

# گوارش

نشریه علمی انجمن متخصصین گوارش و کبد ایران

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انجمن متخصصین گوارش و کبد ایران

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

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• خارج کشور

ریال ۳۰۰/۰۰۰

کشورهای همجوار

ریال ۴۰۰/۰۰۰

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آمریکا، کانادا، استرالیا و ژاپن

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## راهنمای نگارش مقالات

استفاده از آمار و نام همکار متخصص آمار و سایر همکاران متخصص غیرپزشک باید در مقاله ذکر شود.

نتایج باید جمع‌بندی شود و بدون ذکر تمام جزئیات، گزارش شود. از آوردن جداول زیاد خودداری و در ادغام جداول کوشش شود. در بخش بحث، به مقالات اصلی موجود در مسأله مورد پژوهش اشاره شود و به خصوص به آخرین گزارش‌هایی که منتشر شده‌اند توجه و نتایج با آنچه که از گزارش‌ها به دست آمده است، مقایسه شود و اختلافات مورد بحث قرار گیرد. در خاتمه بحث، در چند سطر، نکته‌های مهم نتایج، مجدداً به عنوان چکیده اصلی که پژوهشگران به آن رسیده‌اند، برای خواننده بازگو شود.

مراجع علمی (References) در مجله گزارش، به ترتیب زیر ذکر می‌شوند (توجه داشته باشید که ارقام مشترک ابتدای دو شماره صفحه مرجع، از ابتدای شماره دوم حذف می‌شوند و هم‌چنین در موقع اشاره به مجلات، شماره مسلسل مجله فقط در مجلاتی که در هر شماره از صفحه ۱ شماره‌گذاری می‌شوند، آورده می‌شود).

### مقاله فارسی

نام خانوادگی همراه با نام نویسنده (نویسندگان) و پس از ذکر نام شش نویسنده (و همکاران) عنوان کامل مقاله [.] نام مجله [.] سال انتشار [.] شماره سالانه [.] شماره صفحه آخر مقاله [.] شماره صفحه اول مقاله [.]

### مثال:

ابراهیمی دریانی ناصر، آزموه اردلان فرید، درمحمدی ترانه، بشاشتی محمد، هشتودی علی اسد، حق‌پناه بابک و همکاران. رابطه بین سطح آلائین آمینوترانسفراز سرمی و یافته‌های آسیب‌شناسی کبدی در مبتلایان به هیپاتیت C مزمن. گزارش، ۱۳۸۴؛ ۱۳: ۶-۲۳۲.

### مقاله خارجی

نام خانوادگی همراه با حرف اول نام نویسنده (نویسندگان) و پس از ذکر نام شش نویسنده [et al.]. عنوان کامل مقاله [.] نام کوتاه شده مجله سال انتشار [.] شماره سالانه (volume) [.] شماره صفحه اول مقاله [.] شماره صفحه آخر مقاله [.]

### مثال:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood – leukaemia in Europe after Chernobyl: 5 year follow – up. *Br J Cancer* 1996; 73: 1006-12.

### کتاب

نام خانوادگی همراه با حرف اول نام نویسنده (نویسندگان) [.] عنوان کامل کتاب [.] نوبت چاپ [.] محل انتشار کتاب [.] نام ناشر [.] سال انتشار.

### مثال:

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

### فصلی از یک کتاب

نام خانوادگی همراه با حرف اول نام نویسنده (نویسندگان) آن فصل از کتاب [.] عنوان کامل فصل [In:]. نام خانوادگی همراه با حرف اول نام ویراستار (ویراستاران) اصلی کتاب [editors.]. عنوان کامل کتاب [.] نوبت چاپ [.] محل انتشار کتاب [.] نام ناشر [.] سال انتشار [p.]. شماره صفحه شروع مطلب [.] شماره صفحه خاتمه مطلب [.]

### مثال:

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: patho-physiology, diagnosis, and management. 2nd ed. New York: Raven press; 1995. P. 465-78.

نشریه گزارش به صورت فصلنامه و به زبان‌های فارسی و انگلیسی هر سه ماه یک بار منتشر می‌شود و در زمینه مباحث شایع و مهم گزارش مقاله می‌پذیرد.

از همکاران ارجمندی که مایلند مقاله آنها در مجله گزارش چاپ شود، خواهشمند است نکات زیر را رعایت نمایند:

در نگارش مقالات فارسی از آیین نگارش زبان فارسی پیروی و از کلمات اصلی فارسی استفاده و در صورت تمایل، به اصل واژه در زیرنویس اشاره کنید. تمام کلمات اختصاری غیرمتعارف، در اولین مورد اشاره در متن، باید تعریف شوند. از کلمات اختصاری بهتر است هنگامی استفاده کنید که بیش از سه بار در متن به کار رفته باشند.

عنوان مقاله، نام و نام خانوادگی نویسنده یا نویسندگان، عنوان دانشگاهی و مرتبه علمی آنها، محل کار، محل تحقیق، ضامنه مقاله (شامل عکس، تصویر، دیسکت و...) را قید کنید. نویسنده مسئول (Corresponding Author) با علامت \* متمایز شود.

نشانی دقیق و شماره تلفن و نشانی پست الکترونیک نویسنده مسئول را در صفحه اول ذکر کنید. مشخصات نویسندگان باید به زبان انگلیسی نیز قید شود.

مقالات قابل پذیرش شامل مقالات پژوهشی (Original article)، مروری (Review article) و گزارش موردی (Case report) می‌باشند.

مجله گزارش از چاپ مقالات ترجمه شده معذور است؛ ولی از ترجمه مطالب راهنما و راهبردهای پزشکی (Guidelines) استقبال می‌کند.

مجله گزارش به طور کلی از چاپ مقالات پژوهشی که نتیجه بررسی‌های گذشته نگر و اطلاعات جمع‌آوری شده از پرونده‌های پزشکی می‌باشند، جز در موارد نادر، معذور است. هم‌چنین مقالاتی که نتایج آنها در کتاب‌های معتبر آمده و در تأیید آنها انجام گرفته‌اند پذیرفته نمی‌شوند. این نوع مقالات تنها در صورتی چاپ می‌شوند که نتایج آنها، بر پایه مدارک و متدولوژی صحیح علمی، با نتایج کتب مرجع مغایرت داشته باشند.

مقالات پژوهشی باید علاوه بر عنوان (رسا و کوتاه)، شامل خلاصه، ۳ تا ۱۰ واژه کلیدی، مقدمه، مواد و روش‌ها، نتایج، بحث و نتیجه‌گیری و فهرست مراجع باشند. خلاصه یک مقاله پژوهشی باید سازمان یافته (شامل مقدمه، مواد و روش‌ها، نتایج و نتیجه‌گیری) باشد و باید در کمتر از ۲۵۰ کلمه ارائه شود. خلاصه فارسی و انگلیسی باید از لحاظ مفهوم معادل هم باشند.

مقالات مروری باید شامل خلاصه، هدف، منابع اطلاعات، روش انتخاب شده برای بررسی، جمع‌بندی مطالب و نتیجه‌گیری باشند و نویسنده باید خود در مورد موضوع مقاله صاحب تألیفاتی باشد. موارد خواسته شده در مقالات پژوهشی (خلاصه فارسی و انگلیسی، واژه‌های کلیدی و...) باید در مقاله مروری نیز وجود داشته باشند. خلاصه یک مقاله مروری، که اکثراً سازمان نیافته است، باید از ۲۵۰ کلمه کمتر باشد و در صورت سازمان یافته بودن باید از ۳۰۰ کلمه کمتر باشد و شامل هدف، منابع اطلاعات، روش‌های انتخاب شده برای مطالعه، جمع‌بندی اطلاعات و نتایج بررسی و نتیجه‌گیری باشد.

گزارش موردی باید شامل خلاصه، زمینه یا سابقه، شرح مورد و نتیجه‌گیری و ذکر دلایل اهمیت مورد گزارش شده از لحاظ منحصر به فرد بودن و یا جوانب دیگر باشد. موارد خواسته شده در مقالات پژوهشی (خلاصه فارسی و انگلیسی، واژه‌های کلیدی و...) باید با گزارش موردی نیز ارسال شوند. خلاصه یک مقاله گزارش موردی باید کمتر از ۱۲۵ کلمه و شامل زمینه یا سابقه، شرح مورد و نتیجه‌گیری باشد.

مقدمه باید کوتاه (کوتاهتر از بحث و حداکثر یک صفحه) باشد و در آن به زیربنای مطالعه و هدف پژوهش (بدون اشاره به جزئیات) پرداخته شود. در بخش مواد و روش‌ها، باید به وضوح چگونگی انتخاب موارد تعداد، مشخصات و روش کار قید شوند



**نام سازمان به عنوان نویسنده**

نام کامل سازمان [.] عنوان کامل مقاله [.] نام کوتاه شده مجله سال انتشار [.] شماره سالانه (volume) [.] شماره صفحه اول مقاله [-] شماره صفحه آخر مقاله [.] مثال:

The Cardiac society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust* 1996; 164: 282-4.

**ذکر نشدن نام نویسنده**

عنوان کامل مقاله [editorial] [.] نام کوتاه شده مجله سال انتشار [.] شماره سالانه (Volume) [.] شماره صفحه اول مقاله [-] شماره صفحه آخر مقاله [.] مثال:

Cancer in south Africa [editorial]. *S Afr Med J* 1994; 84: 15.

**دوره مجله به همراه ضمیمه**

نام خانوادگی همراه با حرف اول نام نویسنده (نویسندگان) [.] عنوان کامل مقاله [.] نام کوتاه شده مجله سال انتشار [.] شماره سالانه (volume) [suppl] شماره ضمیمه [.] شماره صفحه اول مقاله [-] شماره صفحه آخر مقاله [.] مثال:

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health perspect* 1994; 102 suppl 1: 275-82.

**شماره مجله به همراه ضمیمه**

نام خانوادگی همراه با حرف اول نام نویسنده (نویسندگان) [.] عنوان کامل مقاله [.] نام کوتاه شده مجله سال انتشار [.] شماره سالانه (volume) (شماره مجله) [suppl] (شماره ضمیمه) [.] شماره صفحه اول مقاله [-] شماره صفحه آخر مقاله [.] مثال:

Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996; 23 (1suppl 2): 89-97.

**ذکر نشدن دوره یا شماره مجله**

نام خانوادگی همراه با حرف اول نام نویسنده (نویسندگان) [.] عنوان کامل مقاله [.] نام کوتاه شده مجله سال انتشار [.] شماره صفحه اول مقاله [-] شماره صفحه آخر مقاله [.] مثال:

Browell DA, Lennard TW. Immunologic status of the cancer patient and the effects of blood transfusion on antitumor responses. *Curr Opin Gen Surg* 1993: 325-33.

**رساله، پایان نامه**

نام خانوادگی همراه با حرف اول نام نویسنده (نویسندگان) [.] عنوان کامل رساله [dissertation] نام محل انجام تحقیق [.] نام دانشگاه [.] سال انتشار رساله [.] مثال:

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ; 1995.

تمام مراجعی که در متن به آنها اشاره شده است باید شماره‌های متوالی معطوف به متن داشته باشند و معتبر و قابل پیگیری باشند و در پایان مقاله ذکر شوند.

تصاویر، اشکال و نمودارها تنها در صورتی باید استفاده شوند که درک و فهم بهتر مطلب موثر باشند. جداول و نمودارهای مورد استفاده باید به زبان فارسی تهیه شوند و دارای عنوان و زیرنویس کامل باشند. تمام تصاویر، جداول و نمودارها باید به ترتیب در صفحات مجزا و شماره‌گذاری شده ارسال شوند و محل ارجاع آنها در متن مقاله مشخص شده باشد. تصاویر ارسالی باید به صورت اصل (مونتاز نشده) باشند. اما تصاویر چاپ شده با چاپگرهای لیزری با وضوح تصویری کامل نیز قابل قبول می‌باشند. ارسال یک نسخه اصل و ۳ نسخه فتوکپی با کیفیت بالا برای هر تصویر الزامی است. همچنین برای کلیه تصاویر مورد استفاده باید فایل‌های کامپیوتری با فرمت TIFF یا JPEG، با قدرت تفکیک حداقل ۳۰۰ dpi ضمیمه و ارسال شوند.

مقاله باید در چهار نسخه تایپ شده بر روی یک طرف کاغذ A4، با قدرت سطر ۱/۲ سانتی متر و با رعایت حاشیه کافی از اطراف کاغذ، به همراه دیسکت تحت برنامه Microsoft Word ۲۰۰۰ یا نسخه‌های جدیدتر، ارسال شود. نویسندگان می‌توانند در صورت تمایل، مقالات خود را به آدرس پست الکترونیک [govaresh@iagh.org](mailto:govaresh@iagh.org) ارسال کنند.

کلیه مقالات باید از اصول مندرج در توافقنامه و نکوه که مفاد آن در نشانی اینترنتی [www.iagh.org](http://www.iagh.org) بخش Govareh Journal، قابل دسترسی است، پیروی کنند. شایان ذکر است در مورد مطالعات مداخله‌ای که بر روی موارد انسانی انجام می‌شود نویسندگان باید از اصول اخلاق پزشکی مطابق با استانداردهای ذکر شده در بیانیه هلسینکی (تجدیدنظر شده در سال ۱۹۸۳) پیروی کنند و همچنین مطالعه خود را به تأیید کمیته اخلاق پزشکی دانشگاه یا نهاد ذیربط برسانند. لازم است کلیه اطلاعات مربوط به بیماران به صورت محرمانه باقی بماند. در مورد مطالعات حیوانی نیز باید از اصول اخلاقی مندرج در دستورالعمل‌های ملی یا منطقه‌ای پیروی شود.

کلیه مقالات ارسالی توسط داوران منتخب هیئت تحریریه مورد ارزیابی قرار خواهند گرفت. نتیجه فرآیند ارزیابی در کوتاه‌ترین زمان ممکن به اطلاع نویسنده مسئول مقاله خواهد رسید، و پس از انجام اصلاحات پیشنهاد شده، مقاله مجدداً مورد ارزیابی داوران قرار خواهد گرفت. در نهایت، مقاله پس از داوری حداقل ۳ نفر از هم‌تایان مرورگر (Peer Review) و قضاوت نهایی سردبیر، قابل چاپ خواهد بود. در این مرحله، نامه پذیرش چاپ برای نویسنده مسئول ارسال می‌شود.

مجله مسئولیتی در قبال دعاوی بین نویسندگان یا یکدیگر یا با مراجع دیگر نمی‌پذیرد. همچنین مسئولیت پاسخگویی به افرادی که از آنها در بخش تشکر و سپاس نام برده می‌شود، بر عهده نویسندگان مقاله است.

مسئولیت کامل منابع و مطالب چاپ شده بر عهده نویسنده یا نویسندگان است.

مقاله‌های ارسالی عودت داده نمی‌شوند.

مجله گوارش در پذیرش یا رد مقالات ارسالی اختیار کامل دارد. مقالات پذیرش شده، در صورت لزوم مورد بازبینی و تصحیح و ویرایش علمی و ادبی متن قرار خواهد گرفت.

از هر مقاله پنج نسخه چاپ شده اضافی در اختیار نویسندگان قرار خواهد گرفت.

نویسنده مسئول باید در فرم ارائه مقاله جهت چاپ، تعهد کند که مقاله تا به حال در هیچ مجله‌ای چاپ نشده و یا هم‌زمان برای مجله دیگری ارسال نشده است.

قبل از ارسال مقاله، «فرم ارائه مقالات جهت چاپ در نشریه گوارش» را به دقت تکمیل کنید.

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## بررسی اختلالات عملکرد غده تیروئید در

## بیماران مبتلا به خونریزی گوارشی حاد

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**زمینه و هدف:** خونریزی های دستگاه گوارش از بیماریهای شایع در جامعه و یکی از فوریت‌های طب محسوب می شود. هر بیماری حاد یا شدید می تواند در غیاب اختلالات اولیه غده تیروئید موجب اختلال در هورمونهای تیروئیدی گردد. در این مطالعه به بررسی اختلالات عملکرد غده تیروئید بخصوص سندروم یوتیروئید بیمار در بیماران مبتلا به خونریزی گوارشی حاد و تاثیر آن بر پیش آگهی این بیماران می پردازیم.

**روش بررسی:** این مطالعه یک بررسی مقطعی است که در بیماران مبتلا به خونریزی گوارشی حاد بستری در بیمارستان توحید سنندج انجام شد. از بیماران نمونه خون جهت اندازه گیری سطوح T4 T3 TSH و T3RU گرفته شد. این روند تا دو بست بیمار بستری به علت خونریزی گوارشی حاد ادامه یافت. در این پژوهش اختلال عملکرد تیروئید بصورت هر گونه تغییر سطح هورمونها از مقادیر نرمال بصورت کاهش یا افزایش در نظر گرفته شد. تجزیه و تحلیل داده ها با استفاده از نرم افزار آماری SPSS V.22 و در آنالیز توصیفی، برای متغیرهای کمی

، میانگین، انحراف معیار و محدوده تعیین شد. برای بررسی ارتباط متغیرها با از آزمون کای دو و تست دقیق فیشر استفاده شد.

**یافته ها:** بیمارانی که معیارهای ورود به مطالعه را داشتند و تا پایان مطالعه مورد ارزیابی قرار گرفتند ۲۰۰ نفر بودند. در مجموع ۳۰ نفر (۱۵/۰ درصد) از افراد مورد مطالعه اختلال عملکرد تیروئید در آنها دیده شد. و ۱۷۰ نفر (۸۵/۰ درصد) تست عملکرد تیروئید آنها منفی گزارش شد. بیشترین افراد مورد پژوهش (۵۵/۰ درصد) خونریزی گوارشی آنها از نوع هماتمز بود. اختلال عملکرد تیروئید در افرادی که خونریزی فوقانی از دستگاه گوارش دارند بیشتر از افراد بود که خونریزی تحتانی از دستگاه گوارش داشتند. اختلال عملکرد تیروئید در مردان (۵۳/۳) بیشتر از زنان (۴۶/۷) می باشد. افرادی که عملکرد تیروئید آنها مختل می باشد بیشتر هماتمز (۶۳/۴) داشتند و بین اختلال عملکرد تیروئید با خونریزی مجدد رابطه معنی دار آماری با  $p < 0.001$  وجود داشت.

**نتیجه گیری:** با توجه به رابطه معنی دار بین اختلال عملکرد تیروئید با پی آمد بیماری کنترل تستهای تیروئیدی در بیماران با خونریزی گوارشی حاد می تواند در پلان درمان بیماران نقش مهمی داشته باشد.

Send Date: 2015/10/04



### C-lax on Quality of Bowel Preparation

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**Introduction:** Ideal bowel preparation regimen for a suitable colonoscopy should be safe, rapidly clear gastrointestinal tract and well tolerated by patient. Soluble polyethylene glycol (PEG) is the most common cleansing drug that may not be well tolerated and Senna or C-Lax (Cassia angustifolia Vahl) is an alternative herbal one. This study was designed to compare the efficacy of polyethylene glycol and C-lax in bowel preparation.

**Methods:** In this randomized double-blinded trial, 146 patients were placed randomly either in polyethylene glycol (PEG) group or C-lax (Senna). PEG solution was prepared from 5\*70 gr sachets in 20\*250cc water (divided doses, 250 ml every 15 minutes), prescribed 24h before the colonoscopy. In the other group 3\*60 ml C-lax syrup glasses (each containing 90 mg senozid B) was given in 2 divided doses (1.5 glasses every 12 hours), 24 hours before the colonoscopy. Ottawa scale was used to evaluate the quality of bowel preparation by a blinded gastroenterologist. Chi-square test, Student t-test, Mann-Whitney and multivariate analysis were used to analyze data.

**Results:** Among these patients with mean (SD) age of 50 (15.16) years, 162 (50.8%) were men. Mean (SE) Ottawa score was 2.57 (0.2) and 3.15 (0.31) in the PEG and C-lax group, respectively (P-value = 0.81). Multivariate analysis showed that opium consumption (P = 0.000) and higher education level (P = 0.005) were associated with lower Ottawa score of bowel preparation.

**Conclusion:** C-Lax is non-inferior to PEG solution in cleansing colon. Opium consumption and higher education level were associated to the quality of bowel preparation.

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F-T-103

### Effect of intravenous Hydrocortison on post-ERCP (Endoscopic retrograde cholangiopancreatography) hyperamylasemia

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**Introduction:** Acute pancreatitis and Hyperamylasemia is still an important complications after ERCP. Some studies have focused on the effect of nonsteroidal anti-inflammatory drugs versus other studies dispute. The aim of this study was determine effect of intravenous hydrocortison on prevent post-ERCP Hyperamylasemia

**Methods:** In a Double blind clinical trial that performed in Internal Medicine Department and Liver and gastrointestinal disease research center, Tabriz University of medical sciences on patients underwent ERCP, Effect of intravenous hydrocortison on prevent post-ERCP hyperamylasemia evaluated.

**Results:** 34 of patients was male and 66 of them was female. Median age of case group patients was 60.5 and in control group was 59(P=0.769).

Median CBD diameter of case group patients was 12 mm and in control group was 11(P=0.626). The aim of ERCP in 68 patients was CBD stone and in 32 of them was dilated CBD. History of previous ERCP was found in 8 patients of case group and 11 of control group(P=0.444).Median primary amylase of case group patients was 50 and in control group was 56(P=0.553).

Median secondary amylase of case group patients was 79.5 and in control group patients was 79(P=0.195). Median amylase change of case group patients was 18 and in control group was 19.5(P=0.055).Post ERCP hyperamylasemia(amylase > 200) was found in 7 patients of case group and 10 case control group(P=0.424)

**Conclusion:** The results of our study suggest that the use of hydrocortison after ERCP was effective in reducing complications, Especially Hyperamylasemia

Send Date: 2015/10/06

Code:150092

Category: ۲۰ خونریزی های دستگاه گوارش

F-T-104

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**Introduction:** Gastric cancer is still the most common cancer killer in many developing and third world countries including Iran. The aim of this study was to see whether using endoscopy can accurately diagnose cancer in patients with upper GI malignancy in Iran.

**Methods:** 3568 patients have undergone endoscopy between 2009 to 2015 in PSHRC. They were classified to malignant appearance, suspicious for malignancy and benign appearance lesions or redness according to endoscopy. Histopathology of all patients were evaluated and compared to endoscopy report. Sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) were evaluated. ROC curve and AUC were calculated.

**Results:** The endoscopic findings showed that 81.5% of endoscopically malignant lesions, 47.1% of suspicious type and 2.3% of benign appearing rednesses had been malignant. Sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) were 0.955, 0.814, 0.633, 0.982 respectively. The AUC for endoscopy was 0.919 which is significant.

**Conclusion:** Although the overall accuracy of upper GI endoscopy is very high for the diagnosis of gastric cancer, there are still at least 2.3% of misdiagnosis if numerous biopsy and histology evaluation is not added to the this procedure for all gastric lesions including benign looking rednesses. Furthermore there are a lot more suspicious lesions which are cleared only if numerous biopsies and histology examination is included. We highly recommend all gastroenterologists to do so, to be a top GI screener subspecialist.

Send Date: 2015/10/08

Code:150124

Category:19.1 Endoscopy - Upper GI

F-T-101

**On the effect of therapeutic endoscopy  
on mortality rate in patients with  
upper gastrointestinal bleeding**

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**Introduction:** Gastrointestinal bleeding (GIB) is a widespread clinical problem, resulting in a significant mortality, particularly in patients older than 60 years. Although about 80% of GIB cases are likely to be terminated without any clinical intervention, the remaining 20% result in serious diagnostic and medication difficulties. The spread of hospitalization due to upper gastrointestinal bleeding (UGIB) and the mortality rate corresponding to it are reported to be around 0.1 and less than 5%, respectively.

**Methods:** In this paper, among the cases diagnosed with UGIB during 1999-2005, the cases with at least one of the indications of therapeutic endoscopy have been studied, using appropriate case group (including 210 patients, i.e. 63.6%) and control group (including 120 patients, i.e. 36.4%).

**Results:** Major findings of the study are as the following. Mortality rate is around 20% in the case group and 12.5% in the control group. The medical treatment for about 13.3% of patients in the case group and 32.5% of patients in the control group resulted in surgery. On average, patients in the case and control groups are hospitalized for 5.52±4.22 and 7.00±6.61 days, respectively. Average units of transfusions is found to be 6.76±6.58 within the case group and 9.68±8.38 within the control group.

**Conclusion:** Our investigations show no significant difference between case and control groups in aspects of age, sex and co-morbidities (including cardiovascular diseases, diabetes, hyperlipidemia, smoking and addiction). However, the study indicates a significant reduction in the need for surgery, required transfusions and duration of hospitalization for the patients who have experienced therapeutic endoscopy, compared to the ones who have not received such a remedy. In contrast to some previous studies, no meaningful correlation is observed between the mortality rate and execution of therapeutic endoscopy in UGIB cases.

Send Date: 2015/10/09

Code:150049

Category:19.2 Endoscopy – Colon

F-T-102

**Comparing the effect of Polyethylenglycol and**

females) with the majority (41.6%) between 60 -80 years of age, were studied. According to the GBS and Rockall scores, 100% and 13% of the studied subjects were classified in the high-risk group, respectively. In this study, 189 (96%) with a mean (SD)  $2/9 \pm 1/7$  were discharged from the hospital, while 8 (4%) with a mean (SD)  $6 \pm 1/8$  of them was readmitted with rebleeding. According to Rockall score, from these 8 patients, 6 patients were classified in high-risk group and 2 were in moderate-risk group. According to the GBS, all 8 patients were determined high-risk. Furthermore, among the patients presented with rebleeding, 1 was referred to the intensive care unit and 1 to the surgery ward. Both of the referred patients were diagnosed high-risk in both of the scoring systems.

**Conclusion:** In this study, subjects with higher Rockall scores were more likely to experience rebleeding and admission to intensive care unit. Hence, Rockhall criteria is recommended to assess the patients with upper gastrointestinal bleeding.

Send Date: 2015/08/25

Code:150099

Category:19.1 Endoscopy - Upper GI  
F-T-099

**Evaluation and Comparison of the Physician's Satisfaction of Adequacy of Endoscopy after Choosing the Type of Sedation by the Patient or by the Doctor**

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**Introduction:** Upper gastrointestinal (GI) tract endoscopy is the procedure of choice for many gastrointestinal diseases. During endoscopy, providing suitable sedation leads to both the patient's and the physician's satisfaction of the procedure.

