

گوارش

نشریه علمی انجمن متخصصین گوارش و کبد ایران

دوره ۱۸، ویژه نامه، پاییز ۱۳۹۲ شماره پیاپی: ۸۴-۱ شاپا: ۷۱۸۶-۱۵۶۰ (چاپی)، ۷۵۶۸-۲۰۰۸ (آنلاین)، ۷۵۷۸-۲۰۰۸ (الکترونیک)

صاحب امتیاز:

انجمن متخصصین گوارش و کبد ایران

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صفحه آرایی:

فرزانه اتحاد

نشانی ناشر:

تهران، خیابان کارگر شمالی، جنب مرکز قلب تهران، کوچه شهرپور،

شماره ۱۳، واحد ۱

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تهران، خیابان کارگر شمالی، جنب مرکز قلب تهران، کوچه شهرپور،

شماره ۱۳، واحد ۱

صندوق پستی ۱۶۳-۱۴۳۹۵

دکتر صادق مسرت

تلفن و نمابر: ۳-۸۸۳۳۵۰۶۱

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راهنمای اشتراک

فصلنامه علمی - پژوهشی «گوارش»

برای اشتراک مجله فرم را تکمیل نمایید (فتوکپی فرم قابل قبول است) و همراه با اصل فیش بانکی که به حساب جاری شماره ۵۵۰۳۲۲۲۹ بانک رفاه کارگران، شعبه بیماستان شریعتی (کد ۱۳۳) به نام نشریه گوارش واریز شده است، به نشانی تهران، صندوق پستی ۱۶۳-۱۴۳۹۵ ارسال فرمایید.

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حق اشتراک سالانه

ریال ۲۰۰/۰۰۰

• داخل کشور:

• خارج کشور

ریال ۳۰۰/۰۰۰

کشورهای همجوار

ریال ۴۰۰/۰۰۰

اروپا

ریال ۵۰۰/۰۰۰

آمریکا، کانادا، استرالیا و ژاپن

درخواست اشتراک فصلنامه علمی-پژوهشی «گوارش»

نام: نام خانوادگی:

میزان تحصیلات: شروع اشتراک از شماره:

مبلغ پرداختی: طی فیش شماره:

پرداخت شده در شعبه: شماره های درخواست قبلی:

مبلغ پرداختی برای شماره های قبلی: طی فیش شماره:

پرداخت شده در شعبه:

نشانی:

کد پستی:

صندوق پستی:

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A distinction is made between chemoablative and thermo- and radioablative therapies. The main chemoablative interventions are transarterial infusion chemotherapy and transarterial chemoembolization (TACE). Treatment of primary and metastatic liver tumors with transarterial chemoembolization represents an essential component of interventional oncology.

Transcatheter arterial chemoembolization (TACE) is one of the most commonly used procedures in interventional radiology and is currently used as the palliative therapy of primary and metastatic hepatic tumors. Chemoembolization is a procedure that can

distribute high concentrations of therapeutic materials directly to the liver for prolonged periods. TACE combines the effect of targeted chemotherapy with the effect of ischemic necrosis caused by arterial embolization. In this review; the basic principles, patient selection, technical issues and complications of TACE are discussed and recent advances in TACE technique and clinical applications are discussed.

Send Date: 2013/08/26

¹ Digestive Disease Research Center, tehran univercity of medical science

Introduction: Not infrequently, the usual imaging modalities fail to identify the cause of CBD dilation and endoscopic ultrasonography (EUS) becomes necessary. The aim of this study was to assess the value of EUS in identifying the cause of CBD dilatation undiagnosed by transabdominal ultrasonography

Method: During 18months, 152 consecutive patients who were referred for evaluation of dilated CBD (diameter ≥ 7 mm) discovered incidentally during transabdominal ultrasonography were included. Final diagnoses were confirmed by ERCP, EUS-guided FNA, surgical exploration, or clinical follow up of at least 10 months. Patients with choledocholithiasis were referred for ERCP and sphincterotomy, and patients with operable tumors were referred for surgery. Patients with inoperable tumors underwent biliary stenting with or without chemoradiotherapy.

Results: One hundred and fifty (54% female) with dilated CBD were included.

Mean age of patients was 60 ± 17 years. The final diagnoses was choledocholithiasis in 32 (21. 1%), passed CBD stone in 35 (23%), opium-induced CBD dilation in 14 (9. 2%), post-cholecystectomy states in 20 (13. 1%), ampullary neoplasia in 15 (15. 8%), cholangiocarcinoma in 14 (9. 2%) and pancreatic head cancer in 9 (5. 9%). Sensitivity, specificity, positive predictive value, negative predictive value and accuracy of EUS for patients with abnormal EUS was 89. 5%, 100. 0%, 100. 0%, 91. 2% and 90. 9%, respectively.

Conclusion: After diagnosis of CBD dilation by transabdominal ultrasonography, EUS may be a reasonable choice for determining the etiology of dilated CBD.

Send Date: 2013/08/03

Code: 2770

Category: 19-ENDOSCOPY AND IMAGING

19. 7 Cross Sectional Imaging

F-T-88

Diffusion-weighted Imaging in Gastrointestinal Tract MRI

mahyar ghafoori¹*

¹ HazratRasoulAkram University Hospital, Iran University of Medical Sciences

MRI is becoming one of the important imaging

modalities for evaluation of gastrointestinal tract. New technology used in MR machines and advanced pulse sequences enables us to obtain high resolution images from abdominal organs with fewer artifacts. Diffusion-weighted imaging (DWI) is one of the important techniques that has many advantages in evaluation of different body organs and is complement of conventional MRI and improves the accuracy of MRI in detection of different pathologies. DWI is especially useful in diagnostic work-up of patients with different diseases of gastrointestinal tract including bowel cancer and inflammatory conditions. DWI works based on microscopic motion of water molecules in a cellular environment and provides functional information about the water in body tissues. DWI provides quantitative information about tissue cellularity and helps to distinguish between tissues with altered cellularity (eg, tumors) and normal tissues. DWI does not need contrast material injection and can be performed in patients with renal insufficiency. DWI is valuable modality in detection of gastrointestinal tract tumors, staging of tumors and evaluation of response to therapies.

DWI also plays an important role in evaluation of patients with inflammatory bowel disease and evaluation of inflammation and complications, such as abscesses and fistulas. DWI helps in differentiation between actively inflamed bowel from normal bowel and provides useful information about disease activity and response to treatment.

Send Date: 2013/09/29

Code: 2740

Category: 20- THERAPEUTIC ENDOSCOPY/
INTERVENTIONAL RADIOLOGY

20. 3 Interventional Radiology

F-T-89

Trans-arterial Chemoembolization as a therapy for Primary and Metastatic Liver Malignancies 1

hossein ghanaati¹*

¹medical imaging center oncointervention group, tums

This is a brief of a lecture:

In the last two decades image-guided interventional procedures and percutaneous ablative regional therapies have changed the therapy of nonresectable primary and secondary hepatic malignancies.

Code: 2704

Category: 19-ENDOSCOPY AND IMAGING

19. 1 Endoscopy - Upper GI

F-T-85

Planned second look endoscopy in patients with peptic ulcer bleedingrasoul sotoudehmanesh¹, Shadi Kolahdoozan¹,Roya Rahimi^{1*}, javad mikaeli¹, Morteza Khatibian¹¹ Digestive Disease Research Center, tehran university of medical science**Introduction:** Preliminary studies have suggested a beneficial effect of second look endoscopy in patients with bleeding peptic ulcers. However, there are anecdotal controversies concerning its effect.**Method:** We have performed a prospective survey of 64 patients with bleeding peptic ulcers admitted to our unit in the period of 18 months. Planned second look endoscopy and repeated combination therapy of injection and argon plasma coagulation were standard care. The effects were evaluated by comparing the expected number of re-bleeders with actual re-bleeders. At the same time we assessed predicting factors for re-bleeding.**Results:** During the study period, 64 patients (54 men and 10 females with mean age of 47.79 ± 17.49) with bleeding peptic ulcers divided to two groups: group A (One time endoscopy) and group B (Two times endoscopy during 24 hours). Bleeding recurrence was found in 40% patients of group A and 6% patients of group B ($p=0.01$). Need for surgery, hospital stay, treatment cost and blood transfusion requirement were not significantly different between two groups.**Conclusion:** Although the rate of recurrent bleeding was significantly lower in second look endoscopy, it is associated with an increased number of procedures, treatment sessions and possibly retreatment-related complications.

Send Date: 2013/08/03

Code: 2703

Category: 19-ENDOSCOPY AND IMAGING

19. 4 Endosonography

F-T-86

Evaluation of opium effect on pancreatobiliary system in opium addicted patientsRoya Rahimi^{1*}, Mohamad bagheri¹,Ali Aliasgari¹, rasoul sotoudehmanesh¹¹Digestive Disease Research Center, tehran university of medical science**Introduction:** Pancreatobiliary abnormalities in patients with opium addiction has not been evaluated widely before.**Method:** This study is a case-control study. Fifteen addicted patients (opium use / inhalation and oral) and 75 non addicted patients without any pancreatobiliary disease who were referred to the endosonography unit of shariati hospital during 6 months were enrolled in this study. Common bile duct (CBD), pancreatic duct (PD) and portal vein (PV) diameter, diameter of ampulla, gallbladder wall thickness and abnormalities were evaluated in both groups by endo sonographers.**Results:** Mean of CBD diameter in distal part was obtained 4.4 ± 1.9 mm in opium addicted group and 3.2 ± 0.9 mm in control group ($p \leq 0.0001$). Mean of CBD in middle part was 7.8 ± 3.2 in addicted and 4.4 ± 1.4 in non addicted patients ($p \leq 0.000$). Mean PV diameter in opium users was 10.04 ± 3.7 and in non opium users was 8.5 ± 2.02 ($p \leq 0.004$). Mean of PD in head in opium addicted was 3.22 ± 1.3 and in non opium addicted was 2.1 ± 0.74 ($p \leq 0.013$). Mean of PD diameter in body was 1.80 ± 0.38 in addicted and 1.6 ± 0.76 in non addicted with $p \leq 0.319$. Mean GBW thickness in opium users was 2.04 ± 0.92 and 1.9 ± 0.89 in non opium users with $p = 0.782$. Mean of ampulla in addicted patients was 99.87 ± 49 and mean of ampulla in control group was 66.2 ± 30 ($p \leq 0.001$)**Conclusion:** The opium addicted persons have more dilated common bile duct in distal and middle part and portal vein versus the non addicted population. Ampulla and PD in head in opium addicted patients is significantly more dilated.

Send Date: 2013/08/03

Code: 2705

Category: 19-ENDOSCOPY AND IMAGING

19. 4 Endosonography

F-T-87

Utility of Endoscopic ultrasonography in the evaluation of dilated CBD of undetermined etiologyrasoul sotoudehmanesh¹, Naimeh Nejati¹, MaryamFarsinejad¹, Shadi Kolahdoozan¹, Roya Rahimi^{1*},javad mikaeli¹, Morteza Khatibian¹

15. 5 Functional gastrointestinal disorders (clinical - management)

F-T-83

Effect of self-care education program on anxiety in patients with irritable bowel syndrome

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Introduction: According to studies on IBS, most patients need information about their disease and its symptoms. To reduce the cost of this disease on the health system; inform patients about disease, diet, ways to manage stress, rest and exercise are beneficial. This study was aimed to determine and compare the role of self-care training, methods of training on anxiety, stress and depression of patients.

Method: In this clinical trial, sixty patients with irritable bowel syndrome were randomly divided into three groups: Group I: 20 patients with an instruction pamphlet, Group II: 20 patients pamphlets and educational classes, group III: 20 patients were included in the training class. Bowel training includes anatomy, pathophysiology of IBS, precipitating causes, symptoms, methods of stress reduction and relaxation techniques, diet, rest and exercise levels that they were instructed, during the 4-hour session.

Results: Results showed that the mean stress, anxiety and depression among patients receiving care training than before training, after training was reduced and statistically significant differences were observed ($P < 0.05$). Which was comparable in both groups showed that the mean stress, anxiety and depression in the first group, there was no difference before and after the training. A comparison was made between the three groups, it was shown that the mean stress, anxiety and depression in the first and second group ($P < 0.05$) and the first and third groups ($P = 0.03$), there was a significant difference. The third group was lower than in the second group, but statistical significance was not observed.

Conclusion: Learn is effective in reducing stress, anxiety and depression in patients with irritable bowel syndrome. It is suggested that a combination of patient education (classroom training and written materials) and continuing to provide better results to be achieved.

Send Date: 2013/08/17

Code: 2645

Category: 16-IMMUNOLOGY/MICROBIOLOGY

16. 2 Inflammation and inflammatory mechanisms

F-T-84

The serum levels of CCL28 is elevated in patients with irritable bowel syndrome

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Background: Irritable bowel syndrome (IBS) is one of the most common gastrointestinal disorders in clinical practice. Although its pathophysiology is unknown, growing evidence now indicates that immune and inflammatory mechanisms contribute at least to a subset this disorder. Recent studies have demonstrated that CCL28, as mucosae-associated epithelial chemokine (MEC), is highly expressed by columnar epithelial cells in the gut, lung, and the salivary glands and drives the mucosal homing of T and B lymphocytes that express its receptor. CCL28 is constitutively expressed in the colon, but its levels can be increased by pro-inflammatory cytokines and certain bacterial products. Nevertheless, the level of CCL28 in patients with IBS has not been yet studied. **Method:** We aimed to examine the level of CCL28 in serum of 41 patients with IBS and 41 matched-normal individuals by Elisa.

Case Report: Surprisingly, we observed that the level of CCL28 is significantly higher (p value=0.011) in patients than the control group. When, we determined the level of CCL28 in patients with IBS, we found that the level of this chemokine is higher, although is not significant (P value=0.14), in patients with diarrhea-predominant IBS.

Discussion: Overall, we are demonstrating for the first time that CCL28 is elevated in serum of patients with IBS and that CCL28 could be a biomarker for diagnosis of patients with IBS. However, we consider evaluating this biomarker in serum of more patients with IBS as well as inflammatory bowel disease.

Send Date: 2013/07/07

who presented with severe, postprandial abdominal pain followed by projectile vomiting over a period of three days. Ultrasonography demonstrated a solid and echogenic mass surrounded by the typical mural layers of an invaginated jejunum. She underwent laparotomy and resection of an 18 cm tumor from the distal jejunum. The immuno-histopathological diagnosis after segmental jejunal resection was a jejunal inflammatory fibroid polyp.

Discussion: IFPs are one of the least common benign small bowel tumors. In most patients, in whom IFPs are located in the small bowel, the clinical picture is characterized by symptoms and signs of obstructive ileus, usually due to the intussusception, and rapidly becomes a surgical emergency. In the current case report, the patient presented with adult, postprandial cramping abdominal pain. This case highlighted the importance of performing a thorough examination, even when patients presented with unusual symptoms that are suspicious of functional pain. This case report demonstrated that intussusceptions, although rare in adults, should be considered in the differential diagnosis of abdominal pain. In our case, the preoperative clinical findings and ultrasonic images suggested invagination. The ultrasound images of the small bowel lumen showed a mass 11 cm in diameter. In conclusion, the recommended treatment of adult intestinal invagination is surgical resection of the intestinal segments involved; which was performed in our case and this was curative with no longstanding complication.

Send Date: 2013/08/22

Code: 2642

Category: 15- NERVE GUT AND MOTILITY

15. 5 Functional gastrointestinal disorders (clinical - management)

F-T-82

Evaluation of Desipramine effect in patients with diarrhea –predominant irritable bowel syndrome
Evaluation of Desipramine effect in patients with diarrhea –predominant irritable bowel syndrome

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Introduction: Since high doses of desipramine on IBS used and was effective in moderate and severe cases, in this study, a low dose of desipramine and its effect on patient with diarrhea predominant IBS have designed.

Method: 60 patients with diarrhea-predominant IBS, which referred to gastroenterology clinics, were evaluated by ROM III criteria for diagnosis of IBS. Patients with relief of symptoms on lactose-free diet were excluded. In addition patients received 10 days metronidazole for ruled out of bacterial overgrowth. After consulting psychiatrist patients with significant psychiatric symptoms were excluded. QOL questionnaire for all patients initially filled. Patients were randomly divided into three groups. Each patient was given a box containing 30 capsules containing placebo or tab desipramine 10 or 25 mg exactly the same shapes.

Results: The mean age of the study population were 38/2+ 11/4 years of which 34 were females (56/6%) and 26(43/4%) were the male. Evaluation on defecation among the three groups groups were found that the groups received desipramine 10 mg an average of defecation was 2/41 times/day, the standard deviation on 0/83 which was decreased compared to the before ($p=0/031$), and this result s in group B with a mean number of stools 2/52 times/day and SD=0/83 at baseline the end of treatment was not significantly different. Also significantly decreased defecation among the patients in group C was observed similar to group A. patients for adverse events resulting from desipramine were evaluated, a significant difference between the applied dose and the incidence of side effects in patients treated was observed.

Conclusion: Since the Desipramine has the effect in reduction of gastrointestinal symptoms in patients with IBS-D, this study may explain its significance.

Send Date: 2013/07/07

Code: 2719

Category: 15- NERVE GUT AND MOTILITY

Discussion: In patients with lymphoma, ALF was reported in prolong, advanced disease or consequence complications of cancer treatment but hepatic failure as initial manifestation is extremely rare and more difficult to diagnosis. Liver biopsy often need for confirming the diagnosis unknown infiltrative malignancy present with hepatic failure alone. With starting suitable treatment by CHOP-Rituxan chemotherapy regime before multi-organ failure occurs, patients with NHL have better prognosis than the others. As a result, in spite of ALF as initial manifestation of malignant hepatic infiltration is extremely rare, should be consider in all patients with unknown hepatic failure that are high suspicious to malignant neoplasm.

Send Date: 2013/08/20

Code: 2736

Category: 14-ONCOLOGY-CLINICAL

14. 2 Diagnosis of malignant disease

F-T-80

Primary Adenocarcinoma of Jejunum: A Case Report

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Background: Primary adenocarcinoma is the most common histologic subtype of carcinoma of the small bowel, constituting 40% of cases. Carcinoid tumors are the second most common type, accounting for 36% of cases, followed by lymphomas (16%) and stromal tumours (10%).

Case Report: We report a case of a 39-year-old woman who presented with postprandial abdominal pain followed by nausea and vomiting over a period of one month. She had a history of recurrent abdominal pain and vomiting within a year.

Double-balloon enteroscopy showed an ulcerative polypoid lesion with villous adenoma report in histology. Abdominal computed tomography (CT) revealed significant localized thickening of the jejunal wall and a mass in the first segment of jejunum. She underwent laparotomy and resection of a 5 cm tumor from the proximal jejunum. The pathological diagnosis after segmental jejunal

resection was an adenocarcinoma of jejunum.

Discussion: The small intestinal cancer is frequently manifested as ileus symptoms including abdominal pain or nausea and vomiting, and preoperative diagnosis is relatively difficult, thus many are found in the advanced state. As demonstrated in our study, clinical manifestations are unspecific and do not lead toward diagnosis. As the small bowel contents are fluid, obstruction does not present until the disease is so advanced that stenosis is nearly complete. Treatment includes extensive resection involving sufficient lymph node dissection, and it is desirable to obtain definitive diagnosis before surgery. Surgical treatment will depend on location and extension of the tumor. In conclusion, the lethality of small intestinal adenocarcinoma appears to be related to a delay in diagnosis and treatment, and this circumstance is most responsible for the poor prognosis of these lesions.

Therefore, physician's suspicion and awareness is crucial to make appropriate diagnostic investigation for earlier detection and increasing resectability of small intestinal adenocarcinoma.

Send Date: 2013/08/22

Code: 2737

Category: 14-ONCOLOGY-CLINICAL

14. 3 Management of malignant disease

F-T-81

Jejunal Intussusception Caused by a Huge Vanek's Tumor: A Case Report

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Background: Inflammatory fibroid polyp (IFP) is a rare, idiopathic pseudo-tumorous lesion of the gastrointestinal tract, first described by Vanek in 1949 as an eosinophilic submucosal granuloma. Symptoms depend on the location of the lesion, including abdominal pain, vomiting, altered small bowel movements, GI bleeding and loss of weight.

