

GOVARESH Quarterly

Scientific Journal of the Iranian Association of Gastroenterology and Hepatology

pISSN: 1560-7186, oISSN: 2008-756x, eISSN: 2008-7578 Vo1.22, Supplement, Autumn 2017, No. 100-1

Concessioner

Iranian Association of Gastroenterology and Hepatology

Publisher

Iranian Association of Gastroenterology and Hepatology

Editorial Board (In Alphabetic order)

Aghazadeh R, M.D.
Darvish Moghaddam S, M.D.
Ebrahimi Daryani N, M.D.
Emami Dehkordi SMH, M.D.
Hashemi SJ, M.D.
Malekzadeh R, M.D.

Mansour-Ghanaei F, M.D.
Masjedizadeh AR, M.D.
Massarat S, M.D.
Mikaeli J, M.D.
Somi MH, M.D.

Founder and Director

Mirmadjlessi SH, M.D.

Editor-in-Chief

Ebrahimi Daryani N, M.D.

Associate Editors

Ehsani Ardakani. MJ, M.D.
Ghadir MR, M.D.
Merat S, M.D.
Mir-Nasseri MM, M.D., MPH
Mohammadnejad M, M.D.
Pourshams A, M.D., MPH

Setoodehmanesh R, M.D.
Taheri H, M.D.
Tirgar Fakheri H, M.D.
Zamani F, M.D.
Zojaji H, M.D.

International Members of Editorial Board

Adler G, M.D. (Germany)
Keshavarzian A, M.D. (USA)

Sobhani I, M.D. (France)
Schuppan D, M.D. (USA)

Executive Secretary

Mir-Nasseri MM, M.D., MPH

Scientific Secretary

Pourshams A, M.D., M.P.H

Persian/English Text Editors

Submitted abstracts have been published without any editing and any errors are the responsibility of the author.

Office Staff

Ettehad F, Sayyad M

Page designing

Panahi M

Address of Editorial Office

Iranian Association of Gastroenterology and Hepatology, No.37, 7th Ave., Kargar-e-Shomali Ave., Tehran, Iran.
Dr. Ebrahimi Daryani N
Telefax: +9821 8833 5061-3
E-mail: nasere@yahoo.com

Publisher's Address

Iranian Association of Gastroenterology and Hepatology, No.37, 7th Ave., Kargar-e-Shomali Ave., Tehran, Iran.
Dr. Mirmadjlessi SH
Telefax: +9821 8833 5061-3
E-mail: info@iagh.org

This journal is sponsored by Iranian Association of Gastroenterology and Hepatology. Any reproduction or use of contents of articles of this journal is permitted only if the source is cited precisely.

Web Site: www.govaresh.org

E-mail: govaresh@iagh.org

In The name of God

Abstract Submitted for
Iranian Congress of Gastroenterology and Hepatology - ICGH 2017
November 21-24, 2017

Contents

ICGH 2017 Committees

● Executive Committee	3
● Scientific Committee	4
● Sponsor Societies	5

Abstracts of the ICGH 2017 6

● Author Index	63
----------------------	----

Organizing committees



President, ICGH 2017

President, IAGH
Reza Malekzadeh, M.D., AGAF
Professor of Medicine and Gastroenterology
Director, Digestive Disease Research Institute
Tehran University of Medical Sciences



Honorary President, IAGH

Seyed Hossein Mir-Madjlessi, M.D.
Professor of Medicine and Gastroenterology
Iranian Institute of Medicine



Secretary, ICGH 2017

Akram Pourshams M.D., MPH
Professor of Medicine, Gastroenterologist
Digestive Disease Research Institute
Tehran University of Medical Sciences



Executive Secretary, ICGH 2017

Seyed Mohammad Mehdi Mir-Nasseri, M.D., MPH
Research Fellow,
Digestive Disease Research Institute
Tehran University of Medical Sciences

Executive committees

- Mir-Nasseri M., M.D.
- Etehad F.
- Ansari E., M.D.
- Mirzaei S.
- Panahi M.
- Shahriyari M.
- Nourjamali R.
- Asgarabadi M.
- Molaei Mezjin S.
- Abbasi Y.

Scientific committees (Alphabetical)