**Methods:** One hundred and forty patients undergoing upper GI tract endoscopy were randomly assigned into two groups. In the first group, the physician chose the type of sedation for endoscopy according to the patients' conditions. In the second group, the patients were provided by educational

pamphlets about the procedure, different types of sedations and the possible complications and then were asked to make an informed decision about the type of sedation.

**Results:** Among 70 patients in the first group, 15.7% received just local Lidocaine spray, 65.7% received Lidocaine spray + intravenous (IV) Midazolam and 13 patients (18.5%) received Lidocaine spray + I.V. Midazolam + I.V. Pethidine. No patient went under general anesthesia and no patient needed any change in the dose or type of sedation during the procedure. Among 70 patients of the second group, 13 patients (18.5%) chose just Lidocaine spray, but 7 of these patients could not tolerate the procedure and received I.V. Midazolam according to the physician's decision. Also, 41 patients (58.5%) chose Lidocaine spray + I.V. Midazolam for sedation, but 2 of them received I.V. Pethidine due to intolerance.

Furthermore, 16 patients (22.8%) had chosen Lidocaine spray + I.V. Midazolam + I.V. Pethidine, but one of the patients received I.V. Propofol due to intolerance. Of note, the patients who tolerated endoscopy by just local Lidocaine spray were significantly older than the rest of the patients in both groups.

**Conclusion:** Although the patient's right to make decisions is an important issue in the field of sedation for endoscopy, it seems that in a significant proportion of the patients, they cannot make the decision independently and need an additional intervention by the physician in special situations.

Send Date: 2015/10/05

Code:150119

Category:19.1 Endoscopy - Upper GI  
F-T-100

**Diagnostic value of Endoscopy for Upper GI Malignancy in a GI Clinic: A 6-Year Cross-Sectional Study**

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statistically significant.

**Conclusion:** Based on this study both GBS and Rockall scores are useful tools in the risk assessment of non-variceal upper GIB cases, however they cannot differentiate all poor outcome patients.

Send Date: 2015/10/04

Code:150122

Category:18 GASTROINTESTINAL BLEEDING  
F-T-097

**Evaluation of 250 cases of non-variceal upper gastro-intestinal bleedings at Imam Khomeini Hospital, Sari, Iran**

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**Introduction:** Upper gastro-intestinal bleeding (GIB) of non-variceal origin is a very common presentation in emergency departments. The etiology, clinical course, management and prognosis of this problem has been changed during the few years. We evaluated 250 cases referred to a referral center in northern Iran.

**Methods:** All patients with the various presentation of upper GIB detected in the emergency department and referral endoscopy ward of Imam Khomeini Hospital, Sari, Iran were enrolled in the study during a 8 month period beginning from February 2014. Bleeding from esophageal varices were omitted. Epidemiologic and endoscopic data were collected and analyzed.

**Results:** From 250 enrolled cases 159 cases (63.9%) were male. The age ranged from 15 to 98 years (57.4 ± 19.9). This cohort consisted of near 95% of Mazandaran origin, 22.1% were smokers, 36.1% used ASA/NSAID, 25.3% had a history of known peptic disease and 16.5% had a previous history of upper GIB. At presentation 10% showed orthostatic hypotension/ syncope. Presenting hemoglobin was 9.15 ± 2.53 and 8.83 ± 2.62 mg/ml in males and females respectively. Duodenal ulcer (32.9%) and gastric ulcer (21%) were the most common etiologies found in endoscopy. 29% needed some form of endoscopic intervention for the control of their condition. Seventeen mortalities has been seen during the 2 weeks of discharge. Fifteen re-bleedings and 3 surgical interventions have been reported in the same

period.

**Conclusion:** Non-variceal upper GIB is still a common condition with an incidence of about 30 cases in this hospital. Even with the use of recommended medical and endoscopic intervention a mortality of about 7% have been detected in this referral hospital with the educational fellowship program. This can be explained partly by the older age and comorbid diseases and ASA/NSAID use in this group.

Send Date: 2015/10/08

Code:150022

Category:19.1 Endoscopy - Upper GI  
F-T-098

**Evaluation of ROKALLS and BLATCHFORDS scores in prediction of prognosis of acute upper Gastrointestinal bleeding**

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**Introduction:** In this study, the Glasgow-Blatchford and Rockall scores were determined to predict the condition of the patients with upper gastrointestinal bleeding.

**Methods:** This is a cross-sectional study conducted between the years 2013-2014 on 197 patients with upper gastrointestinal bleeding in the gastrointestinal ward and emergency department of Razi hospital. For each patient a questionnaire comprising age, sex, clinical manifestations, associated diseases, concomitant medications and endoscopy report was completed. Glasgow-Blatchford bleeding score (GBS) and Rockall scores were calculated. Rockall score (0-11) was calculated, with a score less than or equal to 2 indicating a low risk, a score between 3-5 indicating a moderate risk and the score 6 or higher indicating a high risk of recurrent bleeding and mortality. In the Glasgow-Blatchford criteria, scoring system was considered between 0 and 23. The GBS of 2 or less was classified as low risk group and the score greater than 2, indicated a high-risk group for rebleeding and as a result a candidate for endoscopy or other invasive procedures.

**Results:** A total of 197 patients (140 males and 57



upper gastrointestinal bleeding; although it's optimal dose and route of administration remained a controversial issue. The aim of this study was to assess the clinical effectiveness of oral vs. intravenous high-dose proton pump inhibitor (PPI) after successful endoscopic therapy in patients with bleeding peptic ulcer disease.

**Methods:** 181 patients with peptic ulcer disease with stigmata of active bleeding after successful endoscopic hemostasis were enrolled the study. They were randomized to receive either oral high dose Pantoprazole (80 mg twice daily for 3 days; 91 patients) or IV Pantoprazole infusion (80 mg IV within 30 minutes and 8 mg per hour infusion for 3 days; 90 patients). Subsequently, the patients in both groups received oral Pantoprazole 40 mg twice daily for one month. The primary end-point was recurrent bleeding up to day 15th and secondary end-point was volume of transfusion, need to surgery and mortality up to day 30th. Primary and secondary end points were compared in two groups.

**Results:** The re-bleeding rates were 3.33 % (3/90) in the intravenous group and 3.29% (3/91) in the oral group. There was no significant difference between the two groups with regards to the volume of blood transfusion, need to surgery and or mortality rate. The mean duration of hospital stay was  $3.49 \pm 0.58$  days in the oral Pantoprazole group and  $3.75 \pm 1.12$  days in the intravenous Pantoprazole group ( $p=0.05$ )

**Conclusion:** Based on these findings, we can conclude that high dose oral PPI can be a good alternative to intravenous PPI in patients with bleeding peptic ulcer disease. Due to the lower cost and availability of oral PPI and shorter length of hospital stay in oral PPI group, oral PPI use can be economically much more affordable.

Send Date: 2015/10/03

Code:150097

Category:18 GASTROINTESTINAL BLEEDING  
F-T-096

**Evaluation of Blatchford and Rockall questionnaires in the risk stratification of upper gastro-intestinal bleeding cases in an Iranian population**

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**Introduction:** Non-variceal upper gastro-intestinal bleeding (GIB) is one of the common presentations in most emergency departments. Most of the patients will recover with the supportive measures. However some of them will have more aggressive disease course and will need additional medical, endoscopic or surgical support to survive the event. Early diagnosis of the condition can improve the outcome. The most acceptable strategy has been the use of risk assessment questionnaires in ER. Some questionnaires have designed and validated for this purpose, of them Blatchford (GBS) and Rockall (clinical and full - CR & FR) questionnaires have been used more frequently. We have decided to compare these to questionnaires in a referral university hospital in an Iranian population for the first time.

**Methods:** 249 patients with upper GIB were enrolled in the study consequently from Imam Khomeini hospital, Sari, a referral center in the region. GBS & CR questionnaires were filled for the patients in the first 6 hours of admission and the FR was filled after the endoscopy. All the medical and endoscopic and surgical interventions were recorded. Two weeks after discharge the patient or his/her family were contacted and the natural history and prognostic factors (need for re-admission, need for transfusion, surgical intervention and mortality) was asked and recorded.

**Results:** Most common causes of upper GIB cases were DU and GU. Early mortality (during the first 2 weeks after GIB) rebleeding, need for surgery or re-transfusion was seen in 17, 1, 3 and 6 cases respectively. These patients were considered as clinically poor outcome cases. Scores above 0 in GBS and CR and score of 2 in FR was assigned as high risk. From 249 enrolled cases high risk patients were found in 238, 165 and 193 cases based on GBS, CR & FR respectively. Early mortality was correlated significantly only with CR. Poor outcome patients were mostly in high risk patients based on all questionnaires, but these stratifications were not



control group. Inclusion criteria for patients were Gastric carcinomas. Then, Serum levels of active Ghrelin and Pepsinogen were measured.

**Results:** There is a statistically significant difference between serum levels of Ghrelin between the two groups ( $p=0.0001$ ). Using the ROC curve obtained from data related to Ghrelin serum levels, it was shown that the data of serum Ghrelin with the highest sensitivity and specificity for the diagnosis of gastric cancer is the value of 20.92 pg/ml. The sensitivity of 95.2% and specificity of 97.6% have been determined in this study. Data of Pepsinogen I/II ratio with the highest sensitivity and the highest specificity to diagnose gastric cancer is equal to 6.5. (Sensitivity of 92.7%, specificity of 92.9%).

**Conclusion:** This study is among the first studies in Iran and other countries that have obtained a cut-off point to determine serum levels of Ghrelin in gastric cancer diagnosis. Low baseline concentrations of serum Ghrelin were associated with a statistically significant increase in the risk of gastric cancer, suggesting a potential role for gastric hormones in carcinogenesis.

Send Date: 2015/08/25

Code:150074

Category:14.1 Malignant disease - epidemiology - screening and prevention

F-T-094

**The level of trace elements: Copper, Aluminum, Lead and Iron in Blood, Tumor and Tumor free Tissues of Patient with Upper Gastrointestinal Cancers**

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**Introduction:** There are many non conclusive studies regarding etiology of these cancers. Recent studies have been shown that there was a link between micronutrient levels and various forms of cancer. In this study we evaluated the levels of some trace elements including copper (Cu), aluminum (Al), lead (Pb) and iron (Fe) in upper GI cancer patients.

**Methods:** Between Jan 2015 to May 2015 fifty patients were enrolled with inclusion criteria of confirmed upper gastrointestinal cancers and had not benefited from chemotherapy. The samples of blood, tumor free tissue of colon and cancerous tissue in all patients were obtained. Also a blood sample of fifty normal persons to evaluate the levels of these elements. These subjects were invited from healthy stuffs of hospital. The specimens were sent to analytic chemistry lab, to assay the levels of Cu, Al, Pb and Mn. These elements were assessed by flame ionization detection (FID) method.

**Results:** The mean age of patients was  $53.9 \pm 8.7$ . The Male to female ration was 26/24. Regarding Al there were no difference between Al levels in different tissues. Iron concentration levels were significantly different in comparison of healthy blood with patients' blood, normal and cancerous tissues ( $p\text{-value} < 0.01$ ); moreover, Fe levels was significantly different in patient's blood vs healthy tissue also in patient's blood vs cancer tissue ( $p\text{-value} < 0.01$ ). Lead concentration levels were significantly different in healthy blood vs patient's healthy tissue, healthy blood vs patient's cancer tissue and patient's blood vs patient's healthy tissue ( $p\text{-value} < 0.05$ ). Copper concentration levels were significantly different in healthy blood vs patient's blood ( $p\text{-value} < 0.01$ ) also in patient's blood vs cancer tissue ( $p\text{-value} < 0.05$ ).

**Conclusion:** The results suggest that alteration in concentration levels of these metal elements may be considered in etiologic process of the upper GI cancer.

Send Date: 2015/10/03

Code:150082

Category:18 GASTROINTESTINAL BLEEDING  
F-T-095

**Oral versus intravenous proton pump inhibitors in preventing re-bleeding for patients with peptic ulcer bleeding after successful endoscopic therapy**

Ahmad Reza Elahi<sup>1</sup>, Arash Kazemi<sup>1</sup>, Hafez Fakheri<sup>1</sup>, Iradj Maleki<sup>1</sup>, Mehdi Hamidian<sup>1</sup>, Seyed Mohammad Valizadeh<sup>1</sup>, Tarang Taghvaei<sup>1</sup>, Vahid Hosseini<sup>1</sup>

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**Introduction:** Proton pump inhibitors are now widely prescribed in the management of patients with acute

codon 12 was Gly12Asp; BRAF mutations were not found in any mCRC patients (n=242). In addition, we observed a strong correlation of KRAS mutations with some clinicopathological characteristics.

**Conclusion:** KRAS mutations are frequently present in mCRC and presence of BRAF mutation in these patients is a rare event. Moreover, association of KRAS genotypes with tumor type of Non-mucinous adenocarcinoma and depth of invasion (pT3) is remarkable.

Send Date: 2015/10/03

Code:150018

Category:14.1 Malignant disease - epidemiology - screening and prevention

F-T-092

#### **The comparison between Carcinoembryonic Antigen (CEA) in gastric adenocarcinoma patients and the control group**

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**Introduction:** Gastric cancer is the fourth most common cancer and the second most important cancer-related deaths worldwide. Carcinoembryonic antigen (CEA) is used in the diagnosis of colorectal cancer, pancreas, stomach, cervix carcinoma. The purpose of this study was to compare the CEA antigen in patients with adenocarcinoma of the stomach and the control group.

**Methods:** Patients were divided into two groups. The first group was patients with gastric cancer and second group was patients who were referred for endoscopy due to other causes and don't have gastric cancer. Age, sex, Stage tumor, tumor size, lymph node metastasis, distant metastasis, the ESR and CRP and CEA levels were measured in all patients. Data were analyzed by SPSS version 16.

**Results:** 156 patients, including 76 patients with gastric cancer and 77 controls were enrolled. CEA was significant difference between the groups. This means that most of the cases were positive for CEA (59.2 %). Although the study showed no significant difference between the groups in the ESR, abnormal ESR was seen in the control group (5.1 % vs 56.57

%). In the group of patients, CRP in a greater percentage of those surveyed were positive (65.7 %). In patients who have heart disease or high blood pressure CEA in most cases was normal. With increase in cancer grade, patients with abnormal CEA were increased and in 84% of patients with metastasis, CEA was positive. Also the tumor marker in patients was 10 times more than normal people significantly.

**Conclusion:** Our study showed that the tumor marker CEA can be significantly increased in cases gastric cancer and have the diagnostic value in patients prior to surgical resection. Even in some degree is also associated with the spread of the disease. The CEA can be considered as a tumor marker for gastric cancer in Iranian society.

Send Date: 2015/08/23

Code:150021

Category:14.1 Malignant disease - epidemiology - screening and prevention

F-T-093

#### **The relationship between serum levels of Ghrelin, Pepsinogen I, and Pepsinogen II with the risk of gastric cancer**

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**Introduction:** Gastric cancer is a multifactorial disease resulted from continuous cell damage due to long-term exposure to various carcinogens. Since there have been few comparison studies between the serum levels of Ghrelin and Pepsinogen I and II in patients with gastric cancer and normal subjects in Iran, we decided to compare the serum levels of Ghrelin and Pepsinogen I and II in patients with gastric cancer referring to Razi Hospital in Rasht and a control group.

**Methods:** In this case-control study, As a pilot study, 40 patients referred to Razi Hospital in Rasht diagnosed with gastric cancer by biopsy were considered as case group, and 40 subjects who underwent diagnostic endoscopy in Razi Hospital for any other reason and whose biopsy results reported cases other than malignancy were considered as

many of young and female subjects are prone to presence of advanced adenoma.

Send Date: 2015/10/03

Code:150079

Category:14 ONCOLOGY – CLINICAL

F-T-090

### Serrated Polyps; Result of a Referral Hospital in Tehran

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**Introduction:** From 1983 till now we face to strong evidences that HPs and other representatives of the serrated lesions group might serve as the precursors for about 20% of sporadic or nonsyndromic colorectal cancer, particularly in the proximal colon. In Iran we have not enough data concerning this type of polyps, although we estimate that its prevalence is not more than other countries. In present study we try to characteristic the profile of serrated polyps in adult patients in a tertiary hospital with high rate of referred patients.

**Methods:** This is a retrospective study on a group of patients who referred to Firoozgar hospital, Tehran-Iran between 2009-2014 because of lower GI symptoms. We enrolled all patients whom underwent total colonoscopy. The data was collected from hospital data base, endoscopic reports and pathologic reports by three trained research assistants. The exclusion criteria were: age less than 20 years old, history of known Colon cancer or colon resection, active colitis or inflammatory bowel disease (IBD) and active diverticulitis.

**Results:** During this time polypoid lesion was reported in 3586 cases. A total 127(3.5%) patients had serrated polyps .Of them 81(63.8%) was male. The mean age was 52.3 ±14.5 .29.2 % of patients had traditional serrated polyps. Regarding the size; 100(78.7%), 20(15.7%) and 7(7%) patients had polyps 20mm. Concerning the site of detection , 76(59.8%) located in left colon ;rectum 36.2% , sigmoid14.2% , descending6.3% and splenic flexure3.1% .

**Conclusion:** In conclusion, our study reported the

majority of serrated polyps were traditional and located in left colon. Thus, because of almost same ratio of our results with international reports, its needs to more consideration in Iranian patients.

Send Date: 2015/10/03

Code:150089

Category:14 ONCOLOGY – CLINICAL

F-T-091

### KRAS and BRAF Genes Mutation Analysis in Metastatic Colorectal Cancer (mCRC)

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**Introduction:** The investigation of mutation patterns in oncogenes potentially can make available a reliable mechanism on management and treatment decision of patients with Colorectal cancer (CRC) .This study investigated the rate of KRAS and BRAF genes mutations in Iranian population of metastatic colorectal cancer (mCRC) patients, as well as evaluation of association value of interested genes genotypes with clinicopathological features.

**Methods:** a total of 1000 mCRC specimens collected from 2008 to 2012 that referred to the Mehr Hospital and Partolab center, Tehran, Iran enrolled in this cross sectional study. Using HRM, Dxs Therascreen and Pyrosequencing methods, we analyzed the mutational status of KRAS and BRAF genes of them.

**Results:** KRAS mutation were present in 33.6% cases (n= 336). Of KRAS mutation positive cases 85.1% were codon 12 and 14.9% were codon 13 mutation. The most frequent mutation at KRAS

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**Introduction:** The aspartate aminotransferase to platelet ratio index (APRI) is a good estimator of hepatic fibrosis. This study aims to investigate the association between APRI value and severity of liver fibrosis.

**Methods:** Blood samples were taken from 52 patients (2 months to 18 years) who were referred to the Pediatric Gastroenterology Ward of Nemazee Teaching Hospital with diagnosis of chronic liver disease. The aspartate aminotransferase (AST) level and platelet counts were measured 1 week before the taking of liver biopsy. Also, liver biopsy through the skin was performed, and the severity of hepatic fibrosis was interpreted according to the Meta-analysis of Histological Data in Viral Hepatitis (METAVIR) staging system. The APRI ratio was calculated for all patients, and the relationship between APRI and hepatic fibrosis was determined.

**Results:** Our patients were categorized into four liver disease groups including cholestatic, hepatitic, genetic/metabolic, and unknown causes. Mean APRI value of 3.4 was significantly ( $P = 0.046$ ) correlated with advanced fibrosis (F3, F4) only in the patients with genetic/metabolic group.

**Conclusion:** In conclusion, the present study suggested that APRI may be used as a simple test to evaluate and follow up the liver fibrosis in children with genetic/metabolic liver diseases, but in other groups, it needs to do some studies with higher sample size.

Send Date: 2015/10/07

Code:150076

Category:14 ONCOLOGY – CLINICAL  
F-T-089

### **Colorectal Adenoma ; Do Young and Female must be considered as High Risk Group for CRC?**

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**Introduction:** Despite western countries we face to an increasing trend of CRC in underdeveloping countries .To define the baseline data about the prevalence as well as characteristics of colorectal adenoma in a large scale of Iranian patients.

**Methods:** Between March 2010 and March 2015 retrospectively taken the data of pathology of patients who underwent colonoscopy In Firoozgar hospital, Tehran, Iran. The exclusion criteria were age less than 20 years old, Colon cancer, colonic resection, active colitis or inflammatory bowel disease (IBD) and active diverticulitis. The collected data including age, sex as well as size of polyps, location of polyps and pathological findings. Advanced adenoma was defined as the lesions >1cm in diameter, high grade dysplasia, villous adenoma, and malignant transformation.

**Results:** According to inclusion and exclusion criteria a total 15890 colonoscopy were included in this study Polypoid lesions were detected in 4567 patients. In which 1036(22.9%) cases had non-neoplastic polyps . Neoplastic polyps (adenoma) were seen in 3495 (76.5%) subjects and 2226 (48.7%) subjects had advanced adenoma and malignancy presented in 259(5.7%) patients.

concerning the distribution of adenoma they also more higher in recto sigmoid, ascending, descending and transverse colons with 1627(47.5%), 516 (14.6%), 405(11.5%) ,325(9.2%) subjects respectively .In addition the dysplastic and malignant adenoma were higher in rectosigmoid. The trend of presence of adenoma was not equal between two genders . The dysplastic and malignant adenoma were higher among male.

**Conclusion:** CRC is considered as a preventable cancer that is related to life style changing and screening program. Detection and removing of colorectal polyps , as the main precursor of CRC, by colonoscopy has a considerable value. According to our result, although the malignancy remain popular in male and elders it must be considered that the



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**Introduction:** Metabolic syndrome (MetS) and gallstone disease (GSD) are common problems and shared some common pathophysiological mechanisms. The aim of this study was to investigate the association between MetS and its components with the GSD.

**Methods:** In a retrospective case-control study, 59 patients with GSD and 177 controls without gallstones were enrolled. Waist circumference (WC), blood pressure, fasting blood sugar, serum triglyceride and HDL levels were measured. National Cholesterol Education Program Adult Treatment Panel III (NCEP/ATP-III) was used for diagnosis of MetS. Gallstones were diagnosed by defined by ultrasonography.

**Results:** MetS was present in 33.9 of GSD subjects, compared with 32.8 of the controls, based on NCEP/ATP-III, respectively. Among all MetS components, only increasing of WC showed significant correlation with existence of GSD ( $p < 0.05$ ). Also, there was no significant association between MetS and GSD ( $P > 0.05$ ).

**Conclusion:** We conclude that GSD appears to be strongly associated with abdominal obesity (increasing in WC) as a component of MetS. Performing further studies with higher sample size is highly recommended.

Send Date: 2015/10/03

Code:150114

Category:11 PAEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

F-T-087

#### **Mortality risk factors in children who candide for liver transplantation**

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**Introduction:** End-stage liver disease means the liver has been severely damaged by any reasons. Liver transplantation has become a well-recognized transplant modality for children with end-stage liver

disease. The aims of this study were to evaluate the complications and mortality of liver disease in children waiting for transplantation and understanding the risk factors that predict liver transplant waiting list death.

**Methods:** The present study was a cohort study which required minimum sample size of 130 patients which provided for the period of 1 year. We enrolled all patient  $\leq 18$  years of age with chronic liver disease listed for liver transplantation. These patients were reexamined clinically by pediatric gastroenterologist and hepatology specialist. After confirming the diagnosis and need for liver transplantation and after receiving the PELD and MELD scores results, the transplantation commissions analyzed and decided for reparation of transplantation list.

**Results:** Among our patients, 68 (52.3 %) were male and 62 (47.7 %) were female, with average age group of  $8.65 \pm 6.02$  years and mean weight of  $26.85 \pm 18.85$  kg (range 4.5–84 kg). Children at age group of 12–18 year had the highest ratio ( $n=74$ , 56.9 %), with 38 (29.23 %) boys and 36 (27.69 %) girls. Among our patients, 68 (52.3 %) were male and 62 (47.7 %) were female, with average age group of  $8.65 \pm 6.02$  years and mean weight of  $26.85 \pm 18.85$  kg (range 4.5–84 kg). Children at age group of 12–18 year had the highest ratio ( $n=74$ , 56.9 %), with 38 (29.23 %) boys and 36 (27.69 %) girls.  $-(0.022 \times Na)$  was created. It had 90-day survival time 76.5 % for low risk group and 40.6 % for high risk group ( $p=0.001$ ) with ROC curve area 0.7 (95 % CI 0.599–0.796).

**Conclusion:** In conclusion, we found in this study that the pediatric risk score such as MELD predicts the risk of liver transplantation waiting list mortality. Use of such scores in organ allocation in Iranian liver transplant unit may result in reduced waiting list mortality.

Send Date: 2015/10/07

Code:150115

Category:11 PAEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY

F-T-088

#### **Pediatric hepatic fibrosis: A study for the evaluation of APRI and its severity**

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F-T-084

**Clinical spectrum, investigations and treatment of Budd-Chiari syndrome**

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**Introduction:** Budd-Chiari syndrome is an uncommon condition induced by thrombotic or nonthrombotic obstruction to hepatic venous outflow. The syndrome most often occurs in patients with underlying thrombotic diathesis.

**Methods:** This study is a cross-sectional project that between 1993 and 1996, Budd-Chiari syndrome was diagnosed in 16 patients admitted to the Taleghani Hospital Centre, Tehran. The clinical presentation, investigations, therapeutic modalities, prognosis and outcome of patients were reviewed.

**Results:** There were 9 women and 7 men. Median age at presentation was 35 years. Presenting symptoms were mainly abdominal pain and swelling. Hepatomegaly and ascites were the two commonest signs. The most common etiology was myeloproliferative disorder second etiology was inherited thrombotic diathesis (protein C deficiency, protein S deficiency and antithrombin III deficiency). The best diagnostic method was duplex ultrasound, venography and MRI. In 4 cases shunt and in 1 case angioplasty used that almost was effective but their efficacy was temporary. In 2 cases liver transplantation accomplished and have good efficacy. Nine patients were treated medically with thrombolysis (tissue plasmin- or streptokinase), diuretics and warfarin.

**Conclusion:** Cure of Budd-Chiari syndrome needs rapid and correct diagnosis that needs suitable methods. Duplex ultrasound and MRI and venography had more effective related other methods. And between therapeutic methods, portocaval shunt was more effective.

