PE-116
The prevalence of HBV and HCV infection among intravenous drug users in Korea
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Background: Information about hepatitis B virus (HBV) and hepatitis C virus (HCV) infection, and HCV genotype distribution among intravenous drug users (IVDUs) was not well clarified in Korea. The aim of this study is to determine the prevalence of HBV, HCV infection and HCV genotypes among IVDUs in South Korea.
Methods: A total of 318 IVDUs, 89.3% (n=284) of man and 10.7% (n=34) of women had participated in this study from 2007 to 2010. For screening antibodies to HBV and HCV, a enzyme-linked immunosorbent assay was used and HCV genotypes were determined by INNO-LiPA assay.
Result: A total of 48.4% (n=154) had anti-HCV antibody and 13.0% (n=20) had HBV surface antigen. Co-infection of HBV and HCV were found in 3.8% (n=12). The HCV genotypes mostly frequently detected were genotype 1b (37%, n=57) and 2a/2c (35%, n=54). The other genotypes 1, 2, 2b, 3a, and 1b,2a/2c were found in 3% (n=9), 5% (n=8), 1% (n=1), 2% (n=3), and 1% (n=1), respectively. There were not significant differences in HCV titers depending on genotypes although, the titers over 105 IU/mL were observed in 70.1% (n=108). Chronically and prior infected persons with HBV were found in 6.3% (n=20) and 131 (41.2%), respectively.
Conclusion: These results suggest that the prevalence of HBV and HCV infection among intravenous drug users is high showing over 40% in Korea and a strategic prevention program should be performed in this group to prevent further infection into local community.
Keyword: Hepatitis C, Hepatitis B, IVDUs, Co-infection

PE-117
A case of jejunal variceal bleeding in liver cirrhosis
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Background: Gastrointestinal bleeding from jejunal varices is a rare complication of liver cirrhosis. Although esophagogastric varices are common manifestations of portal hypertension, bleeding from ectopic varices is unusual. Further more, most ectopic variceal bleedings are commonly found in the duodenum and at sites of previous bowel surgery including stomas in patients with intrahepatic portal hypertension who have previously undergone abdominal surgery. We report a case of obscure gastrointestinal bleeding from jejunal varices in a patient with liver cirrhosis.
Case: A 55-year-old woman with liver cirrhosis induced by hepatitis C virus was admitted to Eul-ji university hospital with a 20 day history of melena. On admission, her initial blood pressure was 110/70 mmHg and heart rate was 70 beats per minute. Her abdomen was distended with shifting dullness. Initial laboratory data were as followed: WBC 1,400/mm3, Hb 5.1 g/dL, platelet 63,000/mm3, BUN 19 mg/dL, creatinine 0.48 mg/dL, albumin 3.0 g/dL, AST 26 IU/L, ALT 20 IU/L, ALP 47 IU/L, total bilirubin 0.73 mg/dL, INR 1.45, CRP 0.08 mg/dL, AFP 2.4 mg/dL. Hepatitis B marker was negative and Anti HCV antibody was positive. Upper gastrointestinal endoscopy revealed the presence of esophageal varices without stigmata of recent bleeding. No bleeding focus was found at colonoscopy. She continued recurrent melena and received up to 21 units of packed red blood cells. CT angiography revealed the presence of jejunal varices but no active bleeding was founded. Capsule endoscopy was performed and it demonstrated fresh blood in the jejunum. So we embolized jejunal varices from main portal vein. After embolization, She had a stable hemoglobin level, and no recurrence of the melena was recognized.
Conclusions: We described a rare case of variceal bleeding from jejunum in liver cirrhosis without a prior history of abdominal surgery.
Keyword: Jejunal varices, Liver cirrhosis

PE-118
A case of Budd-Chiari syndrome suspected hepatocellular carcinoma
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Background: Budd-Chiari syndrome (BCS) is rare prevalent disease caused by the obstruction of the hepatic venous outflow in any step which is between hepatic vein to right atrium. It has been attributed to various etiologic factors including intrinsic vascular thromboembolism, tumor invasion, or associated with an idiopathic obstructing membrane. Pathophysiology of BCS is based on increased post-sinusoidal portal pressure. The manifestation is usually acute. We experienced a case of BCS confirmed histologically in hepatocellular carcinoma patient suspected radiographically.
Case report: A 58-year-old woman visited the division of gastroenterology in our hospital with fatigue. In laboratory findings, HBs Ag (RIA), HCV-Ab (RIA) and stool occult blood(quantification) were negative, but HBs Ab (RIA) was positive. Serum iron (12 μg/dL; 65-157 μg/dL), TIBC (208 μg/dL; 256-426 μg/dL), serum hemoglobin (8.1 g/dL; 12.0-15.3 g/dL), and serum albumin (2.8 g/dL; 3.1-5.2 g/dL) were decreased. PT (INR) (1.27; 0.85-1.30), T. Bilirubin (0.5 mg/dL; 0.1-1.3 mg/dL), AST (GOT) (25 IU/L; 7-38 IU/L), ALT (GPT) (20 IU/L; 4-43 IU/L), AFP (RIA) (2.9 ng/mL; 0.0-20.0), and PLT (366×10^3/μL; 150-400×10^3/μL) were normal findings.
**Background:** Radiofrequency ablation is a relative safe therapy for the patients with hepatocellular carcinoma, but some complications can occur. Especially, Hepatocolic fistula after radiofrequency ablation is known for rare complication.

