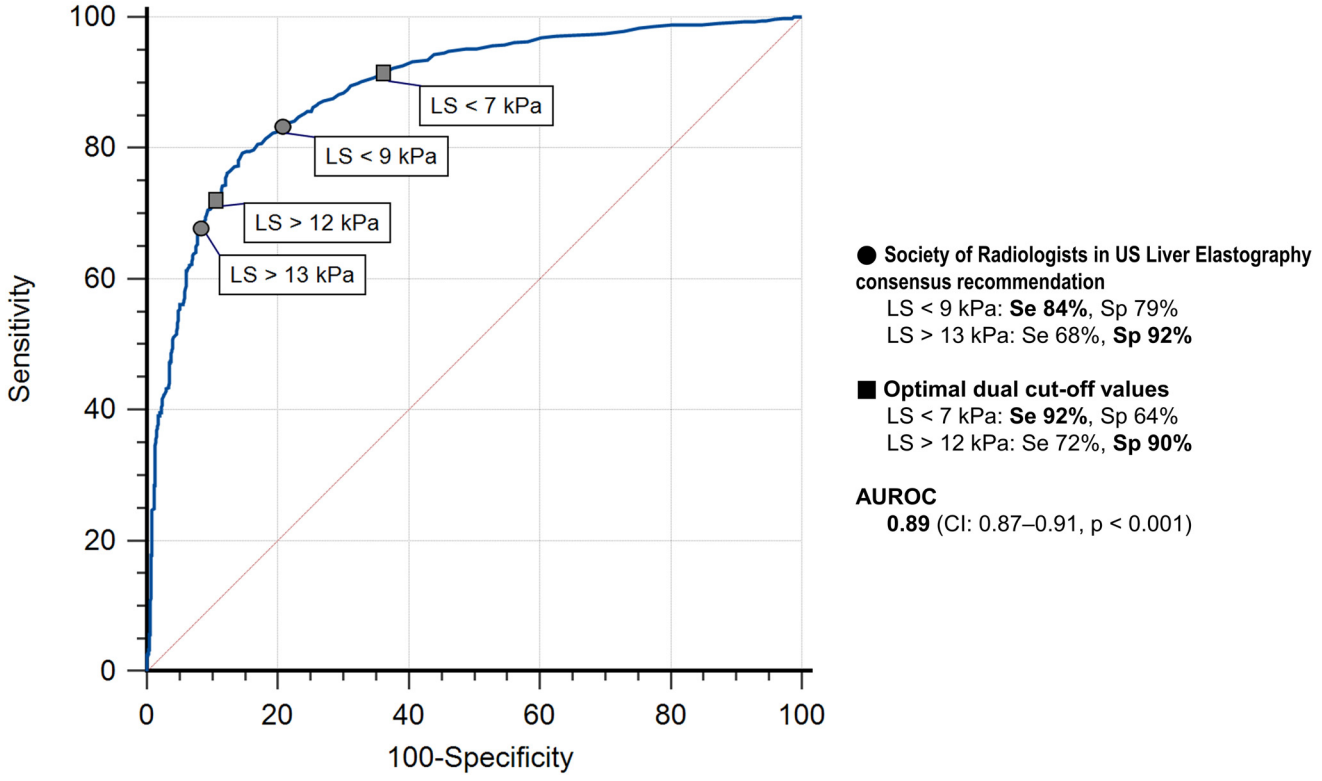

Figure: (abstract: FRI-482).

FRI-483

Hospital discharge after percutaneous liver biopsy-less is more?

