surgery can strongly predict a higher risk of sexual dysfunction after surgery.

http://dx.doi.org/10.1016/j.pbj.2017.07.037

**PS197**

**Compensatory renal overgrowth after unilateral nephrectomy in children**

Krzysztof Kopyt 1,*†, Aleksandra Gauden 1, Michal Ebisz 1, Michal Jurczyk 1, Adam Olesiak 1, Piotr Soltysiak 1, Wójciech Gorecki 2

1 Student Research Group – Jagiellonian University Medical College, Krakow, Poland
2 Pediatric Surgery Clinic, Jagiellonian University, Krakow, Poland

E-mail address: krzysztof.kopyt@student.uj.edu.pl (K. Kopyt).

**Aim:** The aim of the study is to investigate the intensity of renal overgrowth after unilateral nephrectomy in children’s population, as well as to check dependency between kidney’s dimensions and patient’s age.

**Introduction:** Solitary kidney after unilateral nephrectomy tends to overgrow. In adult population the dynamic of overgrowth and maximal dimensions are identified. In childhood there are no described patterns of the process of solitary kidney overgrowth.

**Methods:** Patients who had undergone unilateral nephrectomy in the University Children’s Hospital of Cracow were enrolled. The length of the solitary kidney was compared with control group and maximal dimensions are identified. In childhood there are no expected when overgrowth of the solitary kidney is not present. Further research dealing with the dynamic of compensatory kidney overgrowth in children is indicated.

http://dx.doi.org/10.1016/j.pbj.2017.07.038

---

**PS067**

**Cardiac effects of Ledipasvir plus sofosbuvir for Hepatitis C treatment in thalassemia**

H. Karimi-Sarī 1,2,3,4,*†, A. Khosravi 1,2,3,4, B. Behnava 1,2,3,4, M. Abedi-Andani 1,2,3,4, S.M. Alavian 1,2,3,4

1 Student Research Committee, Baqiyatallah University of Medical Sciences, Tehran, Iran
2 Baqiyatallah Research Center for Gastroenterology and Liver Diseases (BRCGL), Baqiyatallah University of Medical Sciences, Tehran, Iran
3 Middle East Liver Diseases (MELD) Center, Tehran, Iran
4 Atherosclerosis Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran

E-mail address: dr.karimih@yahoo.com (H. Karimi-Sarī).

**Aim:** This study was designed to evaluate the effects of Ledipasvir plus Sofosbuvir on cardiac function of thalassemia patients.

**Introduction:** Hepatitis C (HCV) infection is much more prevalent in thalassemia patients because of blood transfusion. Thalassemia patients may also have cardiac abnormalities due to congenital problems, anemia, and increased burden of iron in their myocardium. HCV treatment has been revolutionized after introducing new direct acting antiviral (DAA) drugs, and data is limited about effects of these new drugs on patients’ cardiac function.

**Methods:** In this study HCV-infected thalassemia patients which were selected for treatment with DAs in HepC-2 trial (NCT03061032) were evaluated prospectively. Fixed dose daily tablets of 90 mg-Ledipasvir plus 400 mg-Sofosbuvir (12/24 week, ±Ribavirin) was prescribed for patients. All patients were evaluated by a unique echocardiography fellowship for collecting the echocardiography findings of before and after the treatment. Then effects of mentioned drugs on patients’ cardiac function were evaluated.

**Results:** Thirty-two patients with mean age of 24.2 ± 6.4 years were evaluated. The treatment response, which was evaluated by rapid virological response and sustained virological response rates, was 100%. The patients’ left ventricular end-systolic diameter (LVEDD) and volume (LVESV), global longitudinal strain (GLS) of LV and average, and right ventricle (RV) size were significantly increased after finishing the treatment (P < 0.05). Changes in abovementioned parameters were not correlated with patients’ myocardium iron load (P > 0.05). There were no significant differences in before-after comparison of other echocardiographic parameters (P > 0.05).

**Conclusion:** Ledipasvir-Sofosbuvir combination therapy was safe for our HCV-infected thalassemia patients and cause no serious cardiac events. But minimal changes in strain, size, and volume of left ventricle, and size of right ventricle may refer to needing more precise cardiac evaluations in these patients. Also, our patients’ ejection fraction remained unchanged. Hence, we suggest more specific and long-term echocardiographic evaluations before and after treatment, if needed.1-3

**References**