Send Date: 2015/09/30

Code:150111

Category:8 BILIARY

F-T-085

**Therapeutic Effects of Ursodeoxycholic Acid (UDCA) Vs. Endoscopic Retrograde Cholangiography in Biliary**

**sludge and Microlithiasis**

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**Introduction:** Biliary microlithiasis and sludge has been considered as a main cause of acute biliary pain and pancreatitis. The standard therapeutic approaches are medical and interventional. There is not enough data regarding usage and chose one of them. To determine the therapeutic values of ursodeoxycholic acid Vs. endoscopic retrograde cholangiography.

**Methods:** Between 2013 to 2015, patients who were referred to gastrointestinal clinic for follow-up of biliary sludge and microlithiasis enrolled to this study. The exclusion criteria were presence of CBD stone, CBD dilatation, history of papillotomy, any related complications and need of intervention. All of them underwent physical exam, abdominal ultrasonography and endoscopic. They randomly divided in two groups; medical and ERCP. Patients follow-up for six months. The clinical manifestations as well as lab data was compared in the end of study.

**Results:** A total 116 patients was enrolled in this study. 24 patients excluded for complications or needs intervention also 8 patients refused to continue. 7 and 5 patients of UDCA and ERCP groups respectively underwent cholecystectomy during our follow-up. Pancreatitis was seen in 5 patients; 4 and 1 in UDCA and ERCP group. The clinical manifestation as well as lab data were improve in both group but this improvement was significant in ERCP group.

**Conclusion:** Usage of UDCA improves all symptoms as well as lab test. It could be ordered in weak patients or who is in waiting list of ERCP or Surgery.

Send Date: 2015/10/07

Code:150088

Category:8.2 Gallstones

F-T-086

**A case-control study about the association of gallstone disease and metabolic syndrome**

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**A cohort study in Shiraz, southern Iran**Behnam Honarvar<sup>1\*</sup>, Kamran Bagheri Lankarani<sup>1</sup><sup>1</sup>Health Policy Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

**Introduction:** Till now more than 2900 cases of liver transplantation have been done in Shiraz University of Medical Sciences and a long waiting list of patients who need liver transplantation is in front. However, some of these patients are dying before transplantation. Therefore, detection of correlates of mortality in these patients help to prioritize them for transplantation in the proper time.

**Methods:** Based on a cohort study, patients who referred to liver transplantation department of Shiraz University of Medical Sciences and became candidate for liver transplantation were interviewed initially and then followed consequently. Data were analyzed in SPSS.

**Results:** In this study, 1124 patients waiting for liver transplantation were studied. Among these patients, 708 (63%) were survived, while 166 (14.8%) were died till this report. Among dead patients, 108 (65.1%) were male and 58 (34.9%) were female ( $p > 0.05$ ). Mean and median of age of expired group was  $47.8 \pm 15.1$  and 52 years respectively and mean of the period between 1st interview with them and their death was  $232 \pm 250$  days. Dead patients were belonged more to blood group of A (Rh positive) ( $p = 0.03$ ). History of myocardial infarction (MI) (OR=5.6), hyperthyroidism (OR=3.5) coagulopathy (OR=2.5), renal impairment (OR=2.3) and cirrhosis (OR=1.7) were among the strongest predictors of mortality of patient on the waiting list of liver transplantation.

**Conclusion:** Besides Meld and Child-Turcotte-Pugh scores that are used to assess the prognosis of chronic liver disease and mainly cirrhosis, history of MI, hyperthyroidism coagulopathy and renal impairment also should be regarded as strong predictors of mortality among patients on waiting list and could help in prioritization them for transplantation in the proper time.

Send Date: 2015/08/30

Code:150013

Category:7.13 Miscellaneous

F-T-083

**Effect of a Humans' Fibrin Packing on Managing Hepatic Hemorrhage and Liver Wound Healing in a Model of Liver Stab Wound in Rat**Mehrzad Banihashemi<sup>1\*</sup>, Azam Safari<sup>1</sup>,  
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**Introduction:** Following abdominal trauma, gunshot and stab wound, soft tissues damage is the major cause of internal bleeding and death. Liver and spleen are the most frequently damaged organs. Rapid control of hemorrhage in trauma handling plays an important role in surgery success and saving patients' lives. In this study, a human fibrin patch is made from fresh frozen plasma and is used to seal liver stab injury and control major internal bleeding in a rat model.

**Methods:** In this animal experimental trial, ten adult male Sprague Dawley rats weighing 200-220g were used in the test group with liver injury and human fibrin patch treatment. Serum alanine aminotransferase levels (ALT) was measured as a liver function test and blood loss was calculated for estimation of hepatic hemorrhage during surgery. After four weeks, the liver wounds repair were evaluated by sampling and preparing Hematoxylin and Eosin stain (H&E).

**Results:** All of animals were alive (mortality rate 0%). ALT measurements were comparable before and after surgery. Significantly ALT levels were raised after surgery followed by a decrease to normal level ( $p < 0.01$ ) during 5 days. Hematocrit levels returned to normal ( $p < 0.01$ ) after 48 hours. Mean of blood loss was  $3.30 \pm 0.32$  ml. Histopathology sections from post hepatectomy specimen showed that the site of the previous incision was completely repaired and a dense fibrous septum was observed.

**Conclusion:** The fibrin dressing was effective in preventing blood loss and saving lives after a liver stab injury and major internal bleeding in the rat model.

Send Date: 2015/08/21

Code:150069

Category:7.13 Miscellaneous

months, in 2008. Data classified according to the hepatitis-free, chronic hepatitis B and C groups. Nineteen HCV-positive and eleven HBV-positive patients were included for comparison analysis with 60 control patients. Erythropoietin was administered for 3 months. They were followed for 3 months and their hemoglobin and hematocrit were measured before administration of erythropoietin and the end of third month. For statistical analysis, T-test was employed.

**Results:** The mean rise of hemoglobin and hematocrit in hepatitis-free, HCV and HBV groups were  $1.50 \pm 1.45$  g/dL and  $3.88\% \pm 5.01\%$ ,  $2.56 \pm 1.40$  g/dL and  $7.56\% \pm 3.75\%$ ,  $1.86 \pm 1.17$  g/dL and  $5.73\% \pm 4.11\%$ , respectively. The mean rise of hemoglobin and hematocrit in HCV group was significantly higher than hepatitis-free group and t test showed a significant statistical correlation ( $P < 0.01$ ). However the mean rise of hemoglobin and hematocrit in HBV group was higher than hepatitis-free group but t test didn't show a significant statistical correlation ( $P > 0.5$ ).

**Conclusion:** We found that hepatitis C virus infection was associated with significant elevation in mean of hemoglobin and hematocrit than hepatitis-free group.

Send Date: 2015/09/30

Code:150087

Category:7.9 Viral hepatitis C: clinical aspects  
F-T-081

#### IL-28B Gene Polymorphism Detection in HCV Genotype 1 Patients

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**Introduction:** Nowadays, the immune response to

HCV treatment is a crucial issue especially by the IL-28B polymorphism effects in chronic HCV patients even in different population of the same race. At this point, the aim of this study was to polymorphism of IL-28B gene (rs12979860) in HCV genotype 1 patients treated by Pegylated interferon and ribavirin.

**Methods:** From 2010 to 2012 a total of 115 PBMCs of HCV patients who referred to GILDRC, Firoozgar Hospital, Tehran, Iran enrolled in this retrospective cross sectional study. Two groups of SVR and non SVR selected by inclusion criteria. Variables age, gender, serum transaminases (ALT, AST) of two groups (SVR & non SVR) were compared by IL28B genotype. SPSS version 20 software used to compare genotypes frequency and incidence between the various groups.

**Results:** analysis by the age variable showed the mean age $\pm$ SD was  $42.1 \pm 14.0$ , by the gender, 44 (38.2%) were female and 71 (61.8%) were male, by the Alanine amino transferase (ALT) variable, three groups 80  $\mu$ l/ml were ordered and found that they were included 34 (29.5%), 55 (47.9%), 26 (22.6%), the same groups presumed for Aspartate amino transferase (AST) which 55 (47.9%), 45 (39.1%), 15 (13.0%), by the viral load (HCV RNA) variable two groups:  $\leq 800,000$  and  $> 800,000$  included 43 (37.3%), 72 (62.7%) and genotyping of (rs12979860) by pyrosequencing method showed the CC variants were 57.4% (66/115), the CT variants were 32.2% (37/115) and the TT variants were 10.4% (12/115).

**Conclusion:** IL28B polymorphism has an effective impacts on response to Ribavirin and Peginterferon combination therapy in chronic HCV patients that infected by different genotypes. This polymorphism is crucial in natural clearance. We suggest the needs for more studies in this area on broader distance to justify the prevalence of IL28B polymorphism.

Send Date: 2015/10/03

Code:150031

Category:7.11 Acute liver failure - transplantation/surgery  
F-T-082

#### Correlates of mortality among patients waiting for liver transplantation :

performed using SPSS-V17. Logistic regression was used to test predictors of advanced liver stiffness ( $LSM \geq 8$  KPa) and linear regression was used to test the predictive value of variables in ALT (as a continuous variable). P-value of less than 0.05 was considered statistically significant.

**Results:** Among these CHB patients, 19 (7.4%) cases with a mean ( $\pm$ SD) age of 49.5 ( $\pm$ 6.3) developed ALS after 4 years of follow up. Multivariate analysis showed a significant predictive role of central obesity and viral load in ALS.

**Conclusion:** Central obesity is related to the liver stiffness in chronic hepatitis B patients.

Send Date: 2015/09/15

Code:150100

Category:7.8 Viral hepatitis B: clinical aspects  
F-T-079

#### **Immune response to hepatitis B vaccine booster in adolescents who received active immunization at birth**

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**Introduction:** Loosing immunological memory against Hepatitis B Virus (HBV) infection, demonstrated by a lack of development of anamnestic immune response (AIR) following Hepatitis B booster vaccine is a matter of serious concern. The aim of the present work was to determine AIR to hepatitis B vaccine booster in adolescents who received active immunization at birth.

**Methods:** Six hundred and ninety healthy individuals immunized with an infantile course of HB vaccine were tested at 10-18 years of age for persistence of HB-Surface antibody (HBsAb). Eighty percent were born to infected parent(s). Low responders (with HBsAb  $\leq 10$  IU/L) got a booster dose of vaccine with subsequent second and third booster doses that were administered to those who did not develop protective levels of HBsAb.

**Results:** Of 690 individuals [median (IQR) age of 15

(4) years], negative for HBsAg and HBcAb, 482 (69.8%) had HBsAb titer  $\leq 10$  IU/L (low-responders). Seroprotection rate (HBsAb  $> 10$  IU/L) was the highest in younger individuals (group I: 10-11 years, 46%,  $P = 0.03$ ). In those between 12-14 (group II) and 15-18 (group III) years old seroprotection rates was 31, 7% ( $n=64$ ) and 27% ( $n=114$ ) respectively ( $P=0.5$ ). Three hundred and thirty nine individuals gave consent to receive HB booster vaccines. Of those, 270 (80%) showed AIR to the first booster dose with a mean HBsAb titer of 391.1 IU/L range (11-1000). Of 69 individuals who did not show an AIR, 53 (77%) participated in the second vaccine dose incubation of whom 15 (28%) still had HBsAb  $\leq 10$  IU/L. Of these 15 individuals, 13 got the last vaccine dose and 1 (7.7%) was true non responder. According to the age of vaccinees, the AIR was detected in 97%, 85% and 75% of children in age group I (10-11 years old), II (12-14 years old) and III (15-18 years old) respectively ( $P=0.005$ ).

**Conclusion:** Our findings clearly demonstrate that the protective levels of HBsAb following neonatal HB vaccination fall down after 10 years of age. More importantly, this reduction parallels decrease in AIR, with 25% showing no AIR after 14 years of age suggesting waning of immune memory with increasing age.

Send Date: 2015/10/05

Code:150067

Category:7.9 Viral hepatitis C: clinical aspects  
F-T-080

#### **hepatitis C and B infections and anemia in hemodialysis patients**

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**Introduction:** Hepatitis C (HCV) and B (HBV) infections are commonly seen in dialysis patients, but their long-term deleterious effects in these patients are unknown. We evaluated the effect of HCV and HBV infections on anemia in our hemodialysis population.

**Methods:** A total of 90 chronic hemodialysis patients with anemia at kamkar and Hazrat Valiasr hemodialysis centers were included for the period 3



**Conclusion:** Chronic hepatitis C -related diseases impose a substantial economic burden on patients, families, and the society. This study provides useful information on cost of treatment and work loss for different disease states, which can be further used in cost-effectiveness evaluations.

Send Date: 2015/09/27

Code:150028

Category:7.8 Viral hepatitis B: clinical aspects  
F-T-077

**The possible impact of Sortilin in reducing HBsAg expression in Chronic Hepatitis B**

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**Introduction:** Hepatitis B virus (HBV) infection is a major global health problem. Chronically infected people are at risk for progressive hepatic fibrosis and consequent cirrhosis. Hepatitis B surface antigen (HBsAg) level in serum is a complementary marker for intrahepatic HBV DNA and covalently closed circular DNA (cccDNA). Sortilin-1 (SORT1) has been reported to be involved in the post-Golgi vesicle trafficking of Apo lipoproteins degradation pathways. This study was designed to evaluate the hepatic and serum expression of HBsAg and its association with hepatic SORT1 gene expression in patients with chronic HBV.

**Methods:** Thirty chronic hepatitis B patients with histological examination results were enrolled in this study. Liver biopsies were analyzed for hepatic HBsAg and SORT1 gene expression by immunohistochemistry and quantitative real time PCR (qRT-PCR), respectively.

**Results:** Twenty seven out of 30 (90%) liver biopsies had positive staining for HBsAg and showed a significant inverse association with hepatic SORT1 fold change gene expression ( $\beta=-0.5$ ,  $P=0.042$ ). There was significant association between HBV DNA levels and HBsAg expression in hepatocyte or serum titer of HBsAg ( $r=0.39$ ,  $P=0.029$ ;  $r=0.39$ ,  $P=0.032$  respectively). Serum ALT was also correlated with hepatic activity index (HAI) score ( $\beta=0.6$ ,

$P=0.001$ ).

**Conclusion:** Inverse association between hepatic SORT1 gene expression and hepatic HBsAg expression indicates the possible role of sortilin in HBsAg particle formation.

Send Date: 2015/08/25

Code:150051

Category:7.8 Viral hepatitis B: clinical aspects  
F-T-078

**Central obesity and advanced liver stiffness in Hepatitis B: Result from Golestan Hepatitis B Cohort Study**

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**Introduction:** Chronic infection with the hepatitis B virus and obesity may both contribute synergistically to liver disease, although relatively few studies have investigated this hypothesis. Therefore, in this study we examined whether central obesity may contribute to the liver stiffness in the Golestan Hepatitis B cohort study (GHBCS).

**Methods:** Our study included 304 chronic hepatitis B (CHB) patients enrolled from GHBCS. Liver stiffness measurement (LSM) and laboratory tests were performed after a follow-up of 4 years (2012). Hepatitis B viral load was measured at baseline and follow-up using the real-time PCR method. Waist circumference  $\geq 102$  cm in men and  $\geq 89$  cm in women (central obesity) was considered to be abnormal. Advanced liver stiffness (ALS) was defined as  $LSM \geq 8$  KPa. Statistical analysis was



the governing equation, determining the profile of the flow which brings ammonia to and carries away the generated urea from the channel. Distribution of participating metabolites is obtained along proto central axis with respect to time.

**Results:** Results show a mild decrease and a sharp increase in concentration of the metabolites relating to carbamoyl phosphate synthesis for hyperammonemia type I and II, respectively. Concentration of Argininosuccinate is increased nearly 15 fold in Argininosuccinicaciduria disorder. Ctrullinemia enhances associated metabolites circa 1.2 fold.

**Conclusion:** Predicted results are useful in better understanding, control and managing the effects of metabolite deficiencies on overall metabolic behavior in hepatocytes' urea cycle.

Send Date: 2015/09/25

Code:150058

Category: ۷.۵ مدیریت

F-T-075

محاسبه بار اقتصادی بیماری هیپاتیت ب

در مراحل مختلف بیماری در جنوب ایران

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**Introduction:** To estimate the total annual cost due to chronic hepatitis B (CHB)-related diseases imposed on each patient and his/her family in Iran.

**Methods:** Economic burden of CHB-related diseases (CHB, cirrhosis, and hepatocellular carcinoma) were examined. In this retrospective study, 100 Iranian patients were identified to obtain their socioeconomic status, utilization (direct and indirect costs) and costs of treatment, and work days lost due to illness with a structured questionnaire during 2012. Costs of hospital admissions were extracted from databases of Nemazee Hospital, Shiraz, Iran. The outpatient expenditure per patient was measured through the rate of outpatient visits and average cost per visit reported by the patients, while the inpatient costs were calculated through annual rate of hospital admissions and average expenditure. Self-medication and direct non-medical costs were also reported. The Human Capital Approach was used to measure the

work loss cost.

**Results:** The total annual cost per patient for CHB, cirrhosis, and hepatocellular carcinoma were US\$ 3094.5, US\$17483, and US\$ 32958 during 2012, respectively.

**Conclusion:** CHB-related diseases impose a substantial economic burden on patients, families, and the society. This study provides useful information on cost of treatment and work loss for different disease states, which can be further used in cost-effectiveness evaluations.

Send Date: 2015/09/27

Code:150059

Category: ۷.۵ مدیریت

F-T-076

محاسبه بار اقتصادی بیماری هیپاتیت سی

در مراحل مختلف بیماری در جنوب ایران

فاطمه زارع<sup>۱</sup>، محمدرضا فتاحی<sup>۱</sup>

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**Introduction:** To estimate the total annual cost due to chronic hepatitis C-related diseases imposed on each patient and his/her family in Southern of Iran.

**Methods:** Economic burden of chronic hepatitis C-related diseases (chronic hepatitis C, cirrhosis, and hepatocellular carcinoma) were examined. In this retrospective study, 200 Iranian patients were identified to obtain their socioeconomic status, utilization (direct and indirect costs) and costs of treatment, and work days lost due to illness with a structured questionnaire during 2014. Costs of hospital admissions were extracted from databases of Nemazee Hospital, Shiraz, Iran. The outpatient expenditure per patient was measured through the rate of outpatient visits and average cost per visit reported by the patients, while the inpatient costs were calculated through annual rate of hospital admissions and average expenditure. Self-medication and direct non-medical costs were also reported. The Human Capital Approach was used to measure the work loss cost.

**Results:** The total annual cost per patient for chronic hepatitis C, cirrhosis, and hepatocellular carcinoma were US\$ 4197.05, US\$15794.6, and US\$ 28523.8 during 2014, respectively.

0.53 for WHtR, 16.6 cm<sup>2</sup> for AVI and 1.24 m<sup>2</sup>/kg for CI, the optimal values in women were 29.0 kg/m<sup>2</sup> for BMI, 91cm for WC, 0.86 for WHR, 0.58 for WHtR, 17.0 cm<sup>2</sup> for AVI and 1.23 m<sup>2</sup>/kg for CI. The prevalence of overweight or obesity was 46.1% to 54.1% in women and 49.5% to 53.6% in men based on various obesity indexes. The area under the ROC curves (AUCs) varied from 0.671(0.651- 0.690) for CI to 0.718(0.700 -0.736) for WC in men and from 0.668 (0.646- 0.690) for BMI to 0.755(0.735- 0.774) for WHR and CI in women.

**Conclusion:** Except for CI in men and BMI in women, other obesity indexes were good discriminator in the diagnosis of the MetS.

Send Date: 2015/10/03

Code:150015

Category:7.3 Metabolic/genetic disorders

F-T-073

#### **Study of relative rate Non Alcoholic Fatty liver Disease severity and psoriasis severity**

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**Introduction:** Psoriasis is a common chronic inflammatory proliferative skin disease that has many complications including fatty liver that lead to liver fibrosis. The aim of the present study is to investigate the association between the severity of NAFLD and the severity of psoriasis.

**Methods:** This descriptive study was conducted on 54 patients with psoriasis, ultrasound was performed and the various factors of Non Alcoholic Fatty Liver and severity of psoriasis measured. The severity of psoriasis was calculated using the PASI Score. Data collected inserted to spss16 software and chi-square test and fisher exact analysis was performed.

**Results:** Our study showed that the prevalence of Non Alcoholic Fatty Liver was high in patients with psoriasis and also the severity of the Non Alcoholic Fatty Liver increases by the higher grade of psoriasis. that the percentage of fatty liver in low severity in grades 1 and 2 was respectively 42.3% and 0%, and the average intensity was 43.8 % and 12.5% and high intensity was 50% and 33.3 respectively. Also, the number of platelets, TG, cholesterol, LDL, AST, ALT

were associated with psoriasis which was increased strongly with increasing amounts of TG, cholesterol, LDL, AST, ALT.

**Conclusion:** Our study showed that a high prevalence of Non Alcoholic Fatty Liver in patients with psoriasis that can be measured by ultrasonography and risk factors such as TG, cholesterol, AST, ALT. Also the severity of the Non Alcoholic Fatty Liver increases by the higher grade of psoriasis that is due to factors such as proinflammatory cytokines and adipocytokine that Cytokines trigger psoriasis and increase the severity of the disease and besides raising these factors resulted in an increasing in insulin resistance and fat accumulation.

Send Date: 2015/08/22

Code:150042

Category:7.3 Metabolic/genetic disorders

F-T-074

#### **Modeling of hepatic biochemical characteristics of patients with urea cycle disorders**

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Mohammad Said Saidi<sup>1</sup>, Keikhosrow Firoozbakhsh<sup>1</sup>

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**Introduction:** Ammonia is a very toxic substance which is removed mainly by liver through urea cycle. If for some reason a block occurs in this cycle, some hindrances may disturb urea generation and ammonia detoxification. In this study, ammonia elimination and urea production is simulated in a hepatocytes' microchannel mimicking the hepatic porto central axis.

**Methods:** Navier- Stockes equations along with convection-diffusion equations were solved for the related species in the entire domain. Urea cycle was modeled regarding its four main enzymes. Twelve rate equations were also solved in order to obtain the concentration of each metabolites participating in urea cycle. Two transporters are also considered for relating the ammonia and urea concentration of the cells to that of the channels. Different disorders related to urea cycle i.e. Hyperammonemia type I and type II, Argininosuccinicaciduria, Hyperarginemia and Citrullinemia are also studied. The distribution of the velocity in channel is obtained with the aid of

expression along liver lobule.

**Results:** Figure, shown below, depicts glucose production along length of the channel with respect to time. Glucose flux in the blood is obtained ca. 9  $\mu\text{mol/g ww /min}$ . As a consequence of this simulation, glucose concentration along the hepatic lobule can be predicted in different metabolic state i.e. fasting, resting and high intensity exercise state.

**Conclusion:** The results of the presented simulation will provide a mathematical laboratory in order to help the researchers and physicians in better understanding the consequences of different factors i.e. different enzymes deficiencies, metabolic states etc. in carbohydrate metabolic activity of the liver.

Send Date: 2015/10/08

Code:150012

Category:7.1 Molecular and cell biology – fibrosis  
F-T-071

### Optimization of Three Dimensional Culturing of the HepG2 Cell Line in Fibrin Scaffold

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**Introduction:** A potential healing to enhance curative of hepatic tissue is to deliver isolated hepatic cells to the site of an injury to promote hepatic formation. An important issue within this technology is providing of an appropriate injectable system for the delivery of hepatic cells. In this regard, fibrin scaffolds showed many advantages over other scaffolds like a cell delivery vehicles in terms of biodegradation, biocompatibility and hemostasis. The aim of this study was to determine the suitable cell culture circumstances for HepG2 cell proliferation and differentiation in 3-D fibrin scaffolds by evaluating  $\text{Ca}^{++}$  concentrations, cell numbers, and various ratios of plasma/RPMI 1640 and thickness of fibrin scaffold.

**Methods:** One-stage experimental design Box-Behnken design strategy was designed by Minitab 15 software (version 15, Minitab, State College, PA) with 3 factors at three levels (low, medium and high) and 27 runs for determine the effects of ratio of plasma/RPMI 1640,  $\text{Ca}^{++}$  concentration and thickness on formation of fibrin gel

scaffold and 3-D HepG2 culture.

**Results:** The optimal concentrations for fibrin scaffold fabrication were found in 0.15 mol of  $\text{Ca}^{++}$  concentration,  $1 \times 10^5$  of cell number, the 1:4 ratio of plasma/RPMI 1640 and 2.3mm thickness of fibrin gel scaffold (500 $\mu\text{l}$  per each well of the 24-well of cell culture plate).

**Conclusion:** approach provided easy handle method and also introduced inexpensive materials by using human plasma instead of purified fibrinogen to fabricate fibrin scaffold.

Send Date: 2015/08/21

Code:150083

Category:7.2 Nutrition - metabolism – pharmacology  
F-T-072

### The Six Obesity Indexes, Which One is more associated with metabolic syndrome?

#### A population Based Study

Bahare Amirkalali<sup>2</sup>, Farhad Zamani<sup>2</sup>, Hossein Keyvani<sup>2</sup>, Hossein Poustchi<sup>4</sup>, asoudreza Sohrabi<sup>2</sup>,  
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**Introduction:** The present study was conducted to determine the best discriminators in the diagnosis of the metabolic syndrome (MetS) among six obesity indexes. Furthermore the optimal cutoff points for all obesity indexes were determined.

**Methods:** The baseline data of 5910 subjects of Haraz cohort study which was conducted in northern Iran were analyzed. Receiver operating characteristic (ROC) analyses were separately performed to determine discriminatory power of six obesity indexes, including, body mass index (BMI), waist circumference (WC), waist to hip ratio (WHR), waist to height ratio (WHtR), abdominal volume index (AVI) and conicity index (CI) for diagnosis of at least two other components of MetS. Youden index was used to determine the optimal cutoff points.

**Results:** While the optimal cutoff points in men were 26.0  $\text{kg/m}^2$  for BMI, 90 cm for WC, 0.90 for WHR,

power in the diagnosis of NAFLD, however WC as a more simple and accessible index revealed similar performance.