- Abdi Saeed, M.D., Tehran
- Adibi Peyman, M.D., Esfahan
- Afshar Hamid, M.D., Esfahan
- Aghaghazvini Leila, M.D., Tehran
- Aghili Mahdi, M.D., Tehran
- Ajdarkosh Hossein, M.D., Tehran
- Ajeli Zahra, M.D., Tehran
- Akhavan Rezayat Kambiz, M.D., Mashhad
- Alavian Seyed Moayed, M.D., Tehran
- Alavi Nejad Pezhman, M.D., Ahvaz
- Alborzi Forough, M.D., Tehran
- Aletaha Najmeh, M.D., Tehran
- Alipour Zeinab, M.D., Bushehr
- Amani Mohammad, M.D., Tehran
- Ameli Mitra, M.D., Tehran
- Amra Babak, M.D., Esfahan
- Ansari Reza, M.D., Tehran
- Asadzadeh Hamid, M.D., Tehran
- Ashktorab Hassan, Ph.D, Washington DC
- Asle-Soleimani Hossein, M.D., Tehran
- Bagheri Mohammad, M.D., Tehran
- Bagheri-Lankarani Kamran, M.D., Shiraz
- Bahari Ali, M.D., Mashhad
- Bahreini Amin, M.D., Ahvaz
- Bakhshipour Alireza, M.D., Zahedan
- Bishehsari Faraz, M.D., Ph.D, USA
- Boghratian Amirhossein, M.D., Tehran
- Chiara Petrone Maria, M.D., Milan, Italy
- Darvish-Moghadam Sodaif, M.D., Kerman
- Delavari Alireza, M.D., Tehran
- Derakhshani Saeed, M.D., Tehran
- Dinari Jaleh, M.D., Tehran
- Djabbari Marjan, M.D., France
- Doughaei-Moghadam Masoud, M.D., Tehran
- Ebrahimi Daryani Nasser, M.D., Tehran
- Ehsani Ardakani Mohammad J., M.D., Tehran
- Emami Mohammad H., M.D., Esfahan
- Esmailzadeh Ahmad, Ph.D, Tehran
- Faghihi Amirhossien, M.D., Tehran
- Fakhriyeh Saba, M.D., Guilan
- Fallah Soltanali, M.D., Tehran
- Farahvash Mohammad R., M. D., Tehran
- Fattahi Mohammad R., M.D., Shiraz
- Fazeli Mohammad S., M.D., Tehran
- Foroutan Mojgan, M.D., Tehran
- Ganji Azita, M.D., Mashhad
- Giorgio A. Paolo, M.D., Milan, Italy
- Ghadir Mohammad R., M.D., Qom
- Haghghi Shirin, M.D., Tehran
- Hajiani Eskandar, M.D., Ahvaz
- Hashemi Seyed Jalal, M.D., Ahvaz
- Hashemi Pezhman, M.D., Tehran
- Hatami Behzad, M.D., Tehran
- Hormati Ahmad, M.D., Qom
- Hosseini Vahid, M.D., Mazandaran
- Irvani Masoud, M. D., Tehran
- Jafarian Ali, M.D., Tehran
- Keshavarzian Ali, M.D., USA
- Khaleghi Siamak, M.D., Tehran
- Khatibian Morteza, M.D., Tehran
- Khonsari Mahmood R., M.D., Tehran
- Khoshbaten Manouchehr, M.D., Tabriz
- Khoshnia Masoud, M.D., Golestan
- Khosravi Pejman, M.D., Tehran
- Mahdavinia Mahboobeh, M.D., USA
- Maleki Iradj, M.D., Mazandaran
- MalekPour Habib, M.D., Tehran
- Malekzadeh Reza, M.D., Tehran
- Mansour Ghanaei Fariborz, M.D., Guilan
- Mansouri Siavash, M.D., Tehran
- Masjedi Zadeh Abdollah, M.D., Ahvaz
- Masoodi Mohsen, M.D., Tehran
- Massarrat Sadegh, M.D., Tehran
- Merat Shahin, M.D., Tehran
- Mikaeli Javad, M.D., Tehran
- Minakari Mohammad, M.D., Esfahan
- Mirmajlesi Seyed Hosein, M.D., Tehran
- Moaddab Seyed Yaghub, M.D., Tabriz
- Moayed Kazemi Alireza, M.D., Lorestan
- Moeini Maryam, M.D., Shiraz
- Mohammad Alizadeh Amir H., M.D., Tehran
- Mohamadnejad Mehdi, M.D., Tehran
- Mojtahedi Kouros, M.D., Guilan
- Mokhtare Marjan, M.D., Tehran
- Moosavy Seyed Hamid, M.D., Hormozgan
- Moossavi Shirin, M.D., Canada
- Nasiri Shirzad, M.D., Tehran
- Nasiri Jafar, M.D., Shahrekord
- Nassiri-Toosi Mohsen, M.D., Tehran
- Nasserji Moghaddam Siavosh, M.D., Tehran
- Nikeghbalian Saman, M.D., Shiraz
- Nikmanesh Arash, M.D., Tehran
- Niknam Ramin, M.D., Shiraz
- Nobakht Hossein, M.D., Semnam
- Norouzi Alireza, M.D., Golestan
- Noorbakhsh Khosrow, M.D., Mashhad
- Pourshams Akram, M.D., Tehran
- Radmard Amir Reza, M.D., Tehran
- Rahimian Ghorbanali, M.D., Shahrekord
- Rey Jean-François, M.D., France
- Rogler Gerhard, M.D., Zürich, Switzerland
- Roushan Nader, M.D., Tehran
- Saadatnia Hassan, M.D., Mashhad
- Saberi Hazhir, M.D., Tehran
- Saberi-Firooz Mahdi, M.D., Tehran
- Sadeghi Ahmad, M.D., Tehran
- Sadeghi Amir, M.D., Tehran
- Saidi Reza, M.D., Tehran
- Salimzadeh Hamideh, M.D., Tehran
- Samiee Sara, M.D., Tehran
- Sardarian Hossein, M.D., Bandar Anzali
- Schreiber Stefan, M.D., Germany
- Sebgatollahi Vahid, M.D., Esfahan
- Semnani Shahryar, M.D., Golestan
- Shafaghi Afshin, M.D., Guilan
- Shahbazkhani Bijan, M.D., Tehran
- Shahmansouri Nazila, M.D., Tehran
- Shahrokh Shabnam, M.D., Tehran
- Sharifian Afsaneh, M.D., Tehran
- Shateri Kamran, M.D., Urmia
- Shavakhi Ahmad, M.D., Esfahan
- Shayesteh Ali Akbar, M.D., Ahvaz
- Shirani Shapour, M.D., Tehran
- Sima Alireza, M.D., Tehran
- Sobhani Iradj, M.D., France
- Sokhanvar Homayoon, M.D., Guilan
- Soleymanian Tayebeh, M.D., Tehran
- Somi Mohammad H., M.D., Tabriz
- Soroush Ahmadreza, M.D., Tehran
- Sotoudeh Masoud, M.D., Tehran
- Sotoudehmanesh Rasoul, M.D., Tehran
- Taghavi Alireza, M.D., Shiraz
- Taghvai Tarang, M.D., Mazandaran
- Taslimi Reza, M.D., Tehran
- Vaezi Mohammad, M.D., Tehran
- Vahedi Homayoun, M.D., Tehran
- Vossoghinia Hassan, M.D., Mashhad
- Yaghoobi Mohammad, M.D., Canada
- Yazdanbod Abbas, M.D., Ardabil
- Zamani Farhad, M.D., Tehran
- Zali Mohammad R., M.D., Tehran
- Zandi Abdollah, M.D., Tehran
- Zendehtdel Nasrin, M.D., Tehran
- Zojaji Homayoun, M.D., Tehran



CinnaGen Co. (CinnoRA)



Rossendarman Pharmaceutica
(Tillotts)



Abidi Pharmaceutica



Mavaraye Fonoon Asr Co.
(Boston Scientific)



Fanavari Azmayeshgahi Co.
(Olympus)



Teb Dakheli Pishro Co.
(PENTAX)



Actoverco Co.