Here, we report an unusual case of jejunojejunal intussusception caused by an IFP, whose diagnosis was confirmed by immunohistochemistry.

Case Report: We report a case of a 40-year-old woman

condition.

Method: Water soluble cadmium-free QDs were administered subcutaneously into the anterior paw of rats.

Different organs were harvested for pharmacokinetic studies using inductively coupled plasma mass spectroscopy (ICP). Ex vivo CCD fluorescence images were recorded. Toxicity was investigated by histology and biochemical/haematological markers.

Results: Using ICP, QDs were detected in SLN as early as 5 min after injection. QDs level decreased rapidly at the injection point in the first hour after administration with a parallel increase in the thoracic and axillary lymph nodes to a lesser extent in the liver and spleen. By 24 hrs the majority of QDs accumulated in liver and spleen. QDs levels then progressively decreased over 1 month implying their excretion from the body. Accumulation of QDs in organs was further confirmed by ex vivo fluorescence imaging. Histological, biochemical and haematological analysis showed no sign of toxicity under in vivo condition.

Conclusion: Here, we report the development of biocompatible CF QDs for in vivo SLN mapping. CF QDs can potentially offer high contrast imaging with a low risk of toxicity which could overcome the limitation of currently available methods for SLN mapping. This method can potentially be applied for the intraoperative fluorescence guided SLN mapping of the GI tract.

Send Date: 2013/07/05

Code: 2728

Category: 14-ONCOLOGY-CLINICAL

14. 2 Diagnosis of malignant disease

F-T-79

Fulminate hepatic failure as initial presentation of Non Hodgkin Lymphoma: a case report

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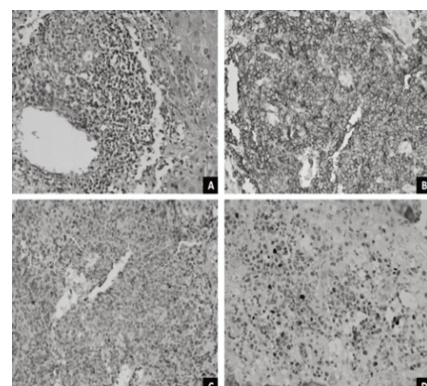
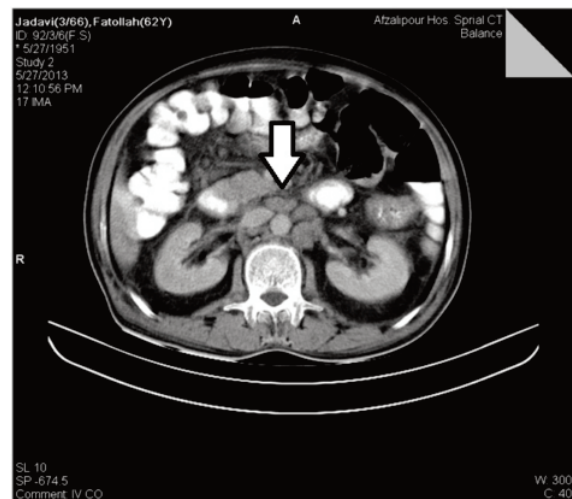
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Background: Viral hepatitis and toxins compose

most common causes of fulminate hepatic failure that often is diagnosed with usual laboratory tests but Herein, we present an uncommon and more difficult to diagnosis cause of acute liver failure(ALF) in a perviously healthy 62-year-old man.

Case Report: A 62-year-old man presented with two weeks history of fever and fatigue; moreover, 4 days before admission, he became lethargic. His past medical and drug history was unremarkable. Physical examination revealed generalized jaundice, fever and loss of consciousness. Laboratories tests showed liver transaminases elevation with direct hyper bilirobinemia. Abdominal ultrasonography and CT scan illustrated hepatosplenomegaly and paraaortic abdominal lymphadenopathy (figure 1). A further work-up included liver biopsy. The histopathology and imunohistochemistry was compatible with diffuse large B-cell lymphoma (figure 2. A-D).

He underwent high dose glucocorticoid therapy but his condition deteriorated rapidly and died 8 days after admission.



gene had expression while surprisingly in normal tissues there was no expression of this gene.

This may be in concordance with the theory that Dkk-1 is downregulated in early stages of neoplastic transformation and in later stages of neoplastic transformation gene is downregulated. As the normal tissues were obtained from normal colonic tissues adjacent to tumoral tissues, this observation would be justified well. Although further research to compare these cell lines with more normal and tumoral samples will be needed.

Send Date: 2013/10/07

Code: 2646

Category: 14-ONCOLOGY-CLINICAL

14. 1 Malignant disease - epidemiology - screening and prevention

F-T-77

The relationship between tumor infiltrating immunologic cells and the survival of gastric carcinoma patients

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Introduction: Tumor mass is not composed of a single cell type. Indeed, it is comprised of a mixture of neoplastic cells with innate and adaptive immune cells, fibroblasts, endothelial cells, and etc. Since gastric cancer is the most common and the most fatal cancer in both sexes in Iranian population, we investigated the prognostic significance of immune cell counts in the gastric cancer stroma.

Method: This historical cohort study was conducted on fifty patients with non-metastatic intestinal-type gastric adenocarcinoma who have been undergone curative gastrectomy during 2004-2008 in Imam-Reza Hospital, Mashhad University of Medical Sciences. Immunohistochemistry (IHC) staining for CD56, CD68, CD117 and CD1a was performed to detect natural killer cells, macrophages, mast cells and Langerhans cells, respectively. The immune cells were counted and the patients were then stratified into low or high immune cell counts. The prognostic significance of this grouping was analyzed using the Kaplan Meier method and Cox proportional hazards regression modeling.

Results: Thirty eight (76%) male and twelve (24%) female patients enrolled the study with a mean (\pm SD) age of 66. 0 (\pm 9. 2) years old. The median survival time was 15. 0 (95%CI: 5. 5-24. 5) months. Natural killer cells, mast cells and Langerhans cells showed positive effect on survival, whereas the reverse was true for macrophages. Multivariate analysis showed that the independent prognostic factors were location of the tumor (cardia/non-cardia), stage, the presence of extra-cytoplasmic mucin, tumor associated macrophage status (low/high), and tumor associated Langerhans cell status (low/high)

Conclusion: In the studied population, gastric carcinoma proved to have a very poor prognosis. Multivariate analysis showed that the prognostic effect of natural killer and mast cells in tumoral tissue were dependent on the Langerhans cell count, defending the theory that dendritic cells mediate other immunocytes activities

Send Date: 2013/07/08

Code: 2622

Category: 14-ONCOLOGY-CLINICAL

14. 2 Diagnosis of malignant disease

F-T-78

Novel Biocompatible Cadmium Free Quantum Dot Nanoparticles, for Intraoperative Sentinel Lymph Node Imaging

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Introduction: Many gastrointestinal (GI) tumours spread through the lymphatic system. Therefore, the status of the first draining lymph nodes in GI tumours has the best prognostic and therapeutic significance. However, sentinel lymph node (SLN) mapping of the GI tract using the available techniques has some drawbacks. Quantum dot (QDs) nanoparticles have attracted much attention as novel fluorescence diagnostic probes. Our aim was to develop new biocompatible cadmium free (CF) QD nanoparticles and study their ability for SLN mapping under in vivo

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Introduction: MicroRNAs (miRNAs) are small non-coding RNAs of 22 nucleotides that are considered as crucial post-transcriptional regulators of gene expression. miRNAs are involved in the regulation of genes related to many biological processes, such as differentiation, apoptosis, cell proliferation, angiogenesis and signal transduction pathways. Alterations in miRNA expression have been linked to the pathogenesis of many malignancies. So miRNA can be used as a marker for cancer diagnosis and prognosis. Recent studies have shed new light on the involvement of miRNAs in gastric cancer. Gastric cancer is the fourth most common cancer and the second leading cause of cancer-related death in the world. The purpose of the present study was to determine the miR-216a expression level in gastric cancer tissues compared with normal tissues.

Method: Total RNA was first extracted from gastric cancer tissues and normal tissues and then small isolated RNAs were extended with a poly(A) tail. Afterwards cDNAs were synthesized and the level of miR-216a expression in gastric tumour tissue and normal tissue was quantified by real-time polymerase chain reaction (Real-time PCR).

Results: In this study, we found that miR-216a is dysregulated in gastric cancer tissue samples compared with normal tissue samples.

Conclusion: This new information can suggest the potential role of miR-216a in the diagnosis of tumour from normal tissue. Therefore, it may be useful as a new biomarker for early diagnosis of gastric cancer.

Send Date: 2013/07/06

Code: 2797

Category: 13-ONCOLOGY-BASIC

13. 2 Molecular biology/genetics/pathology

F-T-76

Pattern of Dikkopf-1 gene expression in two normal colonic samples and three cell lines (A549, HCT116 and SW480)

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Introduction: Colorectal cancer (CRC) is the third most common malignant neoplasm worldwide. The Wnt-b-catenin signaling pathway plays crucial roles in development while its aberrant activation causes proliferation in many cancers. Dikkopf-1(Dkk-1) is one of the secreted antagonists of Wnt signaling pathway that encodes an extracellular inhibitor and it is mostly believed to be a tumor suppressor gene. In this study we studied expression of Dkk-1 in three cell lines including A549 (model for Lung cancer), HCT116 and SW480 (models for CRC) in addition to two normal tissues from colon epithelial.

Method: These cell lines had been cultured and passaged several times after obtaining from ATCC. we obtained fresh normal tissues of colorectal epithelial (adjacent to tumoral tissues) from Imam Khomeini Hospital. Total RNA of samples and cells were extracted using Trizol and their RNAs were converted to cDNA using Mu-MLV reverse transcriptase. Expression of Dkk-1 and β -actin and GAPDH(as reference genes) was analyzed by primers and syber green master mix in ABI-7300 Realtime analyzer

Results: Normal tissues were obtained from a 44 and 37 year old women. Delta CTs of Dkk1 in comparison to GAPDH and β -actin in SW480, A549 and HCT116 were 14. 55, 7. 55 And 6. 98 In the other hand none of the normal tissues showed expression of this gene

Conclusion: Our observations showed that in all three cancer cell lines, Dkk1 as a tumor suppressor

Method: The present study which is of a descriptive, prospective and case series nature, has been studying the diagnostic value of EUS-FNA in pancreatic non-adenocarcinoma tumor in 60 patients with pancreatic solid neoplasm. Cytopathologic diagnosis founded on EUS-FNA accepted as final diagnosis in unresectable ones. But the reference standard for the final diagnosis in patients with resectable tumor was surgical pathology. In patients with non diagnostic EUS - FNA specimen, final diagnosis achieved by re-FNA, Computerized Tomography (CT) guided biopsy, or surgery.

Results: Ten patients (17%) found to have non-adenocarcinoma tumor. Half of them were male. The mean age was 53 years. EUS-FNA was diagnostic in 8 cases (80%) including the 4 neuroendocrine tumors, one gastrointestinal stromal tumor, one mucinous neoplasm, one pseudopapillary tumor, and one giant cell tumor. Surgical pathology confirmed the EUS-FNA diagnosis in five patients that had resectable tumor. However EUS-FNA recognition accepted as final diagnosis in three patients that had unresectable tumor. EUS-FNA was non-diagnostic in one patient with pancreatic lymphoma and another patient with colon cancer metastasis.

Conclusion: EUS FNA is a safe and effective for diagnosing the solid non- adenocarcinoma tumors as well as adenocarcinomas of pancreas.

Send Date: 2013/07/01

Code: 2592

Category: 12-SURGERY

12. 2 Small bowel / colorectal and anal

F-T-74

Efficacy of *Saccharomyces boulardii* in acute watery diarrhea in children attending Children Medical Center hospital, Iran from January 2011 to January 2012

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Introduction: Acute diarrhea has remained as one of the global health problems in children and this illness is one of the most common pediatric illnesses in developing countries. Probiotics obviously and continuously have been under study not only as part

of treatment plan, but also for preventing diarrhea (especially in children). There are a vast majority of studies that show a specific group of probiotics can reduce the duration of diarrhea. Most of these studies have used Lacto Bacilli strains and *Saccharomyces boulardii*.

Method: In a double blind randomized clinical trial, *Saccharomyces boulardii* was prescribed as capsules containing 1010 CFU in daily manner in children with acute non bloody diarrhea who had attended Children Medical Center hospital, Iran from Jan. 2011 to Jan. 2012. A total of 132 patients were enrolled in the study. These children were divided into two groups. One group received one *Saccharomyces boulardii* capsule (in Yomogi 250 mg capsule trade name) daily for 5 days and control group received placebo for the same duration. ORT and dietary recommendations were the same for both groups.

Results: Significant reduction in frequency and duration of diarrhea were notable points of this study. Frequency of watery stools after five days in case group was significantly lower than control group (5.12 vs. 4.15) and there was a meaningful statistically difference between the two groups (P=0.02).

Persistent diarrhea rate (diarrhea going on for 14 days or longer) was significantly higher in control group (19.8%) versus the case group (3.01%). (P=0.005)

Conclusion: As many other probiotic strains, *Saccharomyces boulardii* may act as an efficient part of management protocol for acute watery diarrhea in children via decremental effects on frequency of watery stools and duration of the disease. Further studies regarding this yeast microorganism in childhood diarrhea can confirm our result.

Send Date: 2013/06/10

Code: 2638

Category: 13-ONCOLOGY-BASIC

13. 2 Molecular biology/genetics/pathology

F-T-75

Expression Analysis of miR-216a in gastric cancer

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Mohammad Hossein Somi²

amplified by polymerase chain reaction and mutation at R249 was identified by the endonuclease cleavage of HaeIII.

Results: The group of patients showed a frequency of 11% (22 of 133 samples) R249 mutation compare to 3.5% (3 of 85 samples) in the group of control which was significant ($p=0.03$). This mutation demonstrated statistically significant association with pancreatic cancer risk in unadjusted (OR: 3.74, 95% CI: 1.1-13.2; $P=0.041$) and when adjusted for gender (OR: 3.58, 95% CI: 1.0-12.8; $P=0.050$).

Conclusion: The findings in this study demonstrate that mutation at R249 increased the risk of cancer with no significant difference in the age at cancer diagnosis and gender. Also the presence of the R249 p53 mutation in the plasma of patients with pancreatic cancer and also in the healthy subjects may suggest the dietary exposure to aflatoxins (AFB1).

Send Date: 2013/07/21

Code: 2676

Category: 9- PANCREAS

9.2 Pancreatitis - experimental

F-T-72

PD stent in ERCP; a new approach for prevention of Post-ERCP pancreatitis

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Introduction: Prevention of post ERCP pancreatitis complication includes pharmacology and non pharmacology interventions. Among them Pancreatic Stent placement is accepted as an effective method. To evaluate the effect of pancreatic duct stent placement on the frequency and severity of post-ERCP pancreatitis in a selected group of patients.

Method: The study group consisted of adult patients at high risk for post-ERCP pancreatitis because of a difficult cannulation, multiple attempts, performance of endoscopic sphincterotomy with precut, pancreatic duct (PD) cannulation and /or injection to PD.

The patients were randomized in two groups, either who emplaced of a plastic PD stent or no stent for preventive of complications. A 5F plastic stent, 4cm long, was used. The frequency and severity of post-ERCP complications was assessed.

Results: 120 patients were enrolled in this study. Of those 57 patients were in case group. 57.7% of patients were female. The mean age of participants was 55.6 ± 19.8 years. PD cannulation, precut, multiple attempts, PD injection and other indications were seen in 61.3%, 0%, 20.7%, 10.0%, 4.8% and 5.2% respectively. Mild, moderate and severe pancreatitis were seen in 6(11.2%), 3(5.2%) and 1(1.7%) respectively of case group. Although in control group the rate of mild, moderate and severe post ERCP pancreatitis were 8(12%), 7(10.4%), and 3(1.0%). Overall patients underwent PD stent placement had significant lower frequency of post-ERCP pancreatitis compare to other group (1.0% vs. 23%, $P<0.05$). Also the severity of pancreatitis was significantly lower in patients benefits of PD stents. Other major complication were not occurred except migration of stent into PD in 2(3.0%).

Conclusion: Placement of stent is safe and effective in patients who indicated for PD stent. We strongly recommend insertion of stent in these conditions.

Send Date: 2013/10/06

Code: 2607

Category: 9- PANCREAS

9.5 Malignant disease and endocrine tumors of the pancreas

F-T-73

Efficacy of endoscopic ultrasound fine needle aspiration in the diagnosis of pancreatic non-adenocarcinoma tumors

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Introduction: Five percent of pancreatic neoplasms are non-adenocarcinoma tumors. Clinical presentation and imaging characteristics of these tumors are similar to adenocarcinoma. This study aims at evaluating the results and efficacy of Endoscopic ultrasound guided fine needle aspiration (EUS-FNA) in diagnosing the pancreatic non-adenocarcinoma tumor in patients with solid pancreatic mass.

patic and renal failure, coagulopathy, and ventilator-dependent respiratory failure. The second case was a 23-year-old woman in her second pregnancy treated with 4 plasmapheresis sessions due to AFLP, hepatic and renal failure, coagulopathy, and hypoglycemia. The third patient was a 23-year-old primigravida woman treated with 3 plasmapheresis sessions due to AFLP, renal failure, and coagulopathy.

Discussion: Plasmapheresis can be a life-saving treatment in patients with AFLP and is strongly recommended for patients with severity of their disease accompanied by other organ disorders.

In addition, shortening the time interval between the termination of pregnancy and initializing plasmapheresis improves the outcome and reduces the duration of hospital stay and sessions of plasmapheresis.

Send Date: 2013/06/28

Code: 2731

Category: 8- BILIARY

8. 3 Malignant hepato-biliary diseases

F-T-70

A 9-year Cholangiocarcinoma experience at a single referral center In IRAN

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Introduction: : cholangiocarcinoma is a malignant tumor of the biliary tract epithelium. Although is not a common tumor it has a high mortality rate, most patients are found to have irresectable tumor on initial presentation. These have led to and emphasis on the role of palliative treatment.

Method: The medical records of 139 patients with cholangiocarcinoma, seen at a single referral hospital, were reviewed, retrospective cohort study with a median follow-up of 18 months. Demographic aspects, Chincial and para clinical manifestations as well as the risk factors were investigated and survival rates of patients were compared with or without stenting, palliative surgery and external drainage.

Results: 139 patients with a median age of 63 years

were included, 92 patients (66. 2%) were male and 47 (33. 8%) were female. Jaundice, weight loss and pruritus were the main complaints of the patients.

ulcerative colitis accompanied with PSC was diagnosed in 10 patients (7. 2%). 85 (61. 1%) wereperihilar, 53 (48. 2%) extrahepatic and one patient (0. 7%) intrahepatic. . 28 patient(20. 1%)was not received any therapy, surgical palliative therapy was done for 17 patients(12. 2%), Palliative biliary stenting was performed in 75 patrients (54%). External biliary drainage was performed in 15 patients (10. 8%). The survival was longer in patients who underwent palliative biliary surgery or stenting compared to those who did not. P=0. 027

Conclusion: Patients with cholangiocarcinoma were usually elderly with advanceddisease at presentation. Curative surgical resection is not possible in themajority of cases. palliative treatments with surgery or biliary stenting

Send Date: 2013/08/22

Code: 2679

Category: 9- PANCREAS

9. 1 Cell biology/secretion/enzymology/physiology

F-T-71

Detection of TP53 R249 Mutation in Iranian Patients with Pancreatic Cancer

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Introduction: TP53(tumor protein p53)is likely to play a major role in the etiology ofpancreatic cancer. The important role of codon 249 of p53 gene for binding of this protein to its sequence-specific consensus site in DNA has been revealed by crystallography's studies and mutation at this codon were frequently detected in the plasma of some human cancer. The presence of R249 mutation was evaluated in plasma patients of pancreatic cancer.