**Case:** We report a case of hepatocolic fistula following liver abscess after radiofrequency ablation for hepatocellular carcinoma in 58 year-old male. He was diagnosed with hepatocellular carcinoma and B viral liver cirrhosis 3 years ago. TACE & RFA were applied for hepatocellular carcinoma in segment 6 of the liver. One month after second RFA, he was diagnosed with liver abscesses and treated by antibiotics for 1.5 months, but he appeared intermittent fever, chill. Using colonoscopy, fluoroscopy & Liver dynamic CT, we made a diagnosis with hepatocolic fistula. The patient took a surgical operation after antibiotics therapy.

**Conclusions:** Although hepatocolic fistula is a rare complication following RFA, clinicians need to remember this complication.

**Keyword:** Hepatocolic fistula, Liver abscess, Radiofrequency ablation

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**PE-120**

Current research status for quality of life in chronic liver diseases

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**Background:** As the aim of treatment is shifting from treating diseases to enhancing patients' health, it is becoming increasingly important to evaluate quality of life in planning treatment and analyzing the effects.

**Methods:** 212 original and review articles published for the recent 10 years that deal with the quality of life in chronic liver disease patients have been analyzed. The number of published articles regarding patients’ quality of life, causes of chronic liver diseases, types of studies, kinds of instruments used to assess the quality of life and frequency of assessment were compared and analyzed.

**Results:** Most of the 212 articles were published in Europe and North America. In terms of the number of published articles by year, there was a rapid increase in the number recently. Among the 138 articles that used generic instruments, SF-36 was mostly used. And among the 45 articles that used disease-specific instruments, 20 articles used the CLDQ. 31 articles also used various psychiatric instruments. 83 of 86 articles for treatment were about drug therapy. The number of articles that dealt with the treatment cost and efficacy regarding the quality of life was 30. 146 articles dealt with HCV as the cause of chronic liver disease, taking the largest portion. As various factors that influence the quality of life of patients with HCV was analyzed. Especially, the analysis found that HCV is directly related to brain disorders with 100 articles dealing with both HCV and brain disorders.

**Conclusions:** Though there is a rapid increase in the number of studies on chronic liver disease patients’ quality of life. We need more attention and active studies on the issue as well as a new instrument tailored to Korean patients for measuring their quality of life.

**Keyword:** Quality of life, Chronic liver disease

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**PE-119**

Hepatocolic fistula after radiofrequency ablation for hepatocellular carcinoma

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**Background:** Hepatocolic fistula after radiofrequency ablation for hepatocellular carcinoma is known for rare complication.

**Case:** We report a case of hepatocolic fistula following liver abscesses after radiofrequency ablation for hepatocellular carcinoma in a single center experience form 2005 to 2010.

**Conclusions:** Although hepatocolic fistula is a rare complication following RFA, clinicians need to remember this complication.

**Keyword:** Hepatocolic fistula, Liver abscess, Radiofrequency ablation

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**PE-121**

The type and cause of liver disease in Korea: a single center experience form 2005 to 2010

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**Backgrounds:** The aim of this study was to describe the type and cause of liver disease in a single community hospital in Korea from 2005 to 2010.

**Methods:** A cohort of patients who visited the liver clinic in a community hospital because of liver problem were consecutively enrolled from Apr 2005 to May 2010 (n=8,701). Diagnostic criteria of each liver disease were consistently defined by a single, experienced hepatologist. The patients who were not undertaken diagnostic work-up, diagnosed as extrahepatic diseases or no evidence of liver disease were excluded (n=2,332).

All the diagnosis was confirmed by retrospective review of medical record.

**Results:** Among the total 6,369 patients, 528 patients (8.3%) were classified as acute hepatitis, 3,952 (62.1%) as chronic hepatitis, 767 (12.0%) as liver cirrhosis, 545 (8.6%) as liver cancer, and 577 (9.1%) as other benign diseases. In the chronic hepatitis...