Background: Treatment of cirrhotic patients and spontaneous peritonitis with antibiotics occasionally fails. Fungal infections may be one of the causes of antibiotic treatment failure in such patients. In this study we evaluated the clinical significance and characteristics of spontaneous fungal peritonitis (SFP).

Methods: Consecutive cirrhotic patients with spontaneous peritonitis treated between 2000 and 2005 at a tertiary care center in Seoul, Korea were included. We analyzed the clinical characteristics and the prognosis of SFP patients compared to spontaneous bacterial peritonitis (SBP) patients.

Results: During the study period 416 patients developed spontaneous peritonitis and 15 (3.6%) had SFP. As compared to patients with SBP, nosocomial peritonitis was more common and the Child-Pugh score was higher in SFP patients (both, p<0.01). Ten patients were infected with Candida spp. (C. albicans, 8; C. tropicalis, 1; C. glabrata, 1), and 5 with Cryptococcus neoformans. Eleven patients were co-infected with bacteria (e.g., Klebsiella oxytoca, Enterococcus faecium, and Escherichia coli) which were sensitive to the antibiotics that were administered. Only 4 patients were treated with appropriate anti-fungal agents. Consequently, the 1-month mortality rate for SFP patients was 73.3% [11 of 15; median time-to-death, 2 days (range, 0-22)], which was significantly higher than patients with SBP alone (28.7%, p=0.0007).

Conclusions: SFP is a fatal complication in cirrhotic patients. A longer duration of admission and a higher Child-Pugh score may be a risk factor for SFP. Immediate and appropriate anti-fungal treatment is warranted in patients with spontaneous peritonitis, once fungus is found in ascitic fluid.

Keyword: Spontaneous fungal peritonitis, Spontaneous bacterial peritonitis, Liver cirrhosis

PO-15
Clinical applicability of liver stiffness measurement for predicting liver-related events in patients with chronic hepatitis B related advanced liver fibrosis or cirrhosis

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Background & Aims: We investigated the usefulness of liver stiffness measurement (LSM) as a predictor of liver-related events (LREs) development in chronic hepatitis B (CHB) patients with advanced liver fibrosis treated with nucleoside analogues.

Methods: A total of 128 CHB patients (56.3% males, mean age 52.2 years) who underwent LSM and liver biopsy (LB) before starting antiviral treatment and showed histological advanced...