Advance Medical Technology Co.
(Endo-Flex)



Fannavaran-e-Rojan
Mohaghegh Darou



Nikan Teb Sasan Co.
(EchoSense)



Darmanyab Darou
(Ferring)



Navak Darou
(Alfa Wassermann)



Pishraft Darman Co.
(ERBE)



Koushan Pharmed Co.



Nik Aein Teb



Alborz Darou



Rojin Darou (Takeda)



Medisa Raya Darman
(Storz)



Barsian Darou
(Vifor Pharma)



Tadbir Kala Jam



Behbod Darou



Robin Tajhiz Teb Co.
(TAE Woong)



Sina Seresht Shargh
Co. (Samen Ista)

Code: 3140100169

W-F-001

Category: 7.8 Viral hepatitis B: clinical aspects

Seroprevalence and Risk Factors of Hepatitis B Virus Infection in AZAR Cohort: A Population-Based Study

Pouri Aliasghar^{1,2}, Somi Mohammad Hossein²,
Ghojzadeh Morteza², Dadashzadeh Fakhr Monire¹

¹ Assistance Treatment, Tabriz University of Medical Sciences, Tabriz, Iran

² Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

Introduction: Hepatitis B is a major global health problem. It can cause chronic infection and puts people at high risk of death from cirrhosis and liver cancer. The aim of this study was to report the epidemiological features of HBV infection and risk factors based on the data from Azar Cohort.

Methods: As a population based study, a cluster sampling approach was used and 4949 individuals from the general population of Khameneh, East Azarbaijan, Iran, both genders 35-70 years old were invited to take part in this study from 2015 to 2016. Demographic information, medical history, high risk exposure and laboratory findings were collected for each subject. Ten milliliters (10 mL) of blood was taken from each subject and checked regarding hepatitis B markers including HBsAg, HBsAb and HBcAb in blood samples were measured by using a third generation of ELISA.

Results: The mean (SD) age of participants was 49.15 ± 9.02 years. Of these participants, 45.7% (n = 2263) were male. The prevalence of HBsAg, HBsAb and HBcAb were estimated as 1%, 16.9% and 25%, respectively. In our study, there was no significant association between age groups, gender and presence of HBsAg. There was also a positive correlation between HBcAb and women 60-70 years of age. Joint Pain was the most common symptom (56.9%) in HBsAg positive. The prevalence of anti-HBs antibody was significantly higher in men 60-70 years of age.

Conclusion: The prevalence of hepatitis B in Azar Cohort was 1%, a lower rate than other reports from Iran and the results also show that a majority of participants have no symptoms at the time of study, therefore periodic screening tests in high risk groups is required. It is possible to prevent the disease by increasing public awareness.

Send Date: 2017/09/20

Code: 3140100165

W-F-002

Category: 5.2 Etiology/epidemiology

Association between liver enzymes and risk of diabetes in Azar cohort population

Somi Mohammad Hossin¹, Ostadrahimi AliReza²,
Faramarzi Elnaz¹, Nikniaz Zeinab¹,

Eftekharsadat AmirTaher³, GhayourNahand Mousa²

¹ Liver & Gastrointestinal Diseases Research Center, Tabriz university of medical sciences

² Nutrition Research Center, Tabriz university of medical sciences

³ Pathology Department, Imam Reza Hospital, Tabriz university of medical sciences

Introduction: The liver is the site of production of glucose and plays an important role in glucose homostasis. Impaired liver function has been shown to be associated with incident diabetes. The independent role of the different liver enzymes, including γ -glutamyltransferase (GGT), alanine transaminase (ALT) and aspartate transaminase (AST), has not been addressed properly; therefore we decided to determine the association between liver enzymes and risk of diabetes in newly diagnosed and treated patients in Azar cohort population.

Methods: In the present study, the data of 14997 subjects who participated in Azar cohort study were cross-sectionally analyzed. Subjects with fasting blood glucose ≥ 126 mg/dl or use of glucose lowering medication with a history of diabetes were considered as diabetic. Serum AST, ALT, alkaline phosphates ALP and GGT were determined by kits. The associations of serum liver markers with diabetes were analyzed using logistic regression models.

Results: Of total, 2097 subjects (14%) are diabetic (2.4 % newly diagnosed). We found that with increasing levels of liver enzymes (ALP, ALT, GGT), the risk of diabetes is also increased ($P < 0.05$). Moreover, this association is significant after adjustment for age, BMI and gender ($P < 0.001$). The highest odds ratio (OR) is observed in 4 th quartiles serum GGT (≥ 29 IU/l) which increased the chance of diabetes 6.9 and 2.78 in newly diagnosed and with history of diabetes patients respectively ($P < 0.01$). Serum AST and AST/ALT ration are negatively correlated with diabetes in patients treated with glucose lowering medication.

Conclusion: The findings of present study indicated that predictive power of liver enzymes (especially GGT) for risk of diabetes in newly diagnosed diabetic patients are higher than diabetic patients treated with medications. The GGT level appeared to be the most significant risk for diabetes, however, further studies are needed to confirm our

findings and clarify the underlying mechanisms. On the other hand, it is suggested that liver enzymes in all diabetic patients should be checked as patients with type II diabetes have a markedly increased risk of developing non-alcoholic steatohepatitis and cirrhosis and even hepatocellular carcinoma.