Method: The TP53 Mut assessor software within IARC TP53 Database was performed to evaluate every possible mutation at codon 249. DNA was extractedfrom the plasma of133 pancreatic cancer patients and 85 non-cancers-individuals. Exon 7 was

time: 21 sec, alanine aminotransferase (ALT): 2339 IU/L, aspartate aminotransferase (AST): 2002 IU/L, and ALP: 90 IU/L. No common cause of liver involvement was discovered, and eventually, with diagnosis of adrenal insufficiency and corticosteroid therapy, liver enzymes and function became normal. Finally, the patient was discharged with good general condition.

Discussion: With this report, we emphasize adrenal insufficiency (primary or secondary) as a reason of liver involvement in unexplainable cases and recommend that any increase in the liver enzymes, even liver failure, in these patients should be observed.

Send Date: 2013/07/04

Code: 2657

Category: 7- LIVER

7. 11 Acute liver failure - transplantation/surgery
F-T-68

Reducing Social Disparity in Liver Transplantation Utilization through Governmental Financial Support

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Introduction: A high proportion of patients suffering from end stage liver disease are from low socioeconomic classes, which limits their access to liver transplantation as the most effective treatment of this condition because of cost barrier. One of the most challenging aspects of liver transplantation is its affordability and utilization by those who need it the most.

Method: Since November 2005, Iran Ministry of

Health had covered 100% of the costs of in-patient liver transplantation care. To determine the effects of this policy, patterns of utilization of liver transplantation were compared before and after implementation of the policy. Group one included 112 and group two included 120 individuals who received transplantation before (from early January 2003 to November 2005) and after (from November 2005 to the end of December 2007) the legislation entered into the effect, respectively. Socioeconomic characteristics of these patients were evaluated by data collected about house and car ownership, education level, employment status, and place of residence.

Results: Coverage of the costs allowed more illiterate and semiliterate people ($P=0.032$) as well as more unemployed or unskilled workers to receive transplantation ($P=0.021$). The number of transplantations also increased in children and geriatric age group. This legislation also led to greater nationwide regional coverage of indigent patients.

Conclusion: This survey provides evidence that coverage of the costs by Ministry of Health was effective in reducing social discrimination in utilization of liver transplantation, and narrowed the gap between low and high socioeconomic classes in Iranian society.

Send Date: 2013/07/10

Code: 2604

Category: 7- LIVER

7. 13 Miscellaneous
F-T-69

Plasmapheresis in Acute Fatty Liver of Pregnancy: An Effective Treatment

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Background: Acute fatty liver of pregnancy (AFLP) is an idiopathic disorder with an unknown cause occurring in late pregnancy. The treatment in these patients is often immediate termination of pregnancy, and plasmapheresis provides an effective treatment option.

Case Report: In this paper, we introduce three pregnant women treated with plasmapheresis. The first case was a 22-year-old primigravida woman treated with 22 sessions of plasmapheresis due to AFLP, he-

0. 5%) subjects developed HBsAb. During the average of 5. 97 years follow-up (21106. 7 Person years) 35 HBV infected subjects died of end stage liver disease (annual mortality rate: 1. 66 per 1000 persons).

Conclusion: HBeAg negative HBV genotype D infected adults in our cohort had 6 year survival rate of 92. 8% with 12. 02% chance of spontaneous Loss of HBsAg.

Send Date: 2013/10/08

Code: 2815

Category: 7- LIVER

7. 8 Viral hepatitis B: clinical aspects

F-T-66

Low hepatitis B surface anti-body titer 12-20 year after neonatal hepatitis B vaccination:

Results of a big population based study

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Introduction: The protective effect of immunization of newborns against Hepatitis B (HB) virus (HBV) infection in those born to an infected parent is poorly understood. The aim of the present work was to determine long term immune response to neonatal HB vaccine in aforementioned group of children in Golestan province and to identify factors implicated in low-response to vaccine.

Method: Seven hundred and five healthy individuals immunized with an infantile course of HB vaccine were tested at 12-20 years of age for persistence of HB-S antibody (HBsAb) and determinants of low-response (HBsAb < 10 IU/ml). Both the entire group of responders and low responders and an age-matched group of them (12-14 years, 15-17 years, and 18-20 years) were analyzed. A bivariate analysis followed by nominal logistic regression was performed to identify the independent predictors of low response.

Results: Of 705 individuals, 482 (68%) had HBsAb titer < 10 IU/ml. The mean (range) titer of HBsAb among responders was 66 (11-414) IU/ml.

In analysis of the entire group of vaccine-responders (mean age: 17. 2 years), and low responders (mean age: 17.8 years), logistic regression model showed significant differences between 2 groups in term of age (OR=1. 16; p= 0. 003), body mass index (BMI) (OR=1. 12; p=0. 03) and rate of birth to infected mother vs infected father (41% vs 32, 8%; OR=0. 67; p=0. 01) respectively. These differences were not significant any more in the analysis of age-matched groups suggesting the influence of age on demographic variables.

Conclusion: The need for booster doses to preserve vaccine-induced immunity in originally low responders is of utmost importance. Further investigation is needed to assess factors that can impede an adequate antibody response including HBV variants and genetic factors.

Send Date: 2013/10/13

Code: 2615

Category: 7- LIVER

7. 11 Acute liver failure - transplantation/surgery

F-T-67

Adrenal Insufficiency as a Cause of Acute Liver Failure: A Case Report

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Background: Many diseases and conditions can contribute to elevated liver enzymes. Common causes include viral and autoimmune hepatitis, fatty liver, and bile duct diseases, but, in uncommon cases like liver involvement in endocrine disorders, liver failure is also seen. Adrenal insufficiency is the rarest endocrine disorder complicating the liver. In the previously reported cases of adrenal insufficiency, mild liver enzymes elevation was seen but we report a case with severe elevated liver enzymes and liver failure due to adrenal insufficiency. Based on our knowledge, this is the first report in this field.

Case Report: A 39-year-old woman was referred to emergency ward due to drowsiness and severe fatigue. Her laboratory tests revealed prothrombin

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Introduction: Mother-to-infant transmission was the major route of hepatitis B virus (HBV) transmission among Iranian children in pre-vaccination era. We studied the rate of HBV infection among children born to hepatitis B surface antigen (HBsAg)-positive mothers 20 years after universal neonatal vaccination project in Northern Iran.

Method: Golestan cohort study (GCS) is a prospective study of more than 50,000 (58% female) adults (age 40-75 years) originally intended to study the upper GI cancers in North Eastern Iran. GCS subjects were 74% Turkmen, 80% lived in rural areas, 88% were married, 83% were non-smokers, and 70% had no formal education. HBV infection was found to be the most common cause of end-stage liver disease during GCS follow-ups. Baseline serology for HBV and HCV infection was obtained for all participants and a subcohort of HBV infected subjects were established within the GCS. Repeated measurements of exposure including HBV infection risk factors and a repeated serologic assessment for markers of HBV infection was performed 5 years after the enrollment (2012) for the subjects and their family members.

Results: During past 20 years 158 Children were born to 1585 HBV infected mothers and were routinely vaccinated against HBV at birth. No hepatitis B immunoglobulin (HBIG) was given to the children at the time of birth. The number of HBsAg seropositive vaccinated children was 9 (5.7%). Among HBsAg positive children 8(89%) were also seropositive for HBcAb. Among HBsAg negative children 56 (37.6%) were seropositive for HBsAb. Totally 84(53.2%) subjects were seronegative for all HBV markers.

Conclusion: Children born to HBsAg-positive mothers are at risk for chronic HBV infection and 53% remain unprotected despite neonatal HBV vaccination. Screening of pregnant women for HBsAg and HBeAg in addition to universal neonatal vaccination might be necessary to control mother-to-infant transmission of HBV.

Send Date: 2013/10/08

Code: 2808

Category: 7- LIVER

7.8 Viral hepatitis B: clinical aspects

F-T-65

Spontaneous Surface Antigen Loss in Hepatitis B e Antigen Negative, Genotype D, HBV infection

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Introduction: Hepatitis B virus infection is a major health problem worldwide. We aimed to study the epidemiological features of HBV and the spontaneous loss of hepatitis B surface antigen in HBV infected (HBeAg negative and genotype D) subjects followed-up during 2003 to 2012.

Method: Golestan cohort study (GCS) is a prospective study of more than 50,000 (58% female) adults (age 40-75 years) originally intended to study the upper GI cancers in North Eastern Iran. GCS subjects were 74% Turkmen, 80% lived in rural areas, 88% were married, 83% were non-smokers, and 70% had no formal education. HBV infection (HBeAg negative and genotype D) was found to be the most common cause of end-stage liver disease during GCS follow-ups. Baseline serology for HBV and HCV infection was obtained for all participants and a subcohort of HBV infected subjects were established within the GCS. Repeated measurements of exposure including HBV infection risk factors and a repeated serologic assessment for markers of HBV infection was performed after average of 5 years from the enrollment (2012).

Results: A total of 3532 subjects from GCS (50049) were found to be HBsAg positive at baseline and were enrolled in Golestan HBV cohort study. After 5 years follow-up, 2413 subjects were available for reassessment, of those 2123 was found to be HBsAg positive and 290 subjects were HBsAg negative (12.02%, annual rate: 2%). Among subjects (290) with spontaneous loss of HBsAg 159 (54.82%) were HBcAb positive and 71 (24.48%, annual rate:

F-T-62

Seroprevalence of Hepatitis B virus markers and pattern of sexual activities in opium and opioid drug addicts, shiraz, southern Iran

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Introduction: Intravenous drug users (IDUs) are prone to HBV infection. We aimed to determine the prevalence of HBV infection and different types of sexual activities in opium and opioid drug addicts.

Method: In this cross sectional serosurvey study, all drug addicts were queried about their route of drug using and sexual affairs and were checked for HBV markers.

Results: Five hundred sixty nine participated in this study. Their mean age was 30 ± 7. 8 years. 485 (85.2%) were male and 84(14. 7%) were female. 190 (33. 3%) were married and 315 (55. 3%) were single. 426 (74. 8%) had educated for 6-12 years. 234 (41.1%) were Intravenous drug users (IDUs). 91(38.8%) of IDUs used to use non-sterilized syringe. 92 (16. 1%) had been vaccinated against HBV. Of the sera tested, 18(3. 1%) were HBS Ag positive, 72(12.6%) were anti -HBc Ab positive. 3(0. 5%) were HBe Ag positive and 16 (2. 8%) had anti HBe Ab. 469 (82. 4%) had extramarital sexual activities. 370 (65%) were heterosexual, 15(2. 6%) were homosexual and 84 (14. 7%) were bisexual. 12 of 78 (15. 3%) HBV infected and 82 of 491 (16. 7%) non- HBV infected (16. 7%) were bisexuals.

Condom was used regularly by only 70 (12. 3%) in their sexual activities. 216 (37. 9%) had history of tattooing. 221 (38. 8%) were blood donors and 60 (10. 5%) were receivers of blood. 215(37. 7%) mentioned that they continue to their high risk behaviors, despite referring to BCC.

Conclusion: Active screening for HBV and reinforcement of harm reduction activities for all opium and opioid drug users should be implemented in BCC and other their referral centers.

Send Date: 2013/07/10

Code: 2667

Category: 7- LIVER

7. 8 Viral hepatitis B: clinical aspects

F-T-63

the prevalence of HIV co-infection and related risk factors in patients with B and C

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Introduction: Co-infection of hepatitis B virus (HBV), hepatitis c virus (HCV) and immunodeficiency virus (HIV) is common due to shared mode of transmission. these viral infections are global health problems. These co-infections accelerate the course of chronic liver disease.

Method: In this research, the prevalence of HIV co-infection in patients with B and C hepatitis referred to gastrointestinal and hepatic disease research unit in Imam Reza hospital, Mashad was assessed.

Results: Of 749 patients with B and C viral infections, 650 patients who had HBV infection. Anti – HIV antibody was not positive in any of the HBV infected patients. Of 106 with HCV patients, 40/6 percent of them had history of intravenous drug user (IVDU). Anti-HIV antibody was positive only in one of the patients with infected HCV hepatitis (0/9%) with IVDU. HBV/HCV co-infection were seen in 7 (0. 9)% of patients.

Conclusion: Prevalence of co-infections HIV with HBV or HCV in Iran is very low, also other researches with more population size is recommended.

Send Date: 2013/07/15

Code: 2804

Category: 7- LIVER

7. 8 Viral hepatitis B: clinical aspects

F-T-64

Impact of Universal Neonatal Immunization to Prevent Mother-to-Infant Transmission of HBV

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Introduction: Hepatitis E Virus infection causes acute, self-limiting hepatitis that is associated with high morbidity. The virus has a feco-oral transmission cycle and is transmitted through environmental contamination, mainly through drinking water, although parenteral and prenatal routes have been implicated. Seroprevalence studies have shown that, hepatitis E is responsible for more than 50% of acute hepatitis cases in young adults in developing countries. Due to the fact that little is known about seroprevalence of HEV in Iranian children, we decided to determine the prevalence of anti-HEV antibodies among children in Tabriz.

Method: Our study group included 252 subjects aged from 2 to 16 who had been referred to clinic of Tabriz children's hospital during 2011. Informed consent to take blood sample was obtained from parents. For every subject demographic characterized such as age, sex, area of residence, duration of breast feeding, father's job, mother's job, presence or absence of Toilet facilities in the home, method of sewage and waste disposal, type of water supply, history of surgery of blood transfusion, parent's addiction and the history of clinical hepatitis in the subjects and their family members was recorded in questionnaires. Serum samples were tested for specific IgG antibody (anti HEV) using ELISA method. The association between seropositivity and demographic characteristic were described

Results: In our study 9 of 252 (3.6%) samples were positive for IgG antibody (anti HEV). By analyzing our data we showed that there is no significant statistic association between our demographic characteristic and seropositive state of subjects.

Conclusion: This study found a serology of 3.6% for anti HEV antibody in children that live in Tabriz in northwest of Iran. According to this study prevalence of hepatitis E virus is not rare in our country and it must be considered in the case of acute hepatitis.

Send Date: 2013/07/14

Code: 2629

Category: 7- LIVER

7.8 Viral hepatitis B: clinical aspects

F-T-61

Intrafamilial spread of Hepatitis B virus in Guilan Province- North of Iran

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Introduction: Hepatitis B virus (HBV) may be transmitted through parenteral, sexual and perinatal contacts as well as child-to-child or household personal contacts. The aim of the present study was to determine the intrafamilial spread of HBV in the family members of patients with Hepatitis B in Guilan Province, North of Iran

Method: In a descriptive-comparative study in a 18 months period in North of Iran, 156 patients(index cases) with Hepatitis B, 415 family members of the patients, and 599 age and gender matched people as a control group were enrolled. Questioners including demographic data, including family relationship, occupation, risk factors of Hepatitis B were developed and filled by two trained physicians. Blood samples were taken from the participants and were checked for HBs Ag, HBC Ab, HBs Ab, and HBV DNA.

Results: Totally 44 (10.6%) of family members and only 1 (0.2%) of control group were HBs Ag positive (P= 0.0001, OR= 70.92). The mean age of HBs Ag positive family members was 35.3 ± 12.9 years old. Among them 27 (61.4%) were female. Among family member group, HBs Ag was most prevalent in the brothers (25.5%). Sharing common towels and eating materials with the patients were the most common household contacts

Conclusion: The present survey indicates that there is a significant difference in the prevalence of Hepatitis B in the general population and family members of Hepatitis B patients and this is an evidence for horizontal transmission of HBV in household contacts.

Send Date: 2013/07/06

Code: 2650

Category: 7- LIVER

7.8 Viral hepatitis B: clinical aspects

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Introduction: The aim of this study is to explore the negative prognostic factors by comparing different characteristics in fully-recovered and nonsurvivors of Hepatitis A.

Method: The present study has a retrospective cross-sectional design and was undertaken at Namazi and Shahid Faghihi hospitals, Shiraz, Iran, during a 4-year period. All patients who were positive for anti-HAV IgM and negative for Hepatitis B and C and HIV were included. All data were extracted from patients' hospital medical records.

Results: A total of 110 hospitalized patients were included. Eight patients (7.3%) developed hepatic encephalopathy. Five of them (62.4%) died during hospital course. We found that 19 years of age is an appropriate cut-off value for predicting mortality with a sensitivity and specificity of 42.9% and 91.3%, respectively. An appropriate cut-off value of alanine aminotransferase for predicting death was 1819.5 IU/L.

Conclusion: We suggest identifying and approaching patients with alarming signs and symptoms specifically in order to prevent devastating acute liver failure, which is associated with a negative outcome. We also recommend considering targeted HAV vaccination in high risk populations as well as new plans for IgG anti-HAV check in high risk families and clusters.

Send Date: 2013/07/10

Code: 2663

Category: 7- LIVER

7. 7 Viral hepatitis: basic aspects

T-S-59

Evaluation of single nucleotide polymorphisms (SNP) near the interleukin 28B gene locus (rs8099917 & rs12979860) in patients with chronic hepatitis and cirrhosis due to HCV infection

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Introduction: Single Nucleotide Polymorphisms of IL28B have an important role in treatment response of HCV infection. Because of, long duration, expense and major side effect of treatment It seems that a comprehensive study which investigate frequency of this polymorphisms and correlation of them with laboratory findings is necessary.

Method: This study was done on patients of GI clinic of Mashhad's Emam Reza university hospital, that had chronic hepatitis or cirrhosis due to HCV infection. IL28B rs12979860 & rs8099917 were genotyped using a T-ARMS-PCR method and their correlation with other variables such as ALT, histology and synthetic function of liver, viral load, were mentioned.

Results: A total of 119 males and 29 females were enrolled. Their mean age was 42.4±12.4 years. The frequency of IL28B rs12979860 TT, CC & TT genotypes and C& T alleles was 72.3%, 14.2%, 13.5%, 49.66% and 50.34%. The frequency of IL28B rs8099917 TT, TG & GG genotypes and T& G alleles was 58.1%, 38.5%, 3.4%, 77.36% and 22.63%. Association of two unfavourable genotypes were seen in only 2.7%. About correlation of variables only high viral load showed a meaningful correlation to unfavourable genotype of TT rs12979860 and there was not any correlation of ALT, synthetic function and histology of liver with IL28B genotypes.

Conclusion: It seems that impact of low frequency of unfavourable genotype of rs12979860 (TT) and high frequency of favourable genotype of rs8099917 (TT) as well as low frequency of homozygote of two unfavourable genotypes is more prominent on treatment responses than high frequency of favourable genotype of rs12979860 (CC) in Iranian HCV patients. Confirming these findings need studies with larger sample size and complementary investigations, preferably in other parts of Iran.

Send Date: 2013/07/13

Code: 2665

Category: 7- LIVER

7. 7 Viral hepatitis: basic aspects

T-S-60

Hepatitis E virus in pediatric population

Introduction: Hepatocellular Carcinoma (HCC) is the sixth common cancer in world. In order to define the characteristics of HCC in our country we studied the cases that have been admitted in a large referral gastroenterology ward during 2000-2011.

Method: The discharge sheets of 7000 patients had been admitted in Shariati hospital GI ward during this period were reviewed. We defined the final diagnosis on the basis of ICD10 and extracted the etiologic causes-outcome and other demographic data of HCC from discharge notes. The diagnosis of HCC was done according to liver biopsy or typical imaging studies according to international guidelines.

Results: 7000 patients admitted during this time in GI Ward, 3. 4% of them had HCC. 74% of these patients were men (age 55. 81±4. 91 years), 26% were women (age 53. 61±17. 30 years).

