In The name of God

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Contents

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Code: 150178
W-101

Evaluation of the expression level of Toll-like receptors 3and 9 (TLR3 and TLR9) and RIG-like receptor (RIG1) in intestinal mucosal biopsies from patients with Irritable BowelSyndrome (IBS)

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Introduction: Irritable bowel syndrome (IBS) is considered to be a functional gastrointestinal disorder characterized bychronic abdominal symptoms including pain or discomfort and altered bowel habit (constipation and/or diarrhea), in the absence of structural or biochemical abnormalities that can be identified after a standard diagnostic work-up.The underlying pathophysiologic mechanisms remain to be elucidated.But the findings suggest that activation of the innate immune system may play an important role in the pathophysiology of IBS. The this study, we examined viral sensors innate immune system TLR3, TLR9 and RIG1 in intestinal mucosal biopsies from patients with IBS Respectively as sensor detector dsRNA, CpG DNA and ssRNA virusesto possibly find a correlation between viral infection and IBS.

Methods: In a case/control study, 36 samples of IBS and 30 samples of control samples were obtained. Certain viral sensors were monitored using IHC assays. The obtained data were statistically analyzes using Mann Whitney u, chi square methods. Data were analyzed using SPSS 19.

Results: The differences in TLR3, TLR9 and RIG1 expression levels between IBS and control samples were statistically significant (P value=0.000).

Conclusion: results of this study elucidated the increased expression of TLR3, TLR9 and RIG1 in IBS samples comparing control ones. We concluded that IBS may be related with dsRNA, ssRNA and Cp-GDNA virus infections. To determine the exact nature ofthese probable viruses need to research and further studies.

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Code: 20160036
W-102

Survey of Incidence of Irritable Bowel Syndrome among the Students of the Faculty of Medical Sciences

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Introduction: Irritable bowel syndrome (IBS) is one of the most common gut functional diseases,affecting10–20% of people worldwide. Although most patients do not seek medical help, the disease accounts for huge costs for both patients and health-care systems and worsens significantly patients' quality of life. As studying at university, particularly in different fields of medical sciences, is accompanied with a greater level of stress, the purpose of the present study is to investigate the incidence of Irritable Bowel Syndrome (IBS), which is closely associated with mental factors, among students of medical sciences.

Methods: The population of the present study included 730 students studying medicine, nursing, midwifery and laboratory science, who were assessed on a field basis by means of a special questionnaire and based on the Rome III criteria. At the same time, likely factors involved in the emergence of the symptoms of the disease such as simultaneity with monthly menses, field of study, distance from permanent place of residence, and the students' number of years of studies, were also assessed.

Results: The findings showed that the greater the distance between the students' main place of residence and their place of study, the more their susceptibility to IBS (P = 0.000).There was a similar relationship concerning the students' years of studies, i.e. newly admitted students were prone to IBS to a greater extent(P > 0.001).

Conclusion: The percentage of incidence of IBS in students of medical sciences is nearly twice as high as in the general population. All these findings might be indicative of the existence of a stressful condition which is a significant factor contributing to either the emergence or continuation of the symptoms of the disease. As a result, the knowledge of such relationships and the existence of a difficult condition in the fields of medical sciences call for a greater attention to be paid to modifying and reforming medical education.
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Code: 20160037
W-103

Comparison the effects of doxepin, nortriptyline and placebo on diarrhea–predominant irritable bowel syndrome: a triple–blind, randomized, placebo–controlled trial

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Introduction: Irritable bowel syndrome is important because of its high prevalence, substantial morbidity, and enormous costs. Several trials have demonstrated benefits of tricyclic antidepressants for irritable bowel syndrome, especially when pain is a prominent symptom but the efficacy of antidepressants in irritable bowel syndrome is controversial. The aim of this study was to compare the effects of doxepin, nortriptyline and placebo on diarrhea–predominant irritable bowel syndrome.

Methods: Seventy–five patients with IBS according to Rome III criteria were treated for 2 months. The patients were randomly assigned to one of three groups treated with doxepin, nortriptyline or placebo. ubjects were assessed clinically one month and two months after treatment. The symptoms and adverse effects of the drugs were recorded in the questionnaire.

Results: Improvement in abdominal pain and bloating in doxepin group was significantly higher than nortriptyline and placebo groups (p=0.001 and p=0.012 respectively). Improvement in diarrhea in nortriptyline group was significantly higher than other groups (p=0.018). The mean of improvement degree of the patients after 2 months of treatment in doxepin group, nortriptyline group and placebo group were 2.56, 2 and 0.6, respectively(p<0.05).

Conclusion: Doxepin or nortriptyline is effective for treatment of diarrhea–predominant irritable bowel syndrome in a period of two months. Doxepin is more effective than nortriptyline for treatment of diarrhea–predominant irritable bowel syndrome.
Send Date: 2016/10/04

Code: 150176
W-104

Somatic Complaints Are Significantly Associated with Chronic Uninvestigated Dyspepsia and Its Symptoms: A Large Cross–sectional Population Based Study

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Introduction: Somatization may influence persistence and severity of symptoms in gastrointestinal diseases. Some studies suggest that somatization is associated with chronic uninvestigated dyspepsia (CUD); however, the association is unclear. We aimed to determine the association between the profiles of somatic complaints with CUD and its symptoms.

Methods: In a cross-sectional study conducted on 4763 Iranian adults, somatic complaints were assessed using a comprehensive 31-items questionnaire. Patients with CUD were identified by the Rome III diagnostic criteria. Profiles of somatic complaints were derived from factor analysis. Logistic regression analysis was used to assess the relationship between extracted profiles with CUD and its symptoms.

Results: CUD, bothersome postprandial fullness, early satiation, and epigastric pain or burning was identified in 723 (15.2%), 384 (8.1%), 302 (6.3% and 371 (7.8%) of the study population. The frequency of all 31 somatic complaints were significantly higher in CUD patients compared with controls (P < 0.0001), and the most frequent was severe fatigue (45.1%). The profiles of somatic complaints were extracted in 4 domains, including

Conclusion: CUD and its symptoms are strongly associated with higher levels of somatic complaints and their related extracted profiles. This perhaps explains that why it can be difficult to treat, however further prospective investigations are required to confirm these associations.

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Code: 20160043
W-105

Serum immune biomarkers in irritable bowel syndrome

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Introduction: Irritable bowel syndrome (IBS) is the most prevalent functional gastrointestinal (GI) disorder, which presents with abdominal pain and changes in the bowel habits. Although the exact cause of IBS remains uncertain, some studies have shown that the inflammation and cytokine imbalance may act as potential etiological factors. The aim of our study is to compare the serum levels of interleukin 6 (IL-6), interleukin 8 (IL-8), and tumor necrosis factor-alpha (TNF-α) in patients with IBS with the healthy controls. The other aim of this study is to evaluate possible association between above-mentioned cytokines and IBS subtypes.

Methods: Seventy-four IBS patients diagnosed based on Rome III criteria and 75 gender and age-matched healthy controls were included in this study. Cytokines were measured in the serum using enzyme-linked immunosorbent assays (ELISA).

Results: Patients were classified into groups of IBS with diarrhea (IBS-D): 34, IBS with constipation (IBS-C): 29, and IBS with mixed symptoms (IBS-M): 11. The serum levels of IL-6, IL-8 and TNF-α were significantly higher in patients with IBS as compared to controls (P<0.001). There was no difference in serum levels of cytokines based on IBS subtypes.

Conclusion: Higher serum level of IL-6, IL-8 and TNF-α in IBS suggests an important role of cytokines as immune mediators in the pathogenesis of this functional GI disorder. To understand any association between cytokines and IBS subtypes, further investigations with larger sample sizes are desired.

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Code: 20160069
W-106

effectiveness of mind-fulness based-stress reduction on gasterointestinal disease signs

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Introduction: The aim of the present study was to

examine the effectiveness of mindfulness-based stress reduction training on gastrointestinal symptoms reduction of patients with gastrointestinal disorders.

Methods: The study design was quasi-experimental with pretest-posttest by using control group. The sample of the study consisted of 30 patients with gastrointestinal disorders (Irritable Bowel Syndrome, peptic ulcer, and duodenal ulcer) based on diagnostic criteria (ROMEIII) which were selected by purposive sampling method among patients referred to internal experts and admitted to Abbasi Hospital of Miandoab in 2016. The patients were randomly divided into two groups of experimental and control. After performing the pretest by using Gastrointestinal Symptom Rating Scale (GSRS), the experimental group received mindfulness-based stress reduction intervention during the eight sessions of one and a half hours, while the control group received no psychological intervention; and after the end of the sessions, the posttest was performed for both groups by using the same tools. The collected data were analyzed by covariance (ANCOVA) analysis and SPSS-18 software.

Results: The results indicated that the mean scores of negative emotions and gastrointestinal symptoms rates of experimental group significantly reduced after receiving the mindfulness-based stress reduction intervention (P<0/05).

Conclusion: The findings showed that the mindfulness-based stress reduction intervention is effective and useful as supplement in addition for patients with gastrointestinal disorders (Irritable Bowel Syndrome, gastric ulcer, and duodenal ulcer).
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Code: 20160045
W-107
The Prevalence of Functional Gastrointestinal Diseases among Hookah Users in Zahedan, Southeast of Iran

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Introduction: Functional gastrointestinal diseases (FGIDs) are most important issue in populations that are increasing yearly especially young adults. This study was aimed to evaluate the Prevalence of FGIDs among hookah user in Zahedan, Southeast of Iran

Methods: This cross-sectional study carried out on 600 hookah users of Zahedan city in 2015.The map of the Zahedan was divided to 5 districts (north, south, east, west and center). Then a start point selected randomly and all persons of the first hookah place were studied. Then with referring to next nearest hookah place, all persons in it were studied too. The sampling continued until all needed questionnaire filled in each districts. The data was collected using questionnaire and interview.

Results: The mean age of the starting for hookah using among male and female was 17.1±6.13 and 21.2±5.6, respectively. About 49.3% of subjects have reported different types of FGIDs. The prevalence of symptoms including peptic ulcer, constipation, irritable bowel syndrome (IBS), hemorrhoids, abdominal pain and heartburn were 3.9%, 6.1%, 16.1%, 3.1%,41% and 30.2%, respectively. About 44.9%, 17.1%, 3.9% and 2.5% of the subjects complained of distension or bloating, nausea, vomiting and diarrhea after hookah, respectively. The odds of having FGIDs (of all types) was related to daily hookah using pattern (OR= 3.3, P=0.01), being married (OR= 3.2, P=0.01), live in dormitory (OR= 2.7, P=0.05), male sex (OR= 3.1, P=0.045) and jobless (OR= 4.3, P=0.03).

Conclusion: The prevalence of FGIDs among hookah users is much more than general population and likelihood of some of these disorders arise after hoo-

kah using. Have a good plan according to related factors in this study could be helpful in decreasing the frequency of FGIDs. On the other hand, changes in pattern of hookah using among young adults and informing them regarding its gastrointestinal complications could be effective manner to decrease the hookah using and finally FGIDs.

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Code: 150166
W-108

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بررسی فراوانی بیماری ریفلاکس معده به مری و ارتباط آن با استرس شغلی در پرستاران

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زمینه و هدف: در محیط های کاری حرفه پرستاری، سطح استرس شغلی بالاست؛ به تبع آن بیماری های ناشی از استرس افزایش می یابد. پژوهش حاضر با هدف بررسی فراوانی بیماری ریفلاکس معده به مری (GERD) و ارتباط آن با استرس شغلی در پرستاران بیمارستان های استان لرستان انجام شد.

روش بررسی: در این مطالعه توصیفی کلیه پرستاران بیمارستان های استان لرستان در سال ۱۳۹۵ مورد بررسی قرار گرفتند که با استفاده از شیوه نمونه گیری تصادفی ساده، متناسب با حجم جامعه انتخاب شدند. در این مطالعه از پرسشنامه پژوهشگر ساخته بر مبنای علایم (سوزش سردل، برگشت غذا، ترش کردن، ...)برای تشخیص بیماری ریفلاکس و برای برآورد میزان استرس شغلی از مقیاس استرس شغلی پرستاری(NSS) تافت گری و اندرسون استفاده شد. برای تحلیل داده ها از آمار توصیفی و آزمون ضریب همبستگی اسپیرمن استفاده شد.

یافته ها: در این مطالعه ۴۵۵ پرستار از ۸ شهرستان و ۱۵ بیمارستان استان لرستان مورد مطالعه قرار گرفتند که از این تعداد ۷۹/۸٪ افراد زن بودند و میانگین سنی شرکت کنندگان ۶±۲۹ سال بود. فراوانی GERD ۲۵/۹ ٪ (۱۱۸ نفر) به دست آمد. یافته ها نشان داد تنها نوع

استخدام(رسمی، پیمانی، طرحی،...) با ابتلا به GERD ارتباط معنادار دارد؛ به طوریکه فراوانی ریفلاکس در پرستاران طرحی بیشتر از سایر افراد بود(p=۰٬۰۲). میانگین نمره استرس در کلیه پرستاران مورد مطالعه ۴۶ ±۱۹ و در مبتلایان به GERD ۴۸/۳۹±۲۰/۱۲ بود. بین ابتلا به GERD و نمره و شدت استرس شغلی ارتباط معنادار مشاهده نشد (p>۰٬۰۵)

نتیجه گیری: با توجه به شیوع بالای ریفلاکس معده به مری در پرستاران در این مطالعه، توصیه می شود برای پیشگیری و درمان این بیماری اقدامات لازم انجام شود و هم چنین در راستای کاهش میزان استرس شغلی در پرستاران، ارائه راهکارهای حمایتی و مدیریتی ضروری است.

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Code: 20160050
W-109

ساخت دستگاه اختراعی جدید با عنوان ماساژور شکمی درمان کننده یبوست (کمربند رفع یبوست)

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زمینه و هدف: یبوست یکی از شکایات شایع بیماران در مراجعات کلینیکی است که بر روی ۲٪ تا ۲۵٪ از جمعیت تاثیر می گذارد. تا کنون روش های درمانی متنوعی برای برطرف نمودن این مشکل پیشنهاد شده است. از میان روش های غیر دارویی، ماساژ شکمی درمان موثری است که تاثیر بالای آن علاوه بر طب سنتی، در مطالعات متعدد نیز تایید شده است. ولی روش سنتی ماساژ شکمی به دلیل نیاز به حضور نیروی متخصص آشنا به تکنیک ماساژ، و دشواری ها و هزینه های متعاقب، اغلب زیاد مورد استقبال بیماران قرار نمی گیرد. از سوی دیگر تا کنون هیچ دستگاهی در جهان نتوانسته به صورت اختصاصی، بر مبنای تکنیک صحیح و با توجه به شرایط آناتومیک و فیزیولوژیک دستگاه گوارش، و بدون عارضه جانبی، برای رفع مشکل یبوست ساخته و ارائه گردد. لذا دستگاه «ماساژور شکمی درمان کننده یبوست (کمربند رفع یبوست)» با هدف رفع مشکل مذکور طراحی و ساخته شد.

روش بررسی: دستگاه مذکور برخلاف ماساژور های موجود، به جای حرکات ساده، با به کارگیری و کنترل امواج مکانیکی چرخشی جهت دار، تکنیک صحیح ماساژ شکمی را با توجه به آناتومی و فیزیولوژی گوارش، در جهت حرکات روده پیاده می کند، تا با تلفیق طب سنتی و نوین مشکلات یبوستی را مرتفع نماید.

</div>

یافته ها: این دستگاه برای برطرف نمودن اکثر موارد یبوست و سایر علائم همراه مثل نفخ، دلپیچه، درد کرامپی شکم و... (با علل مختلف) بدون داشتن عارضه، ایجاد شده است. این دستگاه قابل شارژ، کم مصرف، سبک، پرتابل، مقرون به صرفه و با طول عمر زیاد بوده و در آن امکان تنظیم ریتم و قدرت وجود دارد.

نتیجه گیری: از روش ماساژ شکمی با دستگاه «کمربند رفع یبوست» می توان جهت بهبود بدون عارضه بسیاری از بیماران دچار یبوست و نفخ شکم و متعاقبا کاهش سرانه مصرف داروها و عوارض آنها استفاده نمود.
Send Date: 2016/10/05

Code: 20160170
W-110

Opium - An unusual cause of lead poisoning: A case series

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Introduction: Acute abdominal pain has a wide range of differential diagnoses; some life-threatening and requiring emergency surgery. An uncommon cause of recurrent, severe abdominal pain may be lead poisoning.

Methods: We hereby describe 15 patients recurrently hospitalized in our emergency department. They all presented with complains of acute, severe abdominal pain due to lead contaminated opium. All patients were then followed for up to 6 months. Demographic, clinical and laboratory data, duration of addiction and levels of lead were collected for all patients.

Results: All patients were male, with the mean age of 50 ± 11.54. They all had a history of oral consumption of opium on a daily basis. Half of the patients had a history of several hospitalizations. One also had a history of a negative laparotomy. One patient suffered from paraparesis, in addition to decreased deep tendon reflexes. Laboratory data of all patients revealed a microcytic hypochromic anemia (mean hemoglobin? 9.88±1.78 g/dL and basophilic stippling of the erythrocytes. Several tiny metallic densities were visualized in colon in the obtained plain abdominal radiographs that were confirmed in CT scan. Mean blood lead level was 92.73±46.56 fL. All patients were referred to psychiatrist for quitting opium. For 4 of them chelator with succimer was started and one of them expired during hospital stay with diagnosis of sepsis.

Conclusion: Our case series highlights the underdiagnosed possibility of lead poisoning among opium users that presented with acute abdominal pain with an unknown cause.
Send Date: 2016/10/17

Code: 150157
W-111

The prevalence of Celiac disease in patients with Irritable Bowel Syndrome referred to a gastrointestinal clinic

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Introduction: Many patients diagnosed with Irritable Bowel Syndrome (IBS) may have undiagnosed celiac disease (CD). CD diagnosis is important because

early diagnosis can prevent serious complications. The purpose of this study is to determine the prevalence of CD in patients with IBS referred to a gastrointestinal (GI) clinic.

Methods: This descriptive cross-sectional study was conducted on 369 patients with IBS diagnosed based on Rome III criteria by a gastroenterologist. Cases was selected from patients that referred to GI clinic of Shohada-y-Ashayer hospital in khorram abd from june 2015 till march 2016. 31 patients were excluded from the study. Serological tests were performed on the samples. In the seropositive cases, upper GI endoscopy and duodenal biopsy was carried out to confirm the diagnosis of CD. Data were analyzed using descriptive statistics (mean, standard deviation, and frequency), T-test and chi-square test through SPSS software version 22. The level of significance was considered less than .05.

Results: Among 338 patients who completed the study, 25 patients (7.4%) were seropositive, and CD was confirmed in 22 patients (6.5%) according to the Marsh criteria of duodenal biopsy. Marsh I in 7 cases, Marsh II in 4 cases, Marsh IIIa in 3 cases, Marsh IIIb in 3 cases and Marsh IIIc in 5 cases were reported. The mean age for the CD patients was 31±12 years and most of them (72.7%) were female. The most prevalent clinical presentation of CD patients was diarrhea (77.3%).

Conclusion: Considering the high prevalence of CD (6.5%) in the patients with IBS, and the overlap of the two diseases as well as the importance of timely diagnosis of CD, it suggested to be performed the high-sensitivity serological tests for screening of CD in this group.
Send Date: 2016/07/31

Code: 20160077
W-112

The chemokine CCL28 is elevated in the serum of Patients with celiac disease and is decreased after treatment

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Introduction: Celiac Disease (CD) is one of the most prevalent chronic immune disease which is triggered by digestion of gluten in genetic susceptibility individuals. Accumulating evidence show that many inflammatory cytokines are involved in pathophysiology of CD. CCL28 known as mucosa associate epithelial chemokine (MEC) is produced by mucosa and chemoattracts IgA-producing B cells in the mucosa. However, the possible role of this chemokine has not yet been elucidated.

Methods: CCL28 levels and anti-tTTG (IgA) were detected in the serum of 34 new cases of CD, 30 cases of treated patents and 70 normal individuals by Elisa. Moreover, the effect of gluten on intestinal cells, CaCo-2, was examined by RT-PCR.

Results: Our data show that (i) the levels of CCL28 is significantly higher in patents with CD than normal individuals, (ii) CCL28 levels is reduced in patients with CD who had gluten-free diets. Accordingly, we observed that CCL28 expression is upregulated in a dose-dependent manner when the CaCo-2 cells were cultured in the presence of gluten.

Conclusion: Gluten enhances CCL28 expression and that CCL could be a novel biomarker for diagnosis and following up the patients with CD. However, further investigation in a larger number of patients is required.
Send Date: 2016/10/06

Code: 150165
W-113

Evaluation of celiac disease prevalence among patients suffering from refractory hypothyroidism

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Introduction: The association of Celiac disease with refractory hypothyroidism is a known but less common condition. Aim of this study was to evaluate celiac disease prevalence among patients suffering from refractory hypothyroidism and to compare accuracy of different diagnostic procedures of celiac disease in these patients.

Methods: During a 6 months period, Twenty four patients with refractory hypothyroidism were included from endocrinology outpatient clinics of Ahvaz Jundishapur University. For all of the participants, the serological profile of celiac disease including Anti TTG, Anti EMA and total IgA were determined and then they referred to perform an upper endoscopy and random biopsy of 1st and second part of duodenum performed.