Send Date: 2015/10/03

Code:150086

Category:7 LIVER

T-S-068

**Evaluation of EUS-guided intratumoral gemcitabine therapy for advanced unresectable pancreatic cancer: A phase 1 study**

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Masuodreza Sohrab<sup>1</sup>

<sup>1</sup>Gastrointestinal and Liver Disease Research Center, Iran University of Medical sciences

**Introduction:** Pancreatic cancer is the fifth leading cause of cancer death worldwide. Desmoplastic reaction is a prominent pathologic feature of pancreatic cancer. We aimed to investigate whether direct delivery of chemotherapeutic agent into the tumor is safe and improves local control of pancreatic cancer.

**Methods:** Newly diagnosed patients with locally advanced, unresectable and non-metastatic pancreatic cancer were treated with two sessions of EUS-guided fine needle intratumoral injection (FNI) of gemcitabine (40 mg/ml), three months apart. The procedure was performed by single endosonographer (MM). The hematology and blood biochemistry laboratory tests were measured one day after gemcitabine injection and the patients were followed up clinically to assess toxicity.

**Results:** Twelve patients with pancreatic cancer (median age: 65.5; range: 44-82 years; 6 males) received intratumoral FNI of gemcitabine. A mean 3.1 of needle passes (range: 2-5) were made to inject mean total volume of 4.2 ml (range: 2-5 ml) at the first session corresponding to a mean 168 mg (range: 80 to 200 mg) of gemcitabine.

There was no adverse effect observed with intratumoral gemcitabine therapy. The survival rate at six month was 92% in intratumoral gemcitabine therapy group, and 48% in the control group (P: 0.01). None of the patients developed downstaging of the tumor.

**Conclusion:** EUS-guided intratumoral gemcitabine

injection is safe in pancreatic cancer.

The observed higher rate of 6-month survival with two sessions of intratumoral therapy suggests the short term benefit of this procedure. Further randomized controlled trials are needed to assess the efficacy of repeated intratumoral therapies at 3 months interval.

Send Date: 2015/10/03

Code:150120

Category:7 LIVER

T-S-069

**Numerical modeling of hepatic carbohydrate metabolism in a microfluidic channel during different metabolic conditions**

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**Introduction:** Liver regulate human body's glucose through preserving circulating blood sugar at constant value. Since most of the cells in the body use sugar as a source of energy, maintaining the constant level of the glucose is of great importance. In this regard, simulation of glucose metabolism which is mainly performed by hepatocytes helps better understanding of central role of the liver.

**Methods:** This study models glucose metabolism in a microfluidic device. Hepatocytes are cultured at the top and bottom walls of the micro channel mimicking hepatic lobules. The microchannel dimensions are chosen in a way that imitates hepatic porto central axis. To accomplish this simulation, reaction network of metabolic pathways found in liver was applied in the model in conjunction with solution of fluid flow and convection diffusion equations along the microfluidic. The fluid velocity in the microfluidic is also in accordance with average blood velocity in the liver lobule.

Interaction of fluid dynamics and metabolic reactions led to determination of glucose concentration throughout the microfluidic. Results were validated and some of them are compared with available experimental results. This model also considers hepatic heterogeneity of different essential enzymes



Code:150063

Category:7 LIVER

T-S-066

**Corneal arcus in individuals less than 50 years old with non-alcoholic steatohepatitis syndrome, Gorgan city, 2014**

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**Introduction:** Corneal arcus is the result of lipid deposition around the cornea. Non-alcoholic steatohepatitis (NASH) is a health issue with raising prevalence presented with elevated liver enzymes and ultrasound typical findings. This study was designed to assess the prevalence of corneal arcus in patients with NASH.

**Methods:** In this cross-sectional study, from March 2014 to February 2015; all patients younger than 50-years-old diagnosed as NASH (N=200) in the academic hospitals of Gorgan city, were recruited. Diagnosis of NASH was based on the liver ultrasound reports and liver enzymes tests (ALT, AST). Ophthalmic examination with Slit-lamp was done to assess the presence of corneal arcus.

**Results:** Ninety one patients (45.5%) diagnosed as having the corneal arcus. A significant relationship was seen between the corneal arcus and smoking, opium consumption and the positive family history of NASH. After controlling the confounding variables (diabetes, hypertension, smoking, hyperlipidemia, age, gender, ethnicity and body mass index), it was seen that a positive family history of fatty liver disease and ischemic heart disease are significantly associated with corneal arcus.

**Conclusion:** There was seen a high prevalence of corneal arcus in patients with NASH syndrome.

Send Date: 2015/09/29

Code:150075

Category:7 LIVER

T-S-067

**Fatty liver index Value for non-alcoholic fatty liver disease: A population based study**

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**Introduction:** This study was conducted to determine the discriminatory performance of Fatty liver index (FLI) for nonalcoholic fatty liver disease (NAFLD).

**Methods:** The data of 5052 subjects aged over 18 years were analyzed. FLI was calculated based on data of body mass index (BMI), waist circumference (WC), triglyceride (TG) and gamma glutamyl transferase (GGT).

Logistic regression analysis was conducted to determine the association between FLI and NAFLD. The discriminatory performance of FLI in the diagnosis of NAFLD was evaluated by receiver operating characteristic (ROC) analysis. Area under the curves (AUCs) and related confidence intervals were estimated. Optimal cutoff points of FLI in the diagnosis of NAFLD were determined based on the maximum values of youden index.

**Results:** The mean age of men and women were 44.8±16.8 and 43.78±15.43, respectively (p-value =0.0216). The prevalence of NAFLD was 40.1 % in men and 44.2% in women (p-value<0.0017). FLI was strongly associated with NAFLD, so that one unit increase in FLI increased the chance of developing NAFLD 5.8% (OR=1.058, [95%CI=(1.054-1.063)], p-value<0.0001).

Although FLI revealed a good performance in the diagnosis of NAFLD (AUC=0.8656 (95% CI=0.8548-0.8764), its performance had not significant difference with WC (AUC=0.8533, 0.95% CI=0.8419-0.8646).

According sex the performance of FLI was not different between men (AUC=0.8648 [0.95% CI=0.8505- 0.8791]) and women (AUC=0.8682- [0.95% CI=0.8513- 0.8851]) while based on age the highest performance was related to the age group of 18-39 (AUC=0.8930 [0.95% CI=0.8766- 0.9093]). The optimal cutoff points of FLI were 46.9 in men (sensitivity= 0.8242, specificity=0.7687, Youden index= 0.5929) and 53.8 in women (sensitivity= 0.8233, specificity=0.7655, Youden index= 0.5888).

**Conclusion:** FLI had an acceptable discriminatory

Code:150038

Category:6.4 Other colonic and anorectal disorders  
T-S-064**Distribution of colorectal Polyps:  
crosssectional study in northeastern iran**Ghafar zadegan K<sup>3</sup>, Ghoshayeshi L<sup>2</sup>,  
Rahmani KM<sup>1\*</sup>, Bahari A<sup>2</sup>, Esmailzadeh A<sup>2</sup>,  
Akhavan RK, Jangjoo S<sup>1</sup>, Mahtash N<sup>1</sup>faculty of student research center,mashhad university of  
medical science<sup>2</sup> gastroenterology and hepatology, mashhad university of  
medical science<sup>3</sup> pathology,razavi hospital research center**Introduction:** majority of colorectal carcinomas (CRCs) arise from adenomatous polyps. One approach to prevention is based on recognition and removal of polyps. The distribution of polyps in the colon may affect the efficacy of screening modalities. The aim of this study was to determine pathology characteristics of colorectal polyps in the northeast Iran.**Methods:** This cross sectional survey covered 435 polypectomies and polyp biopsys, with anatomical distribution, and histopathology of the polyps described in 2013-2015 in Emam Reza hospital in Mashhad.**Results:** Polyps were observed in 235 male and 200 females with mean age of 52.96YO. The distribution was 35.01(153) percent located in the rectum, 34.3(150) percent in the sigmoid colon, 9.3(41) percent in the descending colon, 8.2(36) percent in the transverse colon, and 8.6(38)percent in ascending colon and 5.4(24)percent in the cecum. Adenomas were present in 72.3% cases, of these 83.3% were left-sided and 16% were right-sided. among adenomatous polyps there were 46.7% tubular adenoma, 20.6% tubulovillous, 3.4% villous, 1.4% serrated. high grade dysplasia was observed in 29.3% of our patient. Of total 437 patients 129 were under age 45YO.**Conclusion:** This study showed a significant number of adenomas in left side. The increasing right-sided prevalence of these lesions with age suggests that evaluation of the proximal bowel is particularly important in older people. And also high prevalence of colorectal polyps in younger patients were observed.

Send Date: 2015/09/05

Code:150070

Category:6.4 Other colonic and anorectal disorders  
T-S-065**Propofol Usefulness as an Anesthetic  
Agent During Colonoscopy**Mohammad Reza Ghadir<sup>1\*</sup>, saeed sarkeshikian<sup>1</sup>,  
Mohammad Ahmad hormati<sup>1</sup><sup>1</sup> Shahid Beheshti Hospital, Qom University of Medical  
Sciences**Introduction:** Propofol is used as a sedative drug during colonoscopy. In this study we analyzed the adverse effects of propofol (i.e., hemodynamic and respiratory) on patients who underwent colonoscopies.**Methods:** This study was performed in Qom Province, Iran. In this study, 125 patients (63 females, 62 males) were enrolled. Study patients were administered (0.5-1.5 mg/kg) intravenous propofol by an anesthesiologist.

Oxygen saturation and blood pressure were recorded at three minute intervals. We used the American Society of Anesthesiology (ASA) classification to stratify patients by risk prior to the procedure. For statistical analysis, the chi-square and paired t-tests were used. A p-value less than 0.05 was considered significant.

**Results:** Patients' mean age was 45.36 ± 16.19 years. ASA-I comprised 25.6% of study patients and 74.4% were categorized as ASA-II. Hypopnea occurred in 56.8% of patients and was prolonged in 32.4%. Of the study patients, 5.6% developed hypoxemia which was successfully controlled by the administration of nasal oxygen and no need for mechanical ventilation. The mean arterial blood pressure (p < 0.0001), oxygen saturation (p < 0.0001) and heart rate (p < 0.0001) significantly decreased during colonoscopy. The occurrence of hypopnea significantly increased in patients with pre-procedure oxygen saturation levels ≥ 95% (p < 0.02), age ≤ 50 years (p < 0.0001) and ASA class II (p < 0.0001). Agitation, hypotension and cough were seen in 1.6%, 1.6% and 0.8% of patients, respectively.**Conclusion:** Propofol has a short half life that enables faster recovery of normal neurologic and social functions we recommend the use of propofol under supervision of anesthesiologist or a trained gastroenterologist.

Send Date: 2015/09/30

complex genetic disorder of the enteric nervous system (ENS), which is also often called congenital aganglionic megacolon and characterized by the absence of enteric neurons along a variable length of the intestine. The definitive diagnosis of Hirschsprung disease relies on histologic and/or histochemical staining of sections from suction rectal biopsies. Calretinin immunohistochemistry (IHC) may be a useful in diagnosis of Hirschsprung disease, because loss of Calretinin immunoreactive in the ganglion cells or intrinsic nerve fibers (INFs) that reported correlates specially with aganglionosis. This study showed, usefulness of immunohistochemical staining evaluation for Calretinin in rule out of Hirschsprung disease.

**Methods:** In this study paraffin blocks and slides were retrieved from the pathology archives of Ali Asghar hospital from 2007 to 2011 with pathology report based on the presence (14 patients) or absence (70 patients) of ganglion cells and transitional zone anatomical region (10 patients). Slides were stained with hematoxylin and eosin method to confirm the initial diagnosis was verification again. After preparing the slides, they were stained by IHC for Calretinin. Then, the results were analyzed using SPSS software.

**Results:** In most patients, IHC for Calretinin provided highly compatible results with hematoxylin-eosin findings in diagnosis of Hirschsprung disease. The values of specificity and accuracy between Calretinin and standard histology (H&E) that Compared by the Fisher exact test were declared Calretinin presented significantly higher specificity and accuracy values than H&E staining.

**Conclusion:** Calretinin IHC overcomes most of the difficulties encountered using the of histology hematoxylin-eosin. Then, IHC for Calretinin is a good ancillary method that can be used by pathologists in diagnosis of Hirschsprung disease.

Send Date: 2015/10/03

Code:150037

Category:6.2 Malignant disease - diagnosis/histopathology

T-S-063

**Hereditary nonpolyposis colorectal cancer and**

### **familial colorectal cancer in northeastern Iran**

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<sup>5</sup>pathology, razavi hospital research center

**Introduction:** There is a lack of data on familial aggregation of colorectal cancer (CRC) in northeast of Iran. We aimed to determine the frequency of hereditary nonpolyposis colorectal cancer (HNPCC) and familial colorectal cancer (FCC) and to determine the frequency of extracolonic cancers in these families in mashhad.

**Methods:** We reviewed documents of 202 patients with a pathologically confirmed diagnosis of CRC which pathology block were available in referral emamreza hospital in mashhad between 2014-2015. We found HNPCC and FCC families based on the Amsterdam II criteria and revised Bethesda and also interviewed them for family history of CRC and extracolonic tumors. The family history was taken at least up to the second-degree relatives

**Results:** During 2014-2015, a total of 202 CRC cases have been assessed. Clinical diagnosis of HNPCC was established in 4(2%) probands with Amsterdam II criteria and 83(41.3%) with revised Bethesda criteria. 26.7%(54) of our patients were under 45 years old. Family history of CRC was more frequently reported by early-onset (AGE≤45Y) than by late-onset (AGE>45) patients (58.3% vs. 31.1% p < 0.001). Right colon cancer was the most frequent site (30.8%) observed in patients with positive family history of colorectal cancer.

**Conclusion:** We found a relative high frequency of HNPCC (2%) Amsterdam II among CRC cases in our region and 40.5% had revised Bethesda criteria which immunohistochemical or molecular study to confirm HNPCC should be performed. Further studies in this field and designing a specific screening and national cancer registry program for HNPCC and FCC families in this area should be conducted.

Send Date: 2015/09/05

قرار گرفتند. p.value مساوی و کمتر از ۰/۰۵/۰۰۰ ملاک قضاوت معنی داری از نظر آماری بوده است.

یافته ها: از کل نمونه ۱۴۳ نفر، ۸۲ نفر زن (۳/۵۷٪) و ۶۱ نفر مرد (۷/۴۲٪) بودند. میانگین نمره کیفیت زندگی در بیماران مورد بررسی (۷۲/۱۶±) ۱۶/۳۷ بدست آمد و میانگین نمره کیفیت زندگی بیماران مبتلا بر حسب وضعیت اشتغال و سطح تحصیلات تفاوت معنی داری داشت (p.value<0.05).

نتیجه گیری: در مجموع کیفیت زندگی بیماران از وضعیت خوبی برخوردار نمی باشد و پزشکان معالج این بیماران لازم است در کنار درمان های طبی به وضعیت روحی و اجتماعی این بیماران نیز توجه داشته باشند تا منجر به بهبود کیفیت زندگی این بیماران گردد.

Send Date: 2015/09/04

Code:150081

Category:6 COLONIC AND ANORECTAL DISORDERS

T-S-061

#### Trace Elements Status of Copper, Aluminum, Lead and Manganese in Different Tissues of Patients with Colorectal Cancer

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**Introduction:** Colorectal cancers (CRC) is the third lethal cancer in many countries as Iran. Several studies in recent years have been shown that there was a link between micronutrient levels and various forms of cancer. In this study we evaluated the levels of some trace elements including copper (Cu), aluminum (Al), lead (Pb) and manganese (Mn) in patients with lower GI cancer.

**Methods:** From patient whom referring to Firoozgar hospital as referral hospital for evaluation their colorectal cancer between Jan 2015 to May 2015, fifty patients were selected. The inclusion criteria were confirmed CRC and had not benefited from chemotherapy. The samples of blood, tumor free

tissue of colon and cancerous tissue in all patients and control group were obtained. The specimens were sent to analytic chemistry lab, to assay the levels of Cu, Al, Pb and Mn. These elements were assessed by flame ionization detection (FID) method.

**Results:** The concentration levels of the all four elements were significantly different in patient's tumor free tissue vs. patient's cancer tissue (p-value< 0.05). Also, the concentration levels of the all four elements except Cu were significantly different in control blood vs. patient's blood (p-value< 0.05), and the levels of all four elements except Al were significantly different in healthy blood vs. patient's cancer tissue (p-value< 0.05). The concentration levels of Al and Mn were significantly different in control blood vs patient's normal tissue (p-value< 0.05). The concentration levels of Al and Pb were significantly different in patient's blood vs patient's normal tissue (p-value< 0.05). The concentration levels of Al and Cu were significantly different in patient's blood vs cancer tissue (p-value< 0.05).

**Conclusion:** It seems that evaluation of metal elements concentration levels can be considered for development of the useful screening tests for early diagnosis of lower GI cancer.

Send Date: 2015/10/03

Code:150090

Category:6.1 Malignant disease – pathogenesis  
T-S-062

#### A New Tool for Ganglion Cells Diagnosis in Hirschsprung disease: the Calretinin Marker Role

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**Introduction:** Hirschsprung disease (HD) is a



inflammatory bowel disease. Objective of this study is presenting the possibility of infrared imaging in assessing digestive disorders such as irritable bowel syndrome, diverticulitis and Crohn's disease.

Thermogram of an irritable bowel syndrome patient is shown in Figure 1.

**Methods:** Eight case reports are presented in this study.

**Results:** Clear changes in abdominal thermal pattern of patients with inflammatory bowel diseases are observable.

**Conclusion:** This study has presented the potential of infrared thermography as a feasible and safe technique to be used adjunctively to evaluate patients with various manifestations of inflammatory bowel diseases.

Send Date: 2015/10/11

Code:150123

Category:5.7 Management

T-S-059

#### Coping with stress in patients with inflammatory bowel disease and its relationship with disease activity, psychological disorders, and quality of life

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**Introduction:** Inflammatory bowel diseases (IBD) are chronic diseases with significant impact on patients' well-being. This study determined stress coping strategies in IBD patients and how these strategies interact with disease activity, psychological health, and quality of life.

**Methods:** This cross-sectional study was conducted on IBD patients referred to a gastroenterology clinic in Isfahan city (Iran). Demographic and disease characteristics, disease activity, severity of anxiety and depression, coping strategies, and quality of life were assessed by standard questionnaires. Coping strategies in IBD patients were compared to a healthy control group.

**Results:** Results: Eighty patients were studied; mean age = 52.9 years, 57.5% female, mean disease duration = 6.5 years. Compared to the controls, IBD patients had higher scores in the maladaptive coping

styles (evasive and palliative,  $P < 0.05$ ). Association between coping strategies and disease activity was not significant. Severity of anxiety and depression was directly correlated with the maladaptive strategies (fatalistic and emotional,  $r = 0.283$  to  $0.468$ ) and inversely correlated with the adaptive strategies (confrontive, optimistic, and self-reliant,  $r = -0.320$  to  $-0.534$ ). Also, poor quality of life was directly associated with the maladaptive strategies (fatalistic and emotional,  $r = 0.278$  to  $0.327$ ) and inversely related with the adaptive strategies (confrontive and optimistic,  $r = -0.262$  to  $-0.355$ ).

**Conclusion:** Compared with unaffected population, IBD patients use more maladaptive and less adaptive stress coping strategies which is associated with their psychological health and quality of life. Larger and prospective studies on the dynamic and interactive network of biopsychosocial factors in IBD patients are required.

Send Date: 2015/10/09

Code:150036

Category: ۱۷. اختلالات عملکردی دستگاه گوارش

T-S-060

بررسی کیفیت زندگی در بیماران مبتلا به سندرم روده تحریک پذیر

در شهر کرمان (جنوب شرق ایران) در سال های ۹۱ تا ۹۳

محمد مهدی حیات بخش عباسی<sup>۱</sup>، حسین صافی زاده<sup>۲</sup>،

محمد جواد زاهدی<sup>۱</sup>، سارا شفیع پور<sup>۲\*</sup>، افشین محمد

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زمینه و هدف: ارتقا سطح کیفیت زندگی هدف اصلی مداخلات درمانی در بیماری های مزمن است، که جهت انجام این مداخلات نیاز است که کیفیت زندگی بیماران بر اساس متغیرهای مختلف مشخص باشد. این مطالعه با هدف تعیین کیفیت زندگی بیماران مبتلا به سندرم روده تحریک پذیر در شهر کرمان انجام شد.

روش بررسی: این مطالعه بر روی ۱۴۳ بیمار مبتلا به سندرم روده تحریک پذیر مراجعه کننده به مطب پزشک متخصص که به صورت نمونه گیری غیر احتمالی آسان و بهره گیری از پرسشنامه QOL.IBS-34 انجام شده است. داده ها با استفاده از آمار توصیفی و آزمون های t-test، ANOVA و ضریب همبستگی پیرسون و با کمک نرم افزار SPSS مورد تجزیه و تحلیل

correlation analysis were used to analyze.

**Results:** The mean ( $\pm$ SD) of the disease activity index was  $3.98 \pm 2.8$ ,  $5.95 \pm 1.93$  and  $2.68 \pm 2.52$  in UC patients, active phase and remission phase, respectively ( $P$ -value=0.000). Mean (SD) FC ( $\mu\text{g/g}$ ) in active phase, remission phase and controls were significantly different (711.67 (227.94), 517 (328.22) and 304.02 (297.45), respectively). There was a significant correlation between FC and disease activity index ( $r=0.41$ ,  $P$ -value=0.004).

**Conclusion:** Fecal calprotectin could be a useful tool in assessing the disease activity index in UC patients.

Send Date: 2015/09/15

Code:150052

Category:5.4 Diagnosis and monitoring  
T-S-057

#### The role of fecal calprotectin as a non invasive marker in the evaluation of ulcerative colitis activity

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**Introduction:** Ulcerative colitis (UC) is a chronic disease, needs long term follow up. Its follow up method is colonoscopy, which is a costly and invasive method. Fecal calprotectin (FC) is newly proposed as a predictive factor in UC patients. It is a neutrophil derived protein resistant to protease. The aim of this study was to investigate the correlation between FC and disease severity and activity in UC

patient.

**Methods:** This cross sectional study was approved by ethical committee of Mashhad university of medical sciences and was conducted in Qaem hospital. UC patients were carefully examined by an experienced gastroenterologist and FC level was measured quantitative ELIZA. All patients underwent colonoscopy and microscopic investigations. Data were entered SPSS version 16. And significance level was considered less than 0.05.

**Results:** 70 patients were enrolled the study. Their mean age was  $38 \pm 13$  years. UC was recently diagnosed in 25 patients (36.2%) and mean disease duration was  $5 \pm 4.1$  years. Endoscopic classification showed that 5 patients (7.1%) were in class (0), frequency of class 1, 2, 3 and 4 were 14.3%, 7.1%, 35.7% and 35.7%, respectively. Mean FC level was  $132 \pm 84$   $\mu\text{g/g}$ . Mean FC in mild, moderate and severe form of UC were  $132 \pm 11$   $\mu\text{g/g}$ ,  $119 \pm 44$   $\mu\text{g/g}$  and  $141 \pm 78$   $\mu\text{g/g}$  and this difference was not statistically significant ( $p=0.687$ ). No positive correlation was found between ESR and FC ( $r=0.172$ ,  $p=0.215$ ).

Correlation between hs-CRP and FC was not detected ( $r=0.252$ ,  $p=0.297$ ).

**Conclusion:** Our result revealed that although FC was higher in severe form of UC, there was no positive correlation between disease activity and FC.

Send Date: 2015/09/17

Code:150133

Category:5.4 Diagnosis and monitoring  
T-S-058

#### Potential of infrared Imaging in Assessing Digestive Disorders

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**Introduction:** Thermography or infrared imaging is dependent on an accurate analysis of skin and tissue temperatures. It allows practitioners to identify the locations of abnormal chemical and blood vessel activity in body tissue. Thermography is a simple, noninvasive and reproducible test that can accurately reflect the inflammatory activity, and can be used safely and repeatedly, during biological course of

Code:150034

Category:5.4 Diagnosis and monitoring  
T-S-055**Evaluation of accuracy of 99mTc (V)-dimercaptosuccinic acid scintigraphy and fecal calprotectin versus colonoscopy in localizing active lesion in inflammatory bowel disease**Vahid Basirat<sup>1\*</sup>, Nasser Ebrahimi Daryani<sup>1</sup>,  
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Zahra Azizi<sup>2</sup>, Azam Teimouri<sup>1</sup>, Yasaman Farbod<sup>1</sup><sup>1</sup> Tehran University of Medical Science<sup>2</sup> Iran University of Medical Sciences<sup>3</sup> Kasra General Hospital

**Introduction:** Since inflammatory bowel disease (IBD) requires long-term monitoring due to the chronic nature of the disease and the endoscopy is not tolerated well by patients, other methods including fecal calprotectin level and scintigraphy have been developed to monitor the activity and severity of the disorder. In current study, we aimed to prospectively compare the sensitivity, specificity and accuracy of 99mTc (V) DMSA and fecal calprotectin with ileo-colonoscopy as novel methods for localizing inflammations.

**Methods:** Current prospective study was conducted between 2012 and 2014 on 30 IBD patients (21 female and 9 males; age range: 18-65 years) attending gastroenterology clinic of Tehran University of Medical Sciences. The female patients who were pregnant and lactating were excluded from the study. The disease activity was assessed by means of Crohn's disease Activity Index (CDAI) and Mayo score for all participants. The fecal calprotectin level was also measured for all cases. After the primary evaluations, all patients underwent 99mTc (V) DMSA scintigraphy and colonoscopy. The accuracy of 99mTc (V)-DMSA scintigraphy and calprotectin in localizing bowel lesions were calculated. All statistical analysis were performed using SPSS statistical software (P-value < 0.05).

**Results:** A total of 22 ulcerative colitis (UC) and 8 Crohn's disease (CD) cases were evaluated in our study with mean disease duration of 7.27±7.17 (1-23) and 7.62±8.79 (1-23) years for UC and CD patients, respectively. The sensitivity, positive likelihood ratio (PLR), positive predictive value (PPV) of scintigraphy and calprotectin over colonoscopy in localizing the

UC lesions were 86.36%, 0.86%, 100.00% and 90.91%, 0.91, 100.00%, respectively. Meanwhile, the sensitivity, specificity, PLR, negative likelihood ratio (NLR), PPV and negative predictive value (NPV) for scintigraphy and calprotectin over colonoscopy were reported to 66.67%, 81.25%, 3.56, 0.41, 84.21% of 61.90%, respectively in localizing lesions in CD patients. Even though, the calprotectin level had sensitivity, PLR and PPV of 90.00%, 0.90, and 100.00% in detecting active disease over colonoscopy, respectively.

