and 5% >5×ULN. Only 135 of 1,412 patients (10%) seen had normal ALT; 214 (15%) had ALT 2×ULN on two or more occasions. Patients with ALT 2×ULN were younger (41 y v 44 y; p<0.05), more likely to be male (91% v 51%, p<0.05) and less often on antiretrovirals (68% v 97%, p<0.05). Eighty patients (37%) with abnormal ALT had HCV coinfection, 11 (5%) were HBsAg positive. Twenty-three of thirty-eight of the 127 patients with abnormal ALT who had an ultrasound had appearances consistent with fatty liver. None of the patients had tests supportive of a diagnosis of autoimmune liver disease, haemochromatosis, Wilson’s disease or alpha-1-antitrypsin deficiency. Forty-five patients with abnormal ALT underwent fibrosis staging with Fibroscan or liver biopsy of whom 84% had no or minimal fibrosis, 9% bridging fibrosis and 7% cirrhosis. Follow-up blood tests were available from 2010 for 91% of patients. None of the patients with normal ALT in 2009 subsequently had an ALT greater than 2×ULN. ALT normalised in 29% of those with significantly abnormal ALT, improved in 39% and remained >2×ULN in 32%.

Conclusions: Minor abnormalities of ALT are ubiquitous in patients with HIV. Significant hepatitsis was seen in 15%, persisting in a third. Forty-two percent of abnormal ALT was attributable to coinfection with HBV or HCV and 28% of those scanned had fatty liver. Significant fibrosis in the subgroup tested was present in 16%. This represents a considerable future burden of disease and further work is needed to identify those at risk with particular attention to those with minor abnormalities of ALT.

1284 S-ADENOSYLMETHIONINE (SAME) AND SIMVASTATIN IN PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE AND METABOLIC SYNDROME

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Aims: Nonalcoholic fatty liver disease (NAFLD) is a common condition associated with Metabolic Syndrome (MS). Many patients with NAFLD and MS have hyperlipidemia, their elevated serum aminotransferase levels make physicians worry about prescribing statins. The benefits NAFLD and MS patients from statin therapy would most likely outweigh any risk of liver injury. Combination of SAME and simvastatin is perspective for the treatment dyslipidemia and NAFLD.

The aim was to assess the efficacy of Heptral and simvastatin in MS patients with NAFLD and dyslipidemia.

Methods: We examined 60 MS patients (36 men; average age 48±13 years; BMI = 33.4±4.9 kg/m²; waist circumference = 113.2±11.1 cm) with proven NAFLD and laboratory proven dyslipidemia. All patients were insulinresistant (mean HOMA-IR = 5.8±3.6). Liver biopsy was performed in 25 patients with elevated liver function tests and showed histological findings proven non-alcoholic steatohepatitis (NASH). All patients received Heptral in doses of 800 mg/day and simvastatin 20 mg/day over a period of 6 months.

Results: In the NASH group the mean serum ASAT levels decreased from 872±46.5 to 351±15.3 IU/L, serum ALAT levels from 779±34.4 to 339±16.3 IU/L at the end of the treatment period (p<0.0003). After 4 weeks we had no one case of increasing ASAT or ALAT levels on the Heptral and simvastatin therapy. 92% patients (n=23) with NASH reached normal liver function tests. All 60 patients decreased total cholesterol levels from 232.1±48.7 to 170.2±23.3 mg/dl, triglyceride from 263.7±121.6 to 160.3±49.4 mg/dl, LDL from 130.9±49.7 to 82.8±23.7 mg/dl, increased HDL from 40.9±14.1 to 48.2±11.7 mg/dl at the end of the study (p<0.000006).

Conclusions: A significant improvement in the levels of aminotransferases and lipids levels was obtained with combination of SAME and simvastatin in NAFLD patients. These results reveal that SAME and simvastatin may be considered an effective treatment in patients with NASH and MS. Thus, lipid-lowering agents and SAME should be prescribed for patients with NAFLD unless contraindicated, with careful monitoring of transaminase levels during therapy.

1285 VITAMIN E, PIOGLITAZONE AND DIET THERAPY FOR PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE (NAFLD): EVALUATION OF TREATMENT

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Background and Aims: Non-alcoholic fatty liver disease (NAFLD) is one of the most frequent causes of liver dysfunction in clinic in the Iran. NAFLD is defined as the accumulation of fat in liver cells(steatosis), steatohepatitis (NASH) that lead to progressive fibrosis and cirrhosis. Along with the change of life style and dietary pattern, its prevalence has markedly increased. This study was aimed at observing changes in liver enzymes and ultrasonographic evidences of nonalcoholic fatty liver disease after using pioglitazone, vitamin E and diet therapy.

Methods: A before–after study was performed 150 patients with non-alcoholic fatty liver disease from 2006 to 2007 in Iran. Patients were randomized and evaluated by liver enzymes, and by Ultrasonographic evidences were selected. Patients with diabetes mellitus and associated diseases were excluded. Then the patients were treated for 6 months with pioglitazone (30 mg/day) and vitamin E (400 IU/day) and determined diet (low fat, low protein, herbal fat, et al). Evaluation was performed monthly for liver enzymes. Operator was done Ultrasonography again in the end of this study. The collected data were analyzed by paired sample T-test in software SPSS16. Significance value considered was 0.05.

Results: Thirteen-two percent of patients were female and 68% were male. Mean of age was 37.5 years (SD:9.36). Mean rate of Alanine aminotransferase (ALT) and Aspartate aminotransferase (AST) before treatment, were 52.77 U/L (SD: 37.56) and 37.46 U/L (SD: 23.51) respectively. Before treatment, 42.9% was moderate to severe of fatty liver in ultrasonographic evidences. After treatment, the mean ALT and AST were 30.86 U/L (SD: 18.81) and 25.15 U/L (SD: 11.1) respectively, and 90.6% was mild of fatty liver in ultrasonographic evidences. Significant difference were observed before and after treatment between ALT and AST enzymes (P=0.00 and P=0.00). Significant difference were observed between before ultrasound evidences and after ultrasound evidences (P=0.01).

Conclusions: Our results showed that if combined pioglitazone and vitamin E with diet, decrease the levels of liver enzymes and ultrasonographic evidences is significant. And treatment of steatosis is more effective.

1286 PREDICTIVE VALUE OF ADIPOLECTIN TO LEPTIN RATIO FOR DIAGNOSIS OF STEATOHEPATITIS IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE

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Background: Discrimination between non-alcoholic steatohepatitis (NASH) and simple steatosis (SS) is critical for proper management. Adiponectin to leptin ratio (A/L) might be of value for the diagnosis of NASH.

Aim: To assess the value of serum levels of adiponectin, leptin and their ratio (A/L) for diagnosis of steatohepatitis in patients with non-alcoholic fatty liver disease.