Results: The average duration of hypothyroidism in participants was 7 months and 75% (18 cases) were female. Mean age of males and females, was 31.3 ± 17 and 34.3 ± 8.5 years, respectively (age range 17 to53). Their average daily dosage of levothyroxine was 285.1 ± 89.9 mcg. The most common co-diseases were anemia (81.8%) and diarrhea (25%). The most common serologic findings in these patients were positive anti-TTG (25%) and anti-EMA (16.6%). The most common findings of upper endoscopy were normal (36.4%), gastritis (25%), duodenal fissuring (8.3%), duodenal atrophy (8.3%) and duodenal erythema (8.3%). Based on results of pathology report, 33.3% (8 patients) were diagnosed with celiac disease (mostly Marsh 1 & 0). The sensitivity and specificity of TTG were 33% and 87.5% respectively. These percentages were different about EMA test and it was 11.1% for sensitivity and 87.5% for specificity.

Conclusion: based on results of this study, prevalence of celiac among cases of refractory hypothyroidism is higher than global reports and a routine screening of Celiac disease in these patients is highly recommended even with negative serology. Sensitivity and specificity of serologic tests in hypothyroidism patients are lower than patients with normal thyroid function and this can encourage physicians that even in case of negative serological results, evaluate patients for possibility of celiac disease by upper endoscopy and random duodenal biopsy.

Send Date: 2016/08/03

Code: 150155
W-114

Review article: Extra intestinal manifestations of Celiac disease and associated disorders

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Review article: Extra intestinal manifestations of Celiac disease and associated disorders Abbasi Najmeh, Allameh Seyed Farshad Corresponding author: Dr Allameh Seyed Farshad Assistant professor of internal medicine, GI fellowship Tehran University of Medical Sciences Celiac disease (CD) is one of the most common causes of chronic malabsorption in all over the world. Celiac disease damage the small intestine epithelial layer Reduction of absorptive surface area and digestive enzymes, cause impairment of absorption of micronutrients such as fat-soluble vitamins, iron and vitamin B12 and folic acid. Sensitivity to gluten is the main pathophys-

iologic cause of CD and it is characterized by intraepithelial lymphocytosis, crypt hyperplasia and villous atrophy.Celiac disease has diverse clinical features includes anemia, fatigue, weight loss, diarrhea, abdominal pain, bloating, osteoporosis and depression. CD is commonly seen in association with extra intestinal manifestations, such as the typical skin lesions and the neurologic symptoms. Because of the broad spectrum of its presentations, the diagnosis may not be so obvious or easy. Having greater awareness and lower threshold for testing for celiac disease are necessary for diagnosis of this disease. When CD is suspected, serologic testing is required for screening and subsequently duodenal biopsies are necessary to confirm the diagnosis. In this review article we want to review the extra intestinal manifestations of celiac disease and also describe the association between CD and other disorders. It is useful for better diagnosis of CD and improvement of treatment of associated conditions. Future studies should focus on the extra intestinal presentations and associated disorders of gluten sensitivity as they could help better understanding the pathogenesis of gluten sensitivity. In this review article we describe these issues: 1. Celiac disease and psychiatric disorders 2. Celiac disease and neurologic disorders 3. Celiac disease and cardiac manifestation 4. Celiac and liver disease 5. Celiac and Endocrine disease 6. Celiac and Dermatologic disease 7. Celiac disease and Rheumatologic disorders 8. Celiac and Ophthalmologic disease 9. Celiac disease and Reproductive problems 10. Celiac disease and associations with some other disease.

Send Date:2016/07/17

Code: 20160027
W-115

Isolated vitamin B12 deficiency in a patient with celiac sprue with pernicious anemia

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Introduction: Celiac sprue or Celiac disease is an autoimmune enteropathy often seen in patients are sensitive to gluten. Usually due to impaired absorption of iron and folic acid at the proximal of small intestine, anemia and iron deficiency anemia not far from the expected, but vitamin B 12 deficiency is rarely reported. We will describe here the case that in addition to have celiac disease, without deficiency of iron and folic acid serum levels, has deficient vitamin B 12 due to severe pernicious anemia and Pancytopenia and improved dramatically to treatment with injection of vitamin B12.

Case Report: 38-years-old male patient with complaints of weakness and malaise and abdominal pain is referred. Initial tests indicated patient have megaloblastic anemia caused by vitamin B deficiency. With stomach and deuodenal biopsy and serological antibody titration study included anti-parietal cell antibody, anti-endomysial antibody and tissue transglutaminase, accompanied with pernicious anemia and celiac disease was proved. After diagnosis, patients treated with intramuscular vitamin B12 and regimen without gluten, after one month significant improvements in clinical symptoms and laboratory found.

Discussion: 38-years-old male patient with complaints of weakness and malaise and abdominal pain is referred. Initial tests indicated patient have megaloblastic anemia caused by vitamin B deficiency. With stomach and deuodenal biopsy and serological antibody titration study included anti-parietal cell antibody, anti-endomysial antibody and tissue transglutaminase, accompanied with pernicious anemia and celiac disease was proved. After diagnosis, patients treated with intramuscular vitamin B12 and regimen without gluten, after one month significant improvements in clinical symptoms and laboratory found.

Send Date:2016/10/02

Code: 150208

W-116

Sleep and quality of life in patients suffered from inflammatory bowel disease: a cross sectional study

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Introduction: inflammatory bowel disease (IBD) has an adverse effect on Health related Quality of Life (HRQOL).The aim of this study was to investigate the variables which can be accompanied by the HRQOL in IBD patients.

Methods: 71 patients filled in inflammatory bowel disease questionnaire (IBDQ-32), Pittsburg sleep quality questionnaire (PSQI) and socio demographic questionnaire. Disease activity was assessed by Crohn's Disease Activity Index (CDAI) and Ulcerative Colitis Activity Index (UCAI).The correlations of sleep quality, socio demographic variables and disease characteristics on IBDQ were investigated.

Results: IBDQ-32 mean score was lower in patients who had hospitalization (p-value=0.01), poor sleep quality (p-value<0.001), anemia (p-value=0.03) and those who didn't consume folic acid (p-value=0.01). A multivariate regression analysis identified the predictors of decreased HRQOL as not consuming folic acid (p-value=0.008), poor sleep quality (p-value=0.014) and disease severity (p-value=0.043).

Conclusion: impaired HRQOL was significantly associated with poor sleep quality, lack of folic acid consumption and disease severity. Folic acid replacement is recommended as a supplement. Treatment of sleep disturbance with pharmacological agents and non-pharmacological methods should be kept in mind.

Send Date: 2016/09/21

Code: 150195

W-117

The effect of Lactocare® (ZistTakhmir) on the disease severity of ulcerative colitis

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Introduction: Probiotics are recently considered as a supplementary treatment for gastrointestinal diseases, because they can alter intestinal microenvironment. In this study, the effect of Lactocare® (ZistTakhmir Company, Tehran, Iran) was investigated on the disease severity of ulcerative colitis in patients with mild to moderate ulcerative colitis (UC).

Methods: In this clinical trial, 60 patients with mild to moderate ulcerative colitis (according to simple clinical colitis activity index) referred to Golestan Research Center for Gastroenterology and Hepatology (GRCGH) were included. An 8- week, randomized, double-blinded trial was carried out comparing Lactocare® as a supplement with standard therapy against placebo for symptoms relief in UC. The colitis activity index was measured at the beginning of the study and after 8 weeks of medication.

Results: Results showed that the mean value for disease activity was significantly decreased in the intervention group (4.56±2.56 vs 6.54±2.47, p-value<0.05). Response to treatment was seen in 64.3% of the study group and 47 % of the study group (p-value=0.18). In patients with ulcerative colitis more than 5 years, response to treatment was observed in 90.9% of the study group compared to 44.4% of the control group (p-value=0.01).

Conclusion: Regarding to the effectiveness of probiotics in mitigating symptoms in ulcerative colitis pa-

tients, particularly in those with UC more than five years, it is suggested to add probiotics to the standard treatment for managing UC.

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Code: 150203

W-118

Autophagy-related protein 7 level in patients with ulcerative colitis

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Introduction: Pathogenesis of inflammatory bowel disease (IBD) including ulcerative colitis (UC) is still not clear. There are some associations between IBD susceptibility and genes involved in the immune response. On the other hand, some genes and proteins are common in both the immune system and autophagy processes. Therefore, autophagy ma y play role in the development of this disease. Aims: We aimed to evaluate the serum ubiquitin-like modifier-activating enzyme, also called autophagy-related protein 7 (ATG7) in patients with ulcerative colitis (UC) as a possible biomarker.

Methods: The serum samples of 14 colonoscopy and pathology confirmed UC with active disease as case group and 33 healthy control pairs who were age- and weight-matched were checked for ATG7 concentration by sandwich enzyme linked immunosorbent as-say. A questionnaire about demographic information, history of previous gastrointestinal and other diseases, alcohol consumption and smoking was also filled for each patient.

Results: Serum ATG7 was significantly lower in UC patients in comparison to control pairs (68.45 ± 13.21 ng/ml vs. 92.30 ± 22.82 ng/ml respectively, $P < 0.001$). There were no significant associations between UC status and other demographic parameters ($P > 0.05$) except smoking (odds ratio=20.39, $P=0.022$). Also, the serum ATG7 level in 9 patients with proctitis or left side colitis was insignificantly higher than other 5 patients with extensive colitis or pancolitis (72.32 ± 10.64 ng/ml vs. 61.48 ± 15.69 ng/ml respectively, $P=0.257$).

Conclusion: Low serum ATG is associated with ulcerative colitis. This might be indicative of tissue deposition of ATG during disease activity in ulcerative colitis and has potential to be used as a disease activity biomarker.

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Code: 20160012

W-119

تاثیر عصاره چای سبز بر آسیب‌های بافتی کبد در مدل BDL

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۱ خوارزمی

زمینه و هدف: بررسی‌ها نشان می‌دهند که انسداد مجرای صفراوی (Bile Duct Ligation-BDL) به آسیب‌های بافت کبد منتهی می‌شود. این آسیب‌ها شامل نکروز و فیبروز بافتی است که در صورت برطرف نشدن به سیروز کبدی تبدیل می‌گردد. برای کاهش پیشرفت آسیب، در این مطالعه تاثیر عصاره چای سبز بر تغییرات هیستولوژیک کبد موش صحرایی در مدل BDL مورد بررسی قرار گرفت.

روش بررسی: در این مطالعه مدل BDL به وسیله بستن دو طرفه مجرای صفراوی و سپس قطع آن در موش‌های نر نژاد ویستار ایجاد شد. حیوانات به چهار گروه شامل کنترل، شم، BDL و BDL دریافت کننده عصاره چای سبز تقسیم شدند. پس از خروج کبد، نمونه‌ها تثبیت و قالب‌گیری شده و مقاطع بافتی با ضخامت ۵ میکرون تهیه شد. مقاطع با

آنزیمها کاهش یافت(p>۰٫۰۵). در مقدار آنزیمهای مربوط به نمونه های شم و کنترل که چای سبز نوشیده بودند هیچ تغییری دیده نشد.

نتیجه گیری: مطالعات نشان داده که در نتیجه پیشرفت بیماری کبدی تجمع آنزیمها در خون افزایش مییابد ولی کاربرد عصاره چای سبز منجر به کاهش این آنزیمها میگردد که احتمالاً توسط کاتچین (فلاونوئید موجود در چای سبز) و سایر آنتی اکسیدانهای قوی این گیاه این کاهش، صورت میگیرد.

Send Date: 2016/09/28

Code: 20160052

W-121

Higher Serum Level of Type I Interferon Receptor in Iranian Adults with Chronic Hepatitis B Leading to HBsAg Clearance

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Introduction: Loss of HBsAg in chronic hepatitis B (CHB) chronic infection is a favorable outcome. Type I interferon (IFNI) has an essential role to fight virus infections when they bind to IFN-α/β receptor (IFNAR). Free circulating IFNAR, known as IFNAR2, performing as carrier proteins to keep the ligands from proteolysis as well as antagonists for ligand binding. In this study, we evaluated HBsAg titer and IFNAR2 in serum baseline of a sub-cohort of Iranian HBeAg negative CHB patients.

Methods: 64 subjects who spontaneously cleared HBsAg and 100 chronic hepatitis B patients enrolled in this study for assessment of the serum levels of HBsAg and IFNAR2.

Results: Serum levels of HBsAg and IFNAR2 were

روش هماتوکسیلین- ائوزین رنگ آمیزی و با میکروسکوپ نوری بررسی شدند.

یافته ها: بررسی بافت کبد در گروه BDL بیانگر وقوع نکروز و افزایش ضخامت بافتی است، در صورتی که تغییری در بافت گروه کنترل و شم دیده نشد. در گروه BDL که عصاره چای سبز نوشیدند، نکروز بافتی کاهش یافت (p>۰٫۰۵). همچنین تراکم سلول های سالم های افزایش و ضخامت بافت نیزکاهش یافت(p>۰٫۰۵). در بافت های مربوط به نمونه های شم و کنترل که چای سبز نوشیده بودند هیچ تغییری مشاهده نشد.

نتیجه گیری: این مطالعه نشان میدهد که عصاره چای سبز منجر به کاهش التهاب و حفاظت از بافت کبد میگردد که احتمالاً به دلیل وجود کاتچین (فلاونوئید موجود در چای سبز) و سایر آنتی اکسیدانهای قوی این گیاه است .

Send Date: ۲۰۱۶/۰۹/۲۸

Code: 20160011

W-120

اثر عصاره Camellia sinensis بر میزان آنزیمهای کبدی در مدل Bile Duct Ligation

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۱ خوارزمی

زمینه و هدف: مشاهده شده که در هنگام انسداد مجرای صفراوی (Bile Duct Ligation-BDL)، به دلیل عدم دفع صفرای تولید شده به داخل روده، محتویات آن شامل آنزیمهای کبدی وارد خون میگردد که با عوارض متعددی همراه است. برای کاهش پیشرفت این عوارض، در این مطالعه تاثیر عصاره چای سبز (Camellia sinensis)در مدل BDL مورد بررسی قرار گرفت.

روش بررسی: در این مطالعه مدل BDL به وسیله بستن دو طرفه مجرای صفراوی و سپس قطع آن در موشهای نر نژاد ویستار ایجاد شد. حیوانات به چهار گروه شامل کنترل، شم، BDL و BDL دریافت کننده عصاره چای سبز تقسیم شدند. سپس خونگیری از قلب موشها انجام شد و مقادیر آنزیمهای کبدی اندازهگیری شدند.

یافته ها: افزایش مقدار آنزیمهای آسپارتات آمینوترنسفراز (AST)، آلانین آمینوترانسفراز (ALT)، آلکالین فسفاتاز (ALP)، گاماگلوتامیل ترانسفراز (GGT)، پس از ایجاد BDL نسبت به گروه های شم وکنترل مشاهده شد. در گروه BDL که عصاره چای سبز نوشیدند، مقدار این

both powerfully associated with loss of HBsAg. The baseline HBsAg titer was significantly lower (333.72± 1300 IU/mL vs 3811± 6779 IU/mL, p=0.00) and IF-NAR2 serum level was significantly higher (1.64± 0.6 vs 0.87± 0.5 ng/mL, p=0.00) in those who cleared HB-sAg compared to CHB patients.

Conclusion: These findings indicated the association of HBsAg titer and serum IFNAR2 in HBsAg clearance in hepatitis B virus (HBV) infected patients. In consequence immune mechanisms related to IFN-α/β signaling might be responsible in CHB outcome.
Send Date:2016/10/05

Code: 20160028
W-122

An Updated Systematic Review and Meta-Analysis of SCCA-IgM biomarker (Hepa-IC) for the clinical management of HCV-positive patients

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Introduction: According to a recent estimation, in Iran 186,500 individuals were living with HCV infection in 2014. If the current methods of diagnosis and treatment are not modified, this number is expected to increase to 213,700 by 2030. Due to the natural evolution of HCV chronic infection, the number of cases of cirrhosis, hepatocellular carcinoma (HCC) and liver disease deaths is also expected to rise. More efficient and reliable serological markers to identify patients with chronic hepatitis and cirrhosis at higher risk of HCC development are required to reduce the burden of the disease. Several clinical studies have shown that determination of SCCA-IgM, an immune complex formed by the Squamous Cell Carcinoma Antigen (SCCA) and immunoglobulins M (IgM), might be useful to identify patients with progressive liver disease and patients at higher risk of HCC development.

Methods: Based on the data retrieved from published studies, SCCA-IgM serological levels as determined by Hepa-IC and diagnostic performance in patients at different stages of chronic hepatitis C were evaluated during a median follow up of 4 years.

Results: All published clinical studies subjected to meta-analysis confirmed that in patients with HCV infection, serial determination of SCCA-IgM serological levels may be used to monitor the evolution of the disease, since the progressive increase of SCCA-IgM over time was remarkable in cirrhotic patients who eventually developed HCC but remained unchanged in the majority of the cirrhotic patients without evidence of liver cancer during the same time interval.

Conclusion: SCCA-IgM is a reliable biomarker of liver disease progression in HCV-positive patients, and has the potential to greatly improve the clinical management of these patients.
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Code: 150164
W-123

preliminary results of HCV treatment with Sofosbovir + Ribavirin regimen among cirrhotics and relapsers in Khuzestan province

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Introduction: to evaluate the efficacy of HCV treatment with Sofosbovir + Ribavirin regimen among cirrhotics or relapsers in Khuzestan province.

Methods: during a 6 months period, all of the HCV patients that complicated by liver cirrhosis and or experienced treatment failure included and treated with Sofosbovir 400mg + Ribavirin 400mg for 24 weeks. Their viral load controlled at weeks 0, 12, 24 and fol-

lowed every 6 months thereafter with PCR.

Results: overall 52 cases included. Average age of participants was 54 y (range 28 to 75) and 71% were male. The genotype of patients' HCV include 1a 48%, 1b 23% & 3a 28.8%. 57.6% of patients were cirrhotic and 40% were relapser. 96% of participants completed the course of therapy and almost all of them except one relapser achieved SVR. There was not any major complication during study protocol but one of the cirrhotic patients complicated by CVA at the end of the course of therapy.

Conclusion: it seems that a 24 weeks course of Sofosbovir + Ribavirin with ITT 94.2% and PP 98% is highly effective for treatment of HCV among cirrhotics or relapsers in Southwest of Iran, with a high rate of safety profile even for treatment of genotype 3a.
Send Date: 2016/08/01

Code: 20160051
W-124

Oxidative DNA Damage is Associated with HBsAg in Chronic Hepatitis B patients

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Introduction: Chronic hepatitis B with accumulation of HBsAg in hepatocytes linked to the immune-mediated hepatic inflammation and induction of oxidative stress. 8-hydroxyl-2'-deoxyguanosine (8-OHdG) is a useful biomarker for measuring the adverse effects of exogenous infectious agents in oxidative damage to DNA.

Methods: Thirty chronic hepatitis B (CHB) patients who had undergone liver biopsies for therapeutic purposes and 30 matched controls from a healthy population were randomly selected in the present study for assessment of 8-OHdG levels in peripheral blood leukocytes DNA by 32P-postlabeling analyze. Expression of hepatitis B surface antigen (HBsAg) in hepatocytes were evaluated immunohistochemically in liver biopsies of CHB patients. The effect of 8-OHdG and 95% confidence interval (CI), adjusted by relevant confounders, were assessed on HBV infection.

Results: Experimental investigation showed increased levels of 8-OHdG adduct compared to healthy individuals (mean (SD) 1456 (1275) vs 402 (271), p<0.001). The logistic regression with continuous and dichotomous models revealed the strong impact of 8-OHdG in CHB infection (OR=1.20; 95%CI: 1.01-1.44, P=0.043) and (OR=7.18; 95%CI: 1.32-39.02, P=0.022). HBV DNA and hepatic expression of HBsAg had a borderline association with 8-OHdG DNA adduct (r=0.35, p=0.054 and r=0.36, p=0.05).

Conclusion: In fact, this study proposes the possible oxidative adverse effects of HBsAg and systemic DNA damage in CHB patients and supporting the host–viral interaction in immune-mediated inflammatory.
Send Date:2016/10/05

Code: 20160041
W-125

Survey of relationship between lipid profile and severity of liver damage in cirrhotic patients

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Introduction: A variety of etiologies of cirrhosis is known such as chronic hepatitis B or C, alcoholism, metabolic disorders, etc. Since metabolism of serum

lipids is predominantly accomplished by liver, it is probable that lipid profile can be used as a laboratory marker of severity of liver damage in cirrhosis، so, the practitioner can utilize a nonexpensive easy test to foretell severity of hepatic injury

Methods: This study was a descriptive research. More than 200 cirrhotic patients were admitted in Qom referral (Kamkar) hospital from 2005 through 2008. Diagnosis of cirrhosis was based on standard pathologic criteria of(CHILD)and(MELD)methods. Qualified patients were considered as«case»and matched noncirrhotic admitted patients were regarded as «control».A questionnaire was completed which contained personal characteristics, etiology of cirrhosis (HBV, HCV, drugs, Wilson disease, autoimmune disorders,hemochromatosis, etc),pathologic criteria of CHILD(A, B and C)and MELD (<10,11-18,19-24 and 25<)and lipid profile (total, LDL and HDL cholesterol and triglyceride).Data were analysed by SPSS software(chi 2, ANOVA and t-test were used with p value of less than 0.05 as significant)

Results: Total cholesterol was 80 and 139 in cases and controls,respectively(chi 2 ,p < 0.05).LDL cholestrol was also significantly lower in cases than in controls،(chi 2, p < 0.05)and HDL cholesterol was 40 and 44(chi 2,p< 0.05).On the other hand, comparison of lipid profile with pathologic progression of cirrhosis(increase in CHILD and MELD scores)revealed that with the exception of triglyceride, serum level of lipids diminishes linearly with progression of liver damage (ANOVA, p< 0.05).Other extra results were yielded such as relationship of lipid profile with serum albumin, prothrombin time, etc which were offered in original article.