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Background and aims: Liver biopsy is a technique frequently performed in clinical practice. However, the recommended surveillance period after the procedure is not established in the guidelines. The primary objective of this study was to assess the safety of hospital discharge 2 hours after a percutaneous liver biopsy. The secondary objectives were to assess the degree of patient satisfaction with early hospital discharge and to report the incidence of complications.
Method: Prospective monocentric study which included all patients who underwent percutaneous liver biopsy between December 2020 and November 2022. Individuals were discharged 2 hours after the procedure according to a protocol that was implemented in our institution. The ethical approval for this study was obtained from the Ethics Committee.
Results: A total of 200 patients were included, the majority male (52.0%), with a median age of 52 years old (IQR 40–60). There were 191 (95.5%) outpatients and 9 (4.5%) inpatients. Most procedures were made under conscious sedation with midazolam (97.0%) or under anesthesia with propofol (1.0%). A total of 88 (44.0%) US-guided biopsies were performed with the Tru-cut needle (16G or 18G) and 112 (56.0%) after US site marking with the Menghini needle. Two-needle passes were required in 33 (16.5%) cases, three-needle passes in 8 (4.0%) cases and four-needle passes in 1 (0.5%) case. In addition to a biopsy of the liver parenchyma, 6 (3.0%) patients also underwent a biopsy directed to a liver lesion/nodule. Forty-two (21.0%) individuals had complications at the time of or within 2 hours of the procedure (abdominal pain n = 29, pain radiating to the shoulder n = 11, headache n = 2). Most complications (90.4%) occurred in the first hour after the liver biopsy. Thirty-five (17.5%) patients required analgesia. Only 5 (2.5%) patients were kept under observation for 4 hours due to abdominal/shoulder pain. On the phone call made by the nurse, carried out 4 hours after the procedure, 28 (14.0%) patients reported abdominal/shoulder pain, 2 (1.0%) patients reported nausea and 1 (0.5%) patient reported headache. Only 5 of these individuals underwent analgesic therapy and all of them reported symptomatic improvement. In addition, 2 (1.0%) patients contacted the on-call physician for shoulder pain (4 days after the procedure) and nausea (3 days after the procedure). There were no serious complications and no patient required admission. The majority of individuals reported being satisfied (21.6%) or very satisfied (77.8%) and felt safe (98.9%) with this protocol.
Conclusion: This is one of the first prospective studies worldwide to prove that patients requiring percutaneous liver biopsy can be safely discharged after a short recovery time. In fact, major complications after liver biopsy are rare and manifest early. In addition, patients showed a preference for early hospital discharge and felt safe with this protocol.

FRI-484

Non-invasive assessment of adult bilirubin based on multispectral reconstruction technology and a smartphone platform

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Background and aims: Jaundice refers to yellow coloration of the skin and sclera caused by increased levels of serum bilirubin, which is an important indicator of liver function. The aim of this study is to evaluate jaundice in a meticulous, non-invasive and intelligent way by using multispectral reconstruction technology on the platform of smartphone.
Method: A total of 351 patients with normal or elevated total serum bilirubin (TSB) were selected. Non-invasive detection equipment was set up, and scleral images were obtained without an external light

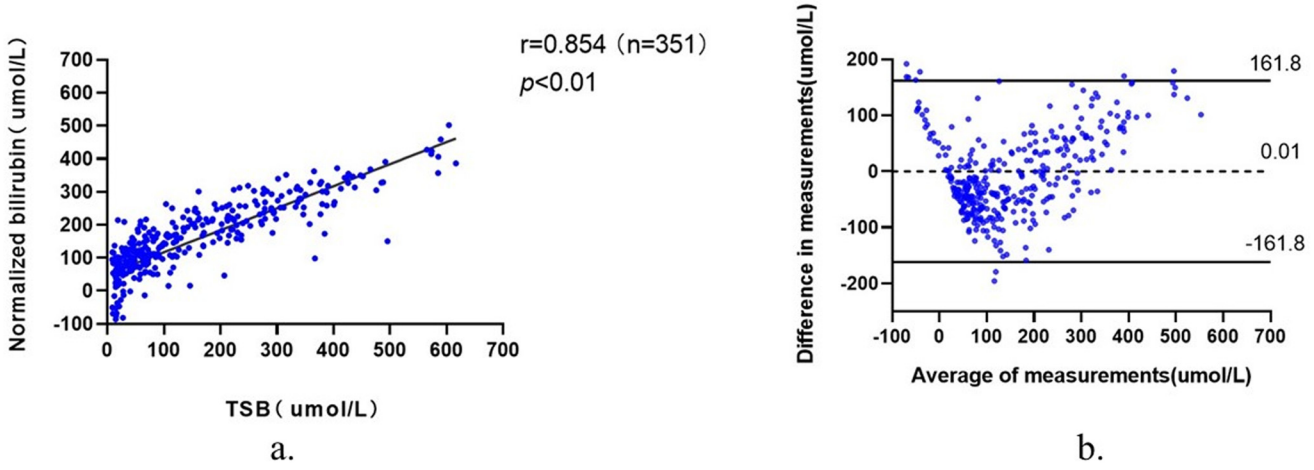

Figure: (abstract: FRI-484): **a.** Correlation between total serum bilirubin (TSB) and normalized bilirubin: r = 0.854, $p < 0.01$. TSB: Total serum bilirubin. **b.** Bland-Altman plot of TSB versus normalized bilirubin. The mean difference is zero and 97.4% of the values were within the 95% limits of agreement, i.e., ± 161.8 umol/L.

source in the room. After the scleral image was extracted, the RGB image of the sclera was reconstructed into a multispectral image to obtain the quantized bilirubin level, namely, the normalized bilirubin value.