**Conclusion:** Considering results of our study, the 99mTc (V) DMSA scintigraphy would be an accurate method for detecting active inflammation in IBD patients and is a better choice for the follow up and assessing the disease activity, response to treatment and progression of disease.

Send Date: 2015/09/04

Code:150050

Category:5.4 Diagnosis and monitoring  
T-S-056**Fecal calprotectin and clinical disease activity index in ulcerative colitis**Alireza Norouzi<sup>1</sup>, Faezeh Salamt<sup>1</sup>, Hamidreza  
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**Introduction:** It has been shown that fecal calprotectin (FC) evaluates the mucosal inflammation better than clinical indices and serum markers. The aim of this study was to assess the FC in ulcerative colitis (UC) and a control group.

**Methods:** The study population consists of 30 active phase UC patients, 30 remission phase and 30 healthy controls. Taking an informed consent, blood and fecal samples were taken. Fecal calprotectin was assessed by ELISA method and levels more than 200 µg/g considered abnormal. Simple Clinical Colitis Activity Index (SCCAI) was used to evaluate the disease activity. One-way ANOVA test and Pearson

redefined as relapsing, chronic and remitting inflammatory disease of the large intestine. Although there are several drug regimens for the treatment of UC, but scientist pay more attention to use of medicinal plant. Therefore, the aims of this study were to investigate the effects of Hypericum perforatum on the histopathological and tissue malondialdehyde (MDA) level of colonic tissue in rat with induced UC.

**Methods:** UC was induced by administration on of 2 ml of 3% acetic acid into the colon. Seventy rats were allocated randomly into seven equal groups. Groups I and II received 1 ml of 600 and 300 mg/kg H. perforatum extract orally per day; groups III and IV received 1 ml of 20 and 10% intra-colonic gel form of H. perforatum extract daily; group V as positive control received 2 ml of intra-colonic asacol; group VI was a negative control receiving 0.5 ml/kg of normal saline after induction of UC and group VII received just intra-colonic gel base. All animals were evaluated for histological changes and tissue MDA level at seven days after treatment.

**Results:** A more healing effect and a reduction in MDA activity were detected in response to both drug forms. In trans-rectal administration, 20% gel form had a better healing response than 10% gel form and were prominently more on the seventh day of therapy. In oral administration of H. perforatum extract, the 600 mg/kg dosage had a better healing response than 300 mg/kg and was significantly more on the seventh day of therapy.

**Conclusion:** This study demonstrated that the daily applications of H. perforatum extract in both topical and orally forms can relieve the UC. The healing, anti-inflammatory, and antimicrobial properties of H. perforatum could make it an appropriate drug choice for the treatment of UC. Further studies are required to confirm its clinical effectiveness in humans.

Send Date: 2015/09/29

Code:150103

Category:5.1 Basic/pathogenesis/pathology/  
T-S-054

**focal segmental sclerosing glomerulonephritis  
Associated With Ulcerative Colitis**

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**Introduction:** Inflammatory bowel disease are chronic inflammatory diseases of undetermined origin. IBD is a multifactorial polygenic disease with probable genetic heterogeneity. In this hypothesis, the disease may develop in a genetically predisposed host as a consequence of altered mucosal barrier and dysregulated immune response to environmental, in particular enteric antigens, resulting in continuous immune-mediated inflammation. IBD predominantly affects the gastrointestinal system but it is associated with a large number of extraintestinal manifestations (EIMs). Some disorders parallel the activity of the bowel disease but for a number of these conditions, their courses run independently of the course of the intestinal disease.

**Methods:** A 30-year-old man presented 3 years earlier at this hospital when he was referred with generalized edema, hypertension, and nephrotic-range proteinuria. During the therapeutic period Kidney core; needle biopsy: was performed Glomeruli were obliteration of glomerular architecture by acellular eosinophilic material. Tubules were with no specific change. Vessels with Mild thickening of vessel wall. Interstitium with Mild chronic inflammation and fibrosis. final diagnosis Consistent with focal segmental sclerosing glomerulonephritis. He had been diagnosed with focal segmental sclerosing glomerulonephritis, serum creatinine had increased to 3 mg/dL. He was treated with 1mg/kg prednisolone and he was discharged.

**Results:** One of the most common types of idiopathic nephrotic syndrome in adults, is focal segmental sclerosing glomerulonephritis and usually of unknown etiology. It may be associated with infections, neoplasm, rheumatoid disorders, and drugs consumption. In the medical literature, glomerulonephritis is reported as a rare extraintestinal manifestation of inflammatory bowel disease. Herein, we report a unique case of accumulating IBD during focal segmental sclerosing glomerulonephritis progression which was led to chronic kidney failure.

**Conclusion:**

Send Date: 2015/10/05



Code:150060

Category:5.1 Basic/pathogenesis/pathology/  
T-S-052**Effects of gel and aqueous extract of *Melilotus officinalis* L. in induced ulcerative colitis in rat: An antioxidant and anti-inflammatory evaluation**Ali Reza Safarpour<sup>1</sup>, Fatemeh Kaviyani<sup>2</sup>,  
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Medical Sciences, Shiraz, IR Iran<sup>5</sup>Department of Oral Medicine, School of Dentistry,  
Shiraz University of Medical Sciences, Shiraz, IR Iran**Introduction:** Inflammatory bowel diseases (IBD), which consist of two types, Crohn's disease (CD) and ulcerative colitis (UC), are chronic inflammatory disease of the gastrointestinal tract. Indeed, UC is a relapsing non-transmural inflammatory disease restricted to the colon and is one of the idiopathic disease of IBD.**Methods:** The *Melilotus officinalis* aqueous extraction was produced and high performance liquid chromatography and ferric reducing antioxidant power (FRAP) assay were performed on aqueous extract to identify the compounds and antioxidant activity. Seventy adult male rats were used and UC was induced using 3% acetic acid solution. They received different daily dose of *M. officinalis* in two forms of orally (500 and 1000 mg/kg) and gel extract (10% and 20%). On the 7th days, the colon tissues were examined macroscopically and histopathologically. In addition, oxidative stress markers were evaluated and compared between all groups.**Results:** We found that 1.94 mg of gallic acid, 19.8 mg of catechin, 4.38 mg of caffeic acid, 0.17 mg of chlorogenic acid, 0.23 mg of quercetin, 109.78 mg of cinnamic acid, 57.8 mg of coumarin and 5.04 mg of p-coumaric acid in 1 mg of the flower powder. The FRAP value for the extract was 2.91±0.14 µM/g. There are significant differences between the group

of rats which received the gel or aqueous extract of the flower compared to the negative control group using normal saline and the base gel and they were close with the positive control group using the asacol, regarding the pathologic, malondialdehyde, and weight improvements.

**Conclusion:** Our findings are interesting for the strategy of selecting the medical plant as treatment for UC. The antioxidant and anti-inflammatory effects of *M. officinalis* L. extract seem to be clear, especially by identifying catechin and cinnamic acid as the most phenolic acid and coumarin constituents, but its molecular anti-inflammatory mechanisms have not yet been fully investigated. Therefore, performing further studies for identifying this mechanism in cell culture and also animal and human studies are highly recommended.

Send Date: 2015/09/29

Code:150061

Category:5.1 Basic/pathogenesis/pathology/  
T-S-053**Use of *Hypericum perforatum* extract in treatment of acetic acid induced ulcerative colitis**Nader Tanideh<sup>1</sup>, Seydeh Leila Nematollahi<sup>2</sup>,  
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Pharmacy, Shiraz University of Medical Sciences, Shiraz,  
IR Iran**Introduction:** Inflammatory bowel disease comprises ulcerative colitis (UC) and Crohn's disease which a

زمینه و هدف: بیماران مبتلا به بیماریهای التهابی روده در سیر بیماری دوره های تشدید علائم را به تناوب تجربه میکنند. بهره گیری از رژیم های درمانی مختلف برای تعدیل و کنترل علائم بیماری همواره مد نظر بوده است. استفاده از مایکوفنولات موقتیل در درمان بیماران به عنوان جایگزین داروهای تایید شده مورد بررسی است. در این مطالعه پاسخگویی بیماران غیر پاسخگو به درمان های خط دوم یعنی را به مایکوفنولات موقتیل مورد بررسی قرار دادیم.

روش بررسی: در یک مطالعه کارآزمایی بالینی کنترل شده تعداد ۲۰ بیمار مبتلا به بیماری التهابی روده که علائم و نشانه های بیماریشان به داروهای مرسوم به عنوان خط دوم درمان یعنی ترکیبات پورین (آزاتیوپرین) پاسخ نداده بود به عنوان گروه مورد مطالعه انتخاب شدند. بیماران تحت درمان با داروی سل سپت با دوز ۱ تا ۲ گرم روزانه قرار گرفتند. شاخصهای پیگیری شامل شاخصهای کیفی و آزمایشگاهی و اسکوپیی برای بررسی پاسخگویی به درمان مورد استفاده قرار گرفت. نتایج به صورت همزمان با صد بیمار تحت درمان با داروی آزازام مقایسه شد.

یافته ها: پاسخگویی به درمان و بهبود علائم و شاخصهای مورد بررسی در ۱۸ بیمار از بیمارانی که رژیم درمانیشان به علت عدم پاسخگویی به آزاتیوپرین به سل سپت تغییر کرد مشاهده شد. شاخصهای مربوط به کیفیت زندگی در گروه تحت درمان با سل سپت نسبت به گروه مقایسه به طور معناداری بهبودی داشت. شاخصهای بیولوژیک نیز در گروه مصرف کننده ی سل سپت پاسخ بهتری نشان دادند. شاخص های مربوط به پاتولوژی و یافته های اسکوپیی در دو گروه نسبت به یکدیگر تفاوت معنی داری نداشت.

نتیجه گیری: به نظر میرسد ترکیبات مایکوفنولات موقتیل در درمان بیماریهای التهابی روده می توانند بیش از پیش مورد توجه قرار گیرند. طراحی و اجرای کارآزمایی های بالینی استاندارد و تصادفی شده برای تایید این مطلب توصیه میشود.

Send Date: 2015/10/09

Code:150113

Category:5 IBD

T-S-051

#### Autonomic nervous system and colitis

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**Introduction:** Inflammatory bowel diseases (IBD), including ulcerative colitis (UC) and crohn's disease

(CD), are characterized by a chronic relapsing-remitting course as a result of intestinal inflammation. Increased intestinal epithelial barrier (IEB) permeability during chronic inflammation is a key factor in IBD pathogenesis. The preservation of gastrointestinal (GI) mucosal integrity depends on the rapid alarm of protective mechanisms in the face of pending injury. Two main inflammatory control mechanisms are included: the innate immune responses and brain derived immunoregulatory output. More recent evidences reveal that the parasympathetic nervous system (PNS) comprised by the vagus nerve (VN) is a major player in neuroimmune cross-talk which exerts potent immunomodulatory effects on inflammatory responses. It subserves this goal through the different mechanisms. Autonomic dysfunctions has been reported earlier in IBD patients. In this context, the role of the cholinergic system in the regulation of the gut immune responses has fuelled an increased interest in recent years. In this review, we will discuss the current mechanisms involved in the cholinergic anti-inflammatory pathway in the GI tract and describe how the alterations of the cholinergic system activity participate in the development of IBD.

**Methods:** Integrative literature review was performed in the following databases: MEDLINE/ PubMed, SciVerse Scopus, and ISI Web of Science. Key search terms were "crohn's disease"; "autonomic nervous system"; "inflammation"; and "ulcerative colitis". 32 articles were selected for this review.

**Results:** The selected literature show that Ach protects epithelial cells from the detrimental effects of proinflammatory cytokines on the integrity of the IEB via activation of its muscarinic receptors (mAChR). It also suppresses the splenic immune cell activation and alters interaction between dendritic cells (DCs) and T cells in experimental colitis.

**Conclusion:** Deeper investigation on the molecular mechanisms underlying this counter-regulatory neuroimmune mechanism will open new therapeutic avenues for the treatment of IBD.

Send Date: 2015/10/07

Code:150039

Category: ۴.۳- تشخیص

T-S-048

## کاربرد مدل شفایافته آمیخته

## در تحلیل بقای بیماران مبتلا به سیروز کبدی

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علوم پزشکی ایران

زمینه و هدف: بیماری سیروز کبدی یکی از شایعترین علل مرگ ناشی از بیماریهای گوارشی می باشد که سالانه حدود یک میلیون مورد از مرگ و میر جهان را به خود اختصاص می دهد. طبق آمار سازمان جهانی بهداشت، علت ۸.۷ درصد موارد مرگ مردان و ۵.۶ درصد مرگ زنان در ایران، سیروز کبدی بوده است. با توجه به این که پیوند کبد تنها راه درمان بیماری سیروز کبدی است و تعداد کبدهای اهدایی جهت پیوند، محدود می باشند؛ لذا اولویت بندی پزشکی بیماران منتظر در صف پیوند، الزامی است. هدف از این مطالعه، ارائه یک سیستم اولویت بندی بهینه جهت تحلیل بقای بیماران سیروز کبدی می باشد.

روش بررسی: این پژوهش، از نوع مطالعات بقای می باشد. داده های این پژوهش، از پرونده ۳۰۵ بیمار منتظر در صف پیوند کبد بیمارستان امام خمینی (ره) تهران که حداقل به مدت ۷ سال مورد پیگیری قرار گرفته اند، جمع آوری گردید. به دلیل وجود درصد بالای افراد سانسور شده در بیماران سیروز کبدی، از مدل شفایافته آمیخته، استفاده گردید و کارایی این مدل با مدل خطرات متناسب کاکس و مدل های پارامتری بقا مقایسه گردید. تجزیه و تحلیل داده ها با در نظر گرفتن ۵ درصد خطا و استفاده از نرم افزارهای R (نسخه ۳.۲.۱) و Stata (نسخه ۱۲) انجام گرفت.

یافته ها: در این مطالعه ۲۳.۳ درصد از بیماران به دلیل عوارض سیروز کبدی فوت و ۷۴.۷ درصد سانسور شدند. برای ۱۶.۷ درصد از بیماران، پیوند کبد انجام گردید و هپاتیت ویرال، با ۴۳.۷ درصد، اصلیتترین دلیل سیروز در این بیماران شناخته شد. متغیرهای، سن (P-Value=0.005)، آلبومین (P-Value=0.029)، بیلیروبین (P-Value>0.001)، پروترومبین (P-Value=0.030) و آنسفالوپاتی (P-Value>0.001) در مدل شفایافته آمیخته با بقای بیماران ارتباط معناداری نشان دادند. نتیجه گیری: از میان مدل های مختلف برازش شده بقا، مدل شفایافته آمیخته، کاراترین مدل جهت پیش بینی بقای بیماران سیروز کبدی بود.

Send Date: 2015/09/05

Code:150040

Category: ۴.۳- تشخیص

T-S-049

مقایسه ارزش تشخیصی تست آنتی ژن مدفوعی هلیکوباکتر پیلوری

در بیماران مبتلا به سوء هاضمه با روش تهاجمی اندوسکوپی

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زمینه و هدف: عفونت با هلیکوباکتر پیلوری به عنوان عامل اصلی گاستریت، زخم معده و زخم های دئودنوم شناخته شده که در صورت عدم درمان مناسب می تواند منجر به آدنوکارسینوم و لنفوم سلول های MALT شود. در حال حاضر روش های تشخیصی مختلفی جهت بررسی این باکتری وجود دارد که آندوسکوپی بعنوان روش استاندارد طلایی در نظر گرفته می شود. با توجه به تهاجمی بودن روش آندوسکوپی، لزوم وجود آزمون های تشخیصی غیرتهاجمی، سریع، ساده و ارزان با حساسیت و ویژگی بالا ضروری به نظر می رسد. لذا هدف این مطالعه ارزیابی ارزش تشخیصی آنتی ژن مدفوعی در مقایسه با روش استاندارد آندوسکوپی جهت شناسایی هلیکوباکتر پیلوری می باشد.

روش بررسی: این مطالعه روی ۱۰۰ بیمار مبتلا به سوء هاضمه بدون سابقه درمان که تحت آندوسکوپی قرار گرفته بودند انجام شد. جهت بررسی های هیستولوژی در آندوسکوپی، بیوپسی مخاطی از ناحیه انتروم و تنه معده گرفته شد. همچنین نمونه مدفوع از نظر وجود آنتی ژن هلیکوباکتر پیلوری با استفاده از روش الیزا مورد بررسی قرار گرفت. بر اساس سیستم سیدنی تراکم باکتری مطابق با تعداد باکتری در مقطع بافتی تعیین گردید. اطلاعات بدست آمده با استفاده از نرم افزار SPSS آنالیز گردید.

یافته ها: از ۱۰۰ بیمار مورد مطالعه ۵۱٪ زن و ۴۹٪ مرد با رنج سنی ۲۲-۷۵ سال بودند. بر اساس نتایج پاتولوژی ۵۱٪ بیماران مبتلا به عفونت هلیکوباکتر پیلوری بودند. در بیماران مورد مطالعه حساسیت و ویژگی روش تشخیصی آنتی ژن مدفوعی به ترتیب ۹۵.۴٪ و ۹۶.۷٪ بود (P<0.0001). در ۱۱٪ بیماران با عفونت هلیکوباکتر پیلوری، اینتستینال متاپلازی وجود داشت. همچنین بین شدت عفونت هلیکوباکتر پیلوری در نمونه های بیوپسی و تیتراژ آنتی ژن مدفوعی ارتباط معنی داری مشاهده شد (P<0.01). نتیجه گیری: به نظر می رسد تست تشخیصی آنتی ژن مدفوعی بعنوان یک روش غیرتهاجمی، دقیق، ساده و ارزان می تواند جایگزین مناسبی برای روش تهاجمی آندوسکوپی در تشخیص اولیه عفونت هلیکوباکتر پیلوری در بیماران مبتلا به سوء هاضمه استفاده شود.

Send Date: 2015/09/05

Code:150126

Category: ۵ بیماری های التهابی روده

T-S-050

مطالعه ی اثر مایکوفنولات مفتیل در درمان بیماران

مبتلا به بیماری التهابی روده مقاوم به آزاتیوپرین

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population and they are also more prone to complications including upper gastrointestinal bleeding. The aim of this study was to compare the efficacy of 14 days hybrid regimen with 14 days triple therapy on *Helicobacter pylori* (*H. pylori*) eradication in hemodialysis patients.

**Methods:** Forty hemodialysis patients with naïve *H. pylori* infection were randomized to receive either hybrid regimen (Pantoprazole 40 mg BD + Amoxicillin 500 mg BD during the first 7 days, followed by Pantoprazole 40 mg + Amoxicillin 500 mg + Clarithromycin 500mg + Tinidazole 500 mg, all twice daily, for the second 7 days) or standard triple therapy including Pantoprazole 40 mg BD, Clarithromycin 500 mg BD and Amoxicillin 500 mg BD for 14 days. *H. pylori* eradication was assessed by fecal *H. pylori* antigen test 8 weeks after the treatment.

**Results:** According to intention to treat analysis, the eradication rates were 87.3% (95% confidence interval= 81.4 – 93.1) and 80.9% (95% CI= 74 - 87.8) in hybrid and concomitant groups, respectively ( $p = 0.38$ ). Per-protocol eradication rates were 89.3% (95% CI= 83.8 - 94.7) and 83.1% (95% CI= 76.3 - 89.8), respectively ( $p= 0.19$ ). The rates of severe side effects were not statistically different between the two groups (4% vs. 8.7%).

**Conclusion:** Hybrid regimen could achieve ideal *H. pylori* eradication rates with low rates of adverse effects.

Send Date: 2015/10/05

Code:150132

Category:4.2 Coeliac disease/malabsorption syndromes and food enteropathies

T-S-047

### MR Enterography in Celiac Disease: Correlation with Endoscopic, Histopathologic, Serologic and Genetic Features

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Mirminachi<sup>1</sup>, Golnaz Ekhlasi<sup>1</sup>, Masoud Sotoudeh<sup>2</sup>, Bijan  
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**Introduction:** To determine bowel abnormalities of MR Enterography (MRE) in patients with Celiac disease (CD) and investigate their associations with endoscopic, histopathologic, serologic and genetic features.

**Methods:** Forty consecutive new or poorly controlled adult patients with CD, aged 17-76 years, underwent MRE. Two radiologists evaluated qualitative and quantitative findings. Endoscopic manifestations were categorized into normal/mild (erythema, erosions) and severe (scalloping, villous atrophy). Histopathological results were divided into mild (Marsh 1, 2 and 3A) and severe (Marsh 3B, 3C). Genotyping of HLA-DQ2 and DQ8 was performed. Serum levels of tissue-transglutaminase, endomysial and gliadin antibodies were also determined.

**Results:** Eleven (27.5%) cases showed unremarkable MRE. Fold reversal pattern was significantly associated with severe endoscopic (OR=8.38, 95%CI 1.7-40.5) and pathologic (OR=7.36, 95%CI 1.3-40.5) features. In multivariate regression analysis, increased numbers of ileal folds/inch were significantly associated with severe MARSH score (OR=2.83, 95%CI 1.4-5.5) and HLA-DQ8 (OR=1.11, 95%CI 1.06-3.2). Mean numbers of duodenal and jejunal folds/inch did not exhibit significant associations with endoscopic, pathologic, serologic and genetic features. Among quantitative measures, ileal fold number demonstrated to have the highest areas under the curve for prediction of severe endoscopic and pathologic findings and anti-transglutaminase level.

**Conclusion:** Fold reversal pattern in MRE is highly associated with severe endoscopic and pathologic features of CD. Increased ileal folds showed higher correlation with endoscopic-pathologic features, HLA-DQ8 and anti-transglutaminase level. MRE might be more sensitive for detection of increased ileal folds in CD rather than reduction of duodenal and jejunal folds due to better distension of ileal loops.

Send Date: 2015/10/14



H. pylori eradication in Iran.

**Methods:** Two hundred and fifty two patients with naïve H. pylori infection were randomly divided to receive either hybrid regimen (Pantoprazole 40 mg BID and Amoxicillin 1 gr BID for 14 days, accompanied by Clarithromycin 500 mg BID and Metronidazole 500 mg BID just during the last 7 days) or concomitant regimen (Pantoprazole 40 mg, Amoxicillin 1 gr, Clarithromycin 500 mg and Metronidazole 500 mg, all twice daily for 10 days). Eight weeks after therapy, 14C- Urease Breath test was performed to confirm eradication.

**Results:** According to intention to treat analysis, the eradication rates were 87.3% (95% confidence interval= 81.4 – 93.1) and 80.9% (95% CI= 74 - 87.8) in hybrid and concomitant groups, respectively (p= 0.38). Per-protocol eradication rates were 89.3% (95% CI= 83.8 - 94.7) and 83.1% (95% CI= 76.3 - 89.8), respectively (p= 0.19). The rates of severe side effects were not statistically different between the two groups (4% vs. 8.7%).

**Conclusion:** Fourteen-day hybrid therapy can be considered as a nearly acceptable regimen with few severe side effects in Iran. However, it seems that the efficacy of this therapy is decreasing as the resistance rates to antibiotics are increasing. We suggest further studies to assess the efficacy of a more prolonged concomitant therapy for H. pylori eradication in Iran.  
Send Date: 2015/10/05

Code:150101

Category:3.5 Management strategies

T-S-045

**Evaluating the effects of Clarithromycin-containing quadruple therapy on Helicobacter pylori eradication after Nitroimidazole-containing quadruple therapy failure**

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**Introduction:** Several large clinical trials and meta-analyses have shown about 20% failure to eradicate Helicobacter pylori (H. pylori), necessitating investigations for second-line strategies. The aim of this study was to evaluate the effects of Clarithromycin-containing quadruple regimen after

Nitroimidazole-containing quadruple therapies failure.

**Methods:** Thirty two patients who had failed H. pylori treatment with 10-day Omeprazole, Amoxicillin, Bismuth subcitrate and Metronidazole (OABM) regimen and 31 patients who had failed 10-day Omeprazole, Amoxicillin, Bismuth subcitrate and Furazolidone (OAMF) regimen entered the study. They all received Omeprazole (20mg bid), Amoxicillin (1gr bid), Bismuth subcitrate (240mg bid) and Clarithromycin (500mg bid) for 10 days. Eight weeks after therapy, H. pylori eradication was assessed by <sup>14</sup>C-urea breath test (UBT).

**Results:** totally 61 patients completed the study. According to intention to treat (ITT) analysis, eradication rates by second-line OABC regimen were 84.37% (95% CI= 71.7% – 96.9%) in OABM group and 77.41% (95% CI= 62.71% – 92.11%) in OABF group (p=0.756). Per-protocol (pp) eradication rates were 87.09% (95% CI= 75.2% – 98.8%) and 82.75% (95% CI= 79.4% – 96%), respectively (p= 0.638). Also the cumulative eradication rates by OABC regimen were 80.9% (95% CI= 71.2% – 90.6%) and 85% (95% CI= 75.9% – 94%) according to ITT and PP analyses, respectively. Severe side effects were reported in 3.1% of patients.

**Conclusion:** Regarding ideal eradication rate (>80%) and very low adverse effects, it seems that Clarithromycin-containing quadruple therapy can be an encouraging regimen after Nitroimidazole-containing regimen failure.

Send Date: 2015/10/05

Code:150102

Category:3.5 Management strategies

T-S-046

**A Comparison between Hybrid Therapy and Standard Triple Therapy for Helicobacter pylori eradication in uremic patients:**

**A randomized clinical trial**

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Samaneh Hojati<sup>1</sup>, Vahid Hosseini<sup>1</sup>, Zohreh Bari<sup>1\*</sup>

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**Introduction:** The prevalence of peptic ulcer disease in hemodialysis patients is more than the general

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**Introduction:** *Helicobacter pylori*, is a Gram-negative, microaerophilic bacterium found in the stomach. It has been reported that more than 50% of the world's population harbor *H. pylori* in their upper gastrointestinal tract. However, there are no such estimations from rural population in Iran. The aim of the present study was to evaluate the prevalence of *H. pylori* in the rural population of Kavar city, southern of Iran.

**Methods:** We enrolled 240 patients from Kavar Cohort Study who were checked and be positive for total IgG against *H. pylori*. They recalled for stool sampling and name, age and gender were recorded. The *H. pylori* stool antigen was checked using ELISA test. Statistical analysis was performed using SPSS version 20 and  $P < 0.05$  was considered as significant difference.