Conclusion: Serum lipid test is an easy nonexpensive test that is accessible anywhere and with regarding these results can be used as a reliable test in cirrhotic patients to estimate severity of hepatic damage with this manner that، the more tissue damage, the more decline in serum lipids.

Send Date: 2016/10/04

Code: 20160015
W-126

Evaluation of the Immune Response to Hepatitis B Vaccine in the Personnel of Shahid Beheshti Hospital of Qom, Iran

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Introduction: Vaccination is one of the most important preventive method against hepatitis B infection, so recognizing effective factors in antibody response is of great importance. Hence, this study was conducted with the aim of investigating the level of immunity against hepatitis B after hepatitis B vaccination and its relationship with epidemiological characteristics of health care providers in Shahid Beheshti Hospital of Qom City

Methods: In this observational, descriptive, cross-sectional study, 235 health care providers of Shahid Beheshti Hospital of Qom were studied in 2013. The serum level of HBsAb was titrated by Microwen ELISA kit and titers less than 10ng/dl were considered as non-immune titer (negative) and titers greater than 10ng/dl as immune titer (positive). To collect data, demographic characteristics questionnaire was used. Data were analyzed using chi-square, t-, and Fisher's tests. The significance level was considered to be 0.05.

Results: Totally, 235 patients participated in this study, of whom 123 subjects (52.3%) were male and 112 (47.7%) were female. 30 cases (12.8%) were not immune. Between factors older age, cigarette smoking, and high BMI was significantly associated with non-immune titers of the Ab (p<0.05).

Conclusion: Due to the significant antibody unresponsiveness in hospital personnel, especially in the elderly, obese, and smokers, more attention should be paid to the evaluation of HBsAb titer after vaccination of these subjects
Send Date:2016/09/28

Code: 20160040
W-127

High Efficacy of Sofosbuvir, Pegylated-Interferon and Ribavirin Regimen for Treatment of Genotype 1 Chronic Hepatitis C Virus Infection in Iran

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Introduction: Hepatitis C virus (HCV) is one of the major causes of cirrhosis and hepatocellular carcinoma. Treatment of chronic hepatitis C has been revolutionized through recent years. One of the recently introduced treatments is the triple therapy with Sofosbuvir (SOF), Pegylated Interferon (Peg-IFN) and Ribavirin (RBV). We aimed to evaluate the effect of SOF/Peg-IFN/RBV regimen on the Iranian patients with HCV-genotype 1 infection.

Methods: This Prospective cohort study was conducted on 30 Iranian patients with Chronic HCV-genotype 1 infection who attended Middle East Liver Disease Center. All patients received 12 weeks of SOF/Peg-IFN/RBV. Sustained virologic response 12 weeks after the end of therapy (SVR12, HCV-RNA< 15 IU/ml) and also adverse events of mentioned regimen were investigated.

Results: The majority of patients (mean age: 45.5, range: 24- 63) were male (83.33%), non-cirrhotic (75.00%) and had HCV-genotype 1a infection (78.26%). Rapid virologic response (Undetectable HCV RNA in the blood at 4 weeks of treatment) was achieved in 24 (92.30%, 95% confidence interval [CI]; 74.86%- 99.05%) of 26 patients and SVR 12 was achieved in 29 (96.7%, 95% CI; 82.78%-99.91%) of 30 patients respectively. One patient who was HCV-genotype 1a, male and cirrhotic experienced relapse. We observed weight loss (16.66%), myalgia (15.5%), fatigue (15.5%), headache (8.33%), irritability (4.16%), cough (4.16%) and chest pain (4.16%) as the most adverse events in our cohort.

Conclusion: The current study confirmed high safety and efficacy of 12-week therapy with SOF/Peg-IFN/RBV for HCV-genotype 1 infected patients (± compensated cirrhosis). It is also compatible with our previous data in Iran regarding higher response to HCV treatment with Peg-IFN based regimens due to favorable IL28b Polymorphism.
Send Date: 2016/10/04

Code: 150187
W-128

Patients with Human Immunodeficiency Virus are more compatible to Hepatitis E Virus infection: Across- sectional study in Iran

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Introduction: Hepatitis E Virus (HEV) may be fre-

quent in patients with Human Immunodeficiency Virus (HIV) and can progress to chronic infection and cirrhosis. So, the aim of this study was to determine the prevalence of HEV infection in HIV positive patients.

Methods: In a cross-sectional study, in Kerman, Iran, 87 HIV infected patients with comparison to 93 healthy blood donors were included in our study. all participatents were tested for anti- HEV IgM, IgG and HEV-RNA. SPSS software version 17 was used for data analysis. P value<0.05 was considered as statistically significant

Results: In this study 61 (70.1%) and 71(77.4%) HIV positive and HIV negative participants were male, with a mean age of 40.2 and 39.9 years respectively. In the HIV- positive cases, 54.02% had anti-HCV, and 6.89% were positive for HBsAg. There were not significant statistically difference between two groups in anti- HEV IgM, IgG seropositivity but HEV-RNA was detected in 8% of HIV-positive cases compared to 1.1% HIV-negative participants (p value=0.03). There were not also significant difference between positive and negative HEV PCR groups regarding the ALT (p=0.77), and AST (p=0.34) results.

Conclusion: HEV was more prevalent in HIV patients. We suggest HEV diagnostic tests, including HEV-RNA to be performed especially in HIV patients with or without symptoms or abnormal liver enzymes.
Send Date: 2016/08/20

Code: 150147
W-129
Evaluating of Renal Function by serum cystatin c level in patients with liver cirrhosis

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Introduction: Renal function in patients with cirrhosis has prognostic significance. Regarding to the fact that in patients with liver diseases, muscle mass has reduced, the amount of serum creatinine cannot evaluate the glomerular filtration rate (GFR) accurately. Therefore using cystatin C since it is not under influence of muscle mass and has dependent secretion to GFR can suggest as an appropriate criteria for determination of GFR.

Methods: Symptomatic cirrhotic patients admitted to liver clinic of Imam Reza hospital were studied. At the beginning, all patients was taken a blood sample for cystatin C and creatinine and the 24-hour urine collected, and creatinine and urea were measured. GFR determined based on the UV / P formula and mean of urea and creatinine clearance also serum cystatin C and creatinine in comparison with GFR were assessed. The evaluation of patients continued when GFR was below 80 ml/min.

Results: In study with Receiver Operating Curve (ROC) delineate for diagnosis of decreasing renal function in cirrhotic patients cystatin C is the better biomarker in comparison to creatinine. (Sensitivity=87.5% and Specificity=94.4%) Also Positive Predictive Value=95.4% and Negative Predictive Value=85% were reported for cystatin C.

Conclusion: Regarding to sensitivity of cystatin C in contrast with other biomarkers, using of cystatin C can be suggested as a renal function predictor in cirrhotic patients
Send Date: 2016/06/22

Code: 20160026
W-130

Platelet count to portal vein diameter ratio as a novel predictor of esophageal varices in patients with liver cirrhosis

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Introduction: Due to large burden of esophageal varices in cirrhosis, both their early and noninvasive detection have been increasingly considered. This study aimed to investigate platelet to portal vein diameter ratio for detection of esophageal varices in patients with liver cirrhosis.

Methods: Adult patients (>18 years) diagnosed with liver cirrhosis of different etiologies who were referred to Shiraz transplant center for liver transplantation between October 2012 and October 2015 were included in the study. All of these patients have undergone upper endoscopy for screening of esophageal and gastric varices. Color Doppler sonography of abdominal vessels and contrast enhanced abdominal computed tomography (CT) were also performed as routine pre-transplant check up for all cirrhotic patients awaiting liver transplantation. Patients 'characteristics were recorded using a data gathering form. Patients with isolated gastric varices and those with simultaneous gastric and esophageal varices were excluded.

Results: From 989 patients with liver cirrhosis, 524 patients (52.9 %) found to have esophageal varices in upper endoscopy. Grade 1, 2 and 3 esophageal varices were found in 183, 198 and 143 patients respectively. In univariate analysis, platelet count, aspartate aminotransferase (AST), total bilirubin and alkaline phosphatase were associated with esophageal varices (P<0.05). Mean platelet count to portal diameter ratio was 6.64 ± 0.57 in patients with esophageal varices and 8.45 ± 0.79 in patients without esophageal varices (P=0.0001). Mean platelet count to portal vein diameter ratio in patients with grade 1 varices was 5.92 ± 0.36 and 6.90 ± 0.63 in patients with grade 2 and 3 varices (P=0.028). In logistic regression analysis, platelet count to portal vein diameter ratio was independently associated with the presence of esophageal varices (P<0.0001).

Conclusion: Platelet count to portal diameter ratio can be used as a novel non invasive predictor of esophageal varices and its grade in patients with liver cirrhosis.
Send Date: 2016/10/02

Code: 20160078
W-131

Non-alcoholic fatty liver disease and diabetes mellitus-a population based study

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Introduction: Diabetes mellitus (DM) and non-alcoholic fatty liver disease (NAFLD) are two important causes of mortality and morbidity worldwide. This study was carried to estimate the prevalence of DM in individuals with NAFLD and without NAFLD.

Methods: Of 6143 participants of a baseline cohort study conducted among individuals aged 10 to 90 years, data of 5052 participants of 18 years of age and older were analyzed in this cross-sectional study. The baseline cohort study was carried out in northern Iran and sampling frame was obtained from local health centers. The prevalence of DM was estimated in NAFLD and non-NAFLD individuals, separately. The association between NAFLD and DM was evaluated using logistic regression adjusting the confound-

ing effects of age, sex, BMI, TG, LDL, HDL and insulin.

Results: In men, the prevalence of DM was 5.34% (4.35%-6.34%) and 15.06% (13.12%-17.00%) in individuals without and with NAFLD, respectively (p-value<0.0001). In women without NAFLD, the prevalence was 8.27% (6.83%-9.71%) while in the presence of NAFLD, the prevalence was 27.21% (24.59%-29.83%), (p-value<0.001). In univariate analysis, the chance of harboring NAFLD was 3.70 (3.13-4.38) times bigger in diabetic patients compared with patients without DM (p-value<0.001). This chance was reduced (Odds Ratio=1.976; 95%CI: 1.593-2.451; p-value <0.001), removing the effects of other variables including age, sex, BMI, TG, LDL, HDL and insulin.

Conclusion: The prevalence of DM is dramatically increased in the context of NAFLD. This condition may be considered an independent risk factor for DM.
Send Date: 2016/10/06

Code: 20160048
W-132

Effects of the vitamin D supplementation on patients with non-alcoholic fatty liver disease

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Introduction: A growing trend of studies has suggested a potentially causal relationship between vitamin D deficiency (VDD) and nonalcoholic fatty liver disease (NAFLD). Given the of vitamin D effects including hormonal, immunological and cellular differentiation, it is possible that vitamin D supplement in NAFLD patients with VDD may have significant biochemical and histological benefits. This study aims to evaluate the effectiveness of vitamin D supplementation on NAFLD patients.

Methods: Patients with increased liver enzymes due to NAFLD were enrolled. This clinical trial study was conducted in two groups of 20 patients matched for age, gender, body mass index and the severity of hepatic steatosis. Transient elastography (Fibroscan) was used to assess the liver fibrosis and steatosis in the enrollment and evaluation time to monitor hepatic disease severity for the assessment of response to treatment. In both groups lifestyle modification was prescribed. The study group patients received 50,000 IU vitamin D3 weekly for 12 weeks. Finally vitamin D level and liver enzymes were assessed to evaluate the adequate replacement or rule out the toxicity of vitamin D.

Results: Mean BMI and serum liver enzymes were significantly decreased in two groups (p<0.05). Although a significant improvement was observed in the mean degree of steatosis in both groups when the results were compared with their baseline measures (p<0.05), but no significant differences were observed between the two groups in the mean degree of steatosis as measured by the CAP parameter at the end of the study. In the case group, a significant improvement was observed in the severity of fibrosis calculated before and after the intervention as measured by Fibroscan (p<0.05). At the end of the study, a significant difference was observed between the two groups in the mean difference of severity of fibrosis.

Conclusion: Vitamin D supplementation may improve the degree of steatosis and severity of fibrosis in patients with nonalcoholic fatty liver disease and be useful in preventing fibrosis. But more studies are needed with larger sample sizes to confirm these findings.
Send Date: 2016/10/05

Code: 20160025

W-133

Low serum magnesium concentration is independently associated with non alcoholic fatty liver disease and non alcoholic steatohepatitis

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Introduction: Low serum magnesium has been previously shown to be associated with oxidative stress and insulin resistance. Magnesium is also involved in metabolism of lipids. This study aimed to investigate the association between serum magnesium concentration and hepatic steatosis in the forms of NAFLD and NASH.

Methods: A cross sectional study was conducted between September 2012 and September 2015 at Namazi hospital, Shiraz, Iran. Study subjects were healthy individuals who had undergone liver biopsy for evaluation of liver histology as a routine pre-transplant checkup before living related liver transplantation. Liver biopsy specimens were reviewed by an expert pathologist. Individuals with a history of chronic liver disease, hepatitis B or C infection, hepato-billiary cancers, those with >20 grams/day alcohol consumption, and individuals receiving medications known to cause hepatic steatosis were excluded from the study.

Results: Totally 226 individuals (143 female and 83 male) were included. Eighty two individuals (36.2 %) had hepatic steatosis and 22 (9.7%) individuals had steatohepatitis in liver histology. Mean age of individuals with and without hepatic steatosis were 33.28 ± 7.55 and 31.72 ± 6.56 years respectively (P=0.11). In univariate analysis higher weight (70.80 ±10.79 versus (vs.) 63.44±9.57 kilograms, P=0.0001), in-

creased cholesterol (179.50± 35.35 vs. 166.04±36.50 mg/dL, P=0.009), triglyceride (132.90±79.68 vs. 93.10±46.78 mg/dL, P=0.0001), fasting plasma glucose (FPG) (92.12±11.21 vs. 87.02±10.21 mg/dL, P= 0.001), alanine aminotransferase (ALT) (22.59±12.01 vs. 17.69±11.16 IU/L, P=0.002), alkaline phosphatase (213.19±73.31 vs. 183.22±62.65 IU/L , P=0.001) and lower serum magnesium (2.01±0.35 vs. 2.23±0.31 mg/dL, P=0.0001) were associated with hepatic steatosis (P>0.05). In multivariate logistic regression analysis, higher FPG, higher alkaline phosphatase and lower serum magnesium concentration were independently associated with hepatic steatosis (Table). In regression analysis, lower serum magnesium concentration was also independently associated with steatohepatitis compared to those without steatohepatitis (1.80 ± 0.48 mg/dL and 2.18 ± 0.31 mg/dL) (OR: 0.11; 95% CI: 0.02-0.41, P-Value=0.001).

Conclusion: Lower serum magnesium concentration was associated with non alcoholic fatty liver disease and non alcoholic steatohepatitis and can be targeted for future treatments.

Send Date: 2016/10/02

Code: 20160057

W-134

Angiotensin II type 1 receptor gene A1166C polymorphism is associated with non alcoholic fatty liver disease and predicts its severity

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Introduction: Angiotensin II type I receptor (AGTR1) have been known to be involved in the process of liver fibrosis and metabolic syndrome. This study aimed to investigate the association between AGTR1 A1166C polymorphism and NAFLD.

Methods: A cross-sectional study was conducted among adult individuals referred to our radiology clinic for abdominal ultrasonography. NAFLD was diagnosed by an expert radiologist based on ultrasonographic findings and the absence of hepatitis B surface antigen or antibody to hepatitis C virus, alcohol consumption (>20 g/day), other causes of liver disease, and medications known to produce fatty liver. AGTR1 A1166C polymorphism was checked in subjects with NAFLD and healthy controls using TaqMan allelic discrimination method.

Results: Fifty eight subjects with NAFLD were compared with 88 individuals without NAFLD. Mean total cholesterol was significantly higher in subjects with NAFLD in comparison to the controls in univariate analysis (P=0.018). Higher serum ALT was also a predictor of NAFLD (38.56 ± 17.61 versus20.76 ± 6.40 IU/L) (P=0.0001). Metabolic syndrome was detected in 31 (53.44 %) individuals in NAFLD group and in 27 (19.01 %) in control group (P<0.001) (OR: 3.51, 95% CI: 1.84-6.66). BMI, metabolic syndrome, waist circumference, hip circumference and serum ALT were independent predictors of NAFLD in our study population. The frequency of AA and CC genotypes of AGTR1 was significantly higher in patients with NAFLD compared to controls (P=0.029 and P=0.042 respectively). C allel was more detected in subjects with NAFLD compared to healthy controls (OR: 2.1; 95% CI: 1.23-3.61, P-Value=0.006). CC genotype (OR: 10.62; 95 %CI: 1.05-106.57, P-Value: 0.045) and C allele (OR: 6.81; 95 %CI: 1.42- 32.48, P-Value: 0.016) were predictors of severe fatty liver disease in our study population.

Conclusion: Our results provide the first evidence that AGTR1 gene A1166C polymorphism not only is associated with NAFLD and but also may predict its severity.

Send Date:2016/10/05

Code: 20160022
W-135

The Association Between Gallstone and Non Alcoholic Fatty Liver Disease: A Population Based Study

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Introduction: Non alcoholic fatty liver disease (NAFLD) and gallstone are prevalent in patients with metabolic syndrome sharing a number of risk factors. This study aimed to investigate the association between NAFLD and gallstone disease in a cluster of Iranian population.

Methods: Kavar cohort study has been started in 2006 among healthy individuals in Kavar, Fars province, Iran. This cross sectional study includes adult individuals (>18 years) who had undergone abdominal ultrasound for detection of NAFLD and gall stone disease as a part of Kavar cohort study between January 2010 and January 2015. NAFLD was defined based on the presence of these ultrasonographic findings: hepatorenal echo contrast, liver brightness, deep attenuation, vascular blurring and absence of hepatitis B surface antigen or antibody to hepatitis C virus, 2) alcohol consumption (>10 g/day), 3) history of other causes of liver disease, and 4) medications known to produce fatty liver disease within 6 months prior to the study. Participants' characteristics and their lab data including liver function tests, lipid profile, fasting plasma glucose (FPG) were also recorded.

Results: Totally 2977 liver ultrasound was performed and 868 individuals were found to have NAFLD (29.1%). From 1956 biliary ultrasound gallstone was found in 56 individuals (2.86%). The prevalence of gallstone in individuals with NAFLD and those without NAFLD was 3.92 % and 2.35 % respectively (P=0.037). In univariate analysis, weight,

waist circumference, serum alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase, cholesterol, triglyceride, FPG, and age were associated with NAFLD (P<0.001). In logistic regression analysis, gallstone was not independently associated with NAFLD (OR: 1.30; 95 % CI: 0.64 - 2.66, P=0.45).

Conclusion: Although gallstone was found to be a harbinger of NAFLD in univariate analysis, it was not independently associated with NAFLD after adjusting for other risk factors in our study population.
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Code: 20160024
W-136

Hepatic Computed Tomography Volumetry for non Invasive Prediction of Hepatic Steatosis and Steatohepatitis in Living Liver Donors

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Introduction: Detection of hepatic steatosis in potential organ donors is an important step to prevent future adverse outcomes after living donor liver transplantation. This study aimed to investigate the role of hepatic computed tomography (CT) volumetry as a non-invasive method for detection of hepatic steatosis in living liver donors.

Methods: A cross sectional study was conducted between August 2012 and August 2015 at Namazi hospital, Shiraz, Iran. Study subjects were healthy individuals who had undergone liver biopsies as a routine pre-transplant check up before living donor liver transplantation. The total volume of liver, volume of left lobe and left lateral segment were measured by spiral CT scan with intravenous contrast enhancement.

Results: Totally 179 individuals were included. Mean total volume of the liver was 1530.1 ± 273.3 cm3 and 1395.4 ± 231.4 cm3 in those with and without hepatic steatosis respectively (P=0.003). Mean volume of left lateral segment was 221.9 ± 69.9 cm3 and 196.3 ± 64.7 cm3 in individuals with and without hepatic steatosis respectively (P=0.039).Mean total volume of the liver was 1705.2 ± 256.5 cm3 in those with hepatic steatohepatitis and 1419.4 ± 241.2 cm3 in those without hepatic steatohepatitis (P=0.0001). Higher total volume of the liver was an independent predictor of hepatic steatohepatitis (OR: 1.005; 95% CI: 1.001-1.010, P=0.012). A cut off value of 1531 cm3 for total volume of the liver was predictor of presence of steatohepatitis in liver biopsy of donors (sensitivity = 83%; specificity = 71 %; area under curve= 0.809; P-value=0.0001).

Conclusion: CT volumetry may be considered as a non invasive method for prediction of hepatic steatosis in living liver donors.
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Code: 150152
W-137

Efficacy of curcumin for managing Nonalcoholic fatty liver disease: A Double-Blind, Placebo-Controlled, Randomized Clinical Trial

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Introduction: Non-alcoholic fatty liver disease (NAFLD) as most common chronic liver disease is highly associated with obesity and metabolic syndrome. Turmeric rhizomes (Curcumalonga. Linn.) is a herb that has been used as a dietary spice and traditional medicine for centuries. This study designed to evaluate the effects of turmeric on liver enzymes, Lipid profiles and Malondialdehyde (MDA) in patients with NAFLD.