The mortality rate in this group was 17. 2%. In women the common etiologies were related to: cryptogenic (47. 36%), Hepatitis B virus (HBV) (39.48%), cholestatic liver disease in 7. 89% and hepatitis C virus (HCV) in 5. 57%. In men 62. 03% of HCC was related to HBV, 22. 22% to cryptogenic, 10. 19% to HCV. The most common presentations in these patients were ascites and spontaneous bacterial peritonitis (48. 8%), hepatic encephalopathy (24%), variceal bleeding (12%) and hepatorenal syndrome (2. 5%). The most common presentations of patients who died were hepatic encephalopathy (41. 8%), variceal bleeding (31. 5%), ascites and/or spontaneous bacterial peritonitis (15%), and hepatorenal syndrome (5. 2%).

Conclusion: More than half of HCC is related to viral hepatitis and especially to HBV. A substantial proportion of HCC are cryptogenic, which need more study for detection of occult HBV, non-alcoholic fatty liver disease, autoimmune liver disease, and toxic or metabolic liver diseases.

Send Date: 2013/10/08

Code: 2611

Category: 7- LIVER

7. 7 Viral hepatitis: basic aspects

T-S-57

Is Viral hepatitis E an unknown etiology for cryptogenic cirrhosis?

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Introduction: Viral hepatitis E is one of the main causes of endemic acute water born hepatitis. Recently there have been increasing reports that hepatitis E virus may lead to chronic hepatitis as well as cirrhosis in immune compromised patients. Aim: To investigate the presence of HEV infection as a possible cause of cryptogenic cirrhosis, we conducted a cross-sectional study of undefined cirrhosis in Firoozgar hospital.

Method: Case –control study of patients with cryptogenic cirrhosis referred to Firoozgar hospital between 2009 and 2012. Fifty patients were enrolled in the study. Fifty healthy hospital staff members that met inclusion criteria were included as a control group. All participants were screened for HEV-Ab and those positives were also tested HEV-RNA by PCR.

Results: The mean age of cases and controls were 51. 6±5. 7 and 41. 89± 6. 7years, respectively; 54% (n=27) cases and 27(60%) control were male. The presence of HEV-Ab among cases was 8% (n=4) and three in control. None of the HEV-Ab positive patients were positive for HEV-RNA. Presence of HEV –Ab was not associated with age, sex or histologic grade.

Conclusion: To our knowledge this is the first study to implicate HEV in cryptogenic cirrhosis. The absence of HEV in patients who were HEV-Ab positive does not support HEV as an etiology of cryptogenic cirrhosis. There were no correlation between the presence of HEV-Ab and the compensation state of the patient.

Send Date: 2013/07/03

Code: 2654

Category: 7- LIVER

7. 7 Viral hepatitis: basic aspects

T-S-58

Determinants of Outcome in Severe Hepatitis A Infection: Review of 110 Hospitalized Patients

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Patients with cirrhosis were recruited from subspecialty clinic in Imam Reza (AS) in Mashhad University of Medical Sciences, and a control group was recruited of healthy subjects. To gather information from the Beck Depression Inventory, State Anxiety Inventory - Trait Spielberger, Toronto Alexithymia Questionnaire and SF-36 quality of life questionnaire was used. Research data by using Pearson correlation and multiple regression analyzes were analyzed.

Results: Significant difference between the two groups were matched in terms of demographic variables did not exist.

But between the two groups regarding the variables of anxiety, depression and alexithymia, there was significant difference and Patient group compared to healthy subjects had higher alexithymia, Alexithymia has more a negative impact on the quality of life in patients with cirrhosis. Behavioral disorders ($r = -0.68$) Quality of life in patients with cirrhosis has a significant relationship.

Conclusion: These findings suggest that behavioral disorders are associated with quality of life in patients with liver cirrhosis. These results also have important implications in the field of psychopathology, prevention, and treatment of patients with cirrhosis of the liver.

Send Date: 2013/08/05

Code: 2710

Category: 7- LIVER

7. 6 Cirrhosis and complications: clinical aspects
T-S-55

QTc variability assay and its relation to diurnal hemodynamic parameters in nonalcoholic cirrhotic patients in Gorgan city

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Introduction: A long QTc interval has been described in substantial fraction of patients with cirrhosis, but information on its diurnal variation is spare. The aim

of this study was to determine diurnal variation of QTc interval and its relationship to heart rate and blood pressure variation during 24 hour Holter monitoring in cirrhosis and to compare with healthy.

Method: The study population comprised 15 patients with cirrhosis and 15 healthy subjects, undergoing 24 hour EKG, heart rate and blood pressure monitoring. For each person mean QT interval, mean QT corrected (QTc), maximum and minimum QT, QT dispersion (QT disp), heart rate and mean arterial blood pressure were measured during 24 hour. Results were shown as percentage and Mean \pm SE.

Results: Mean QTc was above upper normal limit (440 ms) in seven patients (438 ms) and significantly higher than healthy controls (401.7 ms). Also the minimum and maximum values of QTc were significantly higher than healthy controls. Diurnal variation of QT and other parameters related to it, were not the same in cirrhosis and controls.

Variations were included as increase and shift of peaks in QTc dispersion curve of cirrhosis from 12-13 hour to 16-17 hour. Mean heart rate in cirrhotic patients was 79.6 ± 2.9 compared with 72.47 ± 2.0 in healthy controls and had significant difference. There were no difference between mean arterial blood pressure in both groups. There were no clear correlation between blood pressure and heart rate against ventricular repolarization parameters in both groups.

Conclusion: In this study QTc was prolonged and increased with severity of disease. QTc diurnal variation in cirrhosis was different with healthy subjects and diurnal variation of QTc dispersion peaks could show high risk of ventricular arrhythmia in this patients.

Send Date: 2013/08/07

Code: 2811

Category: 7- LIVER

7. 6 Cirrhosis and complications: clinical aspects
T-S-56

Etiology of Hepatocellular Carcinoma in IRAN: Single Center Experience in a Large Referral Center, 2000-2011

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years of life lost (YLLs) in Iran. The aim of this study was to evaluate the etiological diagnosis of all cirrhotic patients who were admitted in this center between 2000 - 2011.

Method: Information of all patients such as age, gender, etiology, final diagnosis (according to ICD-10), and outcome were retrieved by a trained physician from the summary sheets and if needed by review of the old charts. The etiology of cirrhosis categorized as viral; hepatitis B and C virus (HBV & HCV), autoimmune hepatitis (AIH), cryptogenic and or nonalcoholic fatty liver disease, alcoholic, metabolic (Wilson disease, Hemochromatosis) cholestatic (PBC+PBC).

Results: Among 7000 patients that admitted during this period in GI ward 2426 (28. 8%) diagnosed, as liver cirrhosis. 68. 5% of them were men with mean age 50. 02±16. 45, and 31. 5% of them were women with 46. 12±18. 25 years.

The hospital mortality in this group was 10. 68%. The etiology of liver cirrhosis in men was related to: viral hepatitis in 55. 61% (HBV=40. 67%, HCV=14. 94), cryptogenic/NAFLD in 23. 50 %, AIH in 6. 92 %, and alcoholic in 5. 5%, cholestatic in 4. 60 %, metabolic in 3. 87 %, of cases. The etiology of liver cirrhosis in women was related to: AIH in 30%, viral hepatitis in 28. 38% (HBV=19. 97%, HCV=8. 41%), cryptogenic/NAFLD in 26. 4%, cholestatic in 9. 7%, metabolic in 4. 9%, and alcoholic in 0. 62% of cases.

Conclusion: Viral hepatitis is even the most common cause of liver cirrhosis especially in men. The high rate of cryptogenic/NAFLD induced cirrhosis, as the second cause of cirrhosis in men and the third one in women needs further studies for etiologic diagnosis, treatment and prevention in this group.

Send Date: 2013/10/08

Code: 2692

Category: 7- LIVER

7. 6 Cirrhosis and complications: clinical aspects
T-S-53

To assess the effect of Helicobacter pylori eradication on thrombocytopenia in patients with cirrhosis of the liver

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Introduction: Thrombocytopenia is a complication of liver cirrhosis which in association of other coagulative disorders can facilitate variceal and nonvariceal bleeding. The single study that was done represents an increase in platelet count after eradication of helicobacter pylori. Our objective is to assess the effect of Helicobacter pylori(H. pylori) eradication on thrombocytopenia in cirrhotic patients.

Method: This is a clinical before and after trial that was done at Mashhad University of Medical Sciences between 2010 and 2013. Sample size was 23 cirrhotic patients with platelet count less than 85000 and positive IgG against H. Pylori infection. Eradication was evaluated with Urea Breath Test.

Results: There were 15 (%65. 2) male and 8 (%24. 8) female and mean age was 49. 21 ±16. 79 years. Platelet counts was 54169. 56 ± 12302. 52 before and reached to 56547. 82± 15046. 37 after intervention. (P value= 0. 35).

Conclusion: Eradication of H. Pylori in cirrhotic patients with thrombocytopenia cause increase in platelet count but this increase was not statically significant.

Send Date: 2013/07/29

Code: 2708

Category: 7- LIVER

7. 6 Cirrhosis and complications: clinical aspects
T-S-54

Behavioral disturbances associated with quality of life in patients with liver cirrhosis

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Introduction: Chronic liver disease is a wide range of diseases that are characterized by inflammation of the liver and cirrhosis progression. These diseases can seriously endanger the patient's quality of life. The relationship between cirrhosis and behavioral disorders such as anxiety, depression and emotional disorders is unknown. This study aimed to assess the relationship between behavioral disorders and quality of life in patients with liver cirrhosis.

Method: Method of sampling is available sampling method and divided into two groups of 100 patients and 100 healthy individuals, matched for age, sex and education.

history of blindness since childhood was admitted to emergency department because of hematemesis secondary to variceal bleeding. He was born of a consanguineous marriage. His brother has epilepsy, mental retardation and polydactyly. On physical examination, he was obese (BMI: 32); with Dental anomalies including hypodontia, microdontia; Fundoscopy showed optic nerve atrophy and arterial narrowing; Moreover, He had Brachydactyly in the upper and lower limb; On genital examination, he was in prepubertal state with small testis (3 cm³) and micropenis. The motor and mental milestones were normal. Laboratory tests showed abnormal liver function tests with negative results for metabolic, viral and autoimmune hepatitis. Clinical feature of this patient was compatible to bardet-biedl syndrome (BBS). BBS is a rare autosomal recessive disorder with clinical and genetic heterogeneity. Abdominal obesity, mental retardation, dysmorphic extremities, retinal dystrophy or pigmentary retinopathy, hypogonadism or hypogenitalism, and kidney involvement compose major and dental anomalies and diabetes mellitus, left ventricular hypertrophy, hepatic fibrosis, and renal hypoplasia include minor criteria for diagnosis of BBS. Confirming the diagnosis of BBS needs either four major or three major plus two minor features. Common liver structure anomaly observed in BBS are Fatty liver, nonalcoholic fatty liver disease, hepatomegaly and cirrhosis.

Discussion: Genetic disorders as a rare cause of cirrhosis should be considered in patient with unknown chronic liver failure.

Send Date: 2013/10/07

Code: 2800

Category: 7- LIVER

7. 3 Metabolic/genetic disorders

T-S-51

**Serum Homocysteine level
in NAFLD patients with or without
metabolic syndrome and control group**

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Introduction: Non alcoholic fatty liver disease

(NAFLD) that is recognized with wide range of hepatic damage including simple fat aggregation and hepatic lobular and cirrhosis and increased level of hepatic enzymes in the patients with venial alcohol consumption (less than 20 grams in a week) This illness is known as one of the most prevalent hepatic disease in developed western countries and now it is the most common cause of abnormal liver function tests.

Method: Since May 2011 to February 2012 the patients referring to digestion subspecialty clinic of Azadi Tabriz Clinic with the diagnosis of NAFLD were surveyed. After choosing patients who were under study blood sample was taken from all patients. Total concentrations of homocysteine of serum were measured with using homocysteine evaluation kits. Apart from these, lipoproteins of serum and fasting blood sugar among these 3 groups were measured and evaluated In this study.

Results: after analysis of data gained from spss 17 version of windows, there were a significant rate in Age $P < 0.001$, and BMI $P < 0.001$; a fasting blood sugar $P < 0.001$ and also for cholesterol, triglycerides and HDL same $P < 0.001$ was measured. Serum homocysteine levels 0.836 were measured which there are not significant difference between groups.

Conclusion: regarding to the average of homocysteine levels in three experimented groups (control group, nafld with metabolic syndrome, nafld without metabolic syndrome) have not seen any significant difference $p = 0.836$. but in the level of other serum lipoproteins such as Cholesterol, Triglyceride, and HDL there was significant relation between groups.

Send Date: 2013/10/07

Code: 2810

Category: 7- LIVER

7. 5 Cirrhosis and complications: basic aspects

T-S-52

**Etiology Of Liver Cirrhosis In Iran:
Single Center Experience In
A Large Referral Center, 2000 – 2011**

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Introduction: liver Cirrhosis is the 23th cause of

subjects. Patients with NAFLD were significantly older ($P < 0.001$), had higher proportion of male gender ($P = 0.004$) and had higher BMI ($P < 0.001$). They also had higher prevalence of hypertension ($P < 0.001$), high FBS ($P < 0.001$), high cholesterol ($P = 0.026$), high triglyceride ($P < 0.001$) and high waist circumference ($P < 0.001$). Taking all these together, patients with NAFLD had significantly higher prevalence of metabolic syndrome when compared to healthy subjects ($P < 0.001$).

Conclusion: The prevalence of NAFLD in this group of Iranian adult general population is 21.5%. NAFLD in Iranian population is associated with male gender, old age, obesity, and features of metabolic syndrome.

Send Date: 2013/07/10

Code: 2767

Category: 7- LIVER

7.3 Metabolic/genetic disorders

T-S-49

IgA as a biomarker in the diagnosis of nonalcoholic fatty liver disease (NAFLD)

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Introduction: NAFLD consists of a wide range of conditions ranging from simple steatosis to steatohepatitis and cirrhosis. Present gold standard for the differentiation of these stages is liver biopsy, which inherits some problems like high cost, invasiveness, sampling error and inter and intra-observer variations. Multiple serum biomarkers have been evaluated in an effort to replace liver biopsy. Recently in a study serum IgA has been shown to be helpful in this regard.

Method: In this study we studied the IgA levels in patients with biopsy proven NAFLD and their

controls. NAFLD patients were divided into NASH and non-NASH group based on Brunner's criteria. IgA was measured using ELISA.

Results: Fifty patients with histologically verified NAFLD (male: 64%; age: 41.4 ± 13.0) and 54 healthy control subjects (male: 54%; age: 32.3 ± 8.4) were enrolled in the study. Cases included 28 NASH and 22 non-NASH subjects. IgA in cases and controls were 324.2 ± 111.6 and 318.1 ± 82.5 consequently ($p = 0.751$, CI 95% -31.9 – 44.1). Within the cases, IgA level of NASH and non-NASH subjects were 351.3 ± 125.9 and 289.7 ± 80.4 consequently ($p = 0.52$, CI 95% -0.445 – 123.7). For the evaluation of the ability of IgA in detection of fibrosis, it was compared within the cases. IgA was significantly higher in patients with any degree of fibrosis (F0 versus F1-F4, $p = 0.14$, CI 95% 18.8 – 155.9). IgA was also higher in significant fibrosis (F1-2 versus F3-4); ($p = 0.033$, CI 95% 15.9 – 313.4).

Conclusion: Serum IgA cannot be used in the diagnosis of NAFLD primarily, but it can be used for the detection of fibrosis and its severity.

Send Date: 2013/09/27

Code: 2795

Category: 7- LIVER

7.3 Metabolic/genetic disorders

T-S-50

Bardet-Biedl Syndrome present as rare cause of hepatic cirrhosis in 32 years old man: a case report

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Background: Cryptogenic cirrhosis composes 10-15% of all causes of hepatic cirrhosis. However, recent advances have allowed for a better understanding of underlying conditions and associations. Herein, we present hepatic cirrhosis in a rare genetic disease.

Case Report: A 32-year-old man with past medical

proportion of subjects with BMI<30 also had NAFLD. Most of the subjects in latter group suffered from central obesity and high WHR. A significant number of subjects with central obesity might have NAFLD despite normal or near normal BMI.

Send Date: 2013/10/08

Code: 2598

Category: 7- LIVER

7. 3 Metabolic/genetic disorders

T-S-47

Comparison of Transient Elastography (Fibroscan) in Diabetic and non diabetic Patients with NAFLD

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Introduction: Diabetes is a risk factor for development and progression of NAFLD and assessment of hepatic fibrosis for evaluation of prognosis in these patients is necessary. Fibroscan as a noninvasive, easy to use and reproducible technique can be appropriate in screening of fibrosis in NAFLD patients.

Method: 67 patients 20-60 ys with the evidence of fatty liver in sonography and after exclusion of other causes were divided into 2 groups:

diabetics and nondiabetics. Then patients were assessed with Fibroscan after lab tests were done and their lab tests data and liver stiffness scores were compared between 2 groups.

Results: 2 groups were similar for mean age, sex, BMI, AST, ALT, Total Cholesterol, LDL and TG(P>0. 05). Mean liver stiffness scores in diabetic group were significantly higher than nondiabetics (P=0. 025). In Diabetic patients, only mean level of AST and TG in F3 and F4 stiffness score groups were significantly higher than lower stiffness scores (P<0.05).

Conclusion: Significant liver fibrosis happens more frequently in diabetic patients and Fibroscan can be an appropriate screening method of diabetic patients

for liver fibrosis.

Send Date: 2013/06/24

Code: 2655

Category: 7- LIVER

7. 3 Metabolic/genetic disorders

T-S-48

Non Alcoholic Fatty Liver Disease in Southern Iran: A Population Based Study

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Introduction: Population based studies on prevalence and risk factors of NAFLD in Iranian population are few. The prevalence of NAFLD and non alcoholic steatohepatitis (NASH) in Iranians varies from 2. 9% to 7. 1% in general population and 55. 8% in patients with type 2 diabetes mellitus.

To determine the prevalence and determinants of non alcoholic fatty liver disease (NAFLD) in a sample of adult Iranian general population.

Method: This was a cross-sectional study being performed in Shiraz, southern Iran during a 10-month period from November 2010 to September 2011 through cluster random sampling of Iranian general population in Shiraz region. All individuals undergone anthropometric, blood pressure measurements, thorough medical history and physical examinations. Laboratory measurements included fasting blood glucose (FBS), lipid profile, complete blood count (CBC) and liver function tests. NAFLD was diagnosed by transabdominal ultrasonography.

Results: 819 subjects were included in this study among which were 340 males (41. 5%) and 479 females (58. 5%) with the mean age of 43. 1 ± 14.1 years. NAFLD was diagnosed in 176 (21. 5%)

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Introduction: Nonalcoholic fatty liver disease (NAFLD) is the most common chronic liver disease in the world and is considered the hepatic manifestation of metabolic syndrome. Hepatic lipid accumulation results from imbalance between lipid availability and lipid disposal and eventually triggers lipoperoxidative stress and hepatic injury. Thus oxidative stress has a main role in pathogenesis of NAFLD.

Coenzyme Q10 (Co Q10) is a powerful antioxidant and potentially could prevent lipid per-oxidation and ROS scavenging so scientists propose that CoQ10 might be effective in the treatment of NAFLD. The aim of this study is to evaluate effect of Coenzyme Q10 on serum levels of liver enzymes and malondialdehyde (MDA) in patients with NAFLD.

Method: In this randomized clinical trial, 40 patients (29 men and 12 women) with NAFLD were randomly divided in two groups. One group received 100 mg oral CoQ10 supplement daily, and the other group treated with 100mg starch daily as placebo for 3 months.

Results: In this study, demographic characters of 2 groups were similar at baseline. After 3 months intervention with CoQ10, the serum levels of AST (baseline=30.428±9.57, end=24.95±5.37, P value=0.03), ALT (baseline=39.61-11.99, end=32.66-11.97, P value=0.023) and Gamma GT (baseline=32.42-9.27, end=26.11-8.85, P value=0.001) decreased significantly but there was not any meaningful reduction in MDA level (P value=0.53).

Conclusion: Coenzyme Q10 supplementation at a dosage of 100 mg daily can improve serum levels of liver enzymes in patients with NAFLD and could be a potential therapeutic approach.

