Methods: Retrospective clinical data was collected from RPAH databases. The histopathological diagnoses of biopsy slides were determined by slide review by 2–3 independent assessors according to the Banff criteria and previous biopsy reports. Data was analysed using IBM SPSS version 24.

Results and conclusion: The most common indications for LT in the patient cohort ($n=77$) were alcoholic cirrhosis (26/120, 22%) and hepatitis C virus (23/120, 19%). 39% of patients ($n=77$) underwent at least one biopsy within 12-months post-LT with a total of 41 biopsies. Biopsy outcomes ($n=41$) were TCMR (76%), hepatitis C virus (7%) and cholestatic hepatitis (7%). Mean reduction (95% confidence interval) of ALT, GGT and ALP at 5±1 week post-biopsy in cases of TCMR ($n=29$) were 251 (138–363), 186 (82–290) and 182 (90–274) with p -values of <0.001, 0.001 and <0.001, respectively. In 15 (45%, $n=31$) cases of TCMR, patients received intravenous (IV) methylprednisone pulsing following biopsy, 93% ($n=15$) of which had moderate or severe TCMR. The significant reduction in LFTs post-biopsy and management with IV methylprednisolone following biopsy-confirmed TCMR suggest liver biopsies may play a key role in the diagnosis and management of TCMR.

41. BANFF GLOBAL ASSESSMENT AND REJECTION ACTIVITY INDEX SEVERITY GRADING CRITERIA FOR T-CELL MEDIATED REJECTION (TCMR) IN LIVER TRANSPLANTATION ARE STRONGLY CORRELATED

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Background: TCMR is a common cause of graft dysfunction in liver transplantation (LT). Histologically it is characterised by portal inflammation (PI), bile duct damage (BDD) and venous endothelial inflammation (VEI). The Banff Working Group has defined Global Assessment criteria (mild, moderate and severe) and a rejection activity index (RAI), which semi-quantitatively defines a score of 1 to 3 for each component of TCMR (PI, BDD and VEI) to diagnose and assess the severity of TCMR in LT centres.

Aims: (1) Grade the severity of TCMR using Banff Global Assessment and RAI criteria in a cohort of 77 adult patients at RPAH who underwent LT; (2) investigate the relationship between the global assessment and each of the RAI components of the Banff criteria.

Methods: Retrospective clinical data for patients who underwent LT in 2015 was collected from RPAH databases. Biopsy slides were graded under the microscope by 2–3 independent assessors according to the Banff criteria for Global Assessment and each component of the RAI. Total RAI was calculated by the sum of RAI values for PI, BDD and VEI. Data was analysed using IBM SPSS version 24.

Results and conclusion: 30 (39%, $n=77$) patients in our cohort underwent at least one biopsy within 12-months post-LT. TCMR was diagnosed in 31 (76%, $n=41$) of biopsies. Banff Global Assessment was positively correlated with RAI for PI ($r=0.757$, p -value <0.001), BDD ($r=0.626$, p -value <0.001), VEI ($r=0.845$, p -value <0.001), and total RAI ($r=0.900$, p -value <0.001). Thus, we identified for the first time that biopsy grading according to the Banff criteria for Global Assessment and RAI scoring for

TCMR are strongly correlated. This correlation is strongest between Global Assessment and total RAI and VEI, respectively. Further studies to correlate these results with outcome data such as graft survival are required.

42. THE DANGERS OF HERBAL WEIGHT LOSS SUPPLEMENTS: A CASE REPORT OF DRUG-INDUCED LIVER INJURY SECONDARY TO GARCINIA CAMBOGIA INGESTION AND LITERATURE REVIEW

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Background: Drug-induced liver injury (DILI) should be suspected in patients presenting with unexplained liver disease. Recent data from the US Drug Induced Liver Injury Network reports 16% of acute liver failure cases are causally related to dietary supplements. Up to 50% of the Australian adult population take dietary supplements. *G. cambogia* (hydroxycitric acid), an extract of fruit peel, is a commercially available over-the-counter weight loss supplement implicated in causing acute liver injury in recent case reports.

Aims and methods: We present a case of a 54-year-old woman presenting with acute liver failure requiring transplantation after consuming *G. cambogia* for 2 months. Clinical notes and serological findings were reviewed to establish causality. Formalin-fixed paraffin-embedded representative sections of the explanted liver were stained with haematoxylin and eosin as well as routine special stains. A literature review using PubMed was performed to identify similar cases.

Results and conclusions: The liver showed submassive necrosis. No evidence of underlying chronic liver disease was identified. No other cause for the liver injury was identified on clinical assessment, serology or special stains. The findings were consistent with DILI secondary to *G. cambogia* in view of the temporal correlation with the supplement ingestion. A review of the literature found 34 published case reports of *G. cambogia* implicated liver injury, with 6 cases requiring liver transplantation. Although rare, our case highlights the risks of herbal supplementation. Health professionals should ensure to question patients presenting with unexplained deranged liver function tests or acute liver failure about dietary supplement usage to aid accurate clinical management.

43. AN UNUSUAL CASE OF CYSTIC LUNG DISEASE WITH RECURRENT PNEUMOTHORACES

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Background: Recurrent pneumothorax is a common clinical problem. When it is associated with pulmonary cystic lesions radiologically, it might be biopsied to clarify the underlying aetiology.

Aims and method: We presented a 67-year-old lady with progressive dyspnoea, recurrent pneumothoraces and bilateral