To better address the clinical outcome of decompensated cirrhosis, we conducted a prospective, multicenter, inception cohort study of subjects with liver cirrhosis presenting with the first onset of decompensated complication.

**Methods:** This observational study began patient recruitment in Aug 2005, and 8 Korean educational institutions participated in the study program. To date, 1515 patients with the confirmed onset time of the first decompensated complication were registered and are followed up.

**Results:** The cause of liver cirrhosis consisted of hepatitis B (45%), hepatitis C (9.6%) and alcohol (35.8%). As the first complication, ascites was the most frequent (56.9%), followed by portal hypertensive gastrointestinal bleeding (PHGB) (42.2%), hepatic encephalopathy (HE) (12.5%), spontaneous bacterial peritonitis (SBP) (4.4%) and hepatorenal syndrome (HRS) (2.5%). During follow-up (mean 32±47 months), there were 484 (31.9%) repeated decompensations and the proportion of HE, SBP, HRS increased while ascites decreased. The interval of decompensative events was progressively shortened. HCC developed in 209 (13.8%), liver transplantation was performed 111 (7.4%) and death occurred in 549 patients (36.2%). The probability of survival after diagnosis of decompensation was 77.9 and 56% at 1 and 5 years, respectively. Baseline MELD, Child-Pugh score, SBP and/or HRS as the first hepatic decompensation, age, alcoholic drinking and presence of HRS during follow-up were independently correlated with survival.

**Conclusions:** After initial decompensation, 30% of patients showed repeated decompensations and many were different from the initial ones. The results from this large cohort study will provide a more reliable data on the clinical outcome and prognostic indicators of Korean patients after first complication of decompensated cirrhosis.

**Keywords:** Decompensation, Liver cirrhosis, MELD