the univariate analysis (Fisher Test) (respectively, $p < 0.0001$; $p = 0.0018$, $p < 0.0001$). Ribavirine dose does not seem to affect the response to the therapy, even if administrated at a low dose.

Conclusion. In this analysis the rate of SVR was 42%, similar to the best published data. Genotype and therapy duration was the most important factor affecting antiviral response, all genotype 2–3 patients treated for at least 24 weeks had SVR.

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NATREMIA AND CHILD-TURCOTTE-PUGH (CTP) SCORE MAY IMPROVE THE SELECTION OF CANDIDATES FOR LIVER TRANSPLANTATION (LT) WITH LOW MODEL FOR END-STAGE LIVER DISEASE SCORE (MELD)

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Background and aim. It is well known that the survival benefit of LT depends on candidate disease severity, as measured by MELD that is widely used for the organ allocation. It has been suggested that LT for patients with low MELD should be reconsidered. The aim of this study was to evaluate whether other factors were able to better select the low MELD candidates.

Materials and methods. The waiting list mortality of 452 cirrhotic patients consecutively listed for LT between January 2003 and October 2008 at the Bologna Transplant Center was evaluated. Univariate survival curves were estimated by the Kaplan–Meier method, and time-dependent Cox regression analysis was used to determine listed patients relative mortality risk.

Results. In this study cohort, 110 patients (24.3%) died before LT during a 2-year follow-up period. Subdividing patients according to their MELD (<15, 15–17, and >17) we observed that candidates with lower MELD had a significantly better 2-year survival (<15: 79.7%, 15–17: 74.1%; >17: 45.6%; $p < 0.001$). Among patients with MELD ≤ 17, the univariate analysis showed that age > 55 years, hyponatremia (sodium < 136 mequiv./L) and CTP score >9 were significantly associated to a higher 2-year mortality. At Cox regression analysis the independent mortality risk predictors were hyponatremia (130–135 and <130 mequiv./L; OR: 2.06, 95% CI: 1.07–3.97, $p = 0.032$; OR: 4.89, 95% CI: 1.83–13.09, $p = 0.002$; respectively) and CTP score >9 (OR: 2.03, 95% CI: 1.09–3.77, $p = 0.026$). When patients with MELD ≤ 17 were classified according to these predictors, those with normal natremia and CTP score <10 showed a better 2-year survival in respect to subjects with natremia <136 mequiv./L and/or CTP score >9 (80.3% vs. 49.2%, $p < 0.001$).

Conclusions. These data suggest that patients with MELD score ≤ 17, normal natremia and CTP score <10 may not be considered for listing. On the contrary, patients with MELD score ≤ 17 but with hyponatremia and/or in CTP class C, need to be considered optimal candidates for LT as well as patients with higher MELD score.

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FACTORS RELATED TO LIVER STIFFNESS VALUES AMONG HEALTHY INDIVIDUALS: RESULTS FROM A PROSPECTIVE STUDY

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Background. Liver stiffness measurement (LSM) by transient elastography (TE) is increasingly being used for the work up and follow-up of patients with chronic liver disease. Although there is much interest in the potential introduction of TE in the screening for liver disease, the experience among populations of healthy individuals is very limited. Thus, it unknown whether TE will be useful as a widely applicable screening tool, and better standards among normals are needed.

Objective. To explore the factors related to LSM among apparently healthy subjects.

Design. Prospective survey.

Setting. County teaching hospital.

Participants. The study was proposed to 1014 candidates to blood donation, consecutively enrolled between January and September 2008.

Measurements. LSM was determined during the visit for blood donation. Clinical, biochemical, and behavioural variables were matched with LSM by univariate and multivariate analyses. Subjects with highest LSM values (i.e., >90th percentile of the distribution) were further investigated for the presence of risk factors for chronic liver disease. Finally, different LSM thresholds were derived from the entire population and from those at lowest risk for liver disease.

Results. Of 1014 candidate donors, 1001 (99%) accepted to participate (581 M, 420 F, age 39.9 ± 10.1 years). The, 5th, 40th, 95th centiles of LSM distribution were 2.8, 4.1, 7.4 kPa in females vs. 3.2, 4.6, 7.8 kPa in males). At univariate analysis, gender, liver enzyme activity, and all the parameters included in the metabolic syndrome were related to LSM. At multivariate analysis, LSM was independently related only to gender and ALT levels. 66% of subjects who underwent clinical evaluation had evidence of mild liver disease, mostly