Send Date: 2013/07/06

Code: 2806

Category: 7- LIVER

7.2 Nutrition - metabolism - pharmacology

T-S-46

Prevalence of Non-alcoholic Fatty Liver Disease (NAFLD) in Iran: A Population Based Study

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Introduction: Although NAFLD is known to be an obesity related condition, but an appreciable proportion of subjects with normal or near normal body mass index (BMI) also have NAFLD. The proposed reason is that many individuals with normal BMI might have higher percentage of body fat and central obesity. The aim of this study was to assess the prevalence of NAFLD and its correlates in Iran, and also to study its association with obesity according to BMI and waist to hip ratio (WHR)

Method: Using a cluster random sampling approach, 8522 subjects over 10 years of age were included in this population based study in Zahedan (ZU) and Amol districts in Iran. All subjects underwent ultrasonography for detection of NAFLD, laboratory evaluations and anthropometric measurements and were also interviewed to obtain baseline characteristics.

Results: The overall prevalence of NAFLD was 31.4% being more prevalent in Amol than Zahedan. Prevalence of NAFLD was the highest among postmenopausal females followed by males and premenopausal females. In multivariate analysis comparing the obese NAFLD subjects to the obese controls without NAFLD, older age, male gender, hypertriglyceridemia, BMI, WHR, HOMA-IR and diabetes were associated with NAFLD. In contrast to lean subjects, higher LDL was not associated with NAFLD in obese individuals. Odds ratios for the association of the NAFLD with hypertriglyceridemia, high LDL, BMI, WHR and diabetes was greater in lean compared with obese subjects.

Conclusion: In conclusion, our study showed that NAFLD is highly prevalent in Iran especially in postmenopausal females. Although NAFLD is more prevalent in subjects with BMI \geq 30, but a considerable

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Introduction: Lower GI bleeding (LGIB) as a cause of turn to intestinal clinic can contain several reasons. These reasons vary from a simple hemorrhoid to a metastatic cancer. Naturally the etiology and its amplitude difference in any gender group. since LGIB, due to some diseases enhances mortality rate, having knowledge about amplitude of these reasons in different gender group made us to have a comprehensive study about this matter.

Method: In this study 623 patients with rectorrhagia during 4 years from year 2007 to 2011 were tolerated colonoscopy and entered into study. Exit bet was incorporation of patient or incomplete questionnaire. The of study was cross-sectional study. The study consisted 378 men and 245 women, in the age group of 20 to 71 with distance of ten years in any gender group. 55. 2% were men and 44. 9% were women.

Results: The most common cause of LGIB was hemorrhoid with amplitude of 37. 2% and the less common cause was vascular ectasia despite age and sex. The most common gender group of LGIB was 20-50 years old with amplitude of 35%. The most symptom was abdominal pain with amplitude of 15%, weight loss 3%, melena 1%. The other cause of rectorrhagia was anorectal disease, IBD 20%, polyps 4%, vascular ectasia below 5%.

Conclusion: Early diagnosis of etiology of lower GI bleeding by colonoscopy is very effective in treatment strategy. The most common cause of LGIB was hemorrhoid and the less common cause was vascular ectasia despite age and sex.

Send Date: 2013/09/20

Code: 2789

Category: 6-COLONIC AND ANORECTAL DIS-ORDERS

6. 4 Other colonic and anorectal disorders

T-S-44

Colorectal Neoplastic Lesions Prevalance Among Aged 40-60

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Introduction: Recent studies have shown a similarity in the prevalence of colorectal polyps including potentially pre malignant lesions among the 40-49 age group with those in the 50-59 age group.

Method: A screening total colonoscopy was offered to subjects without symptom related to lower gastrointestinal tract. Exclusion criteria were: patients at an increased risk for CRC such as personal or family history of CRC. All of eligible subjects underwent total colonoscopy. Individuals with poor preparation invited for second colonoscopy. All polypoid lesions were removed for further histopathologic evaluation.

Results: Of 1400 subjects, 333 were aged 40-49 and 407 were aged 50-59. The mean ages were 44. 6 ± 3. 2 and 54. 4 ± 2. 7 respectively. Colorectal adenoma was also seen in 11. 2% and 16. 4% in 40-49 and 50-59 years groups respectively. Advanced adenoma was more common in aged 50-59 years group (1. 2% vs. 2. 9%). Malignancy was not reported in these groups. 77. 5% and 68. 6% of adenomas were observed in the 40-49 and 50-59 ages were detected in distal colon. Furthermore, 22. 2 % and 57. 1% of proximal adenomas in 40-49 and 50-59 years old group were advanced adenoma. Male gender has an association with adenoma formation and distal lesions. But we did not find a significant association between age and adenoma formation.

Conclusion: Our study demonstrates the prevalence of colorectal adenoma in subjects less than 50 years of age as being notable but for better judgment we require a prospective multicentre studies to reveal the benefits of colonoscopic screening in the young population.

Send Date: 2013/10/07

Code: 2637

Category: 7- LIVER

7. 2 Nutrition - metabolism - pharmacology

T-S-45

Effect of Coenzyme Q10 on serum levels of liver enzymes and malondialdehyde in non alcoholic fatty liver disease: a randomized clinical trial

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level with colonoscopy in determining the severity of UC.

Method: In a prospective study with 144 patients with a previously confirmed diagnosis of UC were followed for 10 months, undergoing regular clinical evaluations and blood tests. A single stool sample was collected at the beginning of the study and the calprotectin concentration was assessed by a commercially available enzyme-linked immune sorbent assay (ELISA). All patients underwent total colonoscopy, determined the severity of disease.

Results: In all, 144 UC patients were prospectively included in the study. The mean age was 40.01 ± 15.19 years and 45.8% were males. Mean level of fecal calprotectin were $270.45 \pm 107.71 \mu\text{g/g}$. Disease extent in UC patients was as follows: proctitis (14.6%), proctosigmoiditis (21.5%), left-sided colitis (18.8%), extensive colitis (14.6%) and 30.5% of patients had no involvement in colonoscopy. Calprotectin level had significant correlation with size of ulcers and increased with size increase ($P < 0.001$, $r = 0.661$). We found a consequential relationship between high calprotectin level and UCEIS score ($P < 0.001$, $r = 0.736$). There was not a strong correlation between calprotectin level and clinical severity of UC ($p = 0.155$).

Conclusion: In conclusion, our data suggest that the calprotectin in feces represent suitable markers in patients with UC, which makes the test a promising non-invasive tool for monitoring disease activity.

Send Date: 2013/08/22

Code: 2713

Category: 6-COLONIC AND ANORECTAL DISORDERS

6.2 Malignant disease - diagnosis/histopathology
T-S-42

**Prevalance and risk factors
of intestinal metaplasia
in Iranian chronic dyspeptic patients**

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Introduction: Risk factors for gastric cancer are also associate with degree of pre-cancerous lesions. Therefore evaluating the prevalence of these pre-cancerous lesions and their risk factors would

help us to design a prevent program for gastric cancer. Aim: To evaluate the prevalence of precancerous lesions and also its common risk factors among subjects with dyspepsia.

Method: Between jun2012-may2013, 688 adult patients with chronic dyspepsia with age over than 40 years old were involved. The exclusion criteria were pregnancy, history of gastric cancer, gastric ulcer, gastric surgery or obstruction. A structure questionnaire was completed for all of them. The subjects then referred to upper endoscopy. All lesions; including erythem, erosions, atrophies, ulcer, tumoral lesions were noted. Biopsies were taken from antrum body and fundal areas. The specimen used for histological evaluation and RUT.

Results: The mean age of participants was 57.87 ± 9.10 years old. The prevalence of Hpylori infection, active smoking, use of ASA were seen in 64.5% ($P < 0.001$), 14.8% ($P = 0.09$) and 9.2% ($P = 0.1$) respectively. Total atrophy during endoscopy was seen in 29(3.92%) subjects. Prevalence of atrophy, IM and dysplasia in pathological examination were seen in 89(12.9%; M/F= 51/38), 136(19.8%; M/F= 74/62) and 22(3.2%; M/F= 14/8) respectively. Increasing age in present study was related to high grade dysplasia ($P = 0.01$; 95%CI= 1.02-1.01), atrophy ($P = 0.03$; 95%CI= 1.02-1.07) and intestinal methaplasia ($P < 0.05$; 95%CI= 1.03-1.08).

We confirmed an association between atrophy in endoscopic exams with IM and also atrophy in pathological exams ($P = 0.001$ and $P = 0.02$ respectively).

Conclusion: In conclusion the prevalence of gastric pre-cancerous lesion in our study is much lower than others reports. Also increasing age and active smoking could consider as risk factor.

Send Date: 2013/08/15

Code: 2756

Category: 6-COLONIC AND ANORECTAL DISORDERS

6.4 Other colonic and anorectal disorders
T-S-43

**Rectorrhagia etiologies in the adult patients
refere to gastrointestinal clinics of Hazrat
Masumeh hospital and shahid Beheshti
hospital of Qom from 1386 to 1390**

that IBD is one of rheumatologic diseases with articular presentation and also few studies about the prevalence of anti CCP has been performed up to now, So we are prompted to do this study to determine the prevalence of this anti body in patients with IBD.

Method: This descriptive cross-sectional study was performed from September 2010 to September 2011. Study population was known patients with IBD based true love criteria which referred to gastroenterologists' office in Rasht city. Patients were selected by easy sampling method. Some diagnostic tests including CBC, ESR, Anti CCP ... were performed and a questionnaire consistent of demographic information, lab test result and clinical criteria including articular manifestation (erythema, warmth and motion limitation), eye manifestation (eye redness), skin manifestation (erythema nodosum, pyoderma gangrenosum) were completed for patients. After being collected, the data were analyzed by SPSS software.

Results: Out of 144 patients, 13 cases were Anti CCP positive (9.02%).

In this study, there was no statistically significant association between the prevalence of Anti CCP and age, gender, times of defecation, amount of blood in stool, body temperature, Heart rate, anemia, arthralgia, arthritis, skin manifestation, ESR, endoscopic feature, whereas there were a significant association between the prevalence of Anti CCP and eye manifestation (0.001) and oral aphthous (0.014), as the prevalence was greater in patients with eye presentation and oral aphthous.

Send Date: 2013/07/06

Code: 2718

Category: 5- IBD

5. 4 Diagnosis and monitoring

T-S-40

99m Tc-DMSA (V) scintigraphy in monitoring patients with inflammatory bowel disease (IBD)

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Introduction: The significance of 99mTc-DMSA in inflammatory bowel disease (IBD) has not yet been fully elucidated. The aim of this prospective study was to investigate the clinical importance of 99m Tc-DMSA scintigraphy for the assessment of IBD activity.

Method: This study was conducted on 54 patients with IBD who came to a gastroenterology research center for follow-up examinations. After clinical and paraclinical examinations, including colonoscopy, the patients underwent 99m Tc-DMSA(V) scintigraphy.

Results: The study population included 22 females and 32 males (mean age: 36.68 ± 11.49; range: 18–63 years). On the follow-up studies, relapse had occurred in five (9.25%) of the 54 patients, and the remaining 49 (90.74%) patients showed no change in disease status. There was a complete correlation between the scintigraphic results and the clinical data of the patients (P-value < 0.05).

Conclusion: Our results indicated that 99mTc (V) DMSA scintigraphy is a simple and noninvasive technique that might be complementary to colonoscopy for the determination of the extent and activity of IBD.

Send Date: 2013/08/17

Code: 2735

Category: 5- IBD

5. 4 Diagnosis and monitoring

T-S-41

Calprotectin: A promising non-invasive tool for ulcerative colitis monitoring

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Introduction: Ulcerative colitis (UC) has a chronic and outbreak nature. Common diagnostic methods have the disadvantage to be invasive, time-consuming and expensive. The aim of this perusal is comparing to the value of fecal calprotectin

regression analyzes were analyzed.

Results: The results showed that the degree of alexithymia, emotion-focused coping strategies, anxiety, depression, and somatization in IBD patients more than healthy controls and problem-oriented coping strategies are less. Anxious patients with IBD most often used emotion-focused coping strategies and depressed IBD patients most often used avoidance coping strategies.

Alexithymia ($r=0.65$), problem-oriented coping strategies ($r=-0.29$) and emotion ($r=-0.66$) were significantly correlation with psychological vulnerability of patients with inflammatory bowel disease. Stepwise multiple regression analysis showed that alexithymia and a problem-oriented coping / emotion-focused explained 54% of the variance in psychological vulnerability of patients with inflammatory bowel disease.

Conclusion: These findings suggest that coping strategies and emotional disorders are related with vulnerability of psychiatric in patients with inflammatory bowel disease. These results are especially useful in the field of prevention, pathology and therapy of these patients.

Send Date: 2013/08/05

Code: 2694

Category: 5- IBD

5.3 Genetics

T-S-38

Association of TNF- α -857 polymorphism with inflammatory bowel disease in Iranian Azeri Population

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Introduction: Inflammatory bowel disease (IBD) is a chronic, relapsing, inflammatory disorder of the gastrointestinal tract that includes two entities, namely Crohn's disease (CD) and ulcerative colitis

(UC). Like other complex diseases, both genetic susceptibility and environmental factors play role in the pathogenesis of these diseases. Tumor necrosis factor α (TNF- α) gene is located in the IBD3 region on chromosome 6p21 which is a good functional candidate for involvement in susceptibility to inflammatory bowel disease. In addition, the promoter region of TNF- α contains various polymorphisms that have shown significant association with IBD.

Method: In this study the association of TNF- α -857 was investigated in 109 patients suffering from IBD by amplification refractory system (ARMS) and polymerase chain reaction (PCR). Also, 100 healthy age, sex and ethnicity matched unrelated people were included in this case-control study as controls which were selected from the same population.

Results: Investigation of the association of TNF- α -857 polymorphism with both types of IBD showed that there is no significant difference in genotype and allele frequencies of this polymorphism between UC patients and controls. But, a possible association of TNF- α -857 polymorphism was identified with CD.

Conclusion: In conclusion TNF- α -857 polymorphism have a role in the development of CD in Iranian Azeri Turkish population.

Send Date: 2013/07/30

Code: 2630

Category: 5- IBD

5.4 Diagnosis and monitoring

T-S-39

Evaluation of the prevalence of cyclic citrullinated peptide antibody (CCP) in patients with inflammatory bowel disease

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Introduction: Arthritis is the most prevalent extra intestinal presentation of IBD that consists of central and peripheral arthritis. Patients with IBD express strong antibodies against various epitopes. Many studies showed anti CCP as diagnostic hallmark for RA and believe its role in the pathogenesis of RA. Positive anti CCP test has been shown in patients with rheumatologic manifestation such as JIA, systemic sclerosis and Sjogren's syndrome. Regarding

appeared normal except for large appearing stomach and food residue despite 12 hours fasting, D1 was normal and 2nd & 3rd portions had scalloping and atrophic changes that multiple biopsies were taken for histopathology examination. Serologic profile for celiac disease was requested. Pathologic report was compatible with Marsh IIIc and anti-TTG(IgA) was 130(NL<10). Gluten free diet advised and patient followed 1 month later. There was no symptom at this visit and he gain 2 Kg during this period.

Discussion: Celiac disease causes a lot of different symptoms ranging from asymptomatic to a full blown malabsorptive syndrome. Patients may also have growth failure, osteoporosis or constipation. Persistent vomiting, rarely, also reported. Our case had persistent vomiting without any other clinical or paraclinical finding except for dilated stomach and it emptying time that appear these probably are secondary to small intestine pathology. In conclusion, celiac disease should be consider in patients with persistent vomiting, inspite of absence of other symptoms or signs.

Send Date: 2013/10/06

Code: 2623

Category: 5- IBD

5. 1 Basic/pathogenesis/pathology

T-S-36

Association between HLA-DRB1*13 and severity of disease in ulcerative colitis patients in Kerman

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Introduction: Ulcerative colitis (UC) is one of the autoimmune diseases with unknown cause. Genetics and environmental factors are associated with UC. Major Histocompatibility Complex (MHC) genes, particularly HLA-DRB1 polymorphisms in MHC-II region are important candidate gene associated with UC. Endoscopic study is very important to determine severity of ulcerative colitis disease in patients

Objective: To ascertain whether HLA-DRB1 gene polymorphisms are associated with severity of disease in patients with ulcerative colitis in Kerman, south east Iran.

Method: A total of 85 patients with UC enrolled in our study. Endoscopic procedure was performed for all patients to determine their disease severity. HLA-DRB1 genotyping was performed by PCR-SSP technique.

Results: We found a significant association just between HLA-DRB1*13 and moderate severity of UC (p value: 0. 01).

Conclusion: HLA-DRB1*13 may be related to the severity of UC. We suggest further genetic analysis on HLA-DRB1*13 that might be a valuable prediction tool for better diagnosis of severity of UC.

Send Date: 2013/07/05

Code: 2707

Category: 5- IBD

5. 2 Etiology/epidemiology

T-S-37

Relationship between coping strategies and emotional vulnerability of psychiatric disorders in patients with inflammatory bowel disease

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Introduction: The relationship between coping and alexithymia mental vulnerabilities, little information is available. Recent studies suggest that alexithymia and coping strategies on psychological vulnerabilities that affect. This study aimed to determine the relationship between coping strategies and emotional vulnerability of psychiatric disorders in patients with inflammatory bowel disease.

Method: Method of sampling is available sampling method and divided into two groups of 100 patients and 100 healthy individuals were recruited and matched for age and sex. Group of patients were selected among patients with inflammatory bowel disease referred to specialty clinic of Imam Reza (AS) in Mashhad and controls were selected among the normal population. Questionnaire to gather information on coping with stress, alexithymia questionnaire and the Brief Symptom Inventory was used. Research data by using Pearson correlation and multiple

family history of celiac that was found in screening of patient's family. 64% of patients have serum ATTG > 200 and 78% have Marsh 3 classification in duodenal biopsy at diagnosis; there was not any correlation between ATTG serum levels and Marsh classification of pathology.

Conclusion: This study indicated that diarrhea was the most common primary complaint and anemia was the most non-GI complaint. Flatulence and bone disease are very common complaints in Iranian patients.

Send Date: 2013/07/17

Code: 2681

Category: 4- INTESTINAL

4. 2 Coeliac disease/malabsorption syndromes and food enteropathies

T-S-34

Association between Celiac Disease and Intussusceptions in Children

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Introduction: Association between celiac disease and intussusceptions has been reported in adult. Although intussusceptions is common in children but rarely has been reported in association with celiac disease. For the first time German et al in 1997 report celiac disease as an uncommon cause of recurrent intussusception in pediatrics. Then Mushtaq et al report 3 children with spontaneously resolving small bowel intussusception in association with celiac disease and suggest that the finding of transient small bowel intussusception, either by contrast radiology or sonography, should prompt investigation for celiac disease. After these another 5 cases of recurrent intussusceptions reported in pediatrics in English literature.

Method: We have two consecutive cases of celiac disease with initial presentation of bowel obstruction and intussusceptions. They presented with acute and severe abdominal distention and pseudokidney appearance in abdominal ultrasonography. One of them reduced spontaneously and another would require surgery. In investigation for concomitant failure to thrive, tissue transglutaminase levels were very high and duodenal biopsies were revealed celiac

disease.

Results: We review all pediatrics celiac disease records in Shaheed Mothhari hospital of Urmia. We are the only pediatrics GI clinic in West Azarbayjan Province. We have about thirty documented pediatrics celiac disease in West Azarbayjan so about 7% of our patients presented with intussusceptions. They are two children 5 and 7 years old with symptoms of intussusceptions, then they were fixed in celiac disease.

Conclusion: Intussusceptions can associate with celiac disease and celiac testing is recommended in children with intussusceptions and growth failure.

Send Date: 2013/07/21

Code: 2774

Category: 4- INTESTINAL

4. 2 Coeliac disease/malabsorption syndromes and food enteropathies

T-S-35

Unusual presentation of celiac disease

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Background: Celiac disease is an enteropathy caused by ingestion of gluten containing diet in susceptible individuals. A wide variety of clinical presentation described in involved patients, from asymptomatic to full blown malabsorption syndrome.