Send Date: 2017/09/19

Code: 3140100164

W-F-003

Category: 5.2 Etiology/epidemiology

Which liver enzymes are good predictors of metabolic syndrome in Azar Cohort population

Somi Mohammad Hossin¹, Ostadrahimin AliReza²,
Faramarzi Elnaz^{*1}, Eftekharsadat AmirTaher³

¹ Liver & Gastrointestinal Diseases Research Center, Tabriz university of medical sciences, Tabriz, Iran

² Nutrition Research Center, Tabriz university of medical sciences, Tabriz, Iran

³ Pathology Department, Imam Reza Hospital, Tabriz university of medical sciences, Tabriz, Iran

Introduction: Prevalence of metabolic syndrome (Mets) is increasing in Iran. It becomes a major public health. In most cases, subjects with Mets are not recognized on time, therefore, using simple and sensitive indicators for determining Mets are necessary. Previously, it has been reported that there is relationship between liver enzymes and Mets, but the results are inconsistent and the conclusions are underpowered. Therefore, the aims of this study are to determine which liver enzymes are good predictors of metabolic syndrome in Azar Cohort population.

Methods: In the present study, the data of 14997 subjects who participated in Azar cohort study were cross-sectionally analyzed. Metabolic syndrome was defined according to International Diabetes Federation (IDF) criteria. Serum aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphates (ALP) and gamma-glutamyl-transferase (GGT) were determined by kits. The associations of serum liver markers with Mets were analyzed using logistic regression models.

Results: In our study, the prevalence of Mets is 34%. The greater serum GGT, ALP and ALT quartiles are positively associated with Mets ($P < 0.001$). Among liver enzymes, all GGT quartiles (Q) especially 4 th quartile (≥ 29 IU/l) is more predictive of Mets. The increased risk of Mets by high GGT levels (4 th quartile) became more obvious after adjustment for age and gender 3.82 (95% confidence

interval, 1 3.37 - 4.33). AST and AST/ALT are negatively correlated with Mets.

Conclusion: on the basis of our findings, liver enzymes especially GGT could be used as clinical predictors of MetS, because the test is inexpensive, highly sensitive, and frequently encountered in clinical practice. Moreover, individuals with high normal GGT levels require close monitoring for high risk of MetS.

Send Date: 2017/09/19

Code: 3140100183

W-F-004

Category: 7.7 Viral hepatitis: basic aspects

Comparative Study Ratio of AST/ALT and serum gamma glutamyl transferase (GGT) activity in Azar Cohort population

Pouri Aliasghar^{*2}, Somi Mohammad Hossein²,

Ghojazadeh Morteza², Dadashzadeh Fakhr Monirea¹

¹ Assistance Treatment, Tabriz University of Medical Sciences, Tabriz, Iran

² Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

Introduction: Hepatic disease can be evaluated by biochemical analysis of the serum tests, includes levels of serum Alanine and Aspartate aminotransferases, and others. The purpose of this study was to determine assay Liver associated enzymes from Azar Cohort Study to find out the comparative levels of enzymes between the groups.

Methods: In this cross-sectional study, a total of 4949 individuals from the general population of urban and rural areas of Khameneh, East Azarbaijan, Iran, from both genders 35-70 years old were invited to take part in this study from 2015 to 2016. Serum levels of Alanine and Aspartate aminotransferases and Gamma glutamyl transferase were assayed in the clinical biochemistry laboratory using standard methods. Comparative elevation of Liver associated enzymes was observed to indicate Viral Hepatitis(HBV), Vaccinated, Spontaneous resolved and Isolated anti-HBC groups. Data were analyzed using statistical tests and SPSS Version 17 software.

Results: The mean (SD) age of participants was 49.15 ± 9.02 years. Of these participants, 54.3% ($n = 2686$) were female. Isolated anti-HBC group($n = 974$), show increased serum levels of GGT (26.49 ± 20.64) IU/L as compared to susceptible group which was statistically significant (p value = 0.006). In Spontaneous resolved

group (n = 247) show decreased serum levels of ALT (23.51 ± 11.26) IU/L as compared to susceptible group (p value = 0.08). The ratio of AST/ALT was more significantly decreased (0.95, p value < 0.001) in vaccinated group (n = 590) as compared to Isolated anti-HBC group.

Conclusion: Liver associated enzymes tests in combinations with the physical examination and history are used to detect, specifically diagnose, and estimate the severity of hepatic disease. we would suggest screening asymptomatic individuals with HBV and also subjects with a family history of liver disease.

Send Date: 2017/09/21

Code: 3140100173

W-F-005

Category: 1.3 Evidence-based clinical practice

Serum levels of visfatin and lipid profile in patients with nonalcoholic fatty liver disease

Haji Iman¹, Nezhadali Masoumeh^{1,1}, Alinezhad Mitra²

¹ Department of Biology, Islamshahr Branch, Islamic Azad University, Islamshahr, Iran

² Faculty of medical, Tehran Medical Branch, Islamic Azad University, Tehran, Iran

Introduction: Nonalcoholic fatty liver disease (NAFLD) is characterized by excess lipid accumulation in the liver. Dyslipidemia is a risk factor for nonalcoholic fatty liver disease (NAFLD). Adipokines seem to play a distinct role in the pathogenesis of NAFLD. Visfatin is the most recently identified adipocytokine (known previously as pre-B cell colony-enhancing factor), which seems to be preferentially produced by visceral adipose tissue and has insulin-mimetic actions. The role of visfatin in human physiology and pathophysiology remains to be elucidated. The aim of this study was to determine serum lipid and visfatin levels in patients with NAFLD.