Results: The linear correlation coefficient between the normalized bilirubin value and TSB was 0.854 (Fig. a). The Bland–Altman consistency test indicated that 97.4% of the values were within the 95% limits of agreement (LOA) (Fig. b). There were no significant differences in the normalized bilirubin values of the sclera at different orientations in the same patient. There was a high correlation between normalized bilirubin and TSB in different groups of sex, age, bilirubin grade, disease spectrum and bilirubin elevation type. The area under the receiver operating characteristic (ROC) curve was 0.90, the sensitivity was 75.0%, and the specificity was 92.0%.

Conclusion: The non-invasive bilirubin detection method we proposed has high accuracy, sensitivity and universality. Compared with the "gold standard" of bilirubin detection, this non-invasive detection method is cost-effective, easy to perform, and can reduce the discomfort of patients, suitable for long-term monitoring of bilirubin.

FRI-485

Diagnosis and treatment of patients with suspected mucinous cystic neoplasms according to the EASL-guidelines: a retrospective cohort study

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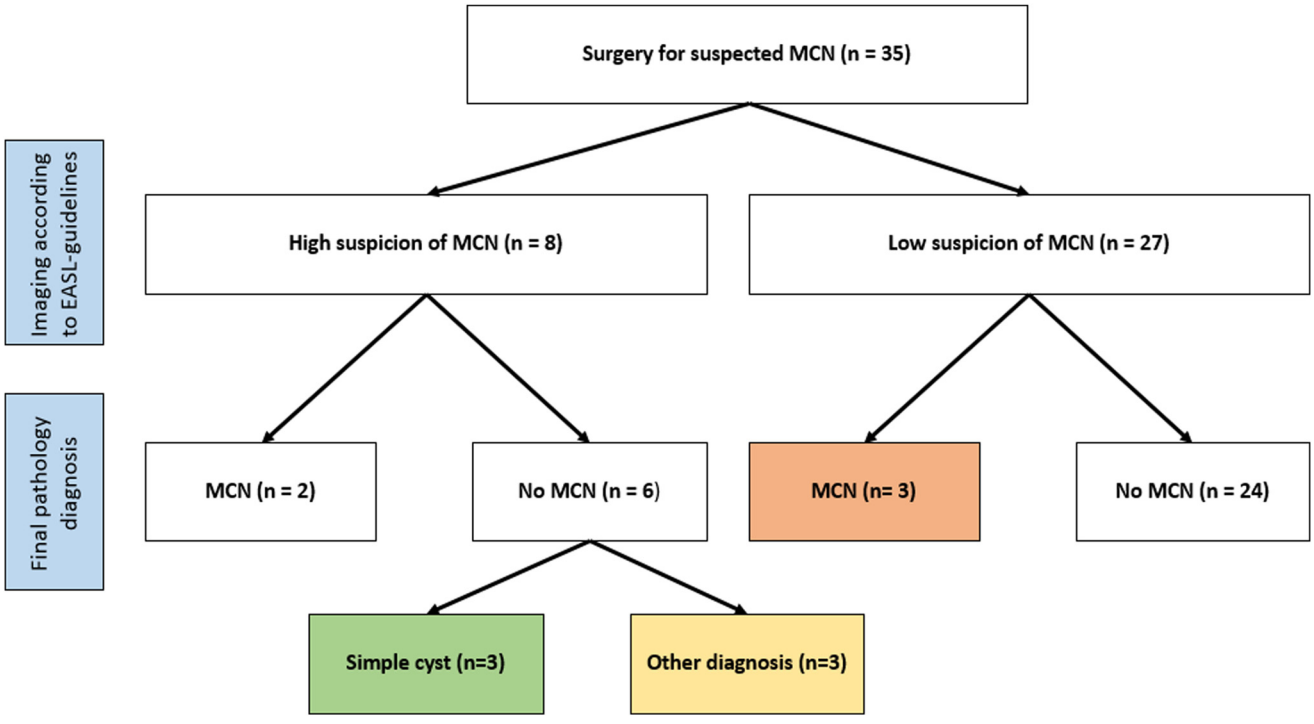

Figure: (abstract: FRI-485).