Case Report: We reported a celiac case with intractable vomiting

An 8 years old male admitted with weight loss and intermittent post feeding vomiting seven months ago, he had four visits by pediatrician and one by a surgeon, in later visit exploratory laparotomy advised. Physical exam revealed ill and cachectic child and mild pallor. Abdomen was soft without distension and organomegaly, otherwise normal. Laboratory studies including, CBC (Hb: 13.2, PLT: 322000), ionogram, renal, liver and thyroid function tests were completely in normal ranges. Radiologic examinations (including barium meal, small bowel follow through and contrasted abdominal CT scanning) were normal except for stomach distension and delay in stomach emptying in barium study. We performed upper endoscopy. Esophagus and stomach

bowel biopsies and positive serology and Bone mineral density (in g/cm²) was measured in the lumbar spine and femoral neck using bone densitometry.

Results: In this study 132 women and 61 men, mean age at diagnosis 32. 6± 13, 2 years were included. 43(22. 1%) of patients had osteopenia and 30(15. 4%) had lumbar osteoporosis and 44(22. 6%) had osteopenia and 24(12. 3%) have osteoporosis in femoral neck. BMD, expressed as a T score, in both lumbar and femoral neck was significantly lower in patients with pathology marsh 3 than in patients with pathology marsh<3 (p<0. 07). there was significant negative correlation between femoral neck bone densitometry(Tscore) and degree of marsh classification of pathology(p<0. 002, r=-0. 26).

Conclusion: Osteoporosis and osteopenia were common in Iranian celiac patients, femoral neck BMD expressed as T score was correlated with marsh classification of duodenal biopsy.

Send Date: 2013/07/06

Code: 2672

Category: 4- INTESTINAL

4. 2 Coeliac disease/malabsorption syndromes and food enteropathies

T-S-32

Hight and BMI in celiac patients are lower than their peers in the general population

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Introduction: Late diagnose of celiac disease (CD) is common, short stature is a common manifestation of childhood CD but adult hight of celiac patients was not assesed. This study investigates the final height and BMI of men and women diagnosed with CD in adulthood. and also its correlation to deodenal pathology and ATTG serum levels.

Method: We performed a cross-sectional study of 193 adults with celiac disease at the mashhad University, comparing their height with the control population including 800 male and 1200 female. Patients were included if they were older than 15 years of age at diagnosis and if baseline height and weight were available. In addition, we examined BMI and ATTG serum levels and pathology of duodenum of celiac

patients.

Results: Men (n=61) with CD diagnosed in adulthood were shorter than men in the general population (CD: 165. 3±12. 5 vs. 168. 3±7. 0 cm p<0. 04) and women (n=132) were not too. (CD: 154. 3±8. 7 vs. 155. 2±6. 7 cm), but there was significant difference in BMI in celiac patients and control group(male CD: 21. 8 vs. 24. 1±4. 7, P<0. 03, and women (n=98) (CD: 21. 1 vs. 26. 5±6. 7, p<0. 01). however there was not any correlation between BMI and ATTG serum level and also with marsh pathology staging.

Conclusion: Short stature is a well described manifestation in pediatric CD. However, among adults with CD, we found that men, not women, are shorter compare to the general population. and BMI was lower in both men and weman celiac patients than general population.

Send Date: 2013/07/17

Code: 2673

Category: 4- INTESTINAL

4. 2 Coeliac disease/malabsorption syndromes and food enteropathies

T-S-33

Clinical presentation of celiac disease in North East of Iran

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Introduction: This study has aimed to explore demographic characteristics and mode of presentation of celiac disease in North East of Iran.

Method: We performed a cross-sectional study of 195 adults with celiac disease at Mashhad University from 2008 -2013; mode of presentation, and concomitant illnesses, and other patient's data were collected.

Results: Overall, 132 women and 61 men, mean age at diagnosis 32. 6± 13, 2 years were included, patients had the following major chief complaint: diarrhea (20%), dyspepsia (16. 9%), anemia (12. 8%), flatulence (7. 2%). but flatulence was seen in 54% of patients and bone disease (osteopenia, osteoporosis) in 30%of patients. 17. 9% of patients have positive

breath test at least 6 weeks after treatment.

Results: The H. pylori eradication rate with the OCA regimen was 63% in patients with type 2DM (non insulin users) and 87.7% in the control group ($p=0.017$). The H. pylori eradication rate with the OMAB regimen was 38.2% in patients with type 2DM and 55.1% in the control group ($p<0.001$). Mean decrease of fasting plasma glucose and HbA1c level shows no statistically significant difference after H. pylori eradication.

Conclusion: This study suggests that the eradication rate of H. pylori with OCA or OMAB treatment is lower in patients with type 2 diabetes than in non diabetics and H. pylori treatment in patients with type 2DM has no role in the control of the glycaemia. The triple therapy (OCA) is superior to the quadruple protocol (OMAB) in H. pylori eradication of both DM and non DM cases.

Send Date: 2013/06/28

Code: 2698

Category: 3- H.PYLORI

3.5 Management strategies

W-F-30

Endoscopic evaluation in kidney transplant candidate

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Introduction: Chronic renal failure causes changes that affect every organ system including the digestive tract. These changes are presented by a variety of symptoms and may develop peptic disease or digestive disorders leading to severe gastrointestinal complications. The aim of this study was to evaluate the prevalence of endoscopic lesions and Helicobacter pylori infection in patients with end stage renal disease on maintenance hemodialysis.

Method: This is a descriptive study that included patients with chronic renal failure (age > 18 yrs.). The study was done in Imam Reza Hospital from January, 2013 to Jun 2013. Patients had undergone an esophagogastroduodenoscopy (EGD) during this time. We directed a chart to evaluate medical history, demographics and EGD results; therefore risk factors associated with EGD mucosal lesion were prescribed by multivariate analysis.

Results: 80 patients with a diagnosis of ESRD enrolled in the study; mean age was 54 ± 7 years and the male to female ratio was 1.45:1. The average time of hemodialysis was 42 months and the mean blood urea nitrogen and creatinine were 76.4 and 3.6 mg/dL respectively. Frequency of dyspeptic symptom was 41% and the most symptoms were epigastric pain (21.5%) and bloating (17%). Abnormal endoscopic findings were present in 80.5% of patients; the most common endoscopic findings included antral nodularity (73.8%), gastric erosions (31.2%), gastric ulcer (17.1%), and duodenal erosions (16.5%). Helicobacter pylori was found in 79.6% of the studied patients. Abnormal endoscopic findings were significantly higher in symptomatic dyspeptic patients, age > 35 years, duration of hemodialysis > 2 years according to control group (92.9% vs. 28%) ($P < 0.05$).

Conclusion: It seems upper endoscopy examination and H. pylori screening more helpful in renal transplant candidates with symptomatic dyspeptic patients, age > 35 years, duration of hemodialysis > 2 years.

Send Date: 2013/07/31

Code: 2640

Category: 4- INTESTINAL

4.2 Coeliac disease/malabsorption syndromes and food enteropathies

T-S-31

low bone mineral density in adults with celiac disease correlated with pathology of duodenal biopsy

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Introduction: Low bone mineral density may be a non-GI presentation among adults with celiac disease. The aim of this study was to determine the frequency of bone mineral density abnormalities in patients, considering age at diagnosis, ATTG serum levels and marsh classification of duodenal biopsy.

Method: Cross-sectional study at the Mashhad Gastroenterology Outpatient Clinic of celiac disease from 2006-2013 was done. 195 patients were included, celiac was confirmed by endoscopy, small

gold standard, sensitivity and specificity for the imported kit was 94% and 86%; the mean sensitivity and specificity for the home-made kit was 96% and 98%, respectively.

Conclusion: The home-made kit, compared with the imported kit and biopsy-proven tests may be a valid and reliable method detecting the presence of *H. pylori* infection in Iran.

Send Date: 2013/10/06

Code: 2594

Category: 3- H.PYLORI

3. 5 Management strategies

W-F-28

Mutation likeness of Iranian and Chinese *H. pylori* in *flaA* and *flaB* genes

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Introduction: *Helicobacter pylori* (*H.pylori*) is able to colonize and persist in stomach since it has a strong motility with flagella through the viscous mucus. Flagella consist of several proteins; FlaA and FlaB proteins are 2 of them which are conserved and necessary for motility. These proteins are encoded by *flaA* and *flaB* genes and detected in all strains of *H. pylori*. The purpose of the current report was to genetically characterize an Iranian *H. pylori* strain of two representative genes, *flaA* and *flaB*.

Method: Three *Helicobacter pylori* from biopsy samples were isolated, cultured, DNA extracted and the *flaA* and *flaB* genes amplified by designed primers and PCR method. The genes were sequenced (Bioneer co. Korea) and compared with 26695 as a reference strain and Y06 as a Chinese strain from NCBI.

Results: Although there was no mutations in sample3 in comparison with *H.pylori* 26695 as standard strain, missense and silent mutations by comparing *flaA*, *flaB* and their amino acid sequences of sample1 and sample2 as clinical isolates were recognized. Some silent mutations were the same with *H pylori* strain Y06.

Our study recognized that *flaA* and *flaB* genes from

sample1 had high homologies of nucleotides (twenty five and ten silent mutations respectively) compared with the strain Y06 from China.

Conclusion: The reason of these similarities in Iranian and Chinese's strains are most likely caused by an increase imports, travels and many other factors. Therefore, international public health rules in importing and traveling should be modified for decreasing microbial contamination.

Send Date: 2013/06/17

Code: 2603

Category: 3- H.PYLORI

3. 5 Management strategies

W-F-29

Effect of *Helicobacter pylori* eradication on glycaemia control in patients with type 2 diabetes mellitus and comparison of two therapeutic regimens

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Introduction: The eradication rate of *Helicobacter pylori* (*H. pylori*) has been reported as being lower in patients with type2 diabetes mellitus (DM) than in those without DM. The aim of the study was to assess the efficacy of the two *H. pylori* eradication regimens in patients without and with type2 DM and to study the effect of *H. pylori* treatment on glycaemia control.

Method: A total of 93 consecutive type2 DM (non-insulin users) and 98 non-diabetic age-and sex matched patients were enrolled. Patients were randomly assigned to one of the two treatment protocols all given twice daily:

(a) a 14 day quadruple therapy comprising of omeprazole 20mg, metronidazole 500mg, amoxicillin 1g and bismuth sub citrate 240mg (OMAB) and (b) a 14 day triple regimen comprising of omeprazole 20 mg plus clarithromycin 500 mg and amoxicillin 1g (OCA). Cure was defined as a negative ¹³C-urea

53. 8% in other benign biliary diseases ($p=0.646$).

Conclusion: E. coli, Enterococcus, Klebsiella, Pseudomonas, Acinetobacter and H. pylori were found in the biliary system, suggesting that these bacteria are of etiological importance in gallstone formation and other biliary diseases.

Send Date: 2013/10/07

Code: 2712

Category: 3- H.PYLORI

3-3 Pathogenesis: host factors/histo-pathology

W-F-26

Serum adiponectin level in diabetic patients with and without Helicobacter pylori infection: Is there any difference?

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Introduction: Increased insulin resistance is an extragastrointestinal manifestation of Helicobacter pylori (HP) infection. Change in adiponectin level is one of the possible mechanisms of insulin resistance. Helicobacter pylori changes the level of inflammatory markers and cytokines, and these changes can cause changes in the function of adipocytes by altering the adiponectin level. Therefore, given the high prevalence of HP and diabetes in our society, we evaluated the association between HP and serum adiponectin level.

Method: In this cross-sectional study 211 diabetic patients under glycemic control with appropriate treatment (other than insulin) were studied. These patients were divided into two groups of HP+ and HP- based on their IgG antibody serology against HP and their blood adiponectin levels were measured. Data was analyzed using independent T-test, Chi-square and Fisher's exact test.

Results: Seventy two patients with an average age of 51.56 ± 8.34 years were HP- and 139 patients with an average age of 35.50 ± 9.01 years were HP+. Mean serum adiponectin level in HP- and HP+ groups were 4.54 ± 5.43 and in 5.64 ± 3.88 years respectively. No significant difference was found between the mean serum adiponectin level in HP- and HP+ groups ($p=0.140$).

Conclusion: In this study, no significant relationship

was found between HP infection and serum levels of adiponectin

Send Date: 2013/08/13

Code: 2781

Category: 3- H.PYLORI

3. 4 Diagnosis

W-F-27

Development and Evaluation of an Iranian Home-made Helicobacter pylori Stool Antigen Kit

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Introduction: The non-invasive methods include serological detection of specific anti-H. pylori antibodies, urea-breath test, and H. pylori stool antigen test (HpSA) test. Among them only urea breath test and HpSA test are able to detect active H. pylori infection. HpSA test has been known as a simple, relatively inexpensive, and reliable assay in the diagnosis of H. pylori infection. However due to presence of high antigenic-diversity among the strains, various commercial tests have shown some discrepancies in different geographical-area.

This study evaluates a home-made HpSA kit developed by us using the H. pylori antigens from Iranian-isolates for detection of H. pylori in the stool of infected patients.

Method: Based on the endoscopic features and/or a rapid-urease test (RUT), 30 child and 50 adult patients, were recruited. Of them, three biopsies for RUT, culture, and histology and a stool-sample, were obtained. The results of these three tests were used as gold standards.

Patients were considered as H. pylori-positive if culture alone or RUT plus histology were found positive. Presence of H. pylori antigens in their stools was detected by home-made HpSA test and an imported HpSA kit (Immundiagnostik, Germany).

Results: By biopsy-based tests with RUT, histology and culture, 53% (16/30) of children were diagnosed as H. pylori-positive while by Imported kit 57% and by home made kit 50% were found positive. Also by biopsy-based tests, 54% of the adults were diagnosed as H. pylori-positive while by home made kit 56% were found positive. Taken the biopsy-based tests as

Method: Present study provides the identification of the vacA region in relation to H. pylori-related diseases including non-ulcer and peptic ulcer in Azerbaijan, Iran. DNA was extracted from biopsy specimens using standard protocols. d1 and d2 alleles of the Helicobacter pylori vacA gene were detected by a polymerase chain reaction assay.

Results: The H. pylori vacA d1 allele showed significant difference between non-ulcer and peptic ulcer diseases.

Conclusion: The results of the present study suggested that the H. pylori vacA d1 allele could be considered risk biomarkers for peptic ulcer in Azerbaijan, Iran.

Send Date: 2013/07/21

Code: 2791

Category: 3- H.PYLORI

3. 2 Pathogenesis: microbial factors

W-F-24

Helicobacter pylori eradication and migraine

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Introduction: Association between Helicobacter Pylori (HP) chronic infection and migraine has been studied but the results are controversial. In this study, we aimed to evaluate the effects of HP eradication during a 1-year follow-up in a population of patients affected by migraine without aura.

Method: 80 consecutive HP infected patients affected by migraine without aura were enrolled in the study. Patients in 2 groups were randomly assigned using 2 different regimens; Group A: migraine treatment and a 14-day triple therapy for HP infection and Group B: migraine treatment without HP eradication. The pain duration, headache severity and the frequency of clinical headache attacks were calculated upon enrollment in the study and at 6 months and 12 months after treatment.

Results: In group A, HP infection was eradicated in 34 of 40 patients (85%). There were significant decreases in severity and frequency (but not in duration) of the migraine attacks at 6 months ($p < 0.001$) and a significant decrease in intensity,

frequency and duration of the migraine attacks at 12 months after HP treatment in eradicated patients ($p < 0.001$).

Conclusion: HP might be examined in migrainous patients and eradication treatment may be beneficial for the treatment of the disease.

Send Date: 2013/10/07

Code: 2793

Category: 3- H.PYLORI

3. 2 Pathogenesis: microbial factors

W-F-25

Molecular Detection of Helicobacter Species and Other Bacteria in Human Bile Samples

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Introduction: Bacterial infection is accepted as a precipitating factor in gallstone formation and recent studies have revealed the presence of Helicobacter species in the biliary system. The aim is to determine whether bacterial infections could be detected in bile obtained at ERCP and to evaluate the prevalence of these infections in patients with biliary diseases.

Method: 102 consecutive patients undergoing ERCP for various indications were asked to participate in this study. Bile juice was aspirated after selective cannulation of the common bile duct and stored at -20°C . Each of the patient samples had been tested by PCR on 16S rRNA region and RFLP-DGGE for bacterial infections.

Results: Helicobacter DNA was detected by PCR in bile samples 2 out of 74 with gallstone diseases, 1 out of 15 pancreatobiliary malignancies and 1 out of 13 other benign biliary diseases ($p = 0.582$). Direct sequencing confirmed strains of H. pylori in all four bile samples. Bacteria were detected by the amplification of 16S rRNA 43. 2% in gallstone diseases, 53. 3% in pancreatobiliary malignancies and

patient's and it's prevalence was increased with age. Eighty three (48. 8%) of positive H. pylori patients had normal or abnormal nonulcerative endoscopic finding (group 1 and 2) and 87 patients (51. 2%) had ulcer with or without concurrent abnormality (group 3 and 4).

Conclusion: Findings from this cross-sectional study of dyspeptic population showed a lower prevalence of H. pylori infection rather than other studies.

H. pylori prevalence was differed based on endoscopic findings. The most common endoscopic abnormality in H. pylori positive patients was ulcerative lesion.

Send Date: 2013/06/27

Code: 2686

Category: 3- H.PYLORI

3. 1 Epidemiology/natural history

W-F-22

Frequency of vacA and babA2 virulence markers in Helicobacter pylori strains isolated from East Azerbaijan patients with chronic gastritis

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Introduction: H. pylori infection induces chronic gastritis in the majority of infected persons, and chronic gastritis is a risk factor for the development of gastric cancer. The main virulence factors of H. pylori contain the cytotoxin-associated gene product (CagA), the vacuolating toxin (VacA) and the adhesion protein BabA2. The vacuolating cytotoxin (VacA) induces cytoplasmic vacuolation in the human epithelial cells. The blood group antigen binding adhesin (BabA), a 78-kDa outer membrane protein, encoded by the babA2 gene, binds to Lewis b antigens on gastric epithelial cells. Because significant geographic diversity in the incidence of H. pylori virulence factors has been reported, the aim of this work was to establish the H. pylori and vacA and babA2 gene status in 135 patients with chronic

gastritis in East Azerbaijan.

Method: In total, 135 strains from 135 patients with chronic gastritis who referred to Tabriz Emam Reza hospital were tested. H. pylori infection was confirmed in all patients by rapid urease test (RUT). DNA was extracted from positive urease test gastric samples. The presence of babA2 and vacA genotypes was determined by polymerase chain reaction (PCR).

Results: Preliminary results are provided and the final will be presented in Congress. Genomic DNAs were extracted from all strains. So far, 95 samples were examined by PCR results.

Conclusion: Discussion after obtaining the final results will be presented in Congress.

Send Date: 2013/07/22

Code: 2683

Category: 3- H.PYLORI

3. 2 Pathogenesis: microbial factors

W-F-23

Prevalence of vacAd1 Genotypes of Helicobacter pylori in patients with peptic ulcer diseases

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Introduction: Almost half of the world's population suffers from the Helicobacter pylori (H. pylori) infection. This microorganism is known as the most important agent of gastritis and as a risk factor for peptic ulcer disease and gastric adenocarcinoma. One of the H. pylori virulence factors that is correlated with increased risk of disease is vacuolating cytotoxin A (vacA) which induces cytoplasmic vacuolation in gastric epithelial cells.

The differences in vacA structure (at the signal (s), s1 or s2; middle (m), m1 or m2; intermediate (i), i1 or i2 and the more recently identified the deletion, d1 or d2, region) led to variations in the vacuolating activity of different H. pylori strains. The aim of this study is to determine of vacAd1 Genotypes of Helicobacter pylori in patients with peptic ulcer diseases in Azerbaijan, Iran

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Introduction: A recent study showed an association between hookah/opium use and gastric cancer but no study has investigated the relationship with gastric precancerous lesions. We examined the association between hookah/opium and gastric precancerous lesions and subsequent gastric cancer.