Methods: plasma levels of visfatin were measured by ELISA kit (ZellBio Company, Germany). HDL and LDL cholesterol, and triglycerides were measured by automated enzymatic method in a group of 80 NAFLD patients and 80 controls. Continuous variables with and without normal distribution were compared using Student's t-test or the Mann-Whitney U test, respectively. SPSS software version 20 was used (P values < 0.05).

Results: Triglycerids BMI were higher and HDL levels were lower in NAFLD group, when compared to healthy controls (p < 0.05). However, no difference was found

regarding cholesterol and LDL between two groups. Intistically significant difference in the visfatin levels was found between the patients and controls our finding show that plasma visfatin levels are not altered in the early stages of NAFLD.

Conclusion: Based on these findings, we suggest a serum visfatin concentration decreases in patients with NAFLD. There was a correlation between visfatin levels and fatty liver disease.

Send Date: 2017/09/20

Code: 3140100138

W-F-006

Category: 1.1 Epidemiology

بررسی شیوه زندگی نوجوانان چاق مبتلا به کبد چرب غیر الکلی مراجعه کننده به درمانگاه تغذیه دانشگاه علوم پزشکی اهواز در سال ۱۳۹۶

همتی پور اکرم^{۱*}، رسولی امیرمحمد^۱، سعدونی ضیاء^۱، حاتمی علی^۱
^۱ دانشکده علوم پزشکی شوشتر

زمینه و هدف: شیوه کبد چرب غیر الکلی و عوارض ناشی از آن در نوجوانان در حال افزایش است. عادات تغذیه ای و شیوه زندگی به تبع آن چاقی، از عوامل خطر اصلی ابتلا به این بیماری هستند. این مطالعه با هدف بررسی رفتارهای تغذیه ای و شیوه زندگی نوجوانان در اهواز انجام شد.

روش بررسی: این یک مطالعه مقطعی است ۸۳ نمونه به صورت هدفمند و در دسترس انتخاب شدند. نمونه ها دارای پرونده پزشکی و کبد چرب آن ها توسط دکتر مربوطه مسجع شده بود. با استفاده از تکمیل پرسشنامه از طریق مصاحبه با بیماران اطلاعات دموگرافیک، شاخص توده بدنی، مصرف فست فود و غیره) ارزیابی شد. جهت آنالیز داده ها از آزمون های آماری آنالیز واریانس و میانگین و انحراف معیار با استفاده از spss نسخه ۲۱ استفاده شد.

یافته ها: میانگین سنی نمونه ها ۱۷ ± ۱ بود کمترین سن ۱۵ و بیشترین ۲۰ سال بود تمامی نمونه ها مرد بودند. ۶۰٪ از نمونه ها کبد چرب درجه ۱ با توده بدنی (۹۵/۲۷ ± ۵۵/۰) BMI و ۴۰٪ کبد چرب درجه ۲ با (۲۹/۳۰ ± ۴۸/۰) BMI داشتند. ۵ نفر (۶٪) سیگار مصرف می کردند. تنها ۱ نفر (۱٪) مصرف دارو به صورت مداوم با توجه به بیماری زمینه ای داشت. ۲۴ نفر (۲۸٪) بار ۵ دقیقه در هفته پیاده روی می کردند. از نظر نوع ورزش، ۲۲ نفر (۲۶٪) فوتبال، ۱۰ نفر (۱۲٪) دوچرخه سواری و ۷ نفر (۸٪) شنا را ذکر کردند. از نظر مصرف فست فود در ماه ۳۱ نفر (۳۷٪) پیتزا، ۱۷ نفر (۲۰٪) سوسیس، ۱۶ نفر (۱۷٪) همبرگر، ۱۳ نفر (۱۵٪) کالباس، ۵ نفر (۶٪) فلافل را ذکر کردند و تنها ۱ نفر مصرف فست فود نداشت.

نتیجه گیری: با توجه به نتایج بدست آمده و مصرف فست فودها به کارگیری روش هایی جهت تغییر شیوه زندگی و رژیم غذایی مناسب برای کاهش وزن نوجوانان ضروری می باشد.

Send Date: 2017/09/08

Code: 3140100199

W-F-007

Category: 1.3 Evidence-based clinical practice

ارتباط آدیپونکتین با نمایه توده بدنی و آنزیم های کبدی در بیماران مبتلا به کبد چرب غیر الکلی

رحمانی مجتبی^۱، نژادعلی معصومه^۲، رستگار مقدم جواد^۱^۱ گروه پزشکی، واحد تهران پزشکی، دانشگاه آزاد اسلامی، تهران، ایران

^۲ گروه زیست شناسی، واحد اسلامشهر، دانشگاه آزاد اسلامی، اسلامشهر، ایران

زمینه و هدف: چاقی و اضافه وزن موجب افزایش کبد چرب می شود، از این رو پیش بینی می شود شیوع این بیماری افزایش یابد. آدیپونکتین هورمونی مشتق شده از چربی است که خواص ضد التهابی و حساس کننده انسولینی دارد و در حفاظت و جلوگیری از کبد چرب مرتبط با چاقی نقش دارد. بیماری کبد چرب غیر الکلی شایع ترین عامل افزایش آنزیم های کبدی است. آنزیم های کبدی در سلول های کبدی موجود بوده که با تخریب سلول های کبدی در سرم بیماران وارد می شوند، لذا افزایش تا حد ۳ برابری این آنزیم ها نشانه تخریب سلول کبدی که با چاقی افزایش می یابد. هدف از این مطالعه بررسی ارتباط آدیپونکتین با میزان آمینوترانسفرازها و نمایه توده بدنی در افراد مبتلا به کبد چرب غیر الکلی است.