**Results:** Our patients were 93 men (38.8%) and 147 women (61.2%). Also we found 183 (76.3%) patients as positive for *H. pylori* stool antigen. There were no significant association between gender and *H. pylori* stool antigen positivity ( $P = 0.776$ ). Also, no differences were detected between different age categorized in positivity for stool antigen of *H. pylori* ( $P = 0.177$ ). The mean and SD of age for negative and positive groups were  $40.98 \pm 15.42$  and  $43.65 \pm 15.65$  years, respectively ( $P = 0.267$ ).

**Conclusion:** We found that the positivity rate of stool antigen for *H. pylori* was about 76% that is higher than normal reported rate. Further studies in larger sample size and also in different rural populations are needed.

Send Date: 2015/10/04

Code:150112

Category:3.4 Diagnosis

T-S-043

**Effect of Determination OF the Diagnostic Value Of IgG Avidity Test For Confirmation Of Acute Helicobacter Pylori Infection**

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**Introduction:** Infection with *Helicobacter Pylori* is common worldwide. Valid tests are available for diagnosis with pros and cons for each. This study evaluated diagnostic validity of *Helicobacter* IgG avidity test compared to stool testing to examine its efficiency for validating existence of an acute infection.

**Methods:** In this cross-sectional study, 50 patients referred to gastroenterology and Hepatology clinic of Imam Reza university hospital were selected and blood and stool samples were collected. Diagnostic validity of IgG avidity test was compared to results of stool testing by using Receiver Operating Characteristics (ROC) curves and the best cut-off value was calculated for avidity. Then sensitivity, specificity, positive and negative predictive values were calculated for this cut-off.

**Results:** The mean age of the patients was  $31.12 \pm 7.7$  years. 31 patients (62.0%) were female and 19 (38.0%) were males. Serology was positive in 45 (90%) patients and stool testing was positive in 30 (60%). The Area under the Curve for IgG avidity was reported to be 0.753. The best cut-off was reported 82.5. in this level, sensitivity of IgG avidity was 80% and specificity was 74%. Again the positive predictive value is 75.5% and the negative predictive value is 78.7%.

**Conclusion:** *Helicobacter Pylori* IgG avidity which is independent from use of medications by the patients could be helpful in validating a negative stool AG testing.

Send Date: 2015/10/07

Code:150098

Category:3.5 Management strategies

T-S-044

**A comparison between hybrid and concomitant regimens for Helicobacter pylori eradication:**

**A randomized clinical trial**

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**Introduction:** *Helicobacter pylori* is one of the most common bacterial infections in the world. We designed a study to compare the efficacy of 14-day hybrid regimen with 10-day concomitant therapy for

**Introduction:** H. pylori causes peptic ulcer, gastric cancer and MALT lymphoma. Therefore, early detection and treatment of which is important. We assessed the accuracy of serologic test in the diagnosis of Helicobacter pylori with urea breath test and invasive rapid urease test.

**Methods:** This cross-sectional study was conducted on the 439 children 3-18 years old with dyspepsia and positive anti-Helicobacter pylori antibody without previous treatment for H. pylori infection. After obtaining written consent from their parents, rapid urease test (upper endoscopy) and urea breath test were considered as the gold standard tests for the diagnosis of H. pylori infection. Sensitivity, specificity, positive and negative predictive value of each anti-H.pylori (IgG, IgM) was examined.

**Results:** Of the 439 patients (195 male, 244 female) parents of 233 children chosen urea breath test and 208 children underwent upper endoscopy. 95 children (40/8%) of 233 patients had positive urea breath test (more than 200 DPM) While 66 children (31/7%) of 208 patients had a positive rapid urease test. Sensitivity and specificity of anti-Helicobacter pylori IgG with rapid urease test were 92/42 and 60/56 respectively, and 87/37 and 72/46 with the urea breathe test.

While the sensitivity and specificity of anti-Helicobacter pylori IgM with rapid urease test were 72/73 and 30/28 and 71/58 and 23/91 with urea breathe test, respectively. Positive and negative predictive value of anti-Helicobacter pylori IgG with rapid urease test were 52.14 and 94.5, but with urea breath test were 68.59 and 89.28, respectively. Positive and negative predictive value of anti-Helicobacter pylori IgM with rapid urease test were 32/65 and 70/5 but with urea breath test were 39/31 and 55, respectively.

**Conclusion:** Urea breath test has over success than endoscopy in finding H. pylori infection in children. IgG has greater value in screening for this infection.  
Send Date: 2015/09/22

Code:150020

Category:3.1 Epidemiology/natural history  
T-S-041

#### **Inappropriate drug use in patients with gastrointestinal diseases**

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**Introduction:** Self-medication is increasing in patients with gastrointestinal symptoms. We evaluated self-medication in patients with gastroesophageal reflux disease (GERD), functional constipation, and functional diarrhea.

**Methods:** An observation-based cross-sectional study was conducted on patients who had self-treated GERD, functional constipation, and functional diarrhea with chemical or herbal medications in referral gastrointestinal clinic. GERD was diagnosed based on Montreal classification. Functional constipation and functional diarrhea were diagnosed based on ROME III criteria.

**Results:** 390 patients with GERD, 230 patients with functional constipation, and 80 patients with functional diarrhea were conducted in this study. The mean age (SD) of patients was 41.40 (15.93) years old. Overall 484 female and 216 male were enrolled. Prevalence of self-medication in GERD, functional constipation, and functional diarrhea were 84%, 68%, and 65%, respectively. 23% of all patients have been used inappropriate chemical medications for their gastrointestinal diseases. There was not any significant relationship between age and sex with self-medication.

**Conclusion:** Our results showed a high prevalence of self-medication in GERD, functional constipation, and functional diarrhea that about one fourth s, of patients selected inappropriate chemical medication. Based on this study, we recommend to conduct educational programs for prevention of adverse effects and decreasing cost of using self-medications.  
Send Date: 2015/08/23

Code:150096

Category:3.1 Epidemiology/natural history  
T-S-042

#### **Estimation of Helicobacter pylori positivity in peoples who lived in Kavar city, southern of Iran**

Ramin Niknam<sup>1\*</sup>, Mohammadreza Fattahi<sup>1</sup>,  
Masood Sepehrimanesh<sup>1</sup>, Ali Reza Safarpour<sup>1</sup>

assessed by screening methods in first-degree relatives of patients hospitalized with colorectal cancer.

**Methods:** This prospective study was conducted on 400 first-degree relatives of patients who were resident in southern Tehran between 2009 and 2010. After the initial interview and for genetic counseling, blood sample were taken. Individuals were introduced to a gastroenterologist for colonoscopy.

**Results:** The detection rate of polyp was 30%. The diagnosis of adenoma was confirmed in 21% that had an advanced pattern in 11% of them. The prevalence of polyp was significantly higher in men than in women (40.0 versus 19.8%,  $p = 0.001$ ). Also, the prevalence of adenoma was also higher in men compared with women (32.6% versus 17.1%,  $p = 0.010$ ). In this context, those patients with polyp was older than those without diagnosis of polyp ( $50.10 \pm 1.58$  years versus  $45.89 \pm 0.84$  years,  $p = 0.012$ ). Also, those patients with adenoma had higher mean age in comparison with those without adenoma ( $50.32 \pm 1.74$  years versus  $46.09 \pm 0.83$  years,  $p = 0.017$ ).

**Conclusion:** The overall prevalence of polyp and adenoma among first-degree relatives of patients with colorectal cancer is 30% and 21% respectively. Male gender and age are two indicators for these findings in first-degree relatives of patients.

Send Date: 2015/10/11

Code:150130

Category:3 H. PYLORI

T-S-039

#### Comparison of two methods of helicobacter eradication in children with peptic disease

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**Introduction:** Helicobacter pylori infection is a rather prevalent disease among Iranian children that might cause malnutrition, anemia or delayed growth as well as gastrointestinal problems. The purpose of this study was to compare the effect of ciprofloxacin and furazolidone on eradicating helicobacter pylori in Iranian children in combination with amoxicillin and omeprazole.

**Methods:** In this cohort study, from among all the pa-

tients with gastrointestinal problems admitted to the children's medical center with their helicobacter pylori infection confirmed through gastroscopy, rapid urease test or pathologic assessments, 66 children were randomly enrolled in the study; based on the random number table, they were divided into two groups; first, a combination regimen consisting of ciprofloxacin, amoxicillin and omeprazole; second, a three-medication regimen consisting of amoxicillin, furazolidone and omeprazole. The effect of both medical regimens on the successful eradication of helicobacter pylori infection was assessed and compared. Chi-square test was used for evaluating the relationship between quantitative variables. All comparisons were made at significance of  $P < 0.05$ .

**Results:** From among all participants, 43 (65.2%) were male and 23 (34.8%) were female. The mean age was  $9.69 \pm 2.91$  for female patients,  $9.51 \pm 2.82$  for male patients and  $9.57 \pm 2.83$  overall. Endoscopic tests were conducted on the patients prior to initiating their treatments, results of which showed that 66.7% of the patients had a degree of nodularity while peptic ulcer was only observed in one patient. One month after the end of the treatments, eradication of the helicobacter pylori infection was reported 87.9% (29/33) in the first group (CAO) and 60.6% (20/33) in the second group (FAO) ( $p = 0.011$ ).

**Conclusion:** It appears that a major advantage of our proposed regimen over others is lack of wide use of fluoroquinolones for treating children's diseases. Given FDA's recommendation about the possibility of prescribing ciprofloxacin for infected patients with multidrug resistance, we can use the regimen proposed in this study in patients with resistance to standard treatments.

Send Date: 2015/10/11

Code:150056

Category: 3 H. PYLORI

T-S-040

#### Comparing the accuracy of Helicobacter pylori serology diagnostic tests in children with Endoscopy and Urea Breath Test

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smoking and opioid abusing.

**Conclusion:** our study showed that in contrast to other studies in western and some Asia countries , prevalence of IPU is low in Kerman and H.pylori infection is still the major cause of PUD.

we recommended a large and multi-center study for determine the prevalence of IPU in Iran.

Send Date: 2015/09/04

Code:150071

Category:2.13 Gastroduodenal malignancies  
T-S-036

**Disseminated Burkitt's Lymphoma  
with Involvement of the Stomach,  
Breast and Eye-Lids**

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iranikhah<sup>1</sup>, Mahdi Pezeshgi modares<sup>1</sup>

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**Introduction:** Disseminated B cells Burkitt's lymphoma with stomach ,breast and eyelid involvement Burkitt's lymphoma in adult is rare and has a progressive pattern in advanced stages.

**Methods:** he current case is a 19 year old lady who was admitted in a hospital due to GI bleeding shown as melena.

**Results:** An upper gastrointestinal Endoscopy report remarked a tomural mass lesion and also multiple masses in breast and abdomen Were found in computerized tomography escan. A B cells Burkitt's lymphoma diagnosis came up after biopsies of stomach and breast masses which was confirmed by immunophenotyping done with flowcytometry (CD20, Ki67 = 100%).

**Conclusion:** A B cells Burkitt's lymphoma diagnosis came up after biopsies of stomach and breast masses which was confirmed by immunophenotyping done with flowcytometry (CD20, Ki67 = 100%).

Send Date: 2015/09/30

Code:150072

Category:2.13 Gastroduodenal malignancies  
T-S-037

**MALT LYMPHOMA OF THE RECTUM:  
REPORT OF A CASE TREATED WITH  
CHEMOTHERAPY**

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**Introduction:** The gastrointestinal tract is the most frequently involved extranodal location for MALT\* lymphomas, but MALT lymphomas of the large intestine are rarely observed.

**Methods:** A treatment for colorectal MALT lymphoma has not yet been established. In colonic MALT lymphomas, the literature suggests that surgical resection of localized lesion may be the best choice.

**Results:** In the present case, combination of multi-agent chemotherapy and radiotherapy was effective, though a long-term follow-up is definitively needed. In this report, a 56 year-old man with MALT lymphoma manifesting in colonoscopy as multiple mucosal discolorations and some localized granularity of the rectum mucosa is presented.

**Conclusion:** In the present case, combination of multi-agent chemotherapy and radiotherapy was effective, though a long-term follow-up is definitively needed. In this report, a 56 year-old man with MALT lymphoma manifesting in colonoscopy as multiple mucosal discolorations and some localized granularity of the rectum mucosa is presented.

Send Date: 2015/09/30

Code:150131

Category:2.13 Gastroduodenal malignancies  
T-S-038

**A population level screening of first-degree  
relatives of patients with colorectal  
cancers in Tehran**

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Mohammad Amani<sup>1</sup>, Gilda Barzin<sup>1</sup>, Amir Ali  
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<sup>1</sup>DDRI, TUMS

**Introduction:** Because early-stage colon cancer is typically asymptomatic, screening especially among first-degree relatives plays a major role in the diagnosis of curable cancerous lesions, as well as the detection of precancerous lesions. Because of no available data on the incidence of colorectal pathological changes as well as cancer evidences among first-degree relatives of Iranian colorectal cancer patients, the present study aimed to determine incidence and pathological colorectal findings

months after treatment ( $P=0.0001$ ). The mean volume and height of barium decreased from  $43.1\pm 33.4$  and  $7.1\pm 4.7$  to  $6.0\pm 17.1$  and  $1.1\pm 2.2$ , respectively ( $P=0.003$ ,  $P=0.003$ ). The mean duration of follow up was  $11.8 \pm 6.3$  years. At the end of the study, 21 patients (70%) reported sustained good response. No major complications, such as perforation or gross bleeding, were seen.

**Conclusion:** PBD is an effective and safe treatment option for achalasia in patients with symptom relapse after Heller myotomy.

Send Date: 2015/08/25

Code:150014

Category:2.11 Acid peptic disease (includes NSAIDS - but NOT H.pylori)- pathogenesis/

W-F-034

#### Proton pump inhibitors use and change in bone mineral density

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**Introduction:** Limited data are available reporting the effect of proton pump inhibitors (PPIs) use on change in bone mineral density (BMD). Objective: The aim of this study was to investigate the relationship between PPI use and BMD.

**Methods:** The current prospective analysis included 80 patients (31 males and 49 females) aged 25 to 45 years without history of hip fracture with a follow-up of at least 2 years. The study was carried out in 40 PPI users and 40 PPI nonusers. Femur and posterior-anterior spine BMD were quantified by dual-energy X-ray absorptiometry in patients who have consumed PPI at least 2 years and in nonusers PPI. The relationship between use of PPIs and BMD was tested by multivariate linear regression analysis adjusted for age, sex, BMI and several biochemical factors including serum calcium and vitamin D levels.

**Results:** We found that there was a significant difference between the use of PPI and femoral T-score ( $-0.44\pm 1.1$  vs.  $0.19 \pm 0.95$ ,  $P=0.007$ ) in exposed group compared with nonusers group. Multiple linear regression analysis revealed that there was no

association between PPI use and femoral Z-score, lumbar spine T-score and Z-score between two studied groups. In addition, the frequency of femoral osteopenia and osteoporosis in exposed group was significantly more nonusers group ( $P=0.03$ ).

**Conclusion:** Overall, the results of this study showed that PPI use in patients without history of hip fracture compared with control group associated with increased risk of developing osteopenia and osteoporosis in the femur bones.

Send Date: 2015/08/22

Code:150035

Category:2.11 Acid peptic disease (includes NSAIDS - but NOT H.pylori)- pathogenesis/

W-F-035

#### Prevalence of Helicobacter pylori -negative, non-steroidal anti-inflammatory drug related Peptic Ulcer Disease in patients referred to Afzalipour hospital

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**Introduction:** Although Helicobacter pylori and non-steroidal anti-inflammatory drugs (NSAIDs) compose the main causes of Peptic Ulcers Disease (PUD) but recently prevalence of Idiopathic peptic ulcer (IPU) are increasing in most parts of the world. The aim of this study is to assess the prevalence of IPU in Kerman, the center of largest province in south-east Iran.

**Methods:** we included 215 patients with peptic ulcer in our study. Combine methods rapid urease test (RUT), histology and Real time Polymerase chain reaction (PCR) was performed in endoscopic samples of peptic ulcers. NSAID use was determined by medical history. SPSS software version 16 was used for data analysis. P value  $<0.05$  was considered as statistically significant.

**Results:** Of 215 consecutive peptic ulcer patients, 4 (1.8%) were H. pylori-negative and NSAID-negative PUD. There were not significant differences between IPU and patients with peptic ulcer associated with H. pylori or NSAIDs in gender, age, cigarette

**Conclusion:** This study demonstrated significant relation between serum MMP-9 and IL-2 and survival of patients, and suggests these serum markers to be applied as the prognosis factor in management of the patients with esophageal cancers in future.

Send Date: 2015/09/22

Code:150023

Category:2.9 Other esophageal disorders  
W-F-032

### **Manometric Achalasia Subtypes; Frequency and Response to Treatment in Our Patients**

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**Introduction:** High resolution manometry (HRM) is the gold standard for the diagnosis of achalasia. Three manometric patterns are seen in HRM. AIM: To investigate the frequency and response to treatment in subtypes of achalasia.

**Methods:** 148 patients with idiopathic achalasia (IA) were evaluated prospectively. HRM was performed for the patients before treatment, categorizing them in three groups. The patients were treated with pneumatic balloon dilation (PBD), and evaluated before and six weeks after PBD with achalasia symptom score (ASS) and Timed barium esophagogram (TBE) and then every six months with ASS. Primary outcome was defined as a decrease in ASS ( $\leq 4$ ) and a reduction ( $80\% \leq$ ) in the volume of barium in TBE in six weeks.

**Results:** According to HRM, 29 patients were classified as type I (19.5%), 99 as type II (67%) and 20 as type III (13.5%). The mean LES resting pressure values before treatment were 31.64, 32.65 and 36.67 mmHg in types I, II and III, respectively ( $P=0.57$ ). 19 patients in type I (65%), 87 patients in type II (87%) and 15 patients in type III (75%) had good primary outcome and this response was significantly better in type II compared to type I ( $P=0.020$ ). Patients with type III had the earliest relapses (mean: 8.39 months) ( $P=0.045$ ). Finally, 13 patients in type I (45%), 60 patients in type II (60%) and 11 patients in type III (55%) revealed

sustained good response ( $P=0.92$ ).

**Conclusion:** According to HRM, type II is the most common type of IA. In this study, no significant differences were seen between the three subtypes of achalasia in terms of LES resting pressure and ASS before treatment, as well as the response to treatment except for good primary outcome between type I and II, while the mean relapse time was significantly shorter in type III.

Send Date: 2015/08/25

Code:150024

Category:2.9 Other esophageal disorders  
W-F-033

### **Assessment of pneumatic balloon dilation in patients with symptomatic relapse after failed Heller myotomy: a single center experience**

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**Introduction:** Although Heller myotomy is one of the most effective treatments for achalasia, it may be associated with early or late symptom relapse in some patients. Therefore, additional treatment is required to achieve better control of symptoms. To evaluate the safety and efficacy of pneumatic balloon dilation (PBD) in cases of symptom relapse following Heller myotomy (HM).

**Methods:** Thirty-six post-myotomy patients were evaluated from 1993 to 2013. Six patients were excluded from the analysis due to comorbid diseases or epiphrenic diverticula. Thirty patients were treated with PBD. Primary outcome was defined as a decrease in symptom score to 4 or less and a reduction greater than 80% from baseline in the volume of barium in timed barium esophagogram in six weeks. Achalasia symptom score (ASS) was assessed 1.5, 3, 6 and 12 months after treatment and then every six months in all patients and PBD was repeated in case of symptom relapse ( $ASS > 4$ ).

**Results:** The mean age of patients was  $45.5 \pm 13.9$  years (range: 21-73). Primary outcome was observed in 25 patients (83%). The mean ASS of patients dropped from 7.8 before treatment to  $1.3 \pm 2.0$  at 1.5

**Introduction:** The incidence of Gastro-esophageal reflux disease (GERD) has increased remarkably worldwide. This study focuses on the background features of these patients and evaluates the two GERD sub types; none erosive (NERD) and erosive (ERD).

**Methods:** In a case-control study, patients with reflux symptoms who had obtained a total score of 8-18 of the GERD questionnaire were included. Control group consisted of their families with lower scores and no reflux presentations. All demographic features were recorded. Then upper GI endoscopy performed and the cases divided into two sub groups: NERD and ERD. In the next step, all demographic data analyzed for these two subgroups. The data were analyzed using the SPSS software version 21.

**Results:** A number of 210 subjects included in each group (210 patients with GERD and 210 control group) with normal statistical distribution of age and gender. There was a significant relationship between GERD and BMI ( $P=0.001$ ), eating fatty foods ( $P=0.0001$ ), lying after meal ( $P=0.0001$ ), drinking beverages with meal ( $P=0.0001$ ), eating spicy food ( $P=0.006$ ) and NSAIDs use ( $P=0.0001$ ). Then the cases divided into two subgroups; NERD ( $n=146$ ) and ERD ( $n=64$ ). There were a statistically meaningful relationship with eating salty-smoky food ( $P=0.005$ ) and eating spicy food ( $P=0.011$ ). The difference of BMI between NERD and ERD was remarkable but was not statistically meaningful.

**Conclusion:** Our results showed that obesity is an important risk factor for GERD. Other possible risk factors such as NSAIDs use and certain foods and wrong habits like lying after meal should be addressed in future longitudinal surveys.

Send Date: 2015/08/23

Code:150057

Category:2.8 Esophageal malignant disease

W-F-031

**Assessment of serum tumor markers P53-ab, CRP, TGF- $\beta$ , MMP-9, VEGF, E-Selectin, IL2R, CEA, EGFR, Her-2, Fas-Ligand, TNF- $\alpha$ , SCC-Ag in esophageal carcinoma and its correlation with histopathological findings and prognosis**

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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 thirteen different serum markers (P53-ab, CRP, TGF- $\beta$ , MMP-9, VEGF, E-Selectin, IL2R, CEA, EGFR, Her-2, Fas-Ligand, TNF- $\alpha$ , SCC-Ag) in esophageal carcinoma and the correlation with histopathologic findings and the prognostic significance.

**Methods:** 57 patients with esophageal carcinoma investigated retrospectively. Demographic, clinicopathologic findings and laboratory information collected. Levels of P53-ab, CRP, TGF- $\beta$ , MMP-9, VEGF, E-Selectin, IL2R, CEA, EGFR, Her-2, Fas-Ligand, TNF- $\alpha$  and SCC-Ag serum markers measured by ELISA method. These Data analyzed to determine relation of levels of serum markers with histopathologic 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  $57.54 \pm 11.35$ . The most frequent pathologic finding among lesions was SCC that consisted of 93.0% of all cases. Statistical analysis showed no significant differences in any of measured parameters between (high grade/low grade and also dead/alive groups) groups according to grade and stage. 6-month, 1-year and 2-year survival of patients were 0.627, 0.367 and 0.216 respectively. Also, analyze of covariances showed that IL-2 and MMP-9 were independent predictor of patient's survival ( $R^2=1.58$  and  $1.47$ ,  $P=0.038$  and  $0.028$ , respectively).



مورد و گروه شاهد، همراهان دیگر بیماران بودند که مشکل گوارشی (مثل اسهال) و کاهش وزن نداشته و از لحاظ سن و جنس با گروه بیمار همسان شدند، سپس با انجام آزمایش TSH هیپوتیروئیدی در آنها رد شده و مثل گروه بیمار از نظر سرولوژی سلیاک بررسی شده و با هم مقایسه شدند. که در این فاصله ۱۰۰ بیمار به این مرکز مراجعه کردند. بنابراین انتخاب نمونه برای موارد بیماری بر اساس تمام شماری انجام می شود. چون مطالعه حاضر از نوع مورد-شاهدی است، با توجه به محدودیت تامین هزینه اجرای پژوهش، به تعداد ۱۵۰ شاهد ( ) در نظر گرفته شد. داده ها پس از جمع آوری با استفاده از نرم افزار آماری SPSS تجزیه و تحلیل گردید.

یافته ها: نتایج نشان داد که ۱۸۷ نفر (۷۴.۸ درصد) زن و ۶۳ نفر (۲۵.۲ درصد) مرد بودند. ۵ درصد (۵ نفر) از بیماران هیپوتیروئیدی سرولوژی سلیاک آنها مثبت بود. در مقابل ۱.۳ درصد (۲ نفر) از گروه سالم سرولوژی سلیاک آنها مثبت گزارش شد به این در بین گروه مورد و شاهد از نظر سرولوژی سلیاک با  $p < 0.001$  تفاوت معنادار وجود دارد. ۸۴ درصد از افراد مورد مطالعه هیپوتیروئیدی بالینی داشتند ۸۰ درصد از افرادی که سرولوژی سلیاک مثبت دارند در گروه هیپوتیروئیدی بالینی قرار دارند و ۶۵ درصد از بیماران مورد مطالعه هیپوتیروئیدی اتوایمیون دارند. بین شیوع سلیاک در بیماران هیپوتیروئیدی بالینی و غیر بالینی با همچنین هیپوتیروئیدی اتوایمیون و غیر اتوایمیون با  $p < 0.001$  تفاوت آماری معنی دار وجود دارد. نتیجه گیری: شیوع ۵ درصدی سلیاک در بیماران هیپوتیروئیدی و درصد بالای هیپوتیروئیدی اتوایمیون در این بیماران نیاز به انجام بررسی هر چه بیشتر در بیماران هیپوتیروئیدی را تأیید می کند.

Send Date: 2015/10/04

Code:150026

Category:2.6 Reflux disease – treatment  
W-F-029

**The comparison study of the effect  
of Zinc supplementation on the improvement  
of gastroesophageal reflux disease  
in patients admitted in  
alimentary clinic in Rasht city**

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**Introduction:** Gastroesophageal reflux disease one of the most common and most important of digestive system disorders which physicians are usually encountered. gastroesophageal reflux disease is due

to regurgitation of stomach contents that induces symptoms or damage to the tissue of the esophagus. The purpose of this study, the comparison effect of zinc supplementation on the improvement of Gastroesophageal reflux symptoms in the incoming patients to gastroenterology clinic in Rasht city.