Methods: In this double-blind placebo controlled trial, 64 cases of NAFLD were randomly assigned to receive either turmeric (2 g/day) or placebo capsules for 8 weeks. The changes of liver transaminases, Lipid profiles and MDA were measured before and after study period and compared between two groups.

Results: At the end of the study, the Turmeric group showed a significant reduction in liver enzymes (aspartate aminotransferase (before26.81 ± 10.54 after21.19 ± 5.67, P=0.044), alanine aminotransferase (before 39.56 ± 22.41, after 30.51 ± 12.61, P = 0.043) and gamma-glutamyl transpeptidase (before33.81 ± 17.50, after25.62 ± 9.88, P=0.046)) compared with the placebo group. The serum levels of triglycerides, LDL, HDL and MDA had also a significant decrease among turmeric group as compared to baseline while there was no significant change in placebo group (P < 0.05). The serum cholesterol and VLDL level had not any significant change in both groups. In addition, no significant changes occurred in sonographic grades of NAFLD among two groups.

Conclusion: This study suggests that daily consumption of 2g turmeric could be effective in management of NAFLD and decreasing serum level of liver transaminases.

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The Correlation of Visfatin Levels in Metabolic Syndrome With Fatty Liver Disease

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Introduction: Visfatin, a new adipocytokine and inflammation as one of the hallmarks of the metabolic syndrome, the present study examined the association between visfatin levels and fatty liver in patients with the metabolic syndrome.

Methods: In a cross-sectional study using convenience sampling, 120 patients with metabolic syndrome, fatty liver into two groups (n=70) and without fatty liver (n=50) groups. Laboratory and anthropometric measures, including age, sex, systolic blood pressure, fasting blood sugar, lipid profile, liver enzymes, uric acid levels of visfatin, fasting insulin, BMI, waist circumference, and TNF-α were performed. Using the statistical softwareSPSS version 16 statistical chi-square test, Mann-Whitney, t, Spearman and Pearson correlations were analyzed.

Results: Between the two groups in terms of visfatin, BMI, FBS, lipid profile, waist circumference and the ratio of LDL/HDL statistically significant (P<0.05) existed. Between visfatin with age in both groups, and between the waist and the LDL/HDL in the liver cor-

related significantly (P<0.05) existed. Between visfatin with anthropometric and laboratory variables were not statistically significant (P>0.05).

Conclusion: The association between serum visfatin levels and metabolic syndrome, fatty liver disease, it could be a role for visfatin as an inflammation-causing factors considered. More studies to better clarify the role of visfatin in metabolic syndrome and fatty liver disease is recommended.

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Code: 20160065
W-139

Distribution of Non-alcoholic fatty liver disease (NAFLD) in fixed-shift workers

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is defined as an accumulation of more than 5% fat within the liver that is not attributable to alcohol or drugs. The prevalence of NAFLD is estimated to range from 5%–18% in Asians (1) and 20%–30% in the Western population. Notably, NAFLD does not only affect the obese population. Circadian rhythms – near 24-hour intrinsic biological rhythms – modulate many aspects of human physiology and hence disruption of circadian rhythms may have an important impact on human health. While several epidemiological studies have demonstrated an association between shift-work and metabolic syndrome, there is a relative paucity of data concerning the impact of shift working and liver disease in particular NAFLD.

Methods: A cross-sectional study was conducted on a sample of 145 shift workers (nurses) of both sexes in a Rasool-E-Akram hospital and compared with 128 fixedworkers (Officer of university) in Tehran in 2015. The diagnosis of NAFLD was determined according to the radiologist report and serum aminotransferase level. Its frequency was evaluated according to the demographic (sex, age and marital status), socioeconomic (educational level and work shift), and behavioral characteristics (smoking, leisure time physical activity) of the sample.

Results: The prevalence of NAFLD in the sample was 43.44% and in control group was 21.8. Although in nurses, level of serum aminotransferases were higher than fixed worker (P=0.034).NAFLD was associated with shift work (P<0.05). After adjustment, the prevalence of NAFLD was positively associated with women, and those who reported sleeping five hours or less per day.

Conclusion: Early diagnosis and appropriate treatment of NAFLD, especially in people with shift work, can prevent damage of liver cells, steatohepatitis and other serious complication associated with fatty liver such as cardiovascular death.

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Code: 20160058
W-140

ارتباط بین سطح ویسفاتین و کبد چرب در سندروم متابولیک

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Introduction: Metabolic syndrome (MS) is a common public health problem. Visfatin secreted by visceral adipose tissue and is an adipokine predominantly. It is a new adipocytokine and one of the hallmarks of the metabolic syndrome. This study evaluated the association between visfatin levels and fatty liver in patients with the metabolic syndrome.

و ویتامین E در بیماران مبتلا به کبد چرب غیر الکلی را بررسی کرده‌ایم.

روش بررســی: این کارآزمایی بالینی بصورت تصادفی و دو سو کور در ۲ مرکز درمانی دانشگاه علوم پزشکی یزد در بین ۸۰ بیمار (سن ۶۰-۲۰ سال) مبتــلا به NAFLD بین ماههای ســپتامبر ۲۰۱۴ و مــارس ۲۰۱۵ انجام گرفت. بیماران بصورت تصادفی در دو گروه ویتامین E (UI ۴۰۰ روزانه) و سیلی مارین (۱۴۰ میلی گرم دو بار در روز) برای ۴ ماه قرار گرفتند. علاوه بر این، تمام بیماران تحت مشاوره برای کاهش وزن و یک رژیم غذایی کم چربی قرار گرفتند. سطوح سرمی ALT و نیز وضعیت سونوگرافی کبد در ابتــدا و در بعــد از ۴ ماه برای تمام بیماران محاســبه و ثبت گردید. از نظر آماری مقادیر P کمتر از ۰/۰۵ معنی دار در نظر گرفته شد.

یافتــه ها: تفــاوت معنی داری از نظر جنــس و BMI در دو گروه وجود نداشــت. میانگین تغییرات ســطح ســرمی ALT در گروه درمان شده با ویتامین E، ۱۵/۹ و در گروه درمان شــده با ســیلیمارین ۳۰/۲ بدســت آمد. بــا این وجود،رابطه معنی داری بین تغییــرات میانگین رابطه معنی داری بین تغییرات میانگینALTبین دو گروه بیماران مبتلا به NASH مشــاهده نشد.(p=۰/۱۷).براساس نتایج ســونوگرافی پس از دوره درمان وضعیت کبدی در گروه ویتامین E ۴ مورد و در گروه سیلیمارین ۲ مورد از بیماران نرمال شــده بودند. تفاوت معنــی داری در تأثیر ویتامین E در بهبود وضعیت کبدی نســبت به سیلیمارین مشــاهده شد (p=۰/۰۴). به طور کلی عوارض جانبی در هر دو گروه گذرا و شــامل اسهال، تهوع و دل درد میشدند.

نتیجــه گیری: با توجه به ایــن یافته که بین تغییرات آنزیمی در ۲ گروه درمان شــده اختلاف معنی داری وجود نداشــت ولی الگوی سونوگرافی کبد چرب بین دو گروه بیماران NASH درمان شــده معنی دار شده و به نفع ویتامین E می باشــد نتیجه گیری کلی در انتخاب یکی از این دو دارو برای درمان NASH به نفع ویتامین E خواهد بود.

Code: 150150

W-142

ارزیابی عملکرد کلیه بااستفاده از سطح سرمی سیستاتین سی در بیماران با سیروز کبدی

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زمینــه و هدف: کارکــرد کلیه در بیماران با ســیروز کبــدی از اهمیت پروگنوســتیک برخوردار اســت. با توجه به این که در بیماران کبدی که

Methods: In a cross-sectional study, 120 patients with metabolic syndrome were selected. They were into two groups, patients with fatty liver (n=70) and without fatty liver (n=50). Laboratory and anthropometric options such as age, sex, systolic blood pressure, fasting blood sugar, lipid profile, liver enzymes, uric acid, level of visfatin, fasting insulin, BMI, waist circumference, and TNF-α were measured. Data was analyzed by statistical software SPSS and chi-square test, Mann-Whitney, t, Spearman and Pearson correlations were used.

Results: there was significant difference between two groups in terms of visfatin, BMI, FBS, lipid profile, waist circumference and the ratio of LDL/HDL statistically (P<0.05) . Between visfatin and age in both groups, and the waist and the ratio of LDL/HDL in fatty liver, significantly correlation (P<0.05) existed. Between visfatin and anthropometric and other laboratory variables there were not significantly differences (P>0.05).

Conclusion: There was association between serum visfatin levels and metabolic syndrome, fatty liver disease, that it could be a role for visfatin as an inflammation-causing factor. More studies are needed to better clarify the role of visfatin in metabolic syndrome and fatty liver disease.

Code: 20160080

W-141

مقایسه تاثیرداروی سیلی مارین و ویتامین E در درمان هپاتیت چرب الکلی: یک کارآزمایی بالینی تصادفی و دوسوکورر

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۱علوم پزشکی یزد

زمینه و هدف: در حال حاضر اصلاح شــیوه زندگــی تنها درمان توصیه شــده برای بیماری هپاتیت چرب غیر الکلی (NASH) اســت. مطالعات اولیه نشــان داده‌اند که ویتامین E و ســیلی مارین اثرات مفیدی بر روی عملکرد کبد دارند. در این کارآزمایی بالینی دو سو کور ما اثر سیلیمارین

توده عضلانی کاهش یافته اسـت میزان کراتی نین سرم نمی تواند میزان فیلتراسیون گلومرولی را با دقت ارزیابی کند لذا استفاده از سیستاتین C بــه دلیل این که تحت تأثیر توده عضلانی قــرار نمی گیرد و دفعی کاملا وابســته به میزان فیلتراســیون گلومرولی دارد می تواند به عنوان معیاری مناسب برای تعیین فیلتراسیون گلومرولی مطرح باشد.

روش بررسـی: تمام بیماران سـیروتیک علامـت دار مراجعه کننده به کلینیک کبد بیمارستان امام رضا (ع) وارد مطالعه شدند. از تمام بیماران در بــدو مراجعه یک نمونه خون برای سیسـتاتین C و کراتی نین گرفته شد و همزمان ادرار ۲۴ ساعته جمع آوری و کراتی نین و اوره اندازه گیری شـد. میزان GFR بر مبنای فرمول UV/P و با میانگین کلیرنس اوره و کراتی نین تعیین وکراتی نین سـرم و سیستاتین C در مقایسه با GFR ارزیابی شـدند. بیماران هر مـاه مورد ارزیابی فوق قرار گرفتند. بررسـی بیمـاران تا هنگامی کـه GFR به کمتر از ۸۰ میلـی لیتر در دقیقه می رسید ادامه می یافت.

یافته ها: در بررسـی با منحنی های ROC مشخص شد که سیستاتین C نسـبت به کراتینین، نشانگر سـرمی بهتری در تشخیص موارد کاهش عملکرد در بیماران با سـیروز کبدی در نوبت اول با حساسیت ۸۷,۵٪ و اختصاصیت ۹۴,۴٪ اسـت. همچنین ارزش اخباری مثبت نشانگر سرمی سیسـتاتین C ۹۵,۴ ٪ و میزان ارزش اخبـاری منفی آن ۸۵,۰٪ برآورد گردید.

نتیجه گیری: با توجه به میزان حساسـیت سیستاتین C درمیان دیگر مارکرها که از بیشـترین حساسیت در بیماران سـیروتیک برخوردار می باشـد می توان از آن برای ارزیابی دقیق تـر کارکرد کلیه در این بیماران استفاده کرد.

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Code: 150153
W-143

air pollution and hepatic encephalopathy

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Introduction: To evaluate relation between air pollution and rate and duration of hospital admission due to hepatic encephalopathy as a major complication of liver cirrhosis.

Methods: In this retrospective study, during a 10 months period, the number and average duration of hospitalization of patients admitted in GI ward of a referral center due to hepatic encephalopathy were recorded in an industrial capital city. Concomitantly the level of 4 major air pollutants including SO2, CO, NO2 and O3 measured and the correlation between severity of hepatic encephalopathy and air pollution determined by Pearson correlation coefficient.

Results: Average number of admission was 5 to 6 patients per month (1-10). The average duration of hospitalization was 7.6 days (3 – 19). After comparison of average concentration of 4 major air pollutants with rate of hepatic encephalopathy, there was a relation, between O3 concentration and duration of admissions (P= 0.048, correlation coefficient 0.636) and also a non-significant relation between O3 concentration and number of admissions (P=0.78, correlation coefficient 0.58). DATA analysis did not reveal any significant relation between SO2, NO2 and CO and the rate and duration of admission due to hepatic encephalopathy (P > 0.05).

Conclusion: It seems that O3 as one of the major air pollutants can aggravates course of hepatic encephalopathy. This issue should further be clarified in future studies.

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Code: 20160075
W-144

The Effects of Human Bone Marrow-Derived Mesenchymal Stem Cell on Acute Pancreatitis in Mice

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Introduction: Acute pancreatitis (AP) is characterized by local pancreatic necrosis as well as systemic organ failure. So far, there are only few treatment options for patients with AP. Many studies have shown that human bone marrow-derived mesenchymal stem cell (hBM-MSCs) have potential of differentiation into many different cell types and are known as immuno-modulatory cells in various conditions. We aimed to investigate the anti-inflammatory characteristics of these cells in cerulein-induced AP in a mice model

Methods: We induced AP in C57BL/6 mice by intraperitoneally administration of cerulein (100□g/kg/h×7dose) at intervals of 1hour. hBM-MSC was isolated from human bone marrow and characterized. 6h after the last cerulean injection, $2×105$ hBM-MSC were injected in the AP mice through tail vein then, mice were sacrificed at 12h and blood samples were obtained by direct intracardiac puncture. Pancreas was removed immediately and used for pathological analysis. We also represented the present of transplanted hBM-MSCs in pancreatic tissue by PCR analyses

Results: Firstly, we observed that hBM-MSC are much more presence in the pancreas of mice with AP than the control group. Importantly, after treatment of the AP mice with hBM-MSC, we found a significant decrease in pancreatitis markers such as serum levels of amylase and lipase, edema, myeloperoxidase activity and histopathological alternations in pancreas tissue. Moreover, hBM-MSC significantly reduced the expression inflammatory cytokines in pancreas of AP mice

Conclusion: Cell therapy using hBM-MSC could be a suitable approach for treatment of AP. However, further investigations employing more animal models is required.

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Code: 20160030
W-145

میزان بروز و عوامل مرتبط با پانکراتیت پس از ERCP
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زمینه و هدف: ERCP تکنیکی تخصصی اسـت که در آن اندوسکوپ بسمت دوازدهه هدایت شده و با ابزارکهای دقیق، تصویرسازی از مجاری صفراوی و پانکراتیک و دامنهای از مداخلات را ممکن میسازد. پیچیدگی تکنیک باعث شده که منافع این روش، در چالش با عوارض جدی و حتی مرگبارش قرارگیرد که پانکراتیت شایعترین آنهاست. هدف این مطالعه، بررسی بروز این عارضه، عوامل خطر و عوامل محافظتی آن است

روش بررسی: در این مطالعه مقطعی، نمونه ها ۳۱۰ نفر از مراجعین مرکز تحقیقـات گوارش و کبد قم بودند که پس از ورود به مطالعه مشـخصات فردی، تاریخچه و پاسخ تستهای آزمایشگاهی لازم آنان ثبت شده و سپس تحت ERCP قرار گرفتند. شـش ساعت پس از اقدام نیز نتایج معاینه و تست آمیلاز سرم ثبت شد. دادهها با نرمافزار SPSS تحلیل شدند.

یافته ها: بروز ۸٫۱٪ پانکراتیت و مرگ و میر ۰٫۹٪ مشابه مطالعات قبلی است اما نقش محافظتی جایگذاری استنت مجرای پانکراتیک تایید نشد. ورود کانـول به مجرای پانکراتیـک و تعدد آن نیز عوامل خطر بارز بودند. آمیلاز سرم همراهی روشنی با پانکراتیت بالینی دارد.

نتیجه گیری: –

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Code: 20160034
T-146

High consent rate for organ donation among families' of brain dead patients: An Iranian perspective with analysis of risk factors

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Introduction: Patients who are neurologically dead are the main resources of organs for transplantation. In this study we aimed to investigate factors associated with families' decision to consent for organ donation.

Methods: A cross-sectional study was conducted in transplant ward of Namazi hospital affiliated to Shiraz University of Medical Sciences, Shiraz, Iran. Patients were divided to those who consented and those who declined to consent for organ donation and were compared regarding risk factors.

Results: Ninety one brain dead patients at our center were requested for organ donation. Families of 82 patients (90.1 %) consented to donate at least one organ and 9 families (9.9 %) refused to donate organ. Admission in brain dead Intensive care unit (ICU) during course of hospitalization (OR: 6.79, 95 % CI: 1.09-42.07; P-Value=0.039), previous knowledge of families about brain death and process of organ donation (OR: 5.04, 95 % CI: 1.09-23.15; P-value=0.038) and lower GCS at hospital admission (OR: 0.54, 95% CI: 0.41-0.71; P-Value=0.0001) were independently associated with organ donation. In consent group, having donation card (P-Value= 0.022) and higher age (P-Value=0.038) were associated with consent in the first session of interview.

Conclusion: Increasing knowledge of general public and establishing brain dead ICU are modifiable factors that may increase consent rate for organ donation.
Send Date:2016/10/04

Code: 20160023
W-147
Post transplant lymphoproliferative disorder *after*

liver transplantation: incidence, long term survival and impact of serum tacrolimus level

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Introduction: Post-transplant lymphoproliferative disorder (PTLD) is one of the complications after liver transplantation and may threaten both graft and patient survival. This study aimed to investigate incidence and survival of PTLD patients after liver transplantation.

Methods: A cross sectional survey was conducted among patients who underwent liver transplantation at Shiraz transplant center, Shiraz, Iran between August 2004 and March 2015. Clinical and laboratory data of patients were collected using a data gathering form. Kaplan-Meier estimates were used for analysis of time to PTLD development and survival after PTLD diagnosis. Kaplan-Meier and Cox regression analysis were used to calculate the influence of probable risk factors on PTLD development and survival

Results: There were 40 cases of PTLD in pediatric age group and 13 cases in adult patients. The incidence of PTLD was 6.25 % in pediatric patients and 1.18 % in adult liver transplant recipients. The post-PTLD survival of patients at 6 months was 75.1 % (± SE 6 %), at 1 year was 68.9 % (± SE 6.5 %) and at 5 years was 39.2 % (± SE 14.2 %). Multi-organ involvement was significantly associated with lower post-PTLD survival (104.25 ± 9.08 months vs. 27.13 ± 6.30 months, P=0.002). EBV-positive patients with PTLD had significantly higher mean survival compared to EBV-negative PTLD patients (60.58 ± 7.62 months vs. 16.72 ± 5.66 months, P=0.018) Higher se-

rum tacrolimus level was associated with lower post-PTLD survival in pediatric patients (OR: 1.07; 95 % CI: 1.006-1.15; P-value = 0.032) A serum tacrolimus of 11.1 ng/ml was a predictor of post PTLD survival (sensitivity = 90%; specificity = 52 %; area under curve= 0.738; P-value=0.035).

Conclusion: Incidence of PTLD in our liver ransplant patients is comparable to other centers. Transplant physicians may consider adjustment of tacrolimus dose to maintain its' serum level around this cut of point.

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Code: 20160073

T-148

Effect of Helicobacter pylori infection on SDF-1/CXCR4, CXCR7 axis in gastric tissues from patients with gastritis

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Introduction: Helicobacter pylori, as a class I carcinogen, has an important role in chronic inflammation of gastric tissue. Inflammation caused by it could produce various cytokines and chemokines such as stromal derived factor-1(SDF-1). SDF-1 with its receptors, CXCR4 and CXCR7, is involved in the recruitment of immune and stem cells, so these cells could help to create a microenvironment for the tumor that promote growth, survival and metastasis of tumor cells. Therefore, in this study we examined the possible effect of H. Pylori on SDF-1 expression and its receptors.

Methods: In this study we infected the gastric epithelial cells (AGS) with H. pylori and evaluated the expression of SDF-1 and CXCR4/CXCR7 at the levels of mRNA and protein using RT-PCR, Elisa and flow cytometry methods. In addition, we determined the expression of SDF-1 and CXCR4/CXCR7 by qRT-PCR from 85 human gastric tissues with or without H. pylori infection.

Results: Our data shows that (i) H. pylori infection upregulates SDF-1and CXCR4/CXCR7 at mRNA and protein levels in AGS cells, (ii) the expression of CXCR4/CXCR7 was significantly higher in H.pylori infected gastric samples from patients with gastritis. However the level of SDF-1was slightly increased which was not significant.

Conclusion: We demonstrated for the first time that H. pylori infection enhance expression of SDF-1 and its receptors in gastric epithelial cells and gastric tissues indicating that H. pylori infection may play a crucial role in pathobiology of gastritis.

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Code: 20160076

T-149

A novel role for inflammation on the expression of embryonic stem cells factors in the gastric tissue of patients with gastritis

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Introduction: Accumulating evidence indicate that pluripotency-associated transcription factors, Sox2, Nanog and Oct4 that known as embryonic stem cell factors play a crucial role in the development and progression of various types of malignancies including gastric cancer. However their expression and possible role in the inflammatory-based condition has not been elucidated. As 15-20% of cancers are associated with inflammation and helicobacter (H).pylori infection

has been known as risk factor for gastric cancer, in the current study we sought to determine the expression of these factors in gastric samples of patients with gastritis

Methods: In this study we infected the gastric epithelial cells (AGS) with H. pylori and evaluated the expression levels of Sox2, Nanog, and Oct4 in this cells with RT-PCR. In addition the expression levels of these genes were analyzed in biopsies of 50 H. pylori-infected with gastritis and 12 H. pylori-negative normal samples by qRT-PCR and evaluated the relationship between these genes expression with infiltrated inflammatory cells.