روش بررسی: این مطالعه به روش مورد شاهدهی است. ۸۰ فرد سالم و ۸۰ فرد مبتلا به کبد چرب غیرالکلی بدون سابقه مصرف دارو در بیمارستان های بوعلی و امیرالمومنین در این طرح شرکت کردند. در این بررسی سطح آنزیم های کبدی با کیت پارس آزمون استاندارد اندازه گیری شد. سطح آدیپونکتین با استفاده از کیت الیزا مرکودیای سوئد اندازه گیری شد. داده ها بوسیله نرم افزار SPSS نسخه ۲۰ تجزیه و تحلیل شد.

یافته ها: سطح آنزیم های کبدی و نمایه توده بدنی در بیماران مبتلا به کبد چرب بیشتر از افراد سالم و تفاوت معنی دار مشاهده شد در حالی که سطح آدیپونکتین در افراد سالم بیشتر بود ($P < 0.05$). آدیپونکتین ارتباط منفی با نمایه توده بدنی ($r = -0.218$) و $P < 0.006$ و آنزیم ALT ($r = -0.258$) و AST ($r = -0.266$) و $P < 0.001$ و $P < 0.001$) نشان داد.

نتیجه گیری: کاهش سطح آدیپونکتین و شاخص توده بدنی ممکن است با آسیب کبدی در بیماران مبتلا به کبد چرب غیر الکلی مرتبط باشد و بیماری های کبدی را در موارد بالینی بدتر کند. آدیپونکتین ارتباط منفی با سطح آمینوترانسفرازها دارد و می توان آن را به عنوان هدف درمانی برای کبد چرب غیر الکلی در نظر گرفت.

Send Date: 2017/09/21

Code: 3140100109

W-F-008

Category: 7.3 Metabolic/genetic disorders

Evaluation risk factors which produce non alcoholic fatty liver disease in metabolic syndromes

Pasharavesh Leila^{۱,۲}, Zali Mohammad Reza^۱^۱ Full professor of Gastroenterology and liver diseases, Gastro-

enterology and liver transplantation Research Center Shahid Beheshti University of Medical sciences, Tehran, Iran

^۲ Specialist in Internal medicine, MPH of Epidemiology, Gastroenterology and liver transplantation Research Center Shahid Beheshti University of Medical sciences, Tehran, Iran

Introduction: NAFLD (Non Alcoholic Fatty Liver Disease) is the most common liver disease which is due to accumulation of hepatic fatty deposition without alcohol consumption. Life styles and nutritional habits have the most potent role on onset and severity of NAFLD.

Methods: We enrolled 232 cases with metabolic syndrome who denied history of alcohol consumption in this study; which 166 of them had no liver enzyme elevation or ultrasonographic fatty deposition and 66 cases had NAFLD. Demographic data were collected and all of them were undergone liver sonography. FBS, 2HPP, TG, LDL, HDL, Cr, ALK, AST, ALT, Weight, height, waist, hip and wrist circumference was measured. We took systolic and diastolic blood pressure in two separate times. Descriptive and analytical statistics were assessed by SPSS version 23. We used K², Independent sample T-test and ANOVA for analytical evaluation.

Results: There was no age, sex, literacy or marital status significant differences between two groups. Smoking and opium abuse had no differences. FBS, 2HPP and TG in NAFLD cases was 133.45 ± 65.49 , 164.20 ± 83.89 and 247.15 ± 149.65 respectively with significant differences between two groups ($PV = 0.001$, 0.0001 and 0.0001). Mean value of weight and BMI in NAFLD groups was 81.07 ± 16.40 and 32.25 ± 5.34 respectively ($PV = 0.0001$ and 0.0001). Not only weight and BMI but also waist, hip and waist to hip ratio had significant differences between two groups ($PV = 0.0001$, 0.005 and 0.001). 12.2% of NAFLD cases had sever fatty deposition but body variables and lab tests didn't have significant differences between NAFLD patients with different grades of fatty deposition on sonography.

Conclusion: Many risk factors have been shown to affect NAFLD in metabolic syndromes; life styles and insulin resistance are the most important factors. Control and decreasing risk factors is very important for decreasing NAFLD prevalence in metabolic syndrome cases.

Send Date: 2017/08/23

Code: 3140100235

W-F-009

Category: 7 LIVER

ارتباط پلی مورفیسم rs2241766 در ژن آدیپونکتین

با پروفایل لیپیدی و مقاومت به انسولین در

بیماران مبتلا به کبد چرب غیرالکلی

ربیعی سمانه^۱، نژادعلی معصومه^۲، هدایتی مهدی^۱

^۱ پژوهشکده غدد درون ریز و متابولیسم، دانشگاه شهید بهشتی

^۲ گروه زیست شناسی، دانشگاه آزاد اسلامشهر

زهیینه و هدف: آدیپونکتین فراوانترین پپتید مترشحه از بافت چربی است که نقش مهمی در بروز چاقی و مقاومت به انسولین دارد. هدف از این مطالعه بررسی ارتباط پلی مورفیسم تک نوکلئوتیدی rs2241766 یا (+45T > G) با پارامترهای بیوشیمیایی و تن سنجی در بیماران مبتلا به کبد چرب غیرالکلی است.

روش بررسی: این مطالعه به روش مورد - شاهدهی با انتخاب ۸۰ بیمار مبتلا به کبد چرب غیر الکلی بعنوان مورد و ۸۰ فرد سالم بعنوان شاهد انجام شد. میزان قند خون ناشتا، تری گلیسرید، کلسترول، HDL-C و LDL-C با روش های استاندارد و با استفاده از کیت پارس آزمون و میزان آدیپونکتین و انسولین با کیت الیزا مرکودیا سوئد اندازه گیری شد. تعیین ژنوتیپ نیز با روش PCR-RFLP انجام شد. داده ها توسط نرم افزار SPSS نسخه ۲۰ تجزیه و تحلیل گردید.