Method: In a population-based cohort study, 928 randomly selected, healthy, *Helicobacter pylori*-infected subjects in Ardabil Province, Iran, were followed for 10 years. The association between baseline precancerous lesions and lifestyle risk factors (including hookah/opium) was analyzed using logistic regression and presented as odds ratios (ORs) and 95% confidence intervals (CIs). We also calculated hazard ratios (HRs) and 95% CIs for the associations of lifestyle risk factors and endoscopic and histological parameters with incident gastric cancers using Cox regression models. Additionally, the proportion of cancers attributable to modifiable risk factors was calculated.

Results: During 9, 096 person-years of follow-up, 36 new cases of gastric cancer were observed (incidence rate: 3.96/1,000 persons-years).

Opium consumption was strongly associated with baseline antral (OR: 3.2; 95% CI: 1.2-9.1) and body intestinal metaplasia (OR: 7.3; 95% CI: 2.5-21.5). Opium (HR: 3.2; 95% CI: 1.4-7.7), hookah (HR: 3.4; 95% CI: 1.7-7.1) and cigarette use (HR: 3.2; 95% CI: 1.4-7.5), as well as high salt intake, family history of gastric cancer, gastric ulcer and histological atrophic gastritis and intestinal metaplasia of body were associated with higher risk of gastric cancer. The fraction of cancers attributable jointly to high salt, low fruit intake, smoking (including hookah) and

opium was 93% (95% CI: 83-98).

Conclusion: Hookah and opium use are risk factors for gastric cancer as well as for precancerous lesions. Hookah, opium, cigarette and high salt intake are important modifiable risk factors in this high-incidence gastric cancer area.

Send Date: 2013/10/07

Code: 2602

Category: 3- H.PYLORI

3.1 Epidemiology/natural history

W-F-21

Recent prevalence of *Helicobacter pylori* in south of Iran

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Introduction: The prevalence rate of gastric infections caused by *Helicobacter pylori* (*H. pylori*) infection is different in between and within countries including Iran. This study was aimed to evaluate the prevalence of *H. pylori* in Iranian adult patients with dyspepsia.

Method: Dyspeptic patients were evaluated in a cross-sectional study. Diagnosis of dyspepsia was based on clinical findings. Upper gastrointestinal endoscopy was performed for all patients to diagnose the potential causes. Two antral biopsies were taken from all of the included patients. Biopsy also was performed for any abnormal lesion. Patients were categorized based on the endoscopic finding to 4 subgroups: 1- normal, 2- abnormal non-ulcerative, 3- ulcerative, and 4-combination of 2 and 3. Two positive tests (gram staining, rapid urease test, and culture) were considered as positive-definite *H. pylori* infection for each patient.

Results: From 548 included patients (238 male and 310 female) *H. pylori* was detected in 170 (31.2%). The mean age was 40.38±15.39 years. *H. pylori* observed in 26.1% of male and 34.8% of female

and borderline decrease in serum calcium ($P= 0.057$), thirty days after treatment.

Conclusion: High dose omeprazole after thirty days in the presence of vitamin D deficiency affects bone turnover probably by decreasing calcium absorption.

Send Date: 2013/07/30

Code: 2785

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 13 Gastroduodenal malignancies

W-F-19

Serum ghrelin; a new surrogate marker of gastric mucosal alterations in upper gastrointestinal carcinogenesis

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Introduction: A few studies have indicated inverse relationships between serum ghrelin and gastric and esophageal cancers but those associations have been restricted to specific populations. We examined the association between ghrelin and gastroesophageal cancers and atrophic gastritis in a population-based setting.

Method: In total 220 gastroesophageal cancers, comprising non-cardia and cardia gastric cancer, esophageal adenocarcinoma, esophageal squamous cell carcinoma (SCC) and age and gender-matched controls were recruited. Serum ghrelin, pepsinogen

I/II ratio (PGI/II) and anti-H. pylori IgG antibodies were measured. Relationships between ghrelin and gastroesophageal cancers, after adjustment for PGI/II ratio, H. pylori status and smoking, were tested using logistic regression. Furthermore, in 125 endoscopically normal volunteers, with and without histological atrophic gastritis, the relationship with ghrelin was compared.

Results: Serum ghrelin was inversely associated with gastric cancer: OR (95% CI) 8.71 (1.70-44.59) for cardia and 6.58 (1.26-34.46) for non-cardia cancer. Lower serum ghrelin was also associated with esophageal SCC: OR (95% CI) 5.69 (1.36-23.78), but not with esophageal adenocarcinoma. A similar association was observed between gastric cancer (cardia and non-cardia) and esophageal SCC when serum ghrelin was analysed as a continuous scaled variable. In endoscopically-normal volunteers, extensive atrophic gastritis was associated with low serum ghrelin [OR (95% CI) 0.25 (0.10-0.64)].

Conclusion: Inverse associations between ghrelin and some gastroesophageal cancers suggest a potential role for serum ghrelin as a biomarker of upper gastrointestinal cancers and atrophic gastritis. In areas with a high incidence of gastric and/or esophageal cancer, screening might be more effectively targeted to individuals with low serum ghrelin in addition to the PGI/II ratio.

Send Date: 2013/10/07

Code: 2786

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 13 Gastroduodenal malignancies

W-F-20

Hookah and Opium:

Two Risk Factors of Gastric Carcinogenesis

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شده است. (P -value <0.05) همچنین در مورد علائم (۱) اتساع و برآمدگی در بالای شکم (بعد از صرف وعده معمول غذایی) (۲) حالت تهوع قبل از صرف وعده غذایی (۳) حالت تهوع بعد از صرف وعده غذایی (۴) حالت تهوع صبحگاهی (۵) استفراغ کردن (۶) اغ زدن (۷) بی اشتها (۸) درد شبانه سردل قبل و بعد از مصرف مبورین تفاوت معنی داری ایجاد شده است. (P -value <0.01)

نتیجه گیری: نتیجه به دست آمده حاکی از آن است که در مورد مقایسه علائم مذکور گروهی که مبورین + امپرازول مصرف کرده است با گروهی که فقط امپرازول مصرف کرده است، تفاوت معنی داری ایجاد نشده است. که نشان می‌دهد اضافه کردن مبورین به درمان اصلی تأثیری بر روی علائم ندارد.

Send Date: 2013/09/22

Code: 2766

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 9 Other esophageal disorders

W-F-17

بررسی تأثیر بوسپیرون در درمان بیماران مبتلا به دیس پپسی عملکردی

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زمینه و هدف: سوء هاضمه یکی از شایع ترین مشکلاتی است که در طب گوارش با آن رو به رو هستیم. یکی از این واسطه های شیمیایی که اخیراً تأثیر آن در درمان دیس پپسی عملکردی مورد توجه قرار گرفته سروتونین است بوسپیرون که آگونیست سروتونین است، باعث شل شدن فوندوس معده می شود و در نتیجه می تواند موجب کاهش علائم سوء هاضمه شود.

روش بررسی: در این مطالعه ۶۶ بیمار به دو گروه ۳۳ نفره بوسپیرون و ۳۳ نفره امپرازول تقسیم شده اند. این بیماران پس از تأیید تشخیص دیسپپسی عملکردی طبق معیار Rome III اندوسکوپی شده و تست اوره آز برای بیماران به عمل آمد. گروه اول بمدت ۴ هفته روزانه یک قرص بوسپیرون ۵ میلی گرمی به نام تجاری buspirax ساخت ایران کارخانه داروسازی تهران دارو هنگام شب به همراه یک عدد کپسول امپرازول ۲۰ میلی گرمی صبح ناشتا دریافت کردند. گروه دوم نیز روزانه یک عدد کپسول امپرازول ۲۰ میلی گرمی صبح ناشتا دریافت کردند. پس از چهار هفته، بیماران دو گروه از نظر بهبودی علائم مورد مقایسه قرار گرفتند.

یافته ها: نتایج به دست آمده نشان می دهد که در مورد علائم (۱) سیری زودرس (۲) درد سردل (۳) حالت تهوع قبل از صرف وعده غذایی (۴) حالت تهوع بعد از صرف وعده غذایی (۵) استفراغ صبحگاهی (۶) استفراغ کردن (۷) اغ زدن (۸) بی

اشتهایی (۹) درد سردل بلافاصله بعد از صرف وعده غذایی (۱۰) درد سردل در هنگام گرسنگی (۱۱) درد شبانه سردل (۱۲) ناراحتی و ناخوشی سردل (۱۳) آروغ زدن (۱۴) احساس سنگینی و پری بعد از صرف وعده غذایی (۱۵) سوزش سردل قبل و بعد از مصرف بوسپیرون تفاوت معنی داری ایجاد شده است. (P -value <0.01)

نتیجه گیری: در مورد مقایسه علائم مذکور گروهی که بوسپیرون به همراه امپرازول مصرف کرده است با گروهی که فقط امپرازول مصرف کرده است، تفاوت معنی داری ایجاد نشده است. در مقایسه دو گروه بوسپیرون و امپرازول به نظر می رسد استفاده از بوسپیرون در بهبود علائم سوء هاضمه عملکردی مفید نمی باشد.

Send Date: 2013/09/22

Code: 2697

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 12 Acid peptic disease (includes NSAIDS - but NOT H. pylori)- diagnosis and treatment

W-F-18

Short Term Omeprazole Use and Markers of Calcium Homeostasis

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Introduction: Several studies indicate a higher prevalence of fracture following long term utilization of proton pump inhibitors (PPIs). However, the exact mechanisms leads to this complication are largely unknown. We studied short term effects of omeprazole on some markers of calcium metabolism. **Method:** In thirty young adult patients with gastroesophageal reflux, omeprazole was prescribed at 20 mg twice daily for thirty days. Baseline characteristics as well as data after treatment with omeprazole were compared. We also measure important parameters in sixty age and sex match healthy individuals at baseline.

Results: Mean age of patients was 31. 8 year and there was no significant difference regarding age, sex, body mass index (BMI), serum calcium, alkaline phosphatase and parathyroid hormone (PTH) between cases and controls. Although, most of the patients were vitamin D deficient (mean = 11. 9 ng/ml); compared to controls, serum 25 OH vitamin D was higher ($P= 0. 005$) and serum phosphate was lower ($P= 0. 001$) in patients. In addition, there was significant increase in alkaline phosphatase ($P=0. 01$)

Five patients in EO and four in BT groups, who had relapsed, were treated by re-injection. The mean duration of follow up was 27.38 months. Finally, in BT group, six patients had good response ($ASS \leq 4$) and five had poor response, but in EO group good responses were nine and only one patient had a poor response. (P value: 0.049)

Conclusion: This study revealed that both BT and EO are effective in the treatment of IA, but in long term follow up more patients in EO group remained in remission. Moreover, the cost of BT is approximately 20 times more than EO. We suggest the use of EO in selected patients with IA.

Send Date: 2013/07/13

Code: 2763

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 9 Other esophageal disorders

W-F-15

بررسی تاثیر سوماترپیتان در درمان بیماران مبتلا به دیس پپسی عملکردی

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زمینه و هدف: شایع ترین علت سوء هاضمه، سوء هاضمه ی عملکردی می باشد که پاتوفیزیولوژی آن ناشناخته است. یکی از این واسطه های شیمیایی که اخیراً تاثیر آن در درمان دیس پپسی عملکردی مورد توجه قرار گرفته سروتونین است. سوماترپیتان که آگونیست سروتونین است، باعث شل شدن فوندوس معده می شود و در نتیجه می تواند موجب کاهش علائم سوء هاضمه شود.

روش بررسی: در این مطالعه ۶۸ بیمار به دو گروه ۳۵ نفره و ۳۳ نفره تقسیم شدند. بیماران پس از تایید تشخیص دیسپپسی عملکردی طبق معیار Rome III اندوسکوپ شده و تست اوره آز برای بیماران به عمل آمد گروه اول بمدت ۴ هفته روزانه یک قرص سوماترپیتان ۵۰ میلی گرمی به نام تجاری migrakim ساخت ایران کارخانه داروسازی حکیم هنگام شب به همراه یک عدد کپسول امپرازول ۲۰ میلی گرمی صبح ناشتا دریافت کردند. گروه دوم نیز روزانه یک عدد کپسول امپرازول ۲۰ میلی گرمی صبح ناشتا دریافت کردند. پس از چهار هفته، بیماران دو گروه از نظر بهبودی علائم مورد مقایسه قرار می گیرند.

یافته ها: نتایج به دست آمده نشان می دهد که در مورد علائم (۱) سیری زودرس (۲) اتساع و برآمدگی در بالای شکم بعد از صرف وعده غذایی (۳) درد سردل قبل و بعد از مصرف سوماترپیتان تفاوت نسبتاً معنی داری ایجاد شده است.

(P-value<0.05) همچنین در مورد علائم (۱) حالت تهوع قبل از صرف وعده غذایی (۲) حالت تهوع بعد از صرف وعده غذایی (۳) حالت تهوع صبحگاهی (۴) استفراغ کردن (۵) اغ زدن (۶) بی اشتها (۷) درد سردل بلافاصله بعد از صرف وعده غذایی (۸) درد سردل در هنگام گرسنگی (۹) درد شبانه سردل قبل و بعد از مصرف سوماترپیتان تفاوت معنی داری ایجاد شده است. (P-value<0.01)

نتیجه گیری: نتیجه به دست آمده حاکی از آن است که در مورد مقایسه علائم مذکور گروهی که سوماترپیتان به همراه امپرازول مصرف کرده است با گروهی که فقط امپرازول مصرف کرده است، تفاوت معنی داری ایجاد نشده است.

Send Date: 2013/09/22

Code: 2765

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 9 Other esophageal disorders

W-F-16

بررسی تاثیر مبورین در درمان بیماران مبتلا به دیس پپسی عملکردی

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زمینه و هدف: سوء هاضمه یکی از شایع ترین مشکلاتی است که در طب گوارش با آن رو به رو هستیم. داروی مبورین که با شل کردن عضلات صاف به عنوان داروی کم عارضه ضد درد و اسپاسم می تواند در درمان سوء هاضمه موثر باشد.

روش بررسی: در این مطالعه ۶۳ بیمار به دو گروه تقسیم می شوند. این بیماران پس از تایید تشخیص دیس پپسی عملکردی طبق معیار Rome III اندوسکوپ شده و تست اوره آز برای بیماران به عمل می آید. گروه اول بمدت ۴ هفته روزانه ۳ عدد قرص مبورین ۱۳۵ میلی گرمی با نام تجاری colomab ساخت ایران کارخانه داروسازی رها به همراه یک عدد کپسول امپرازول ۲۰ میلی گرمی صبح ناشتا دریافت می کنند. گروه دوم نیز روزانه یک عدد کپسول امپرازول ۲۰ میلی گرمی صبح ناشتا دریافت می کنند. پس از چهار هفته، بیماران دو گروه از نظر بهبودی علائم مورد مقایسه قرار می گیرند.

یافته ها: نتایج به دست آمده نشان می دهد در مورد علائم (۱) سیری زودرس (۲) اروغ زدن (۳) درد بالای شکم بلافاصله پس از صرف وعده معمول غذایی (۴) درد بالای شکم در هنگام گرسنگی قبل و بعد از مصرف مبورین تفاوت معنی داری ایجاد

response to PBD between patients with normal and abnormal TBE before treatment.

Send Date: 2013/07/13

Code: 2661

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 9 Other esophageal disorders

W-F-13

Symptoms, response to treatment and frequency of achalasia subtypes by high resolution manometry

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Introduction: Idiopathic achalasia (IA) is a chronic disease of esophagus. High resolution manometry (HRM) is the gold standard for the diagnosis of achalasia. Three different manometric patterns of the esophageal body contractions are seen in HRM. Aims of this project is to investigate response to treatment and frequency of achalasia subtypes by HRM.

Method: 148 patients with IA were evaluated prospectively. HRM was done for the patients before treatment; therefore, they were divided in three groups according to HRM. The patients were treated by pneumatic balloon dilation (PBD). They were evaluated with achalasia symptom score (ASS) and timed barium esophagram (TBE) before and 1. 5, 6, 12, 18 and 24 months after PBD. Relapse was defined as increase in severity of dysphagia ≥ 2 score after initial good response. The frequency and response to treatment of each subtype were evaluated.

Results: According to HRM, 29 patients were classified as type I (20%), 99 as type II (66%) and 20 as type III (14%). The mean LES pressure before treatment were 32. 13, 32. 03 and 37 mmHg in type I, II and III, respectively (P=0. 728). The mean ASS before treatment were 12, 11. 30 and 12. 05 for type I, II and III, respectively (P=0. 585). There were no significant differences between 3 types in ASS during the follow up period. The ASS at the end of study were 3. 43, 4. 36 and 2. 40 for type I, II and III respectively (P=0. 202). However, type III had earlier relapses (Mean: 8. 39 months) compared with

type II (9. 73) and type I (10. 45) (P=0. 045).

Conclusion: According to HRM, type II is the most common type of IA. In this study, no significant differences were seen in LES pressure, pretreatment ASS and response to treatment between 3 types of achalasia, but mean relapse time was significantly earlier in type III

Send Date: 2013/07/13

Code: 2662

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 9 Other esophageal disorders

W-F-14

Ethanolamine oleate versus Botulinum toxin in treatment of idiopathic achalasia

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Introduction: Idiopathic achalasia (IA) is a chronic motor disorder of esophagus. Botulinum toxin (BT) injection reduces lower esophageal sphincter (LES) pressure and alleviates symptoms in IA. Recently, Ethanolamine oleate (EO) has been introduced for treatment of achalasia. Aims of this project is to compare the long-term efficacy of intrasphincteric BT and EO injections in treatment of IA patients.

Method: 220 IA patients were evaluated prospectively. 21 patients who were unwilling to or poor candidate for pneumatic balloon dilation (PBD) and cardiomyotomy (CM) enrolled. They were randomly assigned into two groups. Eleven patients were treated by two injections of BT at four weeks interval. In another group, EO was injected 3 times with two weeks intervals. All patients were followed by achalasia symptom score (ASS) and timed barium esophagram (TBE). We defined good response as decrease in ASS (≤ 4), and reduction of height and volume of barium in TBE $> 80\%$ of baseline at 1. 5 months after last injection. Relapse was defined as increase in ASS (> 4) after initial good response.

Results: Mean age of patients was 63. 14 \pm 13. 2 years (Min: 26, Max: 81). All patients in EO group and ten patients in BT group revealed good initial response

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Introduction: Esophageal squamous cell carcinoma (ESCC) is one of the most aggressive malignant tumors. Despite recent advances in diagnosis and treatment, the prognosis for patients with ESCC is poor and worse than that for patients with other digestive tract cancers Clinical. Significance of Serum Markers in prognosis of esophageal cancer is controversial. The current study investigates the relation of three different serum markers (P-53, MMP-9 and IL-2R) in esophageal carcinoma and the correlation with histo pathologic findings and the prognostic significance.

Method: 57 patients with esophageal carcinoma investigated retrospectively. Demographic, clinicopathologic findings and laboratory information collected. Levels of P-53, MMP-9 and IL-2R serum markers measured by ELISA method. These Data analyzed to determine relation of levels of serum markers with histo pathologic findings, disease progression, prognosis and survival.

Results: This study consisted of 57 new esophageal cancer cases that 59. 6% of them were men and mean age among these patients was 35/11±54/57. the most frequent pathologic finding among lesions was well differentiated SCC that consisted of 50. 9% of all cases. 70. 2 % of patients died in follow up time. Mean levels of serum markers in study patients were 4. 88± 3. 04 for IL-2R, 1300. 481± 650. 937 for MMP-9 and 2. 02±3. 85 for P53. Only P-53 showed a significant relation with Pathologic Grade of tumors and no other relation demonstrated between serum markers with Grade of tumors, Stage of tumors, pathologic findings, survival and prognosis.