Results: Our data showed that H. pylori infection upregulates all three genes in AGS cells. However, biopsy samples from patients with H. pylori infection showed only slightly upregulation of these genes. More importantly, we observed that the levels of SOX-2, OCT-4 and Nanog is associated with the number of infiltrated inflammatory cells in gastric tissue of H. pylori positive patients, indicating that the expression of these factors is somehow depends on the levels of inflammation.

Conclusion: we demonstrate for the first time that infiltration of inflammatory cells are associated with the expression levels of embryonic stem cells factors, implying that inflammation might act as a path for cancer development
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Code: 20160033
T-150

The survey OLGA and OLGIM Staging in patients with gastrointestinal complaint referring to gastrointestinal and liver disease research center ,2015 year

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Introduction: Gastric cancer is the most common cause of death from cancer in Iran. It has been suggested that grading the severity and extent of gastritis, by staging OLGA and OLGIM can estimate risk of gastric cancer. This study aimed to assess the degree of gastritis distribution in accordance with the OLGA staging and OLGIM Staging and to compare these two methods in patients referring to the Gastrointestinal and Liver Diseases Research Center (GLDRC) who had indication for endoscopy.

Methods: In this study, 345 patients with endoscopy indication underwent upper endoscopy. Also, the status of H. pylori infection were evaluated using RUT and histological methods. In addition histological changes were assessed using the Update Sydney System. The OLGA and OLGIM 0-II stages, were as low-risk Stage and Stage III and IV were considered as high-risk Stage.

Results: The frequency of atrophic gastritis was 44.9 % using OLGA method and frequency of intestinal metaplasia by OLGIM was 25.2% , respectively. This difference was mainly due to the recognition of a greater number of patients in the early stages of gastritis (S1) by OLGA. OLGIM method has not been able to identify these patients (p = 0/001). Increasing of the gastritis, statistically reduced the diagnostic difference between OLGA and OLGIM. There was a correspondence between the two methods in III-IV stages. The frequency of Helicobacter pylori infection was 71.9% . The least age frequency was lower than 40 years. In this study, 11(73.7%) patients with gastric adenocarcinoma was found who were at low risk of OLGA and OLGIM. Two patients had low-grade dysplasia. And they were in high-risk groups using OLGA and OLGIM.

Conclusion: Almost 62.5% of gastric cancer patients with intestinal gastric adenocarcinoma were at low-risk. So only high stage Stage is not sufficient to detect follow-up required patients. Therefore, each stage of atrophy or intestinal metaplasia require follow up. Since using OLGA, the number of patients with early stages of atrophy (S1) was more than OLGIM; OLGA method in detecting a greater number of patients who need to follow up is more successful and profitable.

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Code: 20160067

T-151

Evaluation of correlation between intestinal meta-plasia and helicobacter pylori and determination of demographic data of intestinal metaplasia from 2012 to 2013 in Mashhad, Iran

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Introduction: Intestinal metaplasia is a gastric cancer precursor lesion and it occurs in response to different injuries .Helicobacter pylori and intestinal metaplasia are important risk factors for gastric cancer. In the present study, we aimed to evaluate the demographic data of intestinal metaplasia and determine the relationship between helicobacter pylori and intestinal metaplasia.

Methods: in a cross sectional study, records of patients diagnosed with gastropathy from 2012 to 2013 in Mashhad pathobiology laboratory (reference laboratory) were reviewed for demographic data of intestinal metaplasia and correlation between intestinal metaplasia and helicobacter pylori .Data were analyzed by SPSS and chi-squared test was used.

Results: 3584 patients (female; 52.5% , male 47.5%) participated to the study. 669 patients with intestinal metaplasia (18.7%) were 352 (52.62%) men and 317 (47.38%) women with a mean age of (55.87+_15.32) and 2915 patients without intestinal metaplasia (81.3%) were 1350 (46.31%) men and 1565 (53.69%) women with a mean age of (48.32+_17.02). in patients with intestinal metaplasia, 372(17.3%) persons and in patients without intestinal metaplasia 1563(82.7%) persons were helicobacter pylori positive.(p-value < 0.03)

Conclusion: This study observed the average age of patients with intestinal metaplasia is higher than the patients without intestinal metaplasia and intestinal metaplasia is more common in men than women .Our results showed the patients with intestinal metaplasia without helicobacter pylori infection are more than the patients with intestinal metaplasia and Helicobacter pylori infection.

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Code: 150175

T-152

بررسی اثر عفونت هلیکوباکتر پیلوری بر پارامترهای پیش التهابی مؤثر در بیماریهای قلبی –عروقی

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زمینه و هدف: آترواسکلروز، مهمترین عامل بیماریهای قلبی-عروقی است که توسط سایتوکینهای پیش التهابی مترشحه از سلولهای ایمنی، بوجود می آید. اخیراً نقش باکتریهایی نظیر هلیکوباکتر پیلوری به عنوان عوامل دخیل در بروز آترواسکلروز مورد توجه قرارگرفته است.

روش بررسی: در این بررسی یک مطالعه توصیفی بر روی ۶۰۰ داوطلب مراجعه کننده به آزمایشگاه تشخیص طبی، صورت پذیرفت که در نهایت سرم خون ۹۷ نفر انتخاب شد و از نظر وجود عفونت هلیکوباکترپیلوری بررسی گردید. سرم افراد هلیکوباکتر پیلوری مثبت و منفی از نظر عفونت کلامیدیاپنومونی و سیتومگالوویروس بررسی شد و سرمهای دارای تیتر مثبت آنتی بادی این میکروارگانیسمها ، حذف گردید سپس سرم افراد هلیکوباکترپیلوری مثبت و منفی از نظر تیتر CRP–hs و ۶–IL به روش ELISA مورد بررسی قرارگرفت . نتایج حاصل توسط نرم افزار ۱۶.۰ SPSS آنالیز آماری گردید.

یافته ها: در این مطالعه از ۲۲ نفری که سرم آنها از نظر تیتر سایتوکینها بررسی شدند ۴ نفر HP منفی بودند و ۱۸ نفر HP مثبت بودند و در بررسی انجام شده مشخص شد ،۱۹ نفر (۸۶/۳۶٪) دارای تیتر طبیعی و ۳ نفر (۱۳/۶۴٪) دارای تیتر بالای ۶–IL بودند و ۲۰ نفر (۹۰/۹۰٪) دارای تیتر بالا و ۲ نفر (۹/۱٪) دارای تیتر پایین CRP–hs بودند. در این مطالعه پس از بررسی آماری داده های بدست آمده، اختلاف معناداری میان عفونت هلیکوباکترپیلوری و تیتر سرمی ۶–IL و CRP–hs در افراد HP مثبت و HP منفی مشاهده نشد.

نتیجه گیری: هلیکوباکترپیلوری نمیتواند به وسیله افزایش سایتوکینهای پیش التهابی۶ – IL و hs–CRP ، باعث ایجاد آترواسکلروز شود و مکانیسم تأثیر هلیکوباکتر پیلوری بر آترواسکلروز نیاز به تحقیقات بیشتری دارد .

Effect of TLR4 Asp299Gly polymorphism on IL-6 and IL -18 expression in H.pylori infected patients

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Introduction: Helicobacter pylori (H. pylori) is associated with peptic ulcer and gastric cancer. Polymorphisms in the host genes coding for Toll-like receptors (TLRs) may influence the innate and adaptive immune response to the infection, therefore affecting the susceptibility to H. pylori or the disease outcomes. But the details and association to different polymorphisms and different clinical expression in patients infected with H. pylori remain unclear. The purpose of this study was to investigate the effect of TLR-4 Asp299Gly polymorphism on expression of IL-6 and IL-18 genes in biopsy of patient infected with H. Pylori in comparison to uninfected patients.

Methods: In a case-control study. Biopsies were collected from 58 H. pylori-infected and 44 uninfected individuals. Genotypes of TLR-4 Asp299Gly polymorphism were assessed through polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP). Mucosal expression levels of mRNA IL-6 and IL-18 were measured by real time-PCR. Cytokine expression was presented as means and differences between infected and uninfected groups were analysed using the T-Test test.

Results: The frequency of D/D and D/G genotypes in H. pylori-infected and uninfected individuals was 55.2, 44.8, 77.2 and 22.8 respectively. The expression level of IL-6 was significantly higher in H. pylori infected patients with TLR-4 gene polymorphism (P=0.001). But significant correlation between the expression level of IL-18 and TLR-4 gene polymorphism was not seen in patients infected with H. pylori (P=0.419). Also significant correlation between the expression levels of IL-6, IL-18 and TLR-4 gene polymorphism was not seen in uninfected patients.

Conclusion: The enhanced induction of IL-6 may be involved in the pathogenesis of H. pylori-associated gastritis.

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Code: 20160018

T-154

تاثیر کلیرانس کراتینین در میزان ریشه کنی هلیکوباکترپیلوری در بیماران مبتلا به زخم معده

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زمینه و هدف: در بیماران تحت همودیالیز، تغییرات پاتولوژیک در معده دیده می شـود که ممکن است در نتیجه سطح سـرمی بالای گاسترین، تاخیر در تخلیه معده یا عفونت هلیکوباکتر پیلوری (HP) باشـد . هدف از این مطالعه مقایسـه ریشـه کنی هلیکوباکتر پیلوری (HP) در بیماران مبتلا به مرحله پایانی بیماری کلیوی میباشد .

روش بررسی: ۱۲۰ بیمار مبتلا به ESRD و عفونت HP تایید شـده ، به چهـار گروه تقسـیم شـدند و گـروه اول : LCA (لانزوپرازول ۳۰ میلی گرم-BD، کلاریترومایسـین ۲۵۰ میلی گرم-BD، آموکسـی سـیلین ۵۰۰ میلی گرم-BD)، گروه دوم: LCM (لانزوپرازول ۳۰ میلی گرم-BD، کلاریترومایسـین ۲۵۰ میلی گـرم-BD، مترونیدازول ۵۰۰ میلی گرم-BD)، گروه سـوم : LCAM (لانزوپـرازول ۳۰ میلی گرم-BD، کلاریترومایسین ۲۵۰ میلی گرم-BD، آموکسی سیلین ۵۰۰ میلی گرم-BD، مترونیـدازول ۵۰۰ میلی گرم-BD) و گـروه چهـارم: ترتیبی (لانزوپـرازول ۳۰ میلی گـرم-BD برای دو هفته؛ هفته اول: آموکسـی سـیلین ۵۰۰ میلی گرم-BD و هفته دوم: کلاریترومایسـین ۲۵۰ میلی گرم-BD، مترونیـدازول ۵۰۰ میلی گـرم-BD). ۶ هفته بعد از درمان، آزمون تنفسی اوره (UBT) برای تمام بیماران انجام شد.

یافتـه ها: میانگین سـنی بیماران ۱۱٫۲ ± ۴۳٫۱ سـال بود. ۵۵٫۸٪ از بیماران مرد بودند. نرخ موفقیت ریشـه کـن کردن عفونت در ۴ گروه ۷۶٫۷٪، ۷۰٪، ۹۰٪ و ۹۰٪ بـود. HP میزان ریشـه کنی بودند در میان رژیمهـا (۰٫۱۱ =P) تفاوت معناداری وجود نداشت. اختلاف معنیداری بیـن گروههـا از نظر متغیرهـای جمعیت شـناختی و تن سـنجی وجود نداشت .

نتیجـه گیـری: نتایج نشـان داد بین میزان موفقیت رژیم های ریشـه کنی بـرای بیماران مبتلا به ESRD تفاوت معنـی داری وجود ندارد. با توجه به میزان تایید شـده ۹۰ ٪ برای میزان ریشـه کنی ،و با توجه به تعـداد کمتر مصرف داروها و در نتیجه کم شـدن خطر عوارض جانبی و تداخـلات دارویی، رژیم های ترتیبـی (sequential) به نظر بهتر است.

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Code: 20160013

T-155

تاثیر عفونت هلیکوباکترپیلوری بر پروفایل لیپید سرم

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زمینه و هدف: بین عفونت هلیکوباکترپیلوری واترواسـکلروزیس ارتباط قابل توجهی مطرح شـده اسـت اما مکانیسم این همراهی کاملا مشخص نمیباشد . در این مطالعه به بررسی ارتباط بین این عفونت و سطح لیپید های خون می پردازیم.

روش بررسی: مطالعه حاضر که از سال ۱۳۸۷ تا ۱۳۹۴ به طول کشیده اسـت شـامل۲۵۷۳مورد می باشد و در آنها سطح سرو لوژی آنتی بادی ضد هلیکوباکتر پیلوری و لیپیدهای سرم بررسی و آنالیز اماری توسط SPSS ۱۶٫۰ انجام شـده اسـت و P-value کمتراز۰٫۰۵به عنوان معنی دارتلقی شده است.

یافته ها: در این مطالعه ۶۶٫۵ درصد سـرولوژی مثبت از نظرهلیکوباکتر پیلوری داشـتند . در بین مردان، افراد مبتلا به این ارگانیسـم دارای LDL بالا تر (۰٫۰۳ = P value) بودند اما باوجود میزان TG بالاتر و HDL کمتر تفاوت معنی داری در میزان HDL و TG نداشتند. در بین زنان مشاهده شد که میزان TG در بین افراد آلوده به ارگانیسم به طور معنی داری کمتر بود (۰٫۰۰۱= P value) اما در مقابل تفاوت معنی داری در میزان LDL و HDL مشـاهده نشد . میانگین FBS در بین زنان و مردان مبتلا به هلیکوباکتر پیلوری به صورت معنی داری بالاتر از افراد غیر مبتلا به این ارگانیسم بود . ۰٫۰۴ = P value)

نتیجـه گیری: دراین مطالعه مشـخص شـد در بین مـردان مبتلا به هلیکوباکتـر پیلـوری ،این ارگانیسـم باعث افزایش سـطح LDL و افزایـش FBS اما درزنان مبتلا با توجه به کاهش سـطح تریگلیسـرید دراین افراد به نظرمیرسـد اثرآتروژنیستی هلیکوباکتر بیشتر براثر ان روی قندخون میباشد.

Send Date:2016/09/28

Code: 150177

T-156

An improved method for purifying alkylhydro-peroxide reductase (HP 1563) from Helicobacter pylori and its antibody production

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Introduction: Alkylhydroperoxide reductase (AhpC) of Helicobacter pylori has been described as a specific and unique enzyme for H. pylori and therefore, both H. pylori AhpC and Anti-AhpC could be useful in the development of serologic and stool antigen tests, for detecting and monitoring H. pylori infection.

Methods: In this study, a new convenient approach has been used to purifying and production of a monoclonal antibody against AhpC. Accordingly, The isolation and purification of AhpC from H. pylori were attempted by various techniques including ammonium sulfate precipitation, dialysis, preparative sodium dodecyl sulfate polyacrylamide gel electrophoresis and electroelution. Purification was monitored on the basis AhpC increased oxidation of NADPH, including the final electrophoretic purification. Furthermore l antibody was raised in rabbites by using the natural protein in the gel bands.

Results: The AhpC was purified 87-fold with an overall recovery of 90%. The high specificity of antibody was identified by immune blotting in which the antibody reacted with the purified AhpC and whole cell protein extract from H. pylori in addition to the intact cells of H. pylori.

Conclusion: This approach is simple, time and cost-saving for purification of AhpC enzyme and its antibody production.

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T-157

مقاومت به انسولین در افراد غیردیابتی مبتلا و غیرمبتلا به هلیکوباکترپیلوری

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زمینــه و هدف:مطالعات اپیدمیولوژیک اخیر ارتبــاط قابل توجهی بین مقاومت به انسولین و عفونت HP درافراد دیابتی را بیان کرده و از طرفی نشــان دادند که این عفونت شیوع بیشــتری در بین افراد مبتلا به دیابت نوع ۲ دارد. در این پژوهش ارتباط HP با مقاومت به انسولین در بیماران غیردیابتی مورد بررسی قرار گرفته است.

روش بررسـی:در این مطالعــه مقطعی ۲۴۵ بیمار غیردیابتی در ســال ۱۳۹۳-۹۴ مورد مطالعه قرار گرفتند. بیماران بر اســاس ســرولوژی آنتی بادی IgG علیه HP به دو گروه -HP و +HP تقســیم شــدند و در این افراد ســطح انسولین خون نیز چک شد. داده ها با استفاده از تست های t مســتقل، مجذور کای، تست دقیق فیشــر و من ویتنی تجزیه و تحلیل شد.

یافتــه ها:در مجموع ۱۲۲ بیمار (۸/۴۹٪) زن و ۱۲۳ بیمار (۲/۵۰٪) مرد بودند. میانگین مقاومت به انسولین در گروه -HP برابر ۷۴/۲±۱۸/۲ و در گــروه +HP برابــر ۱۲/۲±۰۱/۳ بود و در دو گــروه از لحاظ آماری تفاوت معنیداری نداشت (۰/۷=p). بین ریسک فاکتورهای ابتلا به دیابت و عــوارض دیابت نیز تفــاوت معنی¬داری یافت نشــد. میانگین HDL، LDL، TG، FBS، انسولین و کلســترول نیز در دو گروه تفاوت معنیدار آماری نداشت.

نتیجــه گیری:در این مطالعه هیچ ارتباط معنی داری بین دو گروه دیده نشد. البته معیارهای دیگری نیز مانند دور شکم، فشار خون، دیس پپسی، ورزش، ســابقه خانوادگــی، پروفایــل لیپید و GIB بیــن دو گروه تفاوت معنیداری نداشــت. با توجه به عدم وجــود ارتباط بین HP و مقاومت به انســولین در افراد غیردیابتی می توان نتیجه گرفت HP در ایجاد دیابت نقشی ندارد.

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Code: 20160014
T-158

Association between helicobacter pylori and microvascular complication in diabetic patients

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Introduction: aim of this study was to investigate the association between HP infection and microvascular

complicarison of type two diabetes mellitus (T2DM).

Methods: In this cross-sectional study 211 T2DM patients have been examined. Subjects were divided into two groups (HP+ and HP-) based on HP infection (diagnosed with IgG serology), and the association between these groups and microvascular complications of T2DM including nephropathy (based on protein excretion in 24-hour urine collection), retinopathy (based on examination by an ophthalmologist) and neuropathy (diapason and monofilament examination) has been evaluated.

Results: Of the 211 subjects studied, 125 (59.24%) were HP+. The mean diabetes duration was not significantly different in both groups. A significant association was found between HP infection and diabetic neuropathy (p=0.04), but there was no correlation between HP infection and diabetic nephropathy and retinopathy (p=0.2 and p=0.43, respectively).

Conclusion: Infection with H. pylori increases the risk of diabetic neuropathy and is considered as a possible risk factor diabetic neuropathy

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Code: 150148
T-159

Comparison of accuracy of 13C-urea breath test with rapid urease test in detecting infection of helicobacter pylori

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Introduction: Helicobacter pylorus (H. Pylori) is a major factor in developing gastric and duodenal ulcer and malignant gastric lesions . Therefore, diagnosis and treatment of H. pylori infection is a principal step in treatment of these kinds of lesions. The diagnosis of H. pylori can be established by various methods which includes rapid urea breathe test (UBT).The main problem in using ^{14}C is radioactive substrates. Because ^{13}C is non-radioactive isotope then it can be used in repeated test and is useful in children and women of child bearing age.TARGET: if we achieve satisfactory results in H. pylori diagnosis by UBT with carbon-13, this test will be replaced with ^{14}C.

Methods: In this study 28 patients were selected who referred to Imam Reza endoscopy ward and had not taken any anti H. pylori antibiotic since 4 weeks ago and any proton-pump inhibitor since 2 weeks before referring. Then, RUT and UBT were performed for them. Biopsy samples for pathological study were obtained while performing endoscopy and the results of the three tests were compared.

Results: compared to pathological test, RUT has sensitivity and specifity of 100% and UBT has sensitivity of 100% and specifity of 88.9%. Compared to RUT, UBT has specifity of 100% and sensitivity of 88.9%.

Conclusion: Having a specifity of 100%, UBT with ^{13}C has no false positive result; so, a positive result is of great diagnostic importance, but its 88.9% sensitivity indicates some false negative results. So, H. pylori infection cannot be completely ruled out by a negative test result.

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Code: 20160079
T-160

Prevalence of pre-neoplastic lesion in patients

with Helicobacter pylori infection

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Introduction: Helicobacter pylori; a curved bacillus that also called Campylobacter pyloridis; is found in the stomach. The association between Helicobacter pylori infection and gastric carcinogenesis has been clearly proved. Many pre-cancerous lesions such as atrophic gastritis, dysplasia and intestinal metaplasia (IM) can also lead to gastric cancer. The aim of this study was to investigate the prevalence of preneoplastic lesions in people with Helicobacter pylori (HP). Demographic and topographic information is identified too.

Methods: In a retrospective cross-sectional study by convenience sampling, demographic and pathologic records at patient with IM, chronic atrophic gastritis (CAG), HP and dysplasia, referred to the Mashhad Pathobiology laboratory within April 2012 to October 2013 were assessed. The prevalence of HP infection and lesion sites were compared by Chi-Square Test.