یافته ها: دو گروه مورد بررسی از نظر متغیرهای سن، BMI، تری گلیسرید، AST و ALT و فشارخون سیستمیک تفاوت معنی دار نشان داد. تحلیل رگرسیونی ژنوتیپ ها نشان داد فراوانی ژنوتیپ TG در افراد بیمار و فراوانی ژنوتیپ TT در افراد سالم بیشتر بود اما این تفاوت معنادار نبود. بطور کلی ژنوتیپ های پلی مورفیسم rs2241766 در بروز بیماری کبد چرب نقش ندارند و تفاوت معناداری در فراوانی ژنوتیپ یا آلل ها در دو گروه مشاهده نشد. مطالعه حاضر نشان داد که میزان هیچ یک از متغیرها در ژنوتیپ های TT، TG و GG پلی مورفیسم rs2241766 در گروه سالم اختلاف معنی دار ندارد اما در افراد بیمار، متغیرهای کلسترول ($P = 0.022$) و ($P = 0.009$) AST و ($P = 0.009$) ALT در ژنوتیپ ها اختلاف معنی دار نشان داد. ژنوتیپ های rs2241766 با مقاومت به انسولین ارتباط معنی دار نداشت ($P = 0.715$)، اما با چاقی در ارتباط بود ($P = 0.010$). همچنین نتایج نشان داد که آدیپونکتین با انسولین در افراد بیمار ($P = 0.001$) و سالم ($P = 0.002$) و با HLD ($P = 0.029$) در افراد بیمار ارتباط دارد. آدیپونکتین با BMI، تری گلیسرید، AST و ALT در افراد سالم و بیمار ارتباط معکوس نشان داد.

نتیجه گیری: به نظر می رسد که بین پلی مورفیسم rs2241766 در ژن آدیپونکتین و بیماری کبد چرب غیر الکلی ارتباط معناداری وجود ندارد، اما سطح آدیپونکتین با آنزیم های کبدی و شاخص توده بدنی ارتباط دارد.

Send Date: 2017/10/08

Code: 20160099

W-F-010

Category: 7.12 Imaging - radiology (incl. interventional radiology)

How good is ultrasound for evaluating NAFLD in the

general population, correlation with fibro scan:

Cross sectional study

Ganji Azita^{*1}, esmaeilzadeh Abbas¹,

Bahari Ali¹, Soltani Moslem¹

¹ Gastroenterology and Hepatology Research center,

Mashhad University of Medical Sciences

Introduction: Nonalcoholic fatty liver disease (NAFLD) is the most common form of liver disease in the world. NAFLD is associated with an increase in the probability of morbidity and mortality of cardiovascular heart disease and diabetes. NAFLD is categorized histologically into non-alcoholic fatty liver (NAFL) and nonalcoholic steatohepatitis (NASH). The gold standard of diagnosis has been known to be through a liver biopsy, but this procedure is invasive and has some limitations. It is time to replace a simple and accurate way to diagnose, grade and predict the prognosis for best management of NAFLD. Aim: of this study was comparing result of transabdominal ultrasonography with Fibroscan as a new and accurate but expensive methods for evaluating fatty liver disease.

Methods: This was a cross sectional study that was conducted using 101 patient subjects with NAFLD. All patients who had transabdominal ultrasonography and fibro scan were included. The sonographic reports categories to 4 grades based on visual liver echogenicity. Fibro scans results are based on controlled attenuation parameters (CAP) with 4 categories of steatosis and stiffness. Other information such as an age, waist and BMI were also gathered.

Results: Positive predictive value (PPV) and negative predictive value (NPV) of TUS for all grade of fatty liver, according to the fibro scan was 98.7 and 33% respectively. In patients with fibrosis more than 10.3 KPa (F3-F4), TUS could diagnosis accurate grade of fatty liver in 11 patients (27%). 27 out of 57 patients who had S3 fatty liver in fibro scan were diagnosed to have grade 3 fatty liver by TUS (Sensitivity: 47.3%). From 19 patients at stage 2, just 9 had grade 2 by TUS (47.5%). 6 (85.7%) out of 7 patients with Stage 1 in fibroscan had grade 1 by TUS.

Conclusion: Fibroscan has a high value for the diagnosis of liver fibrosis in NAFLD patients and has good correlation with TUS in grade 0 and 1 of fatty liver but for grade 2 and 3 we can not rely on TUS for accurate grading of NAFLD.

Send Date: 2017/07/22

Code: 3140100139

W-F-011

Category: 7 LIVER

اثر رژیم کاهش وزن با و بدون مکمل اسید هیدروکسی سیتریک استخراج شده از *Garcinia Cambogia* بر سطح سرمی هپسیدین و عملکرد کبدی در زنان مبتلا به کبد چرب غیر الکلی (NAFLD): کارآزمایی بالینی شاهد دار تصادفی نومی گلزار سولماز^{۱*}

^۱ علوم پزشکی تبریز

زمینه و هدف: در حال حاضر کبد چرب غیر الکلی شایعترین بیماری کبدی در دنیا می باشد. با وجود گذشت بیش از بیست سال از توصیف NAFLD هنوز درمان قطعی و تایید شده ای برای آن وجود ندارد، هرچند در حال حاضر بهترین استراتژی پیشنهادی برای درمان NAFLD کاهش وزن می باشد. هپسیدین هورمون پپتیدی ۲۵ اسید آمینه ای است که پروتئین فاز حاد بوده در حال حاضر به عنوان مهم ترین هورمون تنظیمی آهن می باشد اخیرا هپسیدین به عنوان بیومارکر شرایط التهاب سیستمی به خاطر تنظیم افزایشی آن توسط سیتوکین های التهابی نظیر IL6 شناخته شده است HCA از مشتقات اسید سیتریک بوده که در یکی از گونه های گیاه بومی آسیای جنوبی به نام *Garcinia cambogia* یافت می شود و معمولا به عنوان مکمل کاهش وزن به تنهایی یا به همراه سایر مکمل ها مورد استفاده قرار می گیرد. از آنجایی که NAFLD و اضافه وزن نیز شرایط التهابی دارد اندازه گیری این هورمون در این بیماران که مکمل HCA دریافت میکنند، می تواند مفید باشد.