**Methods:** This study designed as a double blind clinical trial. The sampling type is easy or available. The number of subjects studied was 140 patients who referred to the gastroenterology clinic, baseline FSSG standard questionnaire (12 items). Using this questionnaire, a score of 8 or more than 8, patients have been diagnosed with GERD. Patients undergoing upper gastrointestinal endoscopy were divided into two groups based on endoscopic were divided to (erosive reflux disease) and NERD (non erosive reflux disease), then Both groups with use of the random block, divided into experimental and control groups. In all cases, was given Nycomeb 20 mg and for experimental group 220 mg capsules of zinc and a placebo for the control group.

**Results:** In this study, the receiving group the drug were 48 females (68.6%) and 22 males (31.4%) in the receiving group placebo included, 33 patients female (47.1%) and 37 males (52.9%) . Using Chi-Square test showed a significant difference between the drug and placebo groups in base of gender ( $P = 0.05$ ).

**Conclusion:** Our findings showed that zinc supplementation don't have a considerably effect on the improvement reflux disease, as, only can be used as therapeutic plan in improvement and also frequency and severity diminish of some Gastroesophageal reflux symptoms.

Send Date: 2015/08/25

Code:150017

Category:2.7 Reflux disease – complications  
W-F-030

**Evaluations of life style factors and  
the severity of Gastro-esophageal  
reflux disease; a case-control study**

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**Introduction:** Gastric cancer is one of the most important causes of morbidity and mortality worldwide which is influenced by different risk factors. This study aimed to investigate the effects of various factors associated with precancerous lesions among dyspeptic patients.

**Methods:** Among dyspeptic patients admitted to gastrointestinal clinics in Ilam city, west of Iran, 1123 were investigated during 2008 to 2011.

All patients were evaluated by endoscopy and their biopsy samples were examined for histological differentiations and their pathology reports were classified according to Sydney criteria.

**Results:** One thousand out of 1123 admitted dyspeptic patients were finally analysed. 64.8% of patients were male and the mean age of participants was 48 years (ranged 21-84 years). The frequency of patients with atrophy, metaplasia, or both was 14.4%, adenocarcinoma 1.2% and polyp hyperplasia 0.7% respectively.

The highest frequency was related to those with chronic gastritis accompanied by H. pylori infection with a figure of 80.8%. The frequency of precancerous lesions among smokers compared to non-smokers was higher significantly ( $p < 0.03$ ). Though non-significant, BMI was associated with the higher risk of premalignant lesions among dyspeptic patients by an increasing manner.

**Conclusion:** Chronic gastritis accompanied with H. pylori infection was revealed as the most prevalent variable among dyspeptic patients. Also higher BMI compared to normal and smokers compared to non-smokers were more involved by precancerous lesions.  
Send Date: 2015/08/30

Code:150121

Category: ۲.۳ پاتوژنز: عوامل میکروبیال

W-F-027

بررسی فراوانی کلستریدیوم دیفیسیل توکسیژنیک

در بیماران دچار اسهال بستری و سرپایی

معصومه دورقی<sup>۱</sup>، صدیقه قورچیان<sup>۱</sup>، امیر علی رضانی<sup>۱</sup>

<sup>۱</sup>دانشگاه علوم پزشکی تهران

زمینه و هدف: کلستریدیوم دیفیسیل اصلی ترین عامل اسهال بیمارستانی به ویژه در دریافت کنندگان آنتی بیوتیک می باشد. علاوه بر این، فرم اکتسابی

از جامعه عفونت ناشی از کلستریدیوم دیفیسیل در سال های اخیر نیز گزارش شده است. هدف از انجام این مطالعه بررسی فراوانی کلستریدیوم دیفیسیل توکسیژنیک در بیماران دچار اسهال بستری و سرپایی می باشد. روش بررسی: در این مطالعه از فروردین ۱۳۹۳ تا شهریور ۱۳۹۴ مجموعاً ۲۶۰ بیمار دچار اسهال شامل بیماران سرپایی یا بستری در بیمارستان های وابسته به دانشگاه علوم پزشکی و شهید بهشتی بررسی شدند. از هر بیمار یک نمونه مدفوع به آزمایشگاه باکتری های بی هوازی دانشکده بهداشت ارسال شد. پس از شوک الکی نمونه مدفوع، کشت نمونه ها بر روی محیط CCFA (Cycloserine Cefoxitin Fructose Agar) انجام شد و در شرایط بی هوازی به مدت سه روز انکوبه شد. جداسازی کلنی های مشکوک، شناسایی تک کلنی بر اساس خصوصیات ظاهری کلنی، رنگ آمیزی گرم، بوی کلنی و انجام تست ها بیوشیمیایی صورت می گیرد. توکسیژنیتی ایزوله ها به روش Toxigenic culture (TC) بررسی شد.

یافته ها: در میان ۲۶۰ بیمار با میانگین سنی ۵۷ سال، ۴۰ (۱۵.۳ درصد) بیمار از نظر کلستریدیوم دیفیسیل توکسیژنیک مثبت بودند. تعداد موارد مثبت در میان بیماران مرد برابر ۶۲.۵ درصد و در میان بیماران زن ۳۷.۵ درصد بود. ۳۷ بیمار مثبت از نظر کلستریدیوم دیفیسیل توکسیژنیک (۹۲.۵ درصد) بستری بودند در حالی که ۳ بیمار (۷.۵ درصد) سرپایی بودند. نتیجه گیری: با توجه به فراوانی کلستریدیوم دیفیسیل توکسیژنیک در بیماران بستری و سرپایی، اجرای اقدامات مختلف به منظور پیشگیری، محدود نمودن انتشار باکتری و درمان بیماران توصیه می شود.

Send Date: 2015/10/08

Code:150094

Category: ۲.۴ بیماری سلیاک / سندرم های سوء جذب و انتروپاتی های غذایی

W-F-028

مقایسه سلیاک سرولوژیک در بیماران هیپوتیروئیدی و کنترل سالم

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زمینه و هدف: سلیاک از بیماری های مهم سوء جذبی است که در این بیماری به خاطر حساسیت به گلوتن موجود در گندم و جو التهاب در روده باریک بوجود می آید و جذب مواد غذایی دچار مشکل می شود. این مطالعه با هدف مقایسه سلیاک سرولوژیک در بیماران هیپوتیروئیدی و کنترل سالم طراحی و انجام شد. روش بررسی: نوع مطالعه مورد - شاهد بود. مطالعه بصورت مقطعی در یک بازه زمانی انجام شد. کلیه بیمارانی که هیپوتیروئیدی داشتند به عنوان

gastric cancer and not receiving chemotherapy. The samples of blood, tumor free tissue and cancerous tissue of stomach in all patients were obtained. At the same time, we obtained the blood sample of fifty normal persons. The specimens were sent to analytic chemistry lab. related to Islamic Azad University of Tehran-North branch to assay the levels of Zn, Cr, Mn and Sn. The elements were assessed by flame ionization detection (FID) method.

**Results:** There were no significant different in concentration levels of Zn, Mn and Sn in healthy blood with their concentrations in patients' blood and tissues; also, all comparisons of Zn, Mn and Sn levels among the patients' blood, healthy tissue and cancerous tissue showed no significant statistical difference ( $p$ -value > 0.05). Cr concentration levels were significantly different in healthy blood vs patient's blood ( $p$ -value < 0.01). Furthermore, Cr concentration levels showed significant differences in healthy blood vs patient's cancer tissue also in patient's blood vs patient's healthy tissue ( $p$ -value < 0.05).

**Conclusion:** According to the results, it seems that evaluation of concentration levels of Cr may be considered as etiological factor as well as an item in development of diagnostic procedure of upper GI cancer.

Send Date: 2015/09/30

Code:150118

Category:2 ESOPHAGEAL - GASTRIC AND DUODENAL DISORDERS

W-F-025

**Diagnostic value of alarm symptoms in upper GI malignancy in a referral GI clinic from 2009 to 2015**

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**Introduction:** The third most common malignancy worldwide is Gastric cancer. Patients with upper Gastrointestinal alarm symptoms are suspected of having upper gastrointestinal (GI) malignancy; however, the true value of alarm symptoms in predicting an underlying malignancy is uncertain. The aim of the present study was to determine the

diagnostic accuracy of alarm symptoms in predicting upper GI malignancy by reviewing the endoscopic findings of 3453 Isfahanian patients that refer to a private GI clinic in Isfahan, Iran.

**Methods:** A cross-sectional retrospective analysis of collected data was conducted in a single tertiary medical centre. Consecutive patients who underwent esophagogastroduodenoscopy (EGD) for upper GI symptoms in June 2009 to January 2015 were enrolled. The data including gender, age, symptoms, and endoscopic and pathological findings were analysed. Logistic regression models were used to estimate the diagnostic value of each variable in combination with others. The main outcome measure was the diagnostic accuracy of individual alarm feature.

**Results:** A total of 3453 patients were included in the final analysis, of whom 78 (2.25%) had upper GI malignancy. Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were calculated having histology as the gold standard. Odds ratio (OR), and their related 95% confidence intervals for each individual alarm symptom was measured. Univariate and multivariate logistic regression models were used. Using the area under the receiver operating characteristic (ROC) curve and AUC and its 95% confidence intervals were used to evaluate the capability of the model. AUC for diagnostic value were 0.846 that was significant.

**Conclusion:** Our analysis showed that PPV of dysphagia & weight loss in age more than 50 are strong predictors of cancer. The other variables such as GIB, anorexia, vomiting, Familial history are weaker predictors for malignancy.

Send Date: 2015/10/08

Code:150030

Category:2.2 Dyspepsia

W-F-026

**Precancerous histopathologic lesions of upper gastrointestinal tract among dyspeptic patients upon endoscopic evaluations**

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and overall survival rate were 98.8 %, 95.08% and 88.2% respectively.

**Conclusion:** The most common complications after OLT were metabolic bone disorders, disease recurrence and renal failure.

Send Date: 2015/08/22

Code:150064

Category:2 ESOPHAGEAL - GASTRIC AND DUODENAL DISORDERS

W-F-023

#### Do Pattern of Gastritis Associate with Gastroesophageal Reflux Disease Among HP positive Chronic Dyspepsia Patients

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**Introduction:** Reflux disease is a common cause of referring patients to medical care. But the association between reflux disease and gastritis pattern is controversial. To determine the association between reflux disease and gastritis patterns in patients with dyspepsia and HP infected.

**Methods:** Between 2010 and 2013, four hundred and seventy patients with dyspepsia and reflux disease enrolled in this study. The inclusion criteria were willing to participate; aged over 40 and having the criteria of ROME III for at least three months. Patients with history of HP eradication therapy during three months before the study; a past history of gastric surgery and gastric cancer were excluded. All of the participants underwent upper endoscopy for careful evaluation of distal esophagus and stomach. Two biopsies were taken from antrum, body and fundal areas.

**Results:** HP infection was detected in 367(78.1%) of the participants. The mean age of HP infected participants was 59.8±11.4 years old. Among them 241 patients (51.2%) were male. Reflux disease was seen in 273(74.4%) patients. 216 (58.9%) and 101 (27.5%) of them had NERD and GERD respectively. Corpus predominant and antral predominant gastritis were seen in 72(19.6%) and 129(35.2%) patients

respectively. Antral gastritis was significantly associated with GERD (P<0.01). Although the severity of antral gastritis was associated with reflux disease (P=0.04), There was no association between atrophy of any zones of stomach with reflux disease or GERD. In regression analysis antral prominent gastritis (OR=1.92; 95%CI: 1.22- 3.12) had a significant association with GERD. The same result was observed in mild to moderate antral great curvature gastritis (OR= 1.26; 95%CI: 0.25 – 6.40 and OR= 3.0; 95%CI: 0.63 – 14.17, respectively).

**Conclusion:** In this study antral gastritis showed an association with GERD but corpus gastritis was found less frequently in these patients. We could suggest that the pattern of gastritis could be associated with reflux disease and GERD.

Send Date: 2015/09/30

Code:150065

Category:2 ESOPHAGEAL - GASTRIC AND DUODENAL DISORDERS

W-F-024

#### Trace Elements: Zinc, Chromium, Manganese and Tin Assessment in Upper Gastrointestinal Cancer

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**Introduction:** Upper gastrointestinal (GI) cancers, as gastric cancer, are known causes of death because of GI malignancies. Recently, several studies have revealed that there was a link between micronutrient levels and various forms of cancer. Thus, in this study we evaluated the levels of some trace elements including zinc (Zn), chromium (Cr), manganese (Mn) and tin (Sn) in upper GI cancer patients.

**Methods:** Fifty patients were selected among the referred patients to Firoozgar referral hospital for evaluation their upper GI cancer between Jan 2015 to May 2015. The inclusion criteria were confirmed



However there was no significant difference between the intervention and placebo groups with regard to the liver transferases. The serum levels of TNF-alpha was significantly reduced in the intervention group (P=0.028) at six months. Finally, Comparison of the serum levels of liver aminotransferases and cytokines between groups were insignificant.

**Conclusion:** It seems that decrease in the serum levels of liver aminotransferases and TNF-alfa in both groups are related to low-calorie diets and exercise rather than PTX.

Send Date: 2015/09/30

Code:150107

Category:1.2 Management strategies

W-F-021

#### Mesalazine in the treatment of IBS

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**Introduction:** Irritable bowel syndrome (IBS) is one of the most common functional gastrointestinal (GI) tract and involved 10 -20 percent of general population and result in decreased quality of affected individuals. Because multiple suspected etiologies in IBS pathogenesis, various drugs and methods have been offered for its management. Regarding mucosal inflammation in the pathogenesis of IBS, anti-inflammatory drugs, such as mesalazine, reported that is effective in IBS treatment. However, previous documents have different results and we assessed the clinical efficacy of mesalazine in some patients with IBS.

**Methods:** In this double blinded randomized clinical trial, 44 individuals with documented IBS, based on Rome III criteria that referred to gastroenterology clinics of the Zahedan University of Medical Sciences in Zahedan, southeast of Iran, were enrolled. All of patient allocated to receive either mesalazine 500 mg (group A) or identical placebo (group B) three times per day for six weeks. We assessed and analysed IBS symptoms and global IBS symptoms at 0, 4 and 8 weeks.

**Results:** The mean age who received the mesalazine were 40.9-8.8 and 37.6-13.4 years in the case and control group, respectively (P=0.399). The condition of the initial disease severity of the patients which

was recorded based on the IBS protocol (symptom severity scale (IBS-SSS) did not have any statistically meaningful difference. Significantly more patients in the mesalazine group than in the placebo group had adequate relief of global IBS symptoms during the first 4 weeks and 8 weeks after initiation of treatment (86% compared with 54%, p=0.021).

**Conclusion:** Mesalazine is an effective drug for management of irritable bowel syndrome and it is better to evaluate at larger study for its efficacy.

Send Date: 2015/10/06

Code:150016

Category:1.4 Outcome studies

W-F-022

#### Complications and survival after orthotopic liver transplantation

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**Introduction:** Although improvements in technical, immunosuppressive, and intensive care management have contributed to improving the outcomes in patients receiving orthotopic liver transplants (OLT) leading to one year survival rates of over 90%, these patients are still at increased risk of long-term complications. The purpose of this study was to evaluate the short and long term complications along with survival rate among patients after OLT.

**Methods:** Medical records of 85 patients undergoing liver transplantation from March 1997 to May 2015 was reviewed thoroughly and the required data for survival analysis and for determining long and short term complications was extracted using a questionnaire designed according to the 2012 AASLD Practice.

**Results:** The most common etiologies of the initial liver failure of patients were: autoimmune hepatitis (n=23; 27%), Primary Sclerosing Cholangitis (n=18; 21%) hepatitis B virus (n=14; 16.5%). Complications after OLT included acute rejection (n=3; 3.5%), chronic rejection (n=4; 4.7%), recurrent liver disease (n=10; 11.7%), infection (5; 5.9%) diabetes mellitus (n=5; 5.9%), osteopenia/osteoporosis (n=19; 22%), renal failure (n=7; 8.2%) and Hodgkin's Lymphoma (n=1). One-year, five-year

Code:150048

Category:1.2 Management strategies

W-F-019

### What is FODMAPs diet and its indication in gastrointestinal diseases?

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**Introduction:** Dr Sue Shepherd developed the low FODMAP diet in 1999. Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols (FODMAPs) are found in the foods we eat. FODMAPs are sugars that are poorly absorbed in the small intestine and reach the large intestine where they produce gas and attract water. FODMAPs are found in everyday foods including specific dairy products, wheat and other grains, and fruits and vegetables. It's important to remember FODMAPs are not the cause of IBS, but managing them in the diet provides an opportunity for reducing IBS symptoms.

**Methods:** I review articles about FODMAPs diet.

**Results:** Studies have shown that ingesting FODMAPs exacerbates symptoms in most people with IBS, while dietary restriction of FODMAPs improves symptom control. Many individuals with digestive disorders find that diet impacts their symptoms and are searching for food-based health solutions. Research on the FODMAPs dietary approach continues to evolve and currently indicates that the intake of FODMAPs is additive, meaning that each individual possesses his or her own "threshold of tolerance." The greater the FODMAPs load, the more likely symptoms will occur. However, it is important to keep in mind that while some foods may be low in FODMAPs, they may still trigger an adverse reaction due to some other component. The FODMAPs diet is an emerging therapeutic food plan that can be helpful in managing IBS, Crohn's disease and in individuals with small intestinal bacterial overgrowth (SIBO).

**Conclusion:** Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols (FODMAPs) are found in the foods we eat. Intake of FODMAPs is additive, meaning that each individual possesses his or her own "threshold of tolerance." The greater the FODMAPs load, the more likely symptoms will occur. Restricted FODMAPs diet is

an emerging therapeutic food plan that can be helpful in managing IBS, Crohn's disease and in individuals with small intestinal bacterial overgrowth (SIBO).

Send Date: 2015/09/11

Code:150066

Category:1.2 Management strategies

W-F-020

### The Effect of pentoxifylline on serum levels of tumor necrosis factor alpha and liver transferases in patients with nonalcoholic steatohepatitis

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**Introduction:** Nonalcoholic steatohepatitis (NASH) is an advanced stage of nonalcoholic fatty liver disease (NAFLD) and inflammation plays an important role in the progression of the disease.

Recently there has been much attention to pentoxifylline because it has anti-tumor necrosis factor alpha (TNF-alpha) effects in patients with NASH. Some studies suggest that pentoxifylline (PTX) can improve the disease outcome.

**Methods:** This study was a randomized double blind placebo-controlled trial in thirty patients with NASH in the city of Kerman, south eastern Iran. All individuals gave written informed consent for enrollment in the study. Fifteen patients in the intervention group were received 400 mg pentoxifylline three times a day for six months. Fifteen patients in the placebo group took placebo as one tablet three times a day for six months. Both the placebo and the intervention group were advised for low-calories diet/physical activities and daily exercise. Body mass index (BMI) and liver transferases including aspartate transferase (AST) and alanine transferase (ALT) were measured at time zero, three months and six months after clinical trial was started. The serum levels of TNF-alpha was measured at time zero and six months after clinical trial was started.

**Results:** The liver transferases were significantly decreased in both intervention and placebo groups at the end of six months clinical trial ( $P < 0.001$ ).

population visited northern cities and they may be involved with this disease. So gastroenterologists must be familiar with this disease.

**Results:** Leptospirosis is an infectious disease of humans and animals. It is considered the most common zoonosis in the world. Leptospirosis occurs as two recognizable clinical syndromes: anicteric and icteric. Anicteric leptospirosis is characterized by sudden onset of some combination of the following: headache, fever, rigors, muscle pain, nausea and vomiting, anorexia, diarrhea, cough, pharyngitis, conjunctivitis, nonpruritic rash. Icteric leptospirosis (Weil disease) is a severe illness whose classic manifestations include the following: fever, jaundice, renal failure, hemorrhage. Laboratory studies used to confirm the diagnosis of leptospirosis include the following: Culture of leptospire from body fluids or tissue and Microscopic agglutination testing (MAT). **Conclusion:** The physician must be considered leptospirosis in patient return from north of Iran with appropriate clinical manifestation.

Send Date: 2015/09/05

Code:150044

Category:1.2 Management strategies  
W-F-017

### Fascioliasis

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**Introduction:** Fascioliasis is relatively common in north of Iran. Yearly about 20% of population visited northern cities and they may be involved with this disease. So gastroenterologists must be familiar with this disease.

**Results:** Fascioliasis is a trematode flatworm infection caused by Fasciola hepatica or Fasciola gigantica. Many infections are mild; morbidity increases with fluke burden. Forms of infection include the acute (liver) phase, chronic (biliary) phase, ectopic fascioliasis, and pharyngeal fascioliasis.

The diagnosis of fascioliasis should be considered in patients with abdominal pain and hepatomegaly accompanied by peripheral eosinophilia. The diagnosis can be established by identifying eggs in stool, duodenal aspirates, or bile specimens.

Alternative approaches to diagnosis include

identification of adult worms in endoscopic or surgical specimens, or serology. Imaging can be an adjunctive diagnostic tool. Additional diagnostic clues include anemia, abnormal LFT, elevated ESR and IgG.

**Conclusion:** The physician must be considered fascioliasis in patient return from north of Iran with appropriate clinical manifestation.

Send Date: 2015/09/06

Code:150045

Category:1.2 Management strategies  
W-F-018

### Transamine in treatment of GI bleeding in ICU patients

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**Introduction:** Gastrointestinal bleeding is common and it's mortality rate is about 10 percent, so strategies for decreasing this mortality specially in situation with limitation in endoscopic treatment of GI bleeding is very important. The transamine (tranexamic acid) is very important in treatment of bleeding conditions specially of oncologic, surgical and traumatic types. Therefore I decide to use transamine and IV pantozole in treatment of patient who admitted in ICU and endoscopic intervention is not possible.

**Methods:** IV transamine 1 gram stat and 1gram IV q6h plus transamine 1 gram in 1000CC normal saline for NG tube irrigation plus pantozole 80 mg IV stat and 8mg/hr IV infusion was started. If bleeding continued another 1 gram transamine for NG tube irrigation was prescribed. After 12-24 hours diagnostic endoscopic was done and efficacy of above treatment was evaluated.

**Results:** Transamine plus IV PPI was effective in control of GI bleeding in 95.6 percent (43/45) of patients admitted in ICU as a whole treatment. Only two patients was expired. Transamine was equally effective in male and female, all age ranges and in all types of GI bleeding.

**Conclusion:** So above treatment may be an effective treatment in patients with GI bleeding in situations with poor equipment and poor condition patients that endoscopic intervention was not possible.

Send Date: 2015/09/06

population. Dyspepsia may be a symptom in addition to well known malabsorptive features of a classical celiac disease. Because presence of celiac, routinely, not in dyspeptic patients evaluation, the present study investigate the prevalence of celiac disease in patients with functional dyspepsia.

**Methods:** In this cross sectional study, all patients with functional dyspepsia, who referred to gastroenterology clinics of the Zahedan University of Medical Sciences in Zahedan, southeast of Iran, were enrolled. For all patients anti TTG(IgA) and in IgA deficient patients anti gliadin(IgG) were requested and all patients with either positive tests have been undergone second portion of duodenum. Any patients with positive lab test and compatible with Marsh classification duodenum pathology instructed to gluten free consumption and all of them evaluated for resolution of symptom three month later. For data analysis appropriate analytic formula were applied and  $p < 0.05$  was considered meaningful.

**Results:** Among 492 patients (293 males and 229 females with mean age  $30.11 \pm 63.35$  ys.) with functional dyspepsia, 188 (38.2%) and 304 (68.1%) had ulcer like and dysmotility like dyspepsia, respectively. CD is approved responsible for them symptoms in 18 (3.7%) individuals (2.7% males and 4.8% females). Notably CD was more common in ulcer like than dysmotility type ( $p < 0.001$ ) and dyspeptic patients with CD had a significantly lower age limit than patients without CD ( $P = 0.02$ ).

**Conclusion:** CD is a common finding in functional dyspeptic patients and it is better all patients with this disorder assessed for CD.

Send Date: 2015/10/07

Code:150127

Category:1.1 Epidemiology

W-F-015

**The prevalence of upper gastrointestinal symptoms and endoscopic findings in the patients refer to a tertiary GI clinic in Isfahan in 2009-2015, a cross-sectional study**

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**Introduction:** objectives: The aim of the present study is to evaluate the prevalence of upper gastrointestinal (GI) symptoms and their related endoscopic findings.

**Methods:** This was a cross-sectional retrospective study that was conducted among the patients that were referred to Pour-Sina-Hakim gastrointestinal clinic from the June 2009 to January 2015 with chief complaints of upper GI symptoms, the patients were classified according to endoscopic findings and chief complaints. The prevalence of each chief complaint and related endoscopic diagnosis was calculated.

**Results:** The most common chief complaints was dyspepsia (40.4%) and other were as follow: GERD (12.3%), GIB (7.4%), suspicious to celiac (6.2%), weight loss (4.2%), vomiting (2.8%), familial history (1.8%), gastric balloon (1.5%), pyrosis (1.1%), anorexia (1%), varice (0.9%), history of cancer (0.9%) and cancer screen (0.1%). endoscopic finding classified to esophagus, gastric and duodenum. 64.8% of esophageal findings were normal while GERD (13.1%) and herniation (5.6%) were the most common. gastric endoscopic findings were as follow: normal (44.7%), erythema (37.3%), nodularity (9%), edema (3.4%), early gastric cancer (0.8%) and submucosal mass (0.4%), while duodenal findings were as follow: normal (80.9%), erythema (6.4%), ulcer (4.7%), bulb deformity (0.9%). The prevalence of Upper GI cancer were 2.25% in Isfahan.

**Conclusion:** The prevalence of upper GI cancer was 2.25% in Isfahanian patients that referred to Pour-Sina-Hakim clinic with chief complaints of upper GI symptoms. The majority of endoscopic finding were normal, but more studies is required to compare the epidemiology in different cities in Iran.

Send Date: 2015/10/09

Code:150041

Category:1.2 Management strategies

W-F-016

**Leptospirosis**

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**Introduction:** Leptospirosis is a relatively common disease in north of Iran. Yearly about 20% of



was performed for the primary diagnosis of HBsAg and the positive cases were confirmed by Neutralization and Western Blot. The studied variables included gender, age, marital status, education, occupation, and place of living. The chi-square test was used to check the significance of relationship using the SPSS software.

**Results:** 80 individuals were HBsAg positive and the prevalence of HBsAg was 0.3%. The seroprevalence was higher in the age group of 50-59, males, the donors residing in rural areas, workers, and those with educational levels higher than associate degrees. However, no significant relationship was found between the two groups regarding marital status.

