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Ligase chain reaction as a modality for the detection of point mutation in the precore region of HBV related HCC cases from northern India

Abdul Malik

King Saud University, Saudi Arabia

Background & Aim: Mutant Hepatitis B with precore stop codon has been reported to be associated with severe liver damage in HBeAg negative patients with hepatocellular carcinoma. Clinically, the biological importance of pre-core G1896A mutation is not well established. The purpose of the present study was to determine *hepatitis B virus* genotypes and also to elucidate the association of G1896A mutation of precore gene and the severity of liver damage in HBV related HCC cases.

Methods: Detection of HBV DNA sequences was carried out by polymerase chain reaction (PCR) using primers derived from the precore region of HBV genome. Ligase Chain Reaction (LCR) assay was performed to screen the presence or absence of G1896A mutation. Direct nucleotide sequencing was done to confirm the results of LCR. A total of 116 HBV related cases who attended the medical Out Patients Department and wards of Lok Nayak Hospital, New Delhi, India were screened over the period of 3 years. Patients having super-infection with HDV/HCV/HIV and past history of interferon therapy were excluded.

Results: Sequence analysis of viral DNA established that the G1896A mutation was observed in 32 cases in HCC cases. Phylogenetic analysis revealed 60% isolates belonged to genotype A, while 20% belonged to genotype D and 20% belonged to genotype E.

Conclusion: The present data suggests that precore G1896A mutations is responsible for 27.2% of the patients of Asian Indian origin suffering from HBV related HCC cases and these cases are more symptomatic and aggressive in patients with the mutant form of the virus as compared with the wild form.

abdul.ksu@gmail.com

Knowledge and behaviors of self-care of the liver transplanted patients

H E Liu and Y F Lin

Chang Gung University, Taiwan

This is a cross-sectional survey that 128 liver transplanted patients were recruited from OPD in a medical center at northern Taiwan. We collected the information related to self-care knowledge and behaviors, health locus of control, and personal information (included demographic and medical related variables) by questionnaires. Results of descriptive statistics showed that subjects were characterized as: male (81.3%), married (81.3%); senior high school educated (32.8%); and Buddhist (48.4%). Their mean age was 52.1 years (SD=8.74; range: 20-72 years). In regard to employment, 19.5% were unemployed prior liver transplantation. After transplantation, 38.3% returned to work, and 4.7% changed their work, and 20.3% returned to work within 6 months. Before transplantation, their major diagnosis was B-hepatitis (35.2%), hepatoma (25%) and terminal stage of liver cirrhosis (21.9%). Mean duration since transplantation was 3.24 years (SD=2.68; range: 0.37-15.92 years). Most of the transplantation were done in Taiwan (94.5%). 77.3% of the subjects experienced complication after transplantation, such as rejection, bile duct illness, and infection. The correct rate towards knowledge of self-care was 69.4%, indicating a moderate level of knowledge. The frequency of performing self-care behaviors was 81.5%. The results of stepwise regression found that knowledge level of self-care could be predicted by: duration since transplantation, age, and health locus of control ($R^2=21.8\%$). In addition, years of education, income higher than 40000NT/month(US\$1333), age, and has religion were the predictors of self-care behaviors ($R^2 = 24.2\%$). Clinical implications were discussed within the text.

sarah@mail.cgu.edu.tw