Results: All cases were 3585 and the mean age of IM and CAG and dysplasia in cases with HP infection was $53.35+\_14.41$ (51.7% male, 48.3% female), $58.97+\_12.95$ (71.9% male, 28.1% female), $74+\_4.24$ (80% male, 20% female) respectively. Evaluating the cases shows the prevalence of IM and CAG and dysplasia in cases with HP infection was 17.3% (327), 1.7% (32), 0.3% (5) respectively. The Chi-Square Tests show the significant relation between IM and HP positive cases (p=0.027) CAG and HP positive cases (p<0.001), dysplasia and HP positive cases (p<0.001). Also, most of sample area of endoscopic biopsy for IM is antrum (47.7%), for CAG is mucous (62.5%) and for dysplasia is antrum (60%).

Conclusion: The findings implied that gastric preneoplastic lesions were associated with HP infection, and the antrum was the most frequent lesion site.
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Code: 20160032
T-161

Recurrence rate of H. pylori infection between 3 to 5 years after eradication with UBT test

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Introduction: Helicobacter pylori (HP) has essential roles in development of inflammation, ulcers, duodenal ulcers and gastric cancer. The eradication of HP prevents from recurrence of ulcer and its complications. Although in developed countries, HP infection recurrence after successful eradication is rare and unusual; in developing countries, the incidence of recurrence is possible and in every region of the world is different. The aim of this study was to investigate the recurrence HP at least three years after completion of its successful treatment

Methods: In this study, the list of approved patients with successful eradication at least two months after treatment; 170 patients were included with phone call. A questionnaire about the type of medications that had been done against HP and demographic characteristics (age, sex, education, occupation, type of water, weak urbanization, smoking and alcohol use) for these patients was completed.

Results: Out of 170 patients, including 100 women and 70 men (mean age of 44.9 ± 11.2) ranged from 74-17 who were enrolled in the studyOne case of recurrence was observed by UBT (0.6%). There was no significant difference between demographic characteristics of the type of drug regimen and eradication of infection.

Conclusion: It seems that almost in our province, the eradication of HP has been successful. On the other hand it can be deduced that the public health situation of the major causes with HP recurrence HP has improved in recent years.
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Code: 150159
T-162

Standard triple therapy versus sequential therapy in the eradication of Helicobacter Pylori in patients with dyspepsia

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Introduction: There are several treatment regimens for eradicating H. pylori. Due to reduced H. pylori eradicating using classic triple regimen during in recent years, new approaches have been studied to increase the effectiveness of the treatments. One of these methods is sequential therapy that consists of two phases using different antibiotics. This study was conducted to compare the rate of H pylori eradication using sequential therapy and standard triple regimen in dyspeptic patients with H. pylori infection.

Methods: In this randomized clinical trial, 294 patients with dyspepsia with confirmed H. pylori infection according to pathological results were included in the study. Patients were divided into three groups by Block Randomization.Group A: sequential regimen including omeprazole and amoxicillin during the first week, and omeprazole, clarithromycin and metronidazole during the second week.Group B: Sequential regimen including omeprazole and amoxicillin during the first week and omeprazole, levofloxacin and metronidazole during the second week.Group C: Standard triple regimen including omeprazole, amoxicillin and clarithromycin for 2 weeks. Patients were visited during receiving the medication and after completion of treatment in terms of side-effects, and 6 weeks after the end of treatment were examined using urea breath test (UBT) for H. pylori eradication.

Results: Eradication rate of H. pylori in patients with sequential therapy (Group A and Group B) and standard triple therapy (Group C) was 76.5%, 87.8% and 67.3%, respectively. The side-effects in Groups A, B and C was reported 15.3%, 19.4% and 18.4%, respectively. Eradication rate in Group B compared with Group C had a significant difference statistically; comparing Group A with Group C this difference was not significant. Other variables such as age, gender, smoking, education and incidence of side-effects had no significant effects on Helicobacter pylori eradication. Side-effects of the regimes had no significant difference statistically

Conclusion: Eradication rate of sequential therapy is more than standard triple therapy. Therefore, it is recommended to use sequential therapy as an alternative method. Also levofloxacin-based sequential therapy compared to clarithromycin is more effective on eradicating Helicobacter so in areas with high resistance to clarithromycin, the use of this regimen is recommended.

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Code: 150158
T-163

14-day Standard triple therapy versus 7-day and 5-day Concomitant therapy in Helicobacter Pylori eradication

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Introduction: there are several therapeutic regimens including different antibiotics and antacid medications for helicobacter pylori eradication. Due to increasing resistance to some antibiotics and decline the effectiveness of common H.pylori eradication regimes, various studies have been done in order to achieve more effective with higher eradication rate. This study was conducted aimed to compare the effectiveness of 7-day and 5day Concomitant regime with classic triple regimen in H. pylori eradication.

Methods: In this randomized clinical trial, dyspeptic patients with proven H pylori infection referred to gastrointestinal clinic of Shohada-y-Ashayer Hospital were studied. 309 patients were included in the study and randomly divided into three equal groups A,B and C; Group A patients were treated for 14 days with clas-

sic regimen (including omeprazole 20 mg, amoxicillin 1 g and clarithromycin 500 mg) twice daily. Group B patients were treated for 7 days with Concomitant regimen (including omeprazole 20 mg, amoxicillin 1 g, clarithromycin 500 mg and metronidazole 500 mg) twice daily. And Group C patients were treated with the same Concomitant regimen for 5 days. During treatment period as well as one week after the end of treatment, Patients were visited in terms of possible side-effects and medication compliance. 6 weeks after the end of treatment, urea breath test with carbon 13 (UBT) was done for all three groups to confirm H. pylori eradication. Data were analyzed using chi-square test and logistic regression through statistical software SPSS Version 21.

Results: H. pylori eradication rate in Groups A, B and C was 68.9%, 83.4% and 60.2%, respectively that was higher in Group B in compare to Groups A and C, this difference was statistically significant(P value =0/028) . While no significant difference was observed between groups A and group C. The incidence of gastrointestinal side-effects such as nausea and abdominal pain was not statistically different between the three groups.

Conclusion: Helicobacter pylori eradication rate in 7-day concomitant regimen is more than concomitant 5-day and 14-day classic treatment regimens. Therefore, it is suggested to be used 7-day concomitant regimen as the first-line Treatment of H. pylori infection.

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Code: 20160021
T-164

Prevalence of helicobacter pylori infection in urban and rural areas of Sari, Mazandaran in 2016

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Introduction: Helicobacter pylori (Hp) has an important role in upper gastro-intestinal disorders like peptic ulcer disease, gastric cancer and MALT lymphoma. It is the most common infection in the human being affecting about half of the population worldwide. Awareness of prevalence of the infection in each area and finding effective elements on it for controlling infection and relevant factors has been recommended. In this study the prevalence of Hp and correlated social, economic and sanitary factors have been investigated in urban and rural areas of Sari. The last similar study in Mazandaran dates about 15 years ago.

Methods: This study was carried out as a cross-sectional study on 497 individuals ranging 15-65 of Sari city residents. The cluster sampling has been done randomly in urban and rural areas. A questionnaire containing personal data, economic and sanitary state was filled; then a blood sample was drawn for IgG antibody titer for Hp indirect ELISA method. The collected data was analyzed by Chi^2 test and logistic regression in SPSS statistical software.

Results: The general amount of helicobacter pylori infection was %44.5, %41.3 in urban area and %47.8 in rural area respectively. A meaningful relation was reported between the infection and the age groups (p=0.001). There was a meaningful relation between infection prevalence and the amount of education (p=0.035). But there wasn't significant difference between the amount of infection and gender, job, number of household members, digestive disease history, digestive drug use, smoking, housing state, kind of potable water and mouth and dental health.

Conclusion: Comparing the results of this study to a similar study in this area shows about twenty per cent reduction of Hp infection during the last 15 years. This decrease seems to be due to improvement in general health issues. Considering this prevalence better knowledge on controlling the infection and its complications is recommended.

Code: 150189

T-165

گاستریت آتروفیک در بیماران مبتلا به دیس پپسی در اندوسکوپی

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زمینه و هدف: سرطان معده چهارمین سرطان شایع (بعد از سرطان ریه، پستان و کولورکتال) از نظر بروز و دومین سرطان (بعد از سرطان ریه) از نظر مرگ و میر در بین بیماران مبتلا به سرطان می باشد. مراحل پیشرفت کانسر معده شامل گاستریت، گاستریت آتروفیک، متاپلازی روده ای، دیسپلازی و نهایتا کانسر معده می باشد. گاستریت آتروفیک به عنوان یک ریسک فاکتور کانسر معده شناخته شده است و میزان بروز کانسر با شدت و گسترش گاستریت آتروفیک مرتبط است.

روش بررسی: در این مطالعه توصیفی- مقطعی ۱۵۳۱ بیمار مبتلا به دیس پپسی مراجعه کننده به بخش اندوسکوپی بیمارستان های شهدای عشایر و شهید رحیمی خرم آباد از مهر ماه ۱۳۹۴ تا مرداد ۱۳۹۵ مورد مطالعه قرار گرفتند. نتایج با استفاده از نرم افزار SPSS نسخه ۲۲ مورد تجزیه و تحلیل قرار گرفت و در قالب نمودار و جداول توزیع فراوانی ارائه شدند. سطح معناداری کمتر ۰٫۰۵ در نظر گرفته شد.

یافته ها: میانگین سنی بیماران مورد مطالعه ۴۷٫۲±۱۶٫۴ سال بود. براساس یافته های اندوسکوپی شیوع گاستریت آتروفیک ۱۲٫۳٪ (۱۸۸ نفر) بود که از این تعداد ۸۹ نفر (۴۷٫۳٪) آتروفی خفیف و ۹۹ نفر (۵۲٫۷٪) آتروفی شدید داشتند. بررسی های آماری تنها عامل مرتبط با گاستریت آتروفیک را افزایش سن نشان داد (۰٫۰۰۲=P). بین آتروفی با سایر عوامل از جمله جنسیت (۰٫۲۶=P)، میزان تحصیلات (۰٫۵۴=P) (۰٫۱۹= BMI)و مصرف سیگار (۰٫۳=P)، قلیان (۰٫۷=P)، تریاک (۰٫۱=P)، الکل (۰٫۴=P) محل زندگی (۰٫۳۲=P)، سابقه خانوادگی سرطان معده (۰٫۶۶=P) با ابتلا به گاستریت آتروفیک ارتباط معنادار مشاهده نشد.

نتیجـــه گیری:طبق نتایج مطالعه، شـــیوع گاســـتریت آتروفیک در افراد مبتلا به دیس پپسی، بالاســـت. از آنجا که گاستریت آتروفیک یک عامل خطر در بروز کانســـر معده اســـت و با توجه به ارتباط آن با افزایش ســـن توصیه می شـــود با در افراد مســـن دارای دیس پپسی زمینه پیشگیری از بروز سرطان معده فراهم شود.

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Code: 150186

T-166

شیوع متاپلازی روده ای در بیماران مبتلا به دیس پپسی و عوامل خطر مرتبط با آن

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زمینه و هدف:سرطان معده ممکن است تا مراحل پیشرفته بدون علامت باشد بنابراین شناسایی ضایعات پیش سرطانی حائز اهمیت است. یکی از این ضایعات پیش ســـرطانی، متاپلازی روده ای است. این مطالعه با هدف بـــرآورد میزان متاپلازی روده ای در بیماران مبتلا به دیس پپســـی انجام شد.

روش بررســـی:مطالعه توصیفی مقطعی بـــر روی بیماران مبتلا به دیس پپســـی کـــه از مهرماه 1394 تا مـــرداد ماه 1395 به بخش اندوســـکوپی دو بیمارســـتان در خرم آباد مراجعه نموده بودند، انجام شـــد. از ضایعات، نمونـــه بیوپســـی و در موارد عدم آســـیب مخاطی، یک نمونه بیوپســـی از آنتروم گرفته و به آزمایشگاه پاتولوژی ارسال شد. برای آنالیز نتایج از آمار توصیفی و آمار تحلیلی کای اســـکوئر و رگرســـیون اســـتفاده شد و سطح معناداری کمتر 0.05 در نظر گرفته شد.

یافته ها:در این مطالعه 1016 نفر شـــرایط ورود به مطالعه را دارا بودند. 10.53% (107 نفر) از افراد مبتلا به دیس پپســـی، دارای متاپلازی روده ای بودنـــد که از این تعداد 94 نفـــر (87.7%) متاپلازی روده ای ناکامل و 17 نفر (15.9%) متاپلازی روده ای کامل و 4 نفر (3.6%) هر دو نوع کامل و ناکامل را داشـــتند. افزایش ســـن و مصرف ســـیگار با ابتلا به متاپلازی روده ای ارتباط معنی دار داشت (p<0.001 و p=0.0027). بین جنسیت، میزان تحصیلات، محل ســـکونت، سابقه خانوادگی کانسر معده، استعمال تریاک، قلیان و الکل با متاپلازی روده ای ارتباطی مشاهده نشد.

نتیجه گیری:درصد نسبتا بالایی از افراد مبتلا به دیس پپسی، متاپلازی روده ای داشـــتند. از آنجاکه متاپلازی روده ای بویژه نوع ناکامل می تواند در افزایش خطر کانسر موثر می باشد و با توجه به ارتباط آن با مصرف سیگار و افزایش ســـن توصیه می شـــود در افراد مسن و ســـیگاری دارای دیس پپسی، زمینه پیشگیری از بروز سرطان معده فراهم شود.

Send Date:2016/08/20

Code: 20160072

T-167

Anatomical distribution and demographic data of follicular gastritis from 1391-1392 in Mashhad, Iran

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Introduction: Follicular histological gastritis is one of the risk factors for gastric MALT lymphoma. However, there is no universal opinion about it if there is any association between follicular gastritis and histological features of the antral mucosa. Follicular gastritis is prominent lymphoid follicles with no lympho-epithelial lesion.the aim of this study is to evaluate a new data of anatomical distribution and demographic data of follicular gastritis in Mashhad.

Methods: records of demographic data and anatomical distribution in patients diagnosed with follicular gastritis from 2012-2013 in Mashhad Dr Ghaffarzadegan laboratory were reviewed. In the review of pathologies, chronic follicular gastritis was the highest and tubular adenoma was the lowest. Data were analyzed finally by descriptive statics of frequency distribution

Results: participants (n:1137) were 505 (30%) men and 632 (33.7%) women with a mean age 45.35+_15.92 and 45.01+_15.26 years, respectively. The most involving area with follicular gastritis was antrum (54.7%)

Conclusion: follicular gastritis involves antrum more than the other parts of the stomach. Data shows that women in their 40s are the main victims of follicular gastritis. More studies with larger series are needed for determine exact epidemiology of follicular gastritis
Send Date:2016/10/06

Code: 20160054
T-168
Patients with Pancreatic Cancer Encompass Abundantly Oxidative DNA Damage

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Introduction: DNA damage accumulation has been linked to the cancer phenotype. The purpose of this study is to compare the levels of DNA base 8-hydroxy-2′-deoxyguanosine (8-OHdG) and C-reactive protein (CRP) inflammatory marker in healthy controls and pancreatic cancer cases from hospital base case-control study.

Methods: Fifty five pancreatic cancer patients and 64 healthy controls were enrolled from a pool of patients referred to the Endoscopic Ultrasound (EUS) center. Analysis of DNA content of peripheral blood cells was implemented for 8-OHdG by the 32P-postlabelling assay. Serum CRP levels were measured by high-sensitivity assays and demographic data collected from individual medical records.

Results: The group of cases showed significant increased median (IQR) of 8-OHdG DNA adducts/106 nucleotides and CRP compared to the group of controls (208.8 (138.0-340.8) vs 117.8 (57.7-198.8) RAL value; P<0.001) and (3.5 (1.5-8.6) vs 0.5 (0.2-1.5) mg/L P<0.001). Number of conditional regression models kept on the association of pancreatic cancer with biomarker of oxidative DNA damage.

Conclusion: These findings reveal an evidence of accumulating oxidative stress and inflammation in pancreatic cancer. Future studies are expected to identify the effect of possible low level of anti-oxidants in various phase of this cancer as well as inadequate function of DNA repair system for pancreatic cancer incidence.
Send Date:2016/10/05

Code: 150201
T-169
RNA interference delivery against Erk1 and Erk2 promote chemosensitivity in human hepatocellular carcinoma cell line HepG2

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Introduction: Erk1 and Erk2 are central mediators of MAPK signaling pathway which plays a key role in proliferation and chemoresistance of cancer cells. However, the effect of Erk1 and Erk2 in these processes may not be the same. The aim of this study was to investigate differential effect of Erk1 and Erk2 down-regulation on chemoresistance in human hepatocellular carcinoma cells.

Methods: HepG2 cells were cultured in L-Glutamine rich RPMI 1640 medium containing 10% FBS and 1% antibiotics. Erk1 and Erk2 specific siRNAs were used for gene silencing. Expression level and relative expression analysis in HepG2 cells were performed using RT-PCR and qRT-PCR, respectively. Apoptosis analysis was performed by flow-cytometry technique.

Results: The results showed a higher expression level of Erk2 relative to Erk1 in HepG2 cells (p<0.01). A compensational response was observed after Erk1 and/or Erk2 silencing using specific siRNAs(p<0.01). Furthermore, 5-FU chemotherapy following siRNA-mediated knockdown led to a significant enhancement of chemosensitivity with a higher rate of early apoptosis in Erk2 relative to that of Erk1 silenced cells (+9%, p<0.01). 5-FU treatment after dual knockdown of Erk1/2 showed higher rate of early apoptosis relative to single Erk1 silencing (+9.25%, p<0.01) and also higher rate of late apoptosis compared to single Erk1 and Erk2 silencing (+4.96% and +4.66%, p<0.01).

Conclusion: Our data show that liposomal siRNA-mediated down-regulation of Erk1/2 can lead to potent chemosensitizing effects in HepG2 cells. Moreover, a higher chemosensitivity following Erk2- than Erk1-downregulation may be associated with the higher expression of Erk2 in human hepatocellular carcinoma.

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Code: 20160020
T-170

Squamous Cell Carcinoma of Gall Bladder: A Rare Presentation

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Introduction: Pure Squamous cell carcinoma of the gall bladder is a rare entity

Methods: Here we present a case of 72-yrs-male presented to our hospital with wertigo and dizziness from nine monthes ago, at the evaluation he had complete heart block and a permenent pacemaker was introduced .After three monthes he had countinous RUQ pain with radiation to interscapula area exagerated with eating sometimes nocturnal type which awaked patient from sleep

Results: US showed gallbladder hydropse with suspicious ampyema.The patient underwent, exploratory laparotomy and gall bladder surgically removed. Histopathologically the case was diagnosed as well differentiated squamous cell carcinoma infiltrating upto serosa without involving liver bed or lymph node.After three monthes he had countinous intermittent upper abdominal pain, jaundice, pruritus, tea colour urine, anorexia, weight loss for last 3 months. On ultrasonography it was found that, there was presence of dilatation of extra and intrahepatic ducts. with mass like lesion at the porta hepatis The patient

was refered for ERCP.After introducing sideview endoscpe papila was visualised but catheterisation was not possible therefore nidle nife precut was done and cholangiogram was appeared there was sever stricture at the porta hepatis extending to the proximal part of CBD,intrahepatic ducts were dilated .Distal part of CBD was normal,not possile for entering guidewire then insertin stent.The patient was candidated for PTC. The patient was complicated with postERCP pancreatitis.

Send Date:2016/09/29

Code: 20160064
T-171

Tissue Levels of Trace Element and Heavy Metals in Colorectal Cancer; Comparison between Cancerous vs. Non-Cancerous Tissues

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*Introduction:*Colorectal cancer (CRC) is has risen dramatically in Middle East and Asian countries. Many studies indicate an important role of environmental factors including trace elements as etiology of cancer .This study was to assesses the concentration of eight trace elements in cancerous and adjacent non-cancerous tissue of CRC.

*Methods:*Ina cross-sectional study between March 2015 to February 2016 tissue levels of Zinc (Zn), Chromium (Cr), Manganese (Mn), Selenium (Sn), Copper (Cu), Aluminum (Al), Lead (Pb) and Iron (Fe) were evaluated among patients with CRC. All patients underwent a total colonoscopy. Multiple samples were taken from cancerous lesions and adjacent healthy tissue with minimum distance of 10cm from lesions. These specimens were kept at -80. Flame Atomic Absorption Spectroscopy (FAAS) method was applied in this study as a standard fashion.

*Results:*The mean age of study population was 55.6 ± 12.8. The median of Zn, Cr, Cu, Al and Pb in cancerous tissues was significantly higher than those of healthy tissues (P<0.05). Nevertheless, the median of Mn, Sn and Fe was significantly lower than non-cancerous tissues (P<0.05). Between colon and rectal specimens, we did not find a difference between levels of Cr and Al and levels of Zn, Sn, and Cu in cancerous and healthy tissues respectively. We revealed that gender may influence on level of some trace elements.

*Conclusion:*we revealed that the levels of eight elements were significantly different between cancerous and healthy tissue that in turn may play a role in developing of CRC. These finding reflect the weight of environmental pollution in this setting.

Send Date: 2016/10/06

Code: 150199
T-172

miR-21 and miR-92a expression in patients with adenomatous polyp

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Introduction: MicroRNAs (miRs) are a group of small non-coding RNA (between 18-24 nt) that play an important role in regulation of mRNA expression

at the post-transcriptional level. Changes in microR-NA circulation are correlated with disease progression. The aim of this study was to investigate miR-21 and miR-92a expression as potential biomarker in patients with colorectal adenoma compared with healthy controls.