**Conclusion:** Considering the results, the prevalence of HBsAg in Khorramabad was lower compared with the results of the last decade. Moreover, the prevalence was lower in comparison with that in the general population and the studied donors in other provinces. Screening programs, education, and vaccination, particularly in high-risk groups, are essential to prevent new cases.

Send Date: 2015/10/06

Code:150110

Category:1.1 Epidemiology

W-F-013

#### Frequency of YMDD mutation due to Lamivudine in HBV patients

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**Introduction:** Emergence of YMDD mutation may occur due to long term treatment of chronic HBV and post transplant and HBV cirrhosis with lamivudine that lamivudine resistant mutants frequently develop. The aim of this study was evaluation of YMDD mutation due to long term treatment with lamivudine and its association with duration of treatment and HBV genotype in Iranian patients between 2005 and 2006 in Shiraz.

**Methods:** This study was performed on 89 patients, 72 (males) and 17 (females) with background disease of chronic HBV (40 pts), HBV induced liver cirrhosis (40 pts), post orthotopic liver

transplantation (9 pts) that were on constant lamivudine treatment for more than one year. ACRS - PCR Method for detection of YMDD mutation and Gap-CR method for HBV genotype were used and serologic and biochemical study for detection of HbeAg and HbeAb and ALT were done.

**Results:** 43 out of 89 patients (48.3%) had mutation of rtM204 I/V and 46 pts (51.7%) had no mutations. Frequency of mutations with use of more than 1 year of lamivudine were 50% and in patients with use of lamivudine more than 2 and 3 and 4 years were 45.4%, 56.2% and 42.1% respectively. 17 patients (39.5%) had YVDD and 18 pts (41.9%) had YIDD and 8 (18.6%) had combination of YVDD + YIDD. All patients had genotype D. In 43 patients with rtM204 I/V mutations in the course of treatment 18 pts (14.9%) had HbeAg +, 25 pts (58.1%) HbeAg- and 21 pts (48.8%) were HbeAg-, HbeAg+. Mean serum ALT in the course of treatment in patients with YMDD mutation was  $46.7 \pm 25.7$  and in patients without mutations was  $44.5 \pm 25.68$ .

**Conclusion:** YMDD mutations were common in our patients. In comparison with other studies frequency of mutations were higher with shorter treatment and after relative increase with moderate duration use of lamivudine the frequency of mutations were lower than other studies and there was not linear increase of mutations with duration of treatment. In spite of the fact that 100% of our patients were genotype D there were no any relation between other genotypes and YMDD mutations.

Send Date: 2015/10/06

Code:150116

Category:1.1 Epidemiology

W-F-014

#### Prevalence of celiac disease in patients with functional dyspepsia

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**Introduction:** Functional dyspepsia is one of the most common functional gastrointestinal (GI) tract that gastroenterologist encountered with involved patients and result in decreased quality of life of affected individuals. On the other hand celiac disease, a chronic inflammatory enteropathy, have been reported involved up to one percent of general

was performed using descriptive statistics and logistic regression test.

**Results:** A total of 410 patients were included in the study, of whom 145 (35%) had nonalcoholic fatty liver disease. The prevalence of fatty liver in men (43%) was twice more than in women (22%). The highest prevalence rate was reported in the age group 50 to 60 years old. The severity of fatty liver disease was increased by raising blood sugar, triglycerides, and total cholesterol.

**Conclusion:** Based on the findings of this study, the prevalence of fatty liver disease in the general population of Sanandaj was equal with the highest rates reported from other countries and the prevalence was much higher than that in Asian countries. It is recommended to implement fast and effective interventions to control fatty liver disease.

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Code:150105

Category:1.1 Epidemiology

W-F-011

#### Gender dependent association between Metabolic Syndrome and Chronic Hepatitis B infection

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**Introduction:** Results of different studies on the association between metabolic syndrome (MS) and chronic hepatitis B infection (CHB) are conflicting. This study aimed to assess the association between CHB, and MS using data from a large population-based cohort study (Golestan Cohort Study) in Northern Iran, where the prevalence of CHB is the highest (7%) in the country.

**Methods:** A total of 12,781 participants including 2249 with CHB and a random subsample of 10,532 HBsAg negative individuals were studied. Logistic regression model was used to assess the association between MS and CHB with adjustment for Age, ALT, PLT, alcohol intake, smoking, exercise, and

socioeconomic status. MS was defined according to the ATP III guidelines.

**Results:** Of the 1,178 men participants with CHB, 201 (17.2%) had metabolic syndrome, which was significantly lower than those without MS (20.7%, P=0.007). This inverse association was remained significant after adjustments for confounding factors (OR (95%CI), 0.85 (0.79-0.99). Impaired FBS (OR (95%CI), 0.87 (0.75-1.00) and lower TG (OR (95%CI), 0.58 (0.49-0.68) levels were determinants of this inverse association. In contrast, infected women had higher prevalence of MS (41.4% vs 37.7% in none infected, P=0.02) which remained significant after adjustment for confounders (OR (95% CI); 1.23 (1.07-1.42), P< 0.004). This direct association was strongly related to impaired HDL (OR (95% CI); 1.35 (1.15-1.59), P= 0.001) and BP (OR (95% CI); 2.61(2.24-3.04), P< 0.001). The gender dependent association was related to BP and TG levels (P for interactions <0.001 and 0.058 respectively).

**Conclusion:** Our results indicated a significant direct association between CHB infection and MS in women, but an inverse association between the two in men. Further longitudinal studies should be done to investigate the exact impact of HBV infection on metabolic parameters and vascular pathology.

Send Date: 2015/10/05

Code:150109

Category:1.1 Epidemiology

W-F-012

#### Prevalence of HbsAg among Voluntary blood donors in khoram Abad

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**Introduction:** Blood transfusion saves millions of lives every year although it can cause some severe diseases of which hepatitis B is a major one. This study was performed to assess the prevalence of HBsAg among voluntary blood donors in Khorramabad from 2008 to 2009.

**Methods:** The study population consisted of 26167 blood donors referring to the Blood Transfusion Organization of Khorramabad, Iran, from 2008 to 2009. Enzyme linked immunosorbent assay (ELISA)

independent samples t test and one way ANOVA for quantitative variables and chi-square and Fisher's exact tests for qualitative variables.

**Results:** Among 772 participants who agreed with blood sampling, the prevalence of HCV infection was 14.2%. The significant positive associations were detected between anti-HCV antibody positivity and some risk factors include higher education levels ( $P=0.015$ ), no prison history ( $P<0.001$ ), having a job ( $P=0.005$ ), having a partner ( $P<0.001$ ) and higher age at first drug ( $P<0.001$ ).

**Conclusion:** The seroprevalence of HCV infection among drug abuser is very high in comparison with the general population of Iran. Performing the policies to prevent transmission of HCV infection among this high at risk sub-population is highly recommended.

Send Date: 2015/09/29

Code:150085

Category:1.1 Epidemiology

W-F-009

**A population based study about the prevalence of metabolic syndrome in non-alcoholic fatty liver syndrome**

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**Introduction:** Both non-alcoholic fatty liver disease (NAFLD) and metabolic syndrome (MetS) are important metabolic disorders especially in developing and developed countries. Also, it has been reported that NAFLD and MetS share common interactions. We aimed to determine the NAFLD and MetS prevalence in a large population and find the prevalence of MetS in NAFLD. Also, the other aim was to find the role of each component of MetS in NAFLD existence.

**Methods:** Data were obtained from 3415 volunteer subjects and they were subjected to a complete anthropometric and laboratory measurement and abdominal ultrasonography for existence of NAFLD and its grade. A questionnaire was also used to obtain information on demographical and medical history and alcohol consumption. MetS was defined in all

participants based on the National Cholesterol Education Program Adult Treatment Panel III (2001) (NCEP/ATP-III).

**Results:** 2980 peoples were aged  $\geq 18$  years and NAFLD was diagnosed in 32.9 and 27.4% of men and women, respectively. Among NAFLD patients, MetS was detected in 65.9 and 64.6 of men and women, respectively. There were no significant differences between two gender in none of components ( $P>0.05$ ).

**Conclusion:** Our study demonstrated that NAFLD was associated with MetS, but, from this analysis it was not possible to determine whether NAFLD predated the development of MetS.

Send Date: 2015/10/03

Code:150093

Category:1.1 Epidemiology

W-F-010

**epidemiological evaluation of non alcoholic fatty liver disease and related factors in Sanandaj city in 2013-14 : a population base study**

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**Introduction:** Nonalcoholic fatty liver disease includes a range of liver diseases which start from simple fatty liver (hepatic steatosis) and can develop to hepatocellular carcinoma. Generally, 15% to 40% of the world's populations are suffering from NAFLD. The aim of this study was to conduct an epidemiological evaluation of non alcoholic fatty liver disease and its risk factors in the city of Sanandaj.

**Methods:** This cross-sectional study was conducted from summer 2013 to summer 2014, for 12 months, in the city of Sanandaj. In this study, multistage cluster sampling method was used. Alcoholics, pregnant women, and patients with liver disease were excluded. The data about the subjects including their age, sex, body mass index, history of diabetes, hypertension, and heart disease were recorded. All the subjects underwent abdominal ultrasound; besides, patients with fatty liver underwent blood tests (cholesterol, AST, ALT, Alk.P, FBS, TG, Total HDL, LDL, HCVAb, HB<sub>S</sub>Ag). Statistical analysis

CI,1.2-3.4;  $p=0.002$ ) and 25 (27.7%) of who with only MetS (OR,2 ; 95% CI,1.2-3.4;  $p=0.007$ ) had CIMT>0.8 mm. Atherosclerotic plaque of carotid was detected in 9(11.8%) of patients with NAFLD and MetS (OR,1 ; 95% CI,0.8-3.8;  $p=0.1$ ), in 11(11%) of only NAFLD cases (OR,2.3 ; 95% CI,1.1-4.9;  $p=0.02$ ) and in 13(14.4%) of who with only MetS(OR,3.2 ; 95% CI,1.6-6.7;  $p=0.001$ ).

**Conclusion:**NAFLD and MetS have the same association with CIMT>0.8 mm. However, patients with only MetS has 1.4 times more susceptibility to atherosclerotic plaque of carotid compared to who with only NAFLD.

Send Date: 2015/08/30

Code:150046

Category:1.1 Epidemiology

W-F-007

#### **Mortality trends of gastrointestinal and liver disease in iran:A population base study**

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**Introduction:** Gastrointestinal and liver disease compose the major cause of mortality in the world.the incidence of Gastrointestinal (GI) disease is increasing in the most part of the world such as Iran.The aim of this study was to evaluate the mortality rates and trends from Gastrointestinal disease in Iranian population.

**Methods:**From April 2014 to March 2015 by reffer to all hospitals in Kerman city ,we study all documents of patient that expired .patients divided in 4 groups according to cause of death:group 1 gastrointestinal disease ,group 2 hepato-biliary disease.group 3 GI malignancies and group 4 other causes .demographic characteristics of patients was collected.

**Results:** During 2014 ,269 death(56.9% male) was happened in Kerman city hospital secondary to gastrointestinal and hepato- biliary disease.65.4% of them were between 60 to 80 years old.

gastrointestinal . hepato-biliary and cancers compose 111(41.3%),73(27.1%)and 85(31.6%) of causes of GI mortality ,respectively. Cirrhosis majority due to chronic hepatitis B infection.bowel obstruction in colorectal malignancy and gastric cancer was the most cause of mortality in each group. The last condition lead to death was septic shock,hypovolemic shock,ARDS ,multiple organ failure,DIC and hepatic encephalopathy ,respectively.

**Conclusion:**Hepatitis B infection and colorectal malignancy are composed the most causes of mortality in Iran.because these two disease are potentially curable.the attention of GI health system was pointed to prophylaxis, early detection and appropriate treatment of these two disease.

Send Date: 2015/09/06

Code:150062

Category:1.1 Epidemiology

W-F-008

#### **Evaluation of hepatitis C infection in the drug abused participants referred to Shiraz drug rehabilitation centers:**

##### **A sero-epidemiologic evaluation**

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**Introduction:**Drug abuser is one of the most at risk population for HCV transmission worldwide.

The aims of this study were to measure the sero-prevalence of HCV and compare some related risk factors in participants who referred to drug rehabilitation centers affiliated to Shiraz University of Medical Sciences, Shiraz, Iran.

**Methods:** Blood samples and interviews contain questions about age, gender, education level, house status, jobs, history of imprisonment and psychiatry problems, age at first drug and first IV drug use, safe and unsafe sexual activity and time and duration of IV drug use in the past 30 days were obtained from 1043 participants in rehabilitation centers.

The sera were tested for anti-HCV antibody using enzyme immunoassay. The data were analyzed using



helicobacter pylori between two groups (OR 1.44; 95% CI 0.6474, 3.204;  $p=0.3687$ ; Chi Square test). There was not also any significant relationship in prevalence of helicobacter pylori after matching of age in two groups (OR 0.7;  $p=0.38$ ; Regression analysis).

**Conclusion:** We suggest that there is no correlation between the existence of helicobacter pylori infection and esophageal candidiasis. Based on our result detection of helicobacter pylori infection may be useless in patients with esophageal candidiasis. More well designed studies can clarify this possible correlation.

Send Date: 2015/08/23

Code:150027

Category:1.1 Epidemiology

W-F-005

#### Temporal trend of Incidence of Colorectal Cancer in central Iran, 2000-2011

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**Introduction:** Despite of availability of accurate cancer data provided by Isfahan Cancer Registry, trend of incidence of CRC in Isfahan was not investigated for 2000-2011. Therefore, present study designed to analysis the time trends of the incidence of colorectal cancer in central Iran, Isfahan during 2000-2011.

**Methods:** The data from Isfahan cancer registry was retrieved for 2000-2011. The age standardized incidence rates (ASRs) and truncated ASRs at 25 years and their 95% Poisson confidence intervals (95% CI) were estimated by using the 2000 world standard population for both genders. Temporal trends were analyzed by joinpoint regression software version 4.1.1(NCI, USA). The annual mean and median of age of CRC cases were estimated for males

and females.

**Results:** A total of 2902, Colorectal Cancer (CRC) cases had been registered by IPBCR during 2000 to 2011. Among these, 1654 cases were males and 1248 were females. The ASRs (95% CI) of CRC estimated 11.56 (11.53, 11.60) and 8.92 (8.89, 8.95) per 100000 persons for males and females, respectively. The Average Annual Percent Change was estimated as 11 percent for 2000-2011.

**Conclusion:** The temporal trends of incidence of CRC were rising for males and females in central Iran, Isfahan during 2000-2011. The mean and median of age of CRC cases at diagnosis were stable for the past decade in this era.

Send Date: 2015/08/25

Code:150032

Category:1.1 Epidemiology

W-F-006

#### Non Alcoholic Fatty Liver Disease and Metabolic Syndrome as Predictors of Common Carotid Intima-Media Thickness and Carotid Plaque: A comparative analysis study

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**Introduction:** Metabolic syndrome (MetS) and Non-alcoholic fatty liver disease (NAFLD) both have features that correlate them to atherosclerosis and cardiovascular disease. On the other hand MetS and NAFLD are associated with each other. However, not all cases of NAFLD have MetS and vice versa. This study was aimed to compare the association of these two entities with Common Carotid Intima-Media Thickness (CIMT) and presence of Carotid Plaque.

**Methods:** In a population-based study in Shiraz, Iran, asymptomatic adult inhabitants aged more than 20 years were selected through cluster random sampling and were screened for the presence of MetS, NAFLD, CIMT through fulfillment of clinical and para-clinical tests; including abdominal and cervical ultrasonography. Data were analyzed in SPSS.

**Results:** Out of 820 participants, 76 (9.2%) had both NAFLD and MetS, 100 (12.1%) had only NAFLD and 90 (10.9%) had only MetS. 21 (27.6%) of who had both diseases (OR, 1.5 ; 95% CI, 0.9-2.7;  $p=0.1$ ), 30 (30%) of who had only NAFLD (OR, 2.1; 95%

ارایه می شود.

**نتیجه گیری:** نظام ثبت و پایش بیماریها که از آن به عنوان نظام سورویلانسی یاد می شود هم اکنون به عنوان راهکاری اساسی و برتر برای پیش و کنترل بیماریهای واگیر و غیر واگیر معرفی شده است. دستیابی روزآمد به داده های مرتبط با اپیدمیولوژی بیماری ها و برآورد شاخص ها و مولفه های موثر بر بار بیماری ها بر نظام سلامت داده های لازم برای تصمیم سازی این حوزه در اولویت بندی و مدیریت بیماریها را برای متولیان نظام سلامت فراهم می سازد.

Send Date: 2015/10/09

Code:150011

Category:1.1 Epidemiology

W-F-003

**An analysis of cystic echinococcosis surgeries in patients referred to Imam Khomeini hospital in Ilam province, Iran. (1999-2012)**

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**Introduction:** Cystic echinococcosis (CE) is a neglected zoonotic disease caused by the larval stage of a tapeworm named Echinococcus Granulosus.

Humans can accidentally get infected by ingesting the eggs of the tapeworm through consuming contaminated food or water or from direct fecal contact of infected dogs. Although CE have been found all around the world, generally high infection rates are seen where domestic livestock is raised in association with dogs. The aim of this study is to highlight the prevalence of cystic echinococcosis surgical cases in Ilam district, west of Iran during a 13 year period (1999 to 2012).

**Methods:** All patients who had went under CE surgery in Imam Khomeini hospital of Ilam (as a referral center), were enrolled as participants in the study. Epidemiological and clinical data were collected for each patient.

**Results:** During the period of study, A total of 51 patients were operated for hydatidosis. The average age of patients was  $17.24 \pm 40.29$  years (range: 12-76 years) with the most of them being 20-30 year olds (18.7% of the cases). The infection rate was higher in females (33, 64.7%) than males (18, 35.3%). The liver was the most frequently infected organ (92.2%). 49 (96%) of patients had a single organ CE cyst while

four percent showed multi-organ involvement. The average hospitalization time was 5 days.

The majority (51%) of all cases were from urban residents.

**Conclusion:** The relatively high frequency of cystic echinococcosis in the studied region was largely due to the natural transmission of the parasite resulted from the lack of control and prevention strategies. The public health authorities should promote public knowledge regarding prevention and control methods of disease through mass media such as brochures and radio programs.

Send Date: 2015/08/19

Code:150019

Category:1.1 Epidemiology

W-F-004

**Esophageal candidiasis and helicobacter pylori infection**

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**Introduction:** There is few published data about the correlation of helicobacter pylori infection and esophageal candidiasis. This study was designed to investigate the prevalence of helicobacter pylori infection in patients with and without esophageal candidiasis.

**Methods:** Endoscopic and histologic documentation of consecutive dyspeptic patients were evaluated for detection of prevalence of helicobacter pylori infection in patient with and without esophageal candidiasis. Esophageal candidiasis was diagnosed based on classic findings of esophageal white plaques (thrush). Helicobacter pylori infection was diagnosed based on staining with haematoxylin and eosin stain on samples of antral biopsy of stomach.

**Results:** 28 (16 female and 12 male) patients with esophageal candidiasis and 1996 (1295 female and 701 male) patients without esophageal candidiasis were conducted in this study. The mean age (SD) of patients with and without esophageal candidiasis was 55.57 (16.79) and 42.65 (17.12) years old, respectively. Helicobacter pylori infection was detected in 19 (67.9%) and 1502 (75.25%) of patients with and without esophageal candidiasis, respectively. There was not any significant relationship in prevalence of

Code: 150108

Category: ۱۰۱ اپیدمیولوژی

W-F-001

بررسی فراوانی علل شیوع خونریزی گوارشی فوقانی

در بیماران مراجعه کننده به بیمارستان امام رضا (ع)

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علوم پزشکی مشهد

**زمینه و هدف:** خونریزی های دستگاه گوارش فوقانی از مشکلات شایع پزشکی است. که بیشتر بصورت هماتمز، ملنا، هماتوئیزی و دردای گاستربروز پیدا می کند. با توجه به اهمیت مساله و الگوی متفاوت آن در جوامع مختلف و همچنین نبود مطالعه ای مشابه در شمال شرق ایران، بررسی حاضر به منظور تعیین علل خونریزی در دستگاه گوارش فوقانی بروی بیماران مراجعه کننده به بیمارستان امام رضای باشد.

**روش بررسی:** این مطالعه به روش توصیفی مقطعی و گذشته نگر بر روی ۱۳۵ پرونده ی اندوسکوپی بیمارانی که طی سال های ۹۱-۹۲ در بیمارستان امام رضا مشهد که بدلیل خونریزی حاد دستگاه گوارش فوقانی تحت اندوسکوپی قرار گرفتند، صورت گرفت. از بین ۱۳۵ بیمار ۸۷ مورد (۶۴/۴٪) مرد و ۴۴ مورد (۳۲/۶٪) زن بودند. متوسط سنی بیماران ۴۳/۱۹±۵۹/۹۱ بود. بیماران با تابلوی بالینی بیماران ملنا ۵۲ نفر (۲۸/۵٪) و هماتمز ۴۲ نفر (۳۱/۱٪) و هر دو ۳۵ نفر (۲۵/۹٪) مراجعه کردند. یافته های اندوسکوپی در بین بیماران به ترتیب شیوع اولسر معده ۴۲ نفر (۳۱/۱٪)، اولسر دودنوم ۳۷ نفر (۲۷/۴٪)، واریس مری ۲۱ نفر (۱۵/۶٪)، نرمال ۱۷ نفر (۱۲/۶٪)، گاستریت اریزیو ۱۱ نفر (۸/۱٪)، واریس فوندوس ۹ نفر (۶/۷٪)، دئودنیت اریزیو ۷ نفر (۵/۲٪)، ازوفاژیت ۶ نفر (۴/۴٪)، پورتال گاستروپاتی ۵ نفر (۳/۷٪) بود. ۳۶ نفر (۲۶/۷٪) NSAID 8 نفر (۵/۹٪) وارفارین، ۸ نفر (۵/۹٪) از بیماران کلوییدوگرل مصرف می کردند. و همچنین ۹۹ نفر (۷۳/۳٪) هموگلوبین بالای ۷ و ۸ نفر (۱۳/۳٪) هموگلوبین پایین ۷ را بدو ورود ذکر می کردند. و با توجه به آنالیز داده ها رابطه ی معناداری بین افزایش سن با اولسر معده و خون ریزی فعال NG tube (به ترتیب P=0.002، P=0.42) مشاهده شد.

**یافته ها:** نتایج این بررسی نشان داد که شایع ترین یافته ی اندوسکوپی اولسر های پپتیک بودند که مشابه سایر مقالات بود. نزدیک یک چهارم بیماران مصرف NSAID داشتند. و با افزایش سن شانس خونریزی و میزان افت هموگلوبین افزایش میابد، بنابراین می توان سن را بعنوان یک ریسک فاکتور مهم در خون ریزی های فوقانی دستگاه گوارش در شمال شرق مشهد

دانست.

**نتیجه گیری:** نتایج این بررسی نشان داد که شایع ترین یافته ی اندوسکوپی اولسر های پپتیک بودند که مشابه سایر مقالات بود. اکثر بیماران در حین ورود هموگلوبین زیر ۷ داشتند که می تواند به علت کاهش پلازما و خون در بدو ورود باشد. و با افزایش سن شانس خونریزی افزایش میابد که نسبت به مقالات مشابه آن روند رو بهبود است.

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W-F-002

طراحی و راه اندازی نظام ثبت و پایش بیماریهای التهابی روده و بررسی

اپیدمیولوژیک آن - اصفهان ۱۳۹۴

بابک تمیزی فر<sup>۱</sup>، پیمان ادیبی<sup>۱</sup>، حامد دقاق زاده<sup>۱</sup>، حمید توکلی<sup>۱</sup>،عبدالمهدی بقایی<sup>۲</sup>، محمد حسن امامی<sup>۳\*</sup><sup>۱</sup>علوم پزشکی اصفهان

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**زمینه و هدف:** اطلاعات اولیه در مورد پراکندگی و بار بیماریها سنگ بنای تصمیم سازی در حوزه ی سلامت و تدوین پژوهشهای مبتنی بر رفع نیاز جامعه می باشد. طراحی و راه اندازی نظام ثبت بیماریها اولین و تنها راه دستیابی به مقدمات این مهم است. در این مطالعه برآنیم تا در یک پژوهش عملیاتی نسبت به راه اندازی نظام ثبت الکترونیکی و پایش مستمر بیماریهای التهابی روده به عنوان یکی از بیماریهای رو به افزایش و آزار رسان به وضعیت سلامت عمومی جامعه اقدام نماییم.

**روش بررسی:** مطالعه از دسته ی پژوهشهای عملیاتی (action Research) می باشد. مطالعه در سه فاز طراحی شده است. فاز اول: طراحی در این فاز ضمن تشکیل کمیته ی راهبردی نسبت به نهایی سازی و بومی کردن فرم های ثبت و پایش بیماری هدف اقدام می شود. تنظیم نحوه ی پیگیری و تواتر تکمیل داده ها در قالب مدل پلکانی و قدم به قدم (stepwise approach for surveillance) در این مرحله انجام می شود. فاز دوم: اجرای این مرحله براساس مدل طراحی شده و بر اساس برنامه ی عملیاتی نسبت به تکمیل و اجرای فرآیندها اقدام می شود. فاز سوم: ارزشیابی ارزشیابی برنامه در قالب ارزشیابی فرآیند (process evaluation) و ارزشیابی پیامد (outcome evaluation) اجرا می شود.

**یافته ها:** ارایه ی مدل بومی سازی شده برای ثبت و پایش بیماریهای التهابی روده شامل نظام ثبت و پایش - تواتر مونیتورینگ - ابزار جمع آوری داده و نحوه ی انجام آن بر اساس مدل stepwise و همچنین مستندات مربوط به ارزشیابی فرآیندها - فراوری و کنترل کیفیت داده ها (and quality control Data process) در قالب مجموعه ی سورویلانس بیماریهای التهابی روده

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Sponsor Societies



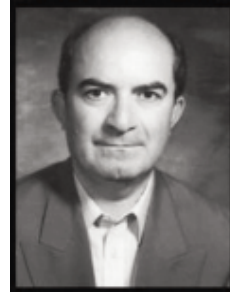
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*In The name of God*

Abstract Submitted for  
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*November 24-27, 2015*

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