Conclusion: This study demonstrated no significant correlation between these serum markers and pathologic findings, outcome, and prognosis in patients with esophageal carcinoma

Send Date: 2013/10/07

Code: 2660

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 9 Other esophageal disorders

W-F-12

Response to treatment in Achalasia patients with normal versus abnormal timed barium esophagram

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Introduction: Timed barium esophagram (TBE) is an objective test for diagnosis of achalasia and follow-up of patients after treatment. In some patients, TBE before treatment is reported normal. Aime of this project is to evaluate TBE reliability for diagnosis and follow-up in achalasia patients.

Method: 58 naive symptomatic achalasia patients were enrolled. 28 patients had normal (group 1) and 30 patients had abnormal TBE before treatment (group 2). Normal TBE was defined as absence of barium in esophagus at 5 minutes after barium ingestion. The diagnosis of achalasia was confirmed by high-resolution manometry. Pneumatic balloon dilation (PBD) with Rigiflex balloon was done for patients. Allpatients were followed by achalasia symptom score (ASS) and TBE at 1. 5, 6, 12, 18 and 24 months after treatment.

Results: The mean age of patients was 36. 81±14. 39. The mean LES pressure before treatment in groups 1 and 2 were 24. 86±18. 55 and 17. 27±18. 11mmHg, respectively. (P=0. 121). The ASS dropped from 9. 14 before treatment to 3. 04 at 1. 5 months after treatment in group 1(P=0. 001) and from 9. 30 to 4. 57 in group 2(P=0. 009). The mean duration of follow-up was 23. 97±15. 47 months. The ASS at all of follow -up time except at 12 months after treatment (P=0. 027), didn't show any significant difference between two groups.

Height and volume of barium at follow-up periods after treatment were lower in group 1 compared with group 2. These differences at 1. 5 months and 12 months after treatment were significant (P values<0. 05).

Conclusion: Normal TBE is seen in some achalasia patients before treatment despite the troublesome clinical symptoms. The decision for treatment of achalasia should be taken based on both subjective and objective assessments. There was no difference in

survival 13.5 (11-15), overall survival (OS) One/ Two/ Three 57/21/16%, Died/alive 158/97, Univariate analysis prognostic factors: age/ stag/ differentiation/dose of RT/fraction/treatment, Multivariate analysis predictor factor: dose of RT/ fraction.

Conclusion: although this treatment offers some possibility for improvement of patients with esophageal cancer, there remains a significant need for development of new drug and new therapeutic approaches that can substantially impact survival.

Send Date: 2013/07/08

Code: 2689

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 8 Esophageal malignant disease

W-F-10

Anatomical distribution and demographic data of Esophageal cancer from 1997-2013 in Mashhad, Iran

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Introduction: Esophageal cancer, is the eighth most common cancer in the world which consists of two main histological types: Squamous cell carcinoma (SCC) and adenocarcinoma (AC). It is characterized by rapid development and fatal prognosis in most cases. the global statistics show that Over 80% of esophageal cancers occur in developing countries. the highest incidence is in the age group 50_70 years. The disease is diagnosed more frequently in males than in females and the incidence rate varies widely from area to another. This study was designed to determine a new data of anatomical distribution and demographic data of CC in North East of Iran.

Method: records of patients diagnosed with esophageal cancer from March 1997 to February

2013 in Qaem and Omid hospital of mashhad were reviewed for demographic data and anatomical location of tumor. results were analyzed by SPSS version 16.

Results: 4616 patients, 2518 (55%) were male and 2098 (45%) were female with a mean age of 65 years. About 85% of patients have squamous cell carcinoma (SCC) and 10% adenocarcinoma and 5% were unspecified. The distribution of esophageal cancer by anatomical location was 5% in upper third, 26% in the middle third and 40% in the lower third of esophagus. Squamous cell carcinoma occurred in 39% of cases with involvement of upper third of the esophagus whereas adenocarcinoma arose primarily from the lower third. There was not a meaningful difference between sex variables and pathology statistically

Conclusion: Our results showed that the most common area of esophageal cancer is upper third of esophagus. SCC was the most frequent type of this cancer. Carefully designed epidemiologic studies are required to increase our understanding of the complexity of esophageal cancer.

Send Date: 2013/07/22

Code: 2782

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 8 Esophageal malignant disease

W-F-11

Assessment of serum tumor markers P53, MMP-9, IL-2R in esophageal carcinoma and its correlation with histopathological findings and prognosis

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Conclusion: the survival rates of esophageal cancer in North West of Iran is poor; therefore, early detection and improved treatment methods, with performed clinical trial study.

Send Date: 2013/06/08

Code: 2596

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 8 Esophageal malignant disease

W-F-08

Marked increase in the incidence rate of esophageal adenocarcinoma in a high risk area for esophageal cancer

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Introduction: Esophageal cancer (EC) is the 8th common cancer worldwide. Esophageal squamous cell carcinoma (ESCC) and adenocarcinoma (EAD) are most common histological types of EC. Many recent reports showed an increasing in EAD and decreasing in ESCC in many Western countries. Golestan province in northeastern Iran has been known as a high risk area for EC. The aim of this study was to describe the time trend of EAD in this area between 2000 and 2009.

Method: Data on cancer cases were obtained from Golestan Population-based Cancer Registry.

Analysis was done using Joinpoint software. To examine the incidence trends, the annual percent change was calculated. The possibilities of anatomic and histological misclassification were considered by assessing the trend of ESCC and gastric adenocarcinoma.

Results: A total number of 1186 histologically confirmed EC cases were recruited. The incidence rate of EAD showed a significant increasing trend. There was no significant trend in the incidence of ESCC during the study period. A significant increase was occurred in the incidence rate of gastric

adenocarcinoma during the period of 2000-2005, followed by a plateau during the period of 2005-2009.

Conclusion: We found a significant increasing trend in the incidence rate of EAD. We did not find evidence to support alternative explanation including anatomic and histological misclassification. So, the observed rise in the incidence of EAD seems to be real. Therefore, designing and implementation of controlling programs, including control of preventable risk factors of EAD should be considered in this high risk area.

Send Date: 2013/06/18

Code: 2647

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 8 Esophageal malignant disease

W-F-09

Impact of postoperative chemoradiotherapy and chemoradiotherapy alone for esophageal cancer in North-West of Iran

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Introduction: To investigate the role of surgical treatment for locally advanced esophageal cancer, we compared the outcomes of chemoradiotherapy alone (CRT) to postoperative chemoradiotherapy (S/CRT), using, Regional Radiotherapy Center, database.

Method: This retrospective study was conducted in North-West of Iran, included of 255 consecutive patients with esophageal cancer. Eligible operable and non-operable, were treated with S/CRT and CRT respectively. Radiotherapy (RT) was delivered at 1. 8-2 Gy/day for five consecutive days in a given week. Chemotherapy (CT) consisted of cisplatin and 5-fluorouracil.

Results: From March 2006 to March 2011, 255 patients: male/female 129/96, median age 68 (35-90), squamous/adeno 213/12, received CRT /S+CRT 166/59, median radiation dose 45 ±13. 6Gy, Median

patients with resected esophageal cancer

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Introduction: Tumor length in esophageal cancer(EC) patients has recently again received great attention; however, its prognostic role in the EC is controversial. The purpose of our study was to characterize the prognostic value of tumor length and offer the optimum cut-off point by reliable statistical methods for tumor length in EC patients.

Method: A retrospective analysis was conducted of 71 consecutive patients with EC who underwent surgery. (ROC) curve analysis was used to determine the optimal cut-off point for tumor length, which was measured with a handheld ruler after formalin fixation. Based on this cutoff point, patients were divided into with large and small tumors length. The correlations between tumor length and other factors were surveyed, and overall survival (OS) rate was compared between the two groups. Potential prognostic factors were evaluated by univariate Kaplan-Meier survival analysis. $P < 0.05$ was considered as statistically significant.

Results: From March 2006 to March 2011 71 patients: male/female 43/28, median age 59 (29–80), squamous/adeno 65/6, median tumor length 4 (0.9–10), cut-off point tumor length 4 cm, $\leq 4 / > 4$ (48/23), Univariate analysis prognostic factors: tumor length / modality therapy, One/ Three / five OS rates 84/ 43/ 43% for tumors ≤ 4 , whereas in > 4 One/ Three / five were 75/ 9/ 0%. There was statistical significant association between tumor length (≤ 4 vs > 4) and age, sex, weight loss, tumor site, histology, T, N, differentiation, stage, modality therapy, longitudinal margin involvement.

Conclusion: Future modification of the EC staging system should include tumor length as it is an important prognostic factor. In addition optimal cut-off point for tumor length still will require further assessment with larger prospective datasets.

Send Date: 2013/09/05

Code: 2591

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 8 Esophageal malignant disease

W-F-07

Influence of chemoradio therapeutic strategies and factors on the Five years survival of Patients with Esophageal Cancer

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Introduction: Iran is one of the areas with higher incidence of esophageal cancer in the world. The survival benefit of surgery followed by adjuvant therapy has been demonstrated and widely accepted as a standard therapy in other gastrointestinal malignancies. Definitive chemo radiotherapy (DCRT) is used for locally advanced esophageal cancer and for inoperable tumors thus is an alternative to surgical treatment. The purpose of the current study is to evaluate the effects of Definitivetherapy and adjuvant therapy on survival of Patients with esophageal cancer.

Method: This retrospective study was conducted in North-West of Iran 2006 - 2011, included of 331 consecutive patients with esophageal cancer. This study patients treated with definitivetherapy or adjuvant therapy were delivered at 1.8-2 Gy/day for five consecutive days in a given week. Chemotherapy consisted of cisplatin and 5-fluorouracil.

Results: The median survival was 16.25 months with 1, 3 and 5 year survival rates of 60%, 21% and 16%, respectively. on univariate analysis related to age at diagnosis ($p < 0.001$), T-stage ($p < 0.001$), tumor diff ($p = 0.03$), total dose (GY) ($p = 0.01$), Fraction ($p < 0.001$), Chemotherapeutic regimens ($P = 0.01$), 5-Fu Mg/m² ($P = 0.02$) were prognostics factor and Comparing DCRT to Adjuvant CRT, There was a significant difference in survival between the two treatment groups ($p < 0.001$) (Fig 1). Multivariate analysis related to, Modality therapy ($P = 0.002$; OR: .53) and Fraction group ($P = 0.03$; OR: .59) were protective factor.

SLE.

Case Report: case 1: a 30-year old male presented to emergency department with acute onset of diffuse abdominal pain associated with nausea and vomiting. CT scan with contrast showed marked bowel wall thickening involving the jejunum with mild ascites, findings most compatible with intestinal ischemia. The patient underwent exploratory laparoscopic surgery which ruled out necrotic bowel but there was only significant edema of small bowel. After excluding other causes of ischemic enteritis, the autoimmune profile was checked: a low serum complement level (C3/C4: 29/9 mg/dL, normal range: 80-180/15-40 mg/dL), positive ANA (1: 320), and anti-ds-DNA antibody: 1: 160.

Diagnosis of lupus vasculitis involving the small bowel was made on hospital day 3 and the patient was treated with intravenous hydrocortisone (100 mg every 8 hours) followed by oral prednisolone (30 mg per day) and azathioprine (50 mg per day). His abdominal symptom resolved two weeks after steroid therapy.

case 2: a 22-year-old lady was admitted with recurrent abdominal pain, fever, nausea and vomiting. Based on CT scan Ischemic enteritis was suspected and after excluding other causes of ischemic enteritis, the patient's autoimmune profile was checked and revealed a low serum complement level. positive ANA (1: 320), and anti-ds-DNA antibody: 1: 80. lupus enteritis was diagnosed. Then 30 mg oral prednisolone and 50 mg azathioprine was started at the hospital. She was discharged with no abdominal discomfort without any surgical intervention. Six month follow up of this patient was with no recurrent mesenteric vasculitis.

Discussion: Lupus should be suspected in any patient with computed tomography findings of ischemic enteritis, even without lupus-related symptoms or signs; C3/C4 levels may be helpful.

Send Date: 2013/07/04

Code: 2720

Category: 1-CLINICAL PRACTICE

1. 2 Management strategies

W-F-05

The effect of cow's milk elimination

from diet on clinical symptoms in children with chronic constipation

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Introduction: One of the common causes of abdominal pain in children is constipation.

Consumption of cow's milk has been suggested as one cause of this disease. This study investigated the effect of cow's milk elimination from diet on clinical symptoms in children with chronic constipation.

Method: This cross-sectional study performed on children with chronic constipation. After obtaining informed consent and filling a questionnaire, cow's milk was eliminated for three weeks from their diet. Children were visited again and second stage questionnaire was filled. Rome-III criteria was considered for diagnosis and to follow the outcome of constipation.

Results: 80 children were enrolled. 33/8% of the participants responded to short-term treatment of cow's milk elimination from the diet. The proportion of response to treatment in children in which constipation began under 2 years of age (52/6%), was significantly higher than others (16/6%) ($p=0/01$). The response to treatment was not significantly related to child sex and amount of milk consumption.

Conclusion: Approximately 34% of children with constipation responded to treatment of cow's milk elimination from the diet that was higher than those reported in similar previous studies. The results showed that response rate in children that the onset of constipation was under 2 years of age, was significantly more than others. The difference could be due to cow's milk protein allergy, one of the common cause of constipation, in this age period.

Send Date: 2013/08/18

Code: 2747

Category: 2-ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

2. 1 Cell/molecular biology/pathology

W-F-06

Impact of tumor length on survival for

ATPIII and IDF criteria was 26% and 25.3% in Amol and 9.9% and 9.7% in Zahedan, respectively. Totally, 17.0% of the subjects fulfilled both criteria for MetS. However 7.8% met the MetS criteria according to only one definitions. Older age, higher BMI, TC and HOMA-IR were also independently associated with an increase in risk of MetS based.

Conclusion: MetS is increasingly prevalent in Iran. Due to non-uniform definition of MetS, some of the inhabitants who meet MetS according to one criteria might be considered healthy according to another definition. This hampers the health care providers of serving the preventive health care to a substantial proportion of individuals at risk. Our study proposes that ethnic differences should be taken into account while defining the HDL-C and waist circumference cut off values for definition of MetS.

Send Date: 2013/10/08

Code: 2614

Category: 1-CLINICAL PRACTICE

1. 2 Management strategies

W-F-03

Evaluation of Argon plasma coagulation (APC) in healing of bleeding Solitary rectal ulcer in Comparison with Conventional Therapy

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Introduction: Solitary rectal ulcer syndrome (SRUS) is an uncommon disorder of evacuation. Management of bleeding ulcers is usually unsatisfactory with conventional treatments. Argon plasma coagulation (APC) has been reported in case reports to control bleeding. The aims of study were to investigate the efficacy and safety of APC in controlling bleeding from SRUS and to study its efficacy in eventual healing of ulcers.

Method: A randomized, controlled trial of the management of 99 consecutive patients with SRUS was done in the gastroenterology unit of "AHVAZ IMMAM" Hospital. Main Outcome Measurements

were Control of bleeding and endoscopic healing of SRUS. Finally, in this study, 99 patients with rectal bleeding for about 2. 5 years enrolled in randomized clinical trial, of which 58 were in the control group (receiving foods high in fiber, laxatives and behavioral therapy), and 41 patients received treatment with APC.

Results: The average age in both groups was 31 to 32 year and the percentage of gender in both treatment groups was 56% male and 43% female. 21% of patients use non- Iranian(squatting) toilet and 78% of them use Iranian(sitting) toilet.

Approximately 30% of patients had mental disorders were take drugs for their problems. The average time from onset of symptoms to diagnosis of solitary rectal ulcer syndrome was about 4 years; and in 45% of patients with SRUS number of ulcers were more than one. Response to therapy in the control group was 29% and in the group receiving APC was approximately 76%. Continued healing after 3 months in the control group was 10% and in the APC-treated group was approximately 70%.

Conclusion: Consequently, the "APC" not only make control of bleeding in patients with (SRUS) but also compared with conventional therapy (behavior therapy, the use of laxatives and high fiber food), continuing improvement in the rectal sores.

Send Date: 2013/07/03

Code: 2618

Category: 1-CLINICAL PRACTICE

1. 2 Management strategies

W-F-04

sever recurrent mesenteric vasculitis as the initial presentation of SLE

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Background: Systemic lupus erythematosus (SLE) is an autoimmune inflammatory disease characterized by the presence of autoantibodies and immune complex formation. we describe a condition of severe, recurrent lupus vasculitis accompanied with hypocomplementemia as the initial presentation of

Code: 2723

Category: 1-CLINICAL PRACTICE

1.1 Epidemiology

W-F-01

Survey Demographic, Clinical and Para clinic characteristics in Children with Familial Mediterranean Fever in Two Referral centers of Rasht between 1381-1391

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Introduction: Familial Mediterranean fever (FMF) is an Autosomal recessive disease that is identified by periodic recurrent fever, peritonitis, pleuritis, arthritis or erythema. we aimed to Survey Demographic, Clinical and Para clinical characteristics in Children with FMF in two referral centers of Rast

Method: this retrospective descriptive study, all documents of patients with primary diagnosis of FMF referred to 17 Shahrivar pediatric Hospital of Rasht and private clinic of pediatric gastroenterologist between Mehr 1381 and Mehr 1391 were assessed. Diagnosis of FMF was based on Tel -Hashomer criteria Demographic and clinical characteristics such as age, gender, onset of disease, attack duration, number of attack, clinical manifestations, interval of clinical manifestation, family history, laboratory changes, mutation of MEFV, treatment and follow up were assessed.

Results: Twenty four children with FMF were assessed. The mean age of them was 4.69 ± 2.01 and 66.7 of children were boys. 50% of patients had weight between 75-90 % , & 54.1% had the height between 25-75 % & 33.3% of 75-90% . Most of patients were Gilak (66.7%) and then Azari (20.8%). The mean duration of clinical manifestation, number of attack and interval between attacks were 2.04 ± 1.16 days , 27.08 ± 19.14 times/year , and 3.21 ± 2.55 weeks respectively. Fever (100%) and abdominal pain (95.8%) were the most common clinical manifestations of FMF.

Conclusion: this study revealed , FMF was more common in little children and boys. Fever and abdominal pain were the most common clinical manifestation of FMF. The most common mutation was R671H (25%) and M694V (20.8%) respectively & all of those with R671H mutation were Gilak. this

mutation as compare to M694V has the lower renal side effects. Also arranging educational programs to increase physician's awareness about this disease .

Send Date : 2013/08/19

Code: 2805

Category: 1-CLINICAL PRACTICE

1.1 Epidemiology

W-F-02

The Epidemiology of Metabolic Syndrome in Iran: The Need to Reconsider the Definitions

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Introduction: A variety of prevalence rates for metabolic syndrome according to several definitions have been reported. There are 2 widely used definitions: First, proposed by National Cholesterol Education Panel-Adult Treatment Panel III and the second by the International Diabetes Federation. The aim of this study was to assess the prevalence of MetS according to two definitions in Iran and compare the characteristics of the subjects who met the MetS criteria according to the different definitions.

Method: Participants were recruited from family registry of public health centers. Following to the obtaining demographic and clinical data, subjects underwent anthropometric measurements and laboratory assays. MetS was defined according to the NCEP-ATPIII and IDF criteria. Subjects were then categorized into 3 groups: 1. Healthy non-MetS subjects based on both definitions, 2. Individuals with MetS only by one of the definitions, and 3. Individuals who met both NCEP-ATPIII and IDF criteria for MetS.

Results: Totally, 8693 subjects were enrolled to the study. Prevalence of MetS according to the NCEP-

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In The name of God

Abstract Submitted for
Iranian Congress of Gastroenterology and Hepatology - ICGH 2013
November 27-29, 2013

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GOVARESH

Quarterly

Scientific Journal of the Iranian Association of Gastroenterology and Hepatology

pISSN: 1560-7186, oISSN: 2008-756x, eISSN: 2008-7578

Vol. 18, Supplement, Autumn 2013, No. 84-1

Concessioner:

Iranian Association of Gastroenterology and Hepatology

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Iranian Association of Gastroenterology and Hepatology

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