Methods: Whole blood samples collected from 36 patients with adenomatous polyp and 41 age-matched healthy subjects as the control group. Total RNA was extracted using RNX plus solution, then cDNAs were synthesis with RT-PCR using miScript Reverse Transcription kit and microRNA specific primers.Realtime PCR performed using miScript SYBR Green PCR kit. Statistical analysis for comparing expression level of microRNA performed using one-way ANOVA, chi 2 correlation test and student-test.

Results: miR-92a expression was significantly down-regulated in patient with adenomas polyp compared to the control healthy group. While no significant differences were observed in miR-21 expression between patients with adenoma and control subjects. miR-21 and miR-92a expression was not correlated with gender, age and tumor size.

Conclusion: Circulating miR-92a in blood is correlated with the detection of adenomatous polyp.
Send Date: 2016/09/06

Code: 150181
T-173
Hereditary colorectal cancer prevention in North West IRAN; The first is to identify familial adenomatous polyposis.

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Introduction: Familial adenomatous polyposis (FAP) is a strong risk factor for colon cancer. We aimed to establish coordinated registry of FAP patients and their and improving the prognosis of patients by early diagnosis and prophylactic treatment.

Methods: We included all verified patients with polyposis and colorectal cancer, through retrieving medical records and active surveillance of FAP clinics, as from 2000 to 2015.
Patients were visited by study physicians and their family members at risk were identified as well. Clinical information has been collected during face to face interview. The registry included information over ascertainment of probands, verified diagnosis by pathologies and clinical criteria, data over diagnosis and the course of disease, medical and family history; after construction of pedigrees, patients relatives were counseled, and screened for the presence of FAP. Newly identified patients, were invited to FAP clinics for treatment and follow-up. Blood samples and biopsies have been taken for all patients and their relative at risk. Collected data have been digitalized, and was analysis using statistical modules. The study was approved by the Research Ethics Committees, TBZMED.REC.1394.210, of Tabriz University of medical sciences

Results: We've registered ninety-two patients with FAP (Median age =33 years) and a~50% being female. Bleeding was the most common symptom (62.6%).

Incidence of colorectal cancer was 54.4% (n=50). Pedigree analyses showed 535 relatives at risk. To date, 53 family members at risk were screened. 73 patients had colectomy (79%) while 17 Patients (34%) underwent prophylactic surgery. Interestingly, congenital hypertrophy of the retinal pigment epithelium was detected in 61.3%. Desmoids tumors in 4.6% and other benign extra-intestinal manifestations were also identified.

Conclusion: this present study established a cohort of FAP with detailed clinical and pedigree information, and bio-materials. Half of patients had colon cancer, and extended number relatives were at risk for colon cancer. FAP registry is first step towards early detection of colon cancer in the region.

Send Date:2016/08/17

Code: 150162
T-174

Role of enteric nervous system in colon carcinogenesis

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Review Article: Colorectal cancer (CRC) is one of the most common cause of mortality from cancer in western countries and the fourth in Iran. Although CRC arises from epithelial tissues, sub-epithelial cells are reported to support the occurrence and progress of tumors from their initial steps on. Therefore, new viewpoints in cancer research have been proposed, in which both glial and neuron cells within the enteric nervous system (ENS) not only lead to proliferation of cancer cells at the tumor invasion front but also promote neurogenesis and angiogenesis in tumors. In this review we will discuss on emerging evidences supporting the role of ENS in colonic epithelial cell proliferation and carcinogenesis. Material and This review was based on a literature search in the following databases: MEDLINE/PubMed, SciVerse Scopus, and ISI Web of Science, using the keywords colorectal cancer, epithelial cells, nervous system and glial cells.ResultsSome studies suggest that epithelial as well as muscle-activated responses transfer signals to myenteric plexus which turn innervates vasodilator neurons in sub-epithelial, so acts on intestinal microvasculature. Moreover, enteric neurogenesis related signaling may be considered to be involved in the intestinal inflammation severity which is one of the main risks for CRC. It has also been proposed that both ENS and angiogenesis are required for colon carcinogenesis from the early stages of colon cancer onwards. It can inclusive taken of the results that pre-neoplastic lesions emerging into tumors may depend on a positive feedback loop between initial epithelial cells of colon and altered/mutated glial, neuronal and endothelial cells. ConclusionIt seems reasonable to suggest that the carcinogenic changes of the microenvironment would be require for tumor development. It can be concluded that enteric neurons and glial cells as well as endothelial cells are promising objectives for study in colon carcinogenesis.

Send Date: 2016/07/31

Code: 150163
T-175

Mechanisms of colon cancer pathogenesis: role of microbiota

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Review Article: Colorectal cancer (CRC) is one of the most fatal malignancies worldwide that affects over a quarter of a million people each year. Despite extensive research, the molecular mechanisms underlying

colorectal carcinogenesis are not fully understood. Genetic mutations, environmental factors such as diet, inflammatory processes, and more recently, the gut microbiota have been proven to be related to the development of colorectal cancer. The human gut is home of the complex and diverse microbiota that contributes to the overall homeostasis of the host. While no particular microbe has yet been demonstrated to be causally linked to colorectal carcinogenesis, contributions of the gut microbiota to CRC are evident. In this review we provide an overview of the contributions of microbiota in CRC and its association with diet and inflammation. Methods Relevant publications were identified after searching MEDLINE, ISI Web of Science, and SciVerse Scopus databases. Key search terms were "colon cancer"; "microbiota"; "inflammation"; and "diet". Results Evident showed that complex bacterial population influence multiple processes that affect cancer risk, including control the proliferation of epithelial cells, differentiation, bioactive food components production and/or essential nutrients, inhibition of overgrowth of pathogenic organisms, and stimulation of the intestinal immune system . Moreover, gut microbiota have been related to CRC based on their production of genotoxic and toxic metabolites which can bind specific receptors on the bowel cell surface and affect intracellular signal transduction. Conclusion The gut microbiota and its role in CRC is an active field of study. Further advances in microbiome research can soon be translated into the development of microbiota-based CRC screening, disease prevention, and treatment. Key words: Colon cancer, Microbiota, Inflammation, Diet.
Send Date:2016/07/31

Code: 20160053
T-176

Is it possible to nearly avoid CRC by special population-wide screening programs using a new immunological FOBT?

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Introduction: Colorectal cancer shows within Europe the highest prevalence in Burgenland, the eastern province of Austria. Based on previous CRC-screening in that region and promising experiences with a new immunological FOBT, immoCARE-C, an ambitious screening project was initiated covering >100.000 people per year and lasting 5-10 years. While guaiac FOBT have been extensively evaluated, advanced immunological tests like immoCARE-C have demonstrated much higher sensitivity in clinical trials, but large screening studies on a long term basis have yet been missing.

Methods: Our ambitious aim is to reduce mortality in CRC dramatically and to evaluate the effectiveness of the immunological FOBT, immoCARE-C. During the study every inhabitant between 40-80 years annually receives a FOB collection tube (distributed by the local authority into the letter box) and collects stool samples on 3 consecutive bowel movements. The collection tube is then handed over to a local general practitioner for analysis. Test results are submitted to the state health insurance system. Positive tested patients undergo colonoscopy. Polyps will be classified according to localisation, morphology, size and histology and carcinomas according to their localisation, stage and grading. Further results will be obtained involving the register of CRC mortality. Last but not least blood will be drawn from every patient for genetic analysis of gene polymorphisms involved in CRC.

Results: Up to date the target population was represented by 67,019 people, with 25,282 or 37.72%

having participated and 3,154 or 12.48% tested positively. The actual number of patients undergone colonoscopy in Oberpullendorf, of polyps found and of carcinomas found will be presented at the congress.

Conclusion: First, a well-defined and close-meshed screening system like the one established in this province assures extraordinary high compliance. Second, a new highly accurate and user-friendly test method like immoCARE-C may be recommended for large population screening beforehand to colonoscopy.
Send Date:2016/10/05

Code: 20160019
T-177

Screening of KRAS and BRAF Mutations in Iranian Human Metastatic Colorectal Cancer (mCRC) by High-Resolution Melting (HRM)

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Introduction: investigations in the methods of mutation detection uncovered the major weaknesses of direct sequencing and pyrosequencing that were high costs and low sensitivity, though they are described as the ''golden standard'' for screening of known or unknown mutations. High resolution melting (HRM) analysis seems to be an alternative tool for the rapid detection of mutations. Here we describe the accuracy of HRM in screening KRAS and BRAF mutations in metastatic colorectal cancer (mCRCs) samples.

Methods: In this regard, we examined 1000 mCRC patients of Mehr Hospital, Tehran, Iran, from Feb 2008 to May 2012 for KRAS mutations and 242 of them for BRAF mutations by HRM analysis. In order to calculate the sensitivity and specificity, HRM results were checked by pyrosequencing as the golden standard and Dxs Therascreen as another method.

Results: of 1000 participants we found there were 664 (66.4%) wild types and 336 (33.6%) mutants of KRAS gene in codon 12 and 13. Of 242 samples that randomly checked for BRAF gene, all were detected wild type by HRM. Pyrosequencing and Dxs Therascreen results confirm HRM results. In this regards, the sensitivity and specificity of HRM evaluated 100%.

Conclusion: The findings suggest that the HRM, in comparison with DNA sequencing, is a more appropriate method for precise scanning of KRAS and BRAF mutations. It is also possible to state that HRM may be a more attractive technique for detection of known or unknown somatic mutations of other genes
Send Date:2016/09/29

Code: 150179
T-178

Determinants of healthcare utilization and predictors of outcome in colorectal cancer patients from Northern Iran

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Introduction: We aimed to assess healthcare utilization (HU), its determinants, as well as its relationship with survival in colorectal cancer (CRC) patients. This study was conducted on incident CRC cases from Northern Iran.

Methods: Information on HU was collected using a valid questionnaire, considering 8 diagnostic and 4 therapeutic services. The results were categorized as good and poor HU. Multivariate logistic regression analysis was used to assess the relationship between HU and other variables. Cox-regression analysis was performed to determine major predictors of survival.

Results: In total, 227 new cases of CRC were enrolled. HU could be assessed in 218 subjects (96%). Living in rural areas was the strongest variable related to poor HU (adjusted OR=2.65; CI: 1.30-5.40). The median survival time was 40.5 months. The 1, 3 and 5- year survival rates were 71%, 52% and 44%, respectively. Cox regression analysis showed a significant lower survival rate in patients with poor HU (HR=2.3; CI: 1.46-3.64).

Conclusion: HU was an independent predictor of survival in our CRC patients. Patients' place of residence was a significant determinant of HU. Regarding its effects on patients' outcome, HU and its determinants should be considered in designing CRC controlling programs in our region and similar high-risk populations.

Send Date: 2016/08/17

Code: 150180

T-179

Predictors of survival in esophageal cancer patients in a high-risk area in Northern Iran: the role of health services utilization

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Introduction: We aimed to determine predictors of survival in esophageal cancer (EC) patients in a high-risk area. This study was conducted on EC patients diagnosed in 2007-2008 in Golestan province, Iran.

Methods: Diagnostic (DU) and Therapeutic (TU) services utilization indices were determined. DU and TU indices of 1 were considered as good utilization. EC-specific survival rates were calculated. Multivariate Cox-regression model was used to calculate adjusted hazard ratios (AHR).

Results: Two hundred and twenty three EC subjects were enrolled. The median survival time was 10.47 months and the 5-year survival rate was 11%. Cox-regression analysis suggested that stage of tumor (AHRregional=3.75, 95%CI: 2.34-6.00; AHRmetastasis=12.21, 95%CI: 7.42-20.08) and TU (AHR=1.78, 95%CI: 1.25-2.52) were the strongest variables related to EC survival. The median survival time in patients with good and poor TU were 14.37 and 8.53 months, respectively (P<0.01). There was no significant relationship between DU and EC survival.

Conclusion: We found relatively low survival rates in our EC patients when compared with developed countries. Our results also suggested an increasing trend for EC survival rate during recent years. Good TU could predict higher survival rates. Patients' access to therapeutic services may be considered as an important indicator in decision-making for controlling EC.

Send Date: 2016/08/17

Code: 150171
T-180

Diet and gastrointestinal neoplasms: A review of the evidence for anti-cancer nutrition

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Review Article: Gastrointestinal neoplasms (GINs) account for 20% of all incident neoplasms. This review highlights the studies investigating the associations between diet and prevention of GINs. Methods: We reviewed the recent literatures in websites of Google scholar and Pub Med with key words: gastrointestinal neoplasms, prevention and diet. Results: The protective effect of fruit and vegetable intake and detrimental impact of hot tea on developing esophageal neoplasm have been shown in studies. The protective effect of fiber and detrimental impact of red meat and fat on developing colorectal neoplasm have been proved in studies. Obesity is an important risk factor for adenocarcinoma of the esophagus, gastric cardia carcinoma, and colorectal neoplasm (particular among men). Vitamin E, selenium, beta-carotene, vitamin C, and folate may confer a protective effect against GINs. Antioxidants may act as chemo-preventive agents for stomach and esophageal neoplasm just in high-risk populations. Supplementary use of oral digestive enzymes and probiotics can act as anticancer nutrition. High protein and low carbohydrate diets are used to induce rapid weight loss, the evidence in this review calls to question the long-term safety of such restrictive eating habits. It's not clear that intentional weight loss could provide protection against GINs. Maintaining a healthy weight may be one of the most important ways to prevent GINs .The effects of tumor heterogeneity and the failure to appreciate the U-shaped relationship between micronutrients and cancer have been discussed in studies. Conclusion: Almost 30–40 percent of all neoplasms can be prevented by lifestyle changes. Dietary habits include daily intake of plant-based food containing anticancer phytochemicals maybe prevent of the GINs cancer development. But it needs more studies to describe scientific recommendations that diet can be used as an intervention method in prevention of GINs. KeySend Date:2016/08/15

Code: 150170
T-181

Role of taurine in patients with esophagus cancer

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Introduction: The north and north east regions of Iran are some of the known areas thathave a high incidence of esophageal cancer. Taurine is a sulfur containing amino acidwith a widerange of vital biological functions ,but little is known about the implications insulfur protein metabolism. Thus, the aim of The present study was to compare plasmalevels of Taurine in patients with esophageal cancer.

Methods: Plasma samples from 36 new case patients with esophageal cancer and 36healthy adults were analyzed by high pressure liquid chromatography (HPLC). Dataanalysis was executed utilizing the software SPSS (Version16) and for review significantdifference of Taurine between the 2 groups was used the t-test.

Results: As compared with the controls, the plasma taurine levels were significantlyhigher in esophagus cancer patients ($p < 0.05$)

Conclusion: the data suggests that measurement of serum taurine in patients witheasophagus cancer could help the early detection of easophagus cancer and In thisseries there was an increase in plasma levels of taurine and taurine positive correlationwith patient surviva.

Send Date:2016/08/15

Code: 150198
T-182

Risk Awareness and Cancer Knowledge in First Degree Relatives of Patients with Colon Cancer

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Introduction: First degree relatives (FDRs), i.e., parents, siblings or children of patients with colorectal cancer (CRC) are recommended to start screening colonoscopy at age 40 years or 10 years before the earliest diagnosis of CRC in a family member. This cross-sectional study aimed to measure cancer risk knowledge in FDRs of patients with colon cancer in Iran.

Methods: We called almost 275 randomly selected CRC cases reported between 2010 and 2014 by national which covers about 42 hospitals in Tehran. Data collection was conducted through phone calls or during in-person interviews. Stata/MP software, version 12 was used for analyses.

Results: 1017 FDRs (age 22-86) participated in the study. Only 16.5% and 35.0% of the FDRs had heard about of the FOBT (fecal occult blood test) and sigmoidoscopy or colonoscopy, respectively. Around 28% were aware of the increased risk for the development of CRC in FDRs. Old age as a risk factor was cited by 26% of the FDRs and 25% of them knew that polyps may turn into cancer over time. While 22.5% of the participants noted that early CRC often has no symptoms, only 8% of participants correctly answered to items about CRC signs and symptoms. The main source of general awareness was physicians as reported by 42.0% of the FDRs, while only 1.1% noted receiving cancer information from TV or the internet.

Conclusion: This study represents deep gaps in cancer risk knowledge and lack of information about screening tests among population at higher risk for colon cancer. Programs are needed to improve the lack of awareness in FDRs of CRC patients to help control the disease burden in Iran and other developing countries.

Send Date:2016/08/30

Code: 150197

T-183

Comparison of trace elements' serum level in high and low rate esophageal cancer areas

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Introduction: There has been considered a critical role for trace elements in cancer prevention. Since our area in northeast of Iran, has been known as a high risk area for esophageal cancer this study was designed to compare the serum level of some trace elements in high and low rate areas of our province.

Methods: We utilized 240 fasting serum samples obtained in 2011 from eastern and western parts of Golestan province during the non-communicable diseases' screening program. To carry out laboratory examinations, samples were deproteinated first and then concentrations of the intended elements were measured by an atomic absorption spectrometer. A total of 227 samples have been used in the present study and other 13 samples were excluded due to the inappropriate conditions.

Results: In the present study, the mean serum level of zinc in the high-risk region was significantly lower than that in the low-risk region. But no significant difference has been detected in serum levels of copper, magnesium and manganese in the low-risk and high-risk regions.

Conclusion: Since this work was an ecological study with no comparison between cancer patients and healthy population, its results could not be used for the general population. Therefore, complementary studies including case-control studies are suggested for further evaluation of the relationship between these elements and esophageal cancer incidence.

Send Date:2016/08/30

Code: 20160046

T-184

Congenital Hypertrophy of the Retinal Pigment Epithelium in Familial Adenomatous Polyposis (FAP) ,the first FAP registry In North West Iran

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Introduction: Familial adenomatous polyposis (FAP) is a dominant inherited disorder characterized by the presence of multiple adenomatous colorectal polyps which can develop to cancer (100%) .Therefore early diagnosis and proper treatment is essential.congenital hypertrophy of the retinal pigment epithelium (CHRPE) is on of most extra colonic manifestations that easily detectable in infants (80%) and is regarded as a reliable early marker for FAP .The aim of this study was to evaluate the diagnostic value of CHRPE lesions in FAP.

Methods: During the first time FAP registration in medical referral centers between 2006 and 2016 in this area, we studied their colonoscopy reports, pathology reports and hospital files. Pedigree after genetic counseling was drawn. Patients and relative at risk undergoing colonoscopy, endoscopy and eye examined.

Results: Nineteen diagnosed patients with FAP and 24 individuals at risk of 8 family were screened by an ophthalmologist. The sensitivity of CHRPE as a screening test for the presence of FAP is 78.94% (95% CI: 0.54 – 0.93) and the specificity is 58.33% (95% CI: 0.37 -0.77). The positive predictive value is 60% (95% CI: 0.39 -0.78) while the negative predictive value is 78% (95% CI: 0.52 – 0.93).

Conclusion: This study found that CHRPE lesions have a high sensitivity and specificity for help to detection of FAP and it hence a useful screening method in health-care system.
Send Date:2016/10/05

Code: 150174
T-185

Evaluation of neoadjuvant chemotherapy in patients with gastric cancer referred to the oncology clinic of Imam Khomeini Hospital of Ardabil

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Introduction: Treatment of Gastric cancer depends on the stage of the disease and chemotherapy and surgery are included. Recent studies, particularly in Asian countries have shown that preoperative chemotherapy on survival and improve surgical outcome was beneficial and the results have been encouraging. The aim of this study was to design the study to increase survival and improve the lives of our patients.

Methods: Patients with gastric cancer were identified and were studied with inclusion criteria. Neoadjuvant chemotherapy are given in 3 preoperational periods. Choice regime was Ajani (taxotere 80 mg/m^2, Cisplatin 70 mg/m^2, 5-FU 750 mg/m^2). After chemotherapy, the patient's CT scan was performed again and patients who have had a partial response or stable condition, surgery were performed. After surgery, the samples were sent for pathologic assessment. Patients received 3 courses of chemotherapy just as the same regimen before surgery. Finally, after data collection associated with patient's CT scan, the patient's clinical condition before and after neoadjuvant chemotherapy, all registered data were transformed into SPSS-16 software and analyzed.

Results: 30 patients, 20 males (66.7%) and 10 females (33.3 %) with gastric cancer were included in the analysis. The mean age of patients was 56/70± 13/04 years. There were 17 patients (56.7%) in T3 (the tumor size (T)), 10 patients (33.3%) in N2 (involvement of lymph nodes (N)) and none in the metastatic lesion. After chemotherapy, the tumor size decreased significantly but lymph node involvement and metastases showed no significant changes. It was also observed that 9 patients (30%) had 3A. After chemotherapy there were reductions in 15 patients (50%), unchanged in 5 patients (16.7%) and increased in 2 patients (6.7%). Initially in the CT scan, all patients had normal CT for lymph node of Para aorta and surrounding tissue involvement.

Conclusion: Based on our study, receiving neoadjuvant chemotherapy was only able to reduce tumor size significantly and significant effect on the involvement of lymph node, metastasis was not found. Neoadjuvant chemotherapy is generally effective in reducing gastric cancer stage.Key Words: neoadjuvant, chemotherapy, gastric cancer
Send Date: 2016/08/16

Code: 150204
T-186

Effect of common chemotherapeutic agents on lipid metabolism in human gastrointestinal cancer cells

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Introduction: Cancer cells are dependent to lipids, particularly fatty acids, as structural blocks for membrane building, energy sources and signaling molecules. Therefore, cancer progression is in direct correlation with fatty acid metabolism. The aim of this study was to investigate the effects of common chemotherapeutic agents on the lipid metabolism of gastrointestinal cancer cells, with a focus on alterations in cellular fatty acids.

Methods: Human HepG2 and SW480 cell lines as hepatocellular carcinoma and colorectal cancer cells, respectively, were cultured in RPMI1640 containing 10% FBS and 1% antibiotics. Cells were exposed to non-toxic doses of 5-flourouracil and doxorubicin for 72 hours. Oil Red O was used for lipid vacuole staining. Fatty acid analysis of membrane phospholipids and cytoplasmic triglycerides was performed by gas-liquid chromatography technique.

Results: Oil red O staining showed significantly higher lipid accumulation and density in cancer cells treated with chemotherapeutic agents than in the control cells. Doxorubicin and 5-flourouracil chemotherapy in HepG2 (+5.58% and +7.83%, $p < 0.05$, respectively) and SW480 (+27.22% and +5.42%, $p < 0.05$, respectively) cell lines promoted channeling of saturated fatty acids to triglyceride pool. However, total polyunsaturated fatty acids were shifted from triglycerides to phospholipid fraction upon doxorubicin and 5-flourouracil chemotherapy in HepG2 (+37.06% and +22.56%, $p < 0.05$, respectively) and SW480 (+16.11% and +12.78%, $p < 0.05$, respectively).

Conclusion: Our data show that common chemotherapeutic agents of gastrointestinal cancers can induce significant changes in cellular lipid metabolism, mainly producing highly saturated lipid droplets and highly unsaturated membrane lipids. These side effects may be associated with gastrointestinal cancers treatment failure.

Send Date:2016/09/19

Code: 20160029

T-187

ارزیابی میزان موفقیت ERCPدربیماران با دیورتیکول دئودنوم

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زمینه و هدف :دیورتیکولهای دوازدهه پس از دیورتیکولهای کولون شایع ترین دیورتیکولهای دستگاه گوارش انسان هستند. اغلب دیورتیکولهای دوازدهه بی علامتند وبطور اتفاقی کشف می شوند.امادردرصد کمی از دیورتیکولها علائم بالینی و عوارض کم خطر تا خطیر نیزممکن است بروز یابند. از انجاکه غربالگری دیورتیکول های اغلب بی علامت دوازدهه با هر روشی اعم از غیر تهاجمی یا تهاجمی, منطقی و اخلاقی نیست و ازسوی دیگر ERCP روشی مناسب برای کشف اغلب دیورتیکولهای دوازدهه است.دراین مطالعه ما برآن شدیم که در بیمارانی که به دلایل دیگر تحت ERCP قرار میگیرند بروز نسبی دیورتیکولهای دوازدهه وعوامل و عوارض مرتبط با آنها را بررسی کنیم.

روش بررسی: این مطالعه ی توصیفی تحلیلی (مقطعی)بود که با جمعیت نمونه ۳۱۰نفرورش نمونه گیری متوالی انجام شد.اطلاعات قبل ,حین وپس ازERCP از بیماران, اخذ و درپرسشنامه ی نمونه ها ثبت شد.اطلاعات سپس وارد رایانه شده و با استفاده از نرم افزار SPSSویراست بیست و یکم با آمار توصیفی وآزمون های مناسب آمار تحلیلی آنالیز شدند.سطح مشخص شده ی معناداری آماری پی کمتراز ۰/۰۵بود.

یافته ها: بروز نسبی دیورتیکولهای دوازدهه در جمعیت قم در حدود یا حتی بیشتر از بروز نسبی جهانی آن است. این میزان بروز نسبی مطابق نتایج مطالعات پیشین با افزایش سن,افزایش می یابد.همچنین مطابق انتظار با توجه به مطالعات پیشین این دیورتیکولها شیوع سنگهای

مدت طولانی، مشــکل بلع دارند مفید است. با ترخیص زودهنگام بیماران از بیمارســتان و به خصوص بخشــهای ویژه، منجر بــه کاهش عوارض و هزینه ها و مدت زمان بستری در بیمارستان میگردد

Send Date:2016/09/27

Code: 150188

T-189

Human Cystic Echinococcosis in Kermanshah Province, Western Iran: A Retrospective Hospital Based Survey from 2012 To 2013

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Introduction: Hydatidosis is the most important zoonotic disease that causes significant public health problem in farming regions around the world. In the present study, we evaluated demographic characteristics of echinococcosis during the 2-year (2011-2012) in Kermanshah city, the capital of Kermanshah Province, West of Iran.

Methods: In a retrospective study, all records related to patients operated for hydatid cyst from the three hospitals of Kermanshah were studied. Data were analyzed by the software SPSS-16.

Results: Hydatid disease was confirmed in 117 patients. Of the patients, 51.5% were females and 46.7% were male with the mean age of 39.4 years (5–93). The most affected age group was 31-40 years old. Cysts were localized in liver and lung in 57% and 24% of cases, respectively. The majority (61%) of all cases were from urban area.

Conclusion: Finally, the prevalence of hydatidosis in very young children and the new cases registered show that the disease is being actively transmitted in this province. Further studies are required to deter-

صفراوی را افزایش مــی دهند و برمیزان موفقیت ERCP نیزتاثیر منفی معنا داری می گذارند.

Send Date:2016/10/03

Code: 20160010

T-188

بررسی علل کارگذاری و عوارض و میزان بقای یک ساله گاستروستومی به کمک اندوسکوپ از طریق پوست در بیماران مراجعه کننده به بیمارستان شهید صدوقی در سال ۹۲ تا ۹۵ یزد

محمود باغبانیان ۱, حسن سلمان روغنی ۱, محسن برهانی مقدم ۱, محمد ذوالفقاری*۱

۱علوم پزشکی یزد

زمینه و هدف: فراهم کردن راههای تغذیه ای طولانی مدت برای افرادی که قادر به بلع نیســتند، امری ضروری اســت. گاستروســتومی به کمک اندوســکوپ PEG یکی از روشــهای تغذیه روده ای اســت که معده را از طریق یک لوله به محیط بیرون وصل می کند. هدف این مطالعه بررســی عوارض، اندیکاســیون ها و میزان بقای یک ســاله این روش در بیمارانی است که تحت PEG tube قرار گرفته اند.

روش بررسی: ایــن مطالعه به صورت مقطعی بــر روی ۹۷ بیمار که در فاصله زمانی اســفند ۹۲ تا اردیبهشــت ۹۵ جهت تعبیه PEG tube به بیمارســتان شــهید صدوقی یزد (ایران) مراجعه نموده انــد، انجام گرفته اســت. روش انتخــاب نمونه به صورت سرشــماری بــود. داده ها با کمک پرســشــنامه محقق-ساخت جمع آوری شد و با نرم افزار SPSS ورژن ۱۸ تحلیل شد.

یافتــه ها: حوادث عروقی مغزی بیشــترین علت مراجعــه را با ۵۲ مورد (۶/۵۳ ٪) تشــکیل داد. در مراحــل بعدی، تروما به ســروگردن ۳۲ مورد (۳۳٪)، تومورهای ســروگردن ۶ مورد (۲/۶ ٪)، انســفالوپاتی ایسکمیک ۵ مورد (۲/۵٪)، ســوختگیها ۲ مورد (۱/۲ ٪) از بیماران مراجعه کننده به بیمارســتان جهت تعبیــه PEG Tube را تشــکیل میدهند. عوارض بــه وجود آمــده در این بیماران پس از تعبیــه PEG tube به طور کلی در ۲۰ مورد (۶/۲۰ ٪) مشــاهده شــد. عفونت زخــم در ۸ مورد (۲/۸٪)، آسپیراسیون ۳ مورد (۱/۳٪)، خونریزی ۳ مورد (۱/۳٪)، نشت به بیرون ۲ مورد (۱/۲٪)، خروج پیش از موعد لوله ۲ مورد (۱/۲٪)، آبســه زیرجلدی ۱ مورد (۱٪) و استفراغ مکرر در ۱ مورد (۱٪) وجود داشت. میزان بقای یک ساله بیماران ۵/۸۳ ٪ اندازه گیری شد.

نتیجه گیری: PEG tube یک روش تغذیه ای بســیار مناسب میباشد که عوارض این روش نسبت به منافع آن اندک بوده و در بیمارانی که برای

mine genetically characterize E. granulosus in human and different livestock species in this province in order to develop preventive and control strategies.

Send Date:2016/08/20

Code: 150172
T-190

Effects of gut microbiota on weight regulation

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Review Article: Diet is one of the key environmental factors shaping the composition of the gut microbiota within a host. The aim of this article was to evaluate the effects of gut microbiota on obesity treatment. Methods: We reviewed the recent literatures in websites of Google scholar and Pub Med with key words: microbiota, weight, probiotics, and obesity. Results: Some studies described differences between content, numbers and bioactivity of gut microbiota in the lean and obese. Experiments on mice by prebiotics showed gut microbes can influence the cells metabolisms in intestine and extra intestine like liver and adipose tissue and also can modulate lipid and glucose metabolisms in the host. Calorie restriction and physical activity have an impact on gut microbiota composition related to body weight loss for example reductions in Clostridium histolyticum and E. coccoides proportions significantly correlated with BMI reduction in the obese. Specific gut microbiota could be effect on body weight changes in the obese under lifestyle intervention. In recent years, probiotics have been a part of the human diet in the form of different fermented foods consumed around the world. There was controversy but specific phyla or bacterial metabolic activities could be beneficial in the obesity treatment. Some obese individual had lower body mass gain by drank a milkshake that contained VSL#3, a probiotic with multiple strains of bacteria. Researchers suggested some hypothesis on mechanisms of probiotic supplement. But some clinicians believe that interactions between the gut microbiota and body weight may be sensitive to lifestyle intervention to different extent depending on the individual's microbiota structure. Conclusions: Gut microbiota is viewed as a metabolic organ that plays a key role in the physiology of energy balances. Gut microbiota has a potential nutritional and pharmacological target in the obesity treatment.

Send Date:2016/08/15

Code: 20160006
T-191

Is there any evidence for a viral cause in achalasia?

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Introduction: Achalasia, an incurable disease is defined by lack of normal esophageal peristalsis and loss of LES relaxation due to impaired myenteric neural plexus. The exact cause of myenteric neural cells degeneration in achalasia is still unknown. One hypothesis is that certain neurotropic viruses and autoimmune factors cause the inflammatory response in myenteric network which consequently destroy neural cells. Aim: We explored the presence of neurotropic and non-neurotropic viruses in patients with achalasia.

Methods: In this case-control study, 52 patients with achalasia and 50 controls referred to our center were evaluated for the genome of neurotropic viruses, HPV and Adenovirus using polymerase chain reaction (PCR).

Results: Genome assessment of neurotropic DNA viruses turned out negative in patients, however, the genome of HSV-1 was found in six controls. No neurotropic RNA viruses were present in samples of either patients or controls. Of non-neurotropic viruses, adenovirus genome was positive in 2 out of 52 patients and 3 out of 50 controls. In addition, 1 out of 52 patients and 2 out of 50 controls were positive for HPV infection.

Conclusion: We could not detect any significant relationship between achalasia and HPV, Adenovirus and neurotropic viruses in our cases. Nevertheless, it does not exclude the hypothesis of either an alternate viral species or resolved viral infection as the etiology of achalasia.

Send Date:2016/09/26

Code: 20160059
T-192

مقایسه اثر اندانسترون وریدی قبل از بیهوشی در کا هش استفراغ بعد از بیهوشی در حین اندوسکوپی در کودکان مراجعه کننده به مرکز طبی کودکان طی نیم سال اول۱۳۹۴

فاطمه فرهمند *۲, مهری نجفی ثانی ۲, مهرداد گودرزی ۲, اسحاق روضه ۱

۱ مرکز طبی کودکان دانشگاه علوم پزشکی تهران

۲ مرکز طبی کودکان دانشکاه علوم پزشکی تهران

زمینه و هدف: استفراغ مکرر بعد از اندوسکوپی در کودکان یکی از مسایل مهم و ناراحت کننده اســت. که موجــب ناراحتی کودک و خانواده وی می شــود. هدف از این مطالعه بررســی میزان اثر اندانسترون وریدی بر کاهش میزان و دفعات اســتفراغ های مکرر بعد از بیهوشی عمومی درحین اعمال اندوسکوپی در مقایســه با گروه کنترل در کودکان مراجعه کننده به مرکز طبی کودکان طی نیم سال اول ۱۳۹۴می باشد.

روش بررسی: در ایــن بررســی ۱۹۸ کودک ۲تا ۱۴ســاله کــه کاندید اندوســکوپی بودند به دوگروه تقســیم شــدند به گروه اول ۱۵./ میلی گرم به ازای وزن اوندانســترون وریدی (قبل از بیهوشی) و به گروه دوم یا شاهد پلاســبو داده شد. نوع داروی بیهو شــی و زمان انجام کار برای هر دو گروه مساوی بود.

یافتــه ها: میانگین ســن در گــروه اول ۳/۶±۶/۲ ســال و در گروه دوم

۶/۴±۳/۵ ســال بود. استفراغ پس از اندوسکوپی به طور معنی داری در گروه اول کمتر از گروه کنترل بود ۳ در برابر ۱۷، ۰۰۱/۰=Pv.همچنین نتایــج مطالعه حاکی از آن بود کــه زمان recovery به طور معنی داری در گــروه اول کوتاهتر از گروه کنترل بود (۳۲ دقیقه در برابر ۳۵ دقیقه و ۰۰۲/۰ =Aldrete score). P به طور معنی داری در گروه اندانســترون بالاتر بود.

نتیجه گیری: اندانســترون قبل از بیهوشــی در کنترل اســتفراغ بعد از اندوسکوپی در کودکان بسیار موثر است.

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Transfusion of packed red blood cell (pRBC) in patients with acute gastrointestinal bleeding in Shariati hospital 2012-2015

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Introduction: Appropriate use of Packed red blood cell (pRBC) units is important to decrease the transfusion of pRBC units and cost without detriment in clinical outcomes. This study was conducted to investigate the use of blood transfusion in patients with acute gastrointestinal bleeding at Shariati hospital Tehran, Iran.

Methods: In this retrospective study, the medical records of all patients who presented with acute gastrointestinal bleeding from 2012-2015 were reviewed. The laboratory and transfusion information for each patient was extracted from the hospital health information system (HIS). The patients' characteristics, indications for pRBC transfusions and hemoglobin level before transfusion were collected.

Results: Medical records of 289 patients (188 male; 65.1%) with a mean age of 58.1±19.6 years were reviewed. History of comorbidities included: ischemic heart disease (n=78; 27.0%), congestive heart failure (n=8; 2.8%), cirrhosis (n=24; 8.3%), and history of malignancy (n=43; 14.9%). Findings indicative of hemodynamic instability included: systolic blood pressure <90 mmHg (n=19; 6.6%), orthostatic hypotension (n=67; 27.2%) and heart rate >100 per minute (80; 27.7). Packed cells were transfused in 167 patients (57.8%). Only 70 patients (41.9%) had hemoglobin levels less than 7mg/dl before pRBC transfusion. Ninety-one patients (54.5%) and 6 patients (3.6%) were received packed cells with hemoglobin levels between7-10mg/dl and more than 10mg/dl, respectively.

Conclusion: Despite guidelines emphasizing on the importance of restrictive transfusion in gastrointestinal bleeding, the pattern of blood use is not appropriate in these patients and effective interventions such as patient blood management is recommended.

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بررسی فراوانی مصرف داروهای کاهنده ترشح اسید دربیماران بخش داخلی بیمارستان شهید مطهری مرودشت دربهمن واسفند۱۳۹۳ و مقایسه با مدت مشابه در سال ۱۳۹۲

ابراهیم فلاح زاده ابرقویی*۱

۱علوم پزشکی شیراز

زمینـه و هدف: داروهای مهارکنندۀ اسـید به صورت وسـیع در بخش های بسـتری به منظور جلوگیری از گاسـتروپاتی خونریزی دهنده ناشی از اسـترس اسـتفاده می شـوند که در مواردی این تجویزها اندیکاسیون ندارند. در سـال ۹۳ طرحی برای کنترل این سوئ مصرف در بیمارستان شهید مطهری مرودشت شروع شد. هدف از انجام مطالعۀ حاضر این است که مشـخص کند: ۱-فراوانی مصرف پروفیلاکسـی زخم ناشی از استرس قبل و بعد از اجرای طرح چقدر است؟ ۲-با اجرای طرح چه میزان از این پروفیلاسی ها هنوز به صورت نابجا مصرف می شود؟

روش بررسـی: بعد از بررسی ۳۹۰ پرونده از پرونده ها ی موجود در ماه های بهمن و اسـفند سـال ۱۳۹۲-۹۳ مطالعه بر روی تعداد ۲۸۰ پرونده شـروع شـد. پرونده ها از نظر دریافت داروهای سرکوب کنندۀ اسید و از نظر وجود یا عدم وجود اندیکاسـیون ها و سـایر متغیر ها ی موجود در پرسشـنامه مورد بررسـی قرار گرفت. داده ها توسـط نرم افزار SPSS و آزمون مجذور کای دو و تی مستقل تجزیه و تحلیل شد(۰/۰۵>P).

یافته ها: تغییر قابل ملاحظۀ معنی داری در میزان کلی مصرف داروهای آنتی اسید مشاهده نشـد ولی مصرف نابجای این پروفیلاکسی از ۶۳/۶٪ به ۵۵/۲٪ بعد از استفاده از فرم داروهای خاص تقلیل یافت.

نتیجـه گیـری: در ایـن مطالعـۀ ۱۱/۴٪ کاهش در ایـن مصرف بدون اندیکاسیون گزارش شـد و برخلاف افزایش استفاده از داروهای خوراکی ؛ میزان شـیوع مصرف فرم داروهای سرکوب کنندۀ اسید تزریقی کاهش قابل ملاحظه ای داشتند. که این تغییر با کاهش معنا داری در هزینه های بیمارستانی همراه بود. هر چند تغییر پر معنایی در میزان کاهش استفادۀ کلی از این داروها پیدا نشد.

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Role of upper and lower gastrointestinal endoscopy in investigating the etiologies of iron deficiency anemia in postmenopausal women

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Introduction: Iron deficiency anemia (IDA) has been considered as an alarm sign of the possible presence of malignancy in the digestive tract. Inadequate assessment of these patients can lead to delay in diagnosis of gastrointestinal tumors especially colorectal cancers. Hence, the main aim of the management of patients with IDA is to detect gastrointestinal pathologies at early stages. Therefore the present study examined the upper and lower gastrointestinal tract of postmenopausal women with IDA by gastrointestinal endoscopy.

Methods: All women with an age of more than 45 years old referred to gastroenterology department to evaluate for the source of IDA were asked for their menstrual status. After ensuring the patient's menopausal status, and getting a written informed consent the evaluation has been done. Also, the fecal occult blood tests for hemoglobin and ferritin levels based on blood test results were recorded. One hundred and three postmenopausal women with IDA according to laboratory tests were interviewed and their clinical and biochemical variables were recorded. All of the study patients underwent esophagogastroduodenoscopy and colonoscopy. The endoscopic findings were recorded as presence of gastrointestinal lesions causing IDA or the lack of them.

Results: A total of 103 patients participated in this study. Endoscopic evaluation of them revealed a source of IDA in 90.3 % of the study population. Upper and lower gastrointestinal tract lesions were found in 73.8% and 51.5% of the patients, respectively .The most frequent of lesions in the upper gastrointestinal endoscopy were severe GERD (gastroesophageal reflux disease LA class 3-4) involving 34 patients (33%) and followed by gastric erosions in 31 cases (30.1%) and duodenal ulcer in 15 cases (14.6%).

Conclusion: Thus it can be concluded that in postmenopausal women with iron deficiency anemia as in men, it is necessary to examine the gastrointestinal tract. In this subset of women endoscopic evaluation of gastrointestinal tract is cost effective.
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Assessment of gastrointestinal bleeding risk factors and endoscopic findings in combination antiplatelet therapy following percutaneous coronary intervention

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Introduction: Combination antiplatelet therapy is a classic therapy for percutaneous coronary intervention (PCI) but this therapy increases gastrointestinal bleeding (GIB). This study highlights the risk factors of GIB in combination antiplatelet treated patients.

Methods: A standard check list used to evaluate the significant risk factors of GIB and upper endoscopic findings in combination antiplatelet treated patients following PCI in the GI center of Rajai Hospital-Karaj.

Results: During a period of 12 months, a total of 103 patients with a mean age of 63 years were included. 64 patients were hospitalized and 39 patients visited in GI clinic. 54.4 % of patients were male. 51.4 % had hypertension and 27.2 % had diabetes disease. Patients' symptoms were 82.5 % melena, 28.1 % hematemesis and 3.9 % hematochezia. 6.8 % of patients was admitted with severe GIB and unstable conditions. 23.3 % had previous peptic ulcer diseases. upper endoscopy findings (n=82) were 63.4% duodenal ulcer, 37.8% gastric ulcer, 23.2% Hiatal hernia , 13.4% Mallory Weiss syndrome, 3.7% gastric tumor and 2.4% esophageal hematoma. Normal endoscopic finding was seen in 14.6% of patients who had history of GIB. Rapid urease test was positive in 46.3 % of patients. 12.6% of patients died in the course of hospitalization.

Conclusion: The high prevalence of GIB risk factors were seen among combination antiplatelet treated patients. By identifying and control of these risk factors can minimize GIB in combination antiplatelet treated patients.
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Index

Author Index
(Persian Abstracts)

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