روش بررسی: این مطالعه به صورت کارآزمایی بالینی تصادفی بر روی ۴۰ بیمار مبتلا به NAFLD تایید شده با یافته های سونوگرافی انجام شد. افراد به صورت اختصاصی به دو گروه تقسیم شد. گروه کنترل فقط تحت رژیم کاهش وزن به مدت دو ماه بود ولی گروه مداخله رژیم کاهش وزن به همراه ۶ عدد قرص HCA به مدت دو ماه مصرف کردند. وزن، دریافت غذایی، سطح آلانین آمینوترانسفراز (Alanin transaminase یا ALT)، آسپاراتات آمینوترانسفراز (Aspartat aminotransferase یا AST) آلکالین فسفاتاز (Alkanin phosphatase یا ALP) و سطح هپسیدین سرم در سرم ناشتا قبل و پس از پایان مداخله ارزیابی شد.

یافته ها: تفاوت معنی داری بین وزن و ALP و سطح هپسیدین سرم در دو گروه وجود نداشت ($P < 0.05$). در انتهای مطالعه پس از مداخله در سطح ALT و AST کاهش معنی داری وجود داشت ($P > 0.05$).

نتیجه گیری: مکمل HCA بر سطح ALT و AST تاثیر مثبت دارد اما نمی تواند سبب بهبود عملکرد کبدی از طریق کاهش وزن و کاهش سطح هپسیدین سرم گردد.

Send Date: 2017/09/11

Code: 3140100225

W-F-012

Category: 7 LIVER

Determining liver stiffness using shear wave elastography in morbidly obese patients prior to bariatric surgery compared with liver biopsy

jamialahmadi tannaz^{۱*}

^۱ Student Research Committee, Department of Nutrition, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

Introduction: Prevalence of non-alcoholic fatty liver disease is increasing due to the morbid obesity. In severely obese patients, NAFLD is a potentially important indication for bariatric surgery. Liver elastography is a validated diagnostic tool to measure liver stiffness in different liver disease. we aimed to determine the diagnostic performance of elastography as a non-invasive tool compared to liver biopsy in bariatric surgery candidates.

Methods: Prospectively, a total of 30 severely obese subjects underwent bariatric surgery with liver needle biopsy during the surgery. Diagnostic accuracy of elastography in determining liver stiffness was determined by ROC curve in SPSS v22. Fibrosis and NASH score were considered as a gold standard. $F \geq 2$ and $NASH \geq 7$ were addressed as an advanced fibrosis and severe activity.

Results: Their mean BMI of 45.49 ± 5.67 kg/m². When fibrosis was as a gold standard the Area Under the Curve (AUC) of $[0.82 \pm 0.10$ (95% CI: 0.62 - 1.0)] resulted from the ROC curve of elastography for this prediction. For a value of 7.05 (optimal cutoff), elastography had a sensitivity and specificity of 80%. when NASH score was as gold standard following results were achieved: AUC of $[0.97 \pm 0.04$ (95% CI: 0.9 - 1.0)] for this prediction and for a value of 7.25 (optimal cutoff), elastography had a sensitivity of 100% and specificity of 88.5%.

Conclusion: Non-invasive liver stiffness measurement is feasible in severely obese patients using shear wave elastography. Shear wave elastography is useful in clinical evaluation before bariatric surgery.

Send Date: 2017/10/05

Code: 3140100147

W-F-013

Category: 12 SURGERY

Changes in Liver Enzymes in the Patients Undergoing Open Cardiac Surgery

golitaleb mohamad^{۱*}, Mehrdad HaghAzali^۲

^۱ Faculty of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran

^۲ Rajaie Cardiovascular, Medical & Research Center, Iran University of Medical Sciences, Tehran, Iran

Introduction: Gastrointestinal complications following cardiac surgery are associated with high morbidity and

mortality rates, prolonged hospital stay, and increased cost of hospitalization. One of the most important gastrointestinal complications following cardiac surgery is hepatic dysfunction. This prospective study was evaluated the incidence and significance of liver dysfunction after open cardiac surgery.

Methods: This study was conducted on 150 patients who were candidates for heart surgery. Liver tests including bilirubin (total and direct), alkaline phosphatase, AST, ALT were measured before the operation and on the first, third, and seventh postoperative days. Qualitative data were compared with Chi2 or Fisher exact test. Mann Whitney U or T-student test was used to compare quantitative variables. Repeated measure ANOVA was used to study the trend of liver enzyme changes during time. A value of $P < 0.05$ was considered statistically significant.

Results: Out of 150 patients, 80 were men (53.3%) and 70 were women (46.7%) with mean age of 62 ± 12.5 . Level of AST, ALT and bilirubin total has increased significantly after surgery ($P < 0.05$). There were significant relationship between AST, ALT and alkaline phosphatase on first day after surgery and hypothermia less than 32°C ($P < 0.05$), blood transfusion more than 6 units ($P < 0.05$), intraoperative hypotension ($P < 0.001$), duration of the pump over 100 minutes ($P < 0.001$). Patients with changes in liver enzyme had a longer hospital stay (25.2 ± 6.48 in patients with liver enzyme changes VS. 9.23 ± 5.3 in patients without liver enzyme changes, p -value < 0.05). Four deaths occurred among patients with changes in liver enzyme level but there was no death in patients without changes in liver enzyme levels that this difference in mortality rate was statistically significant (< 0.005).

Conclusion: The results of this study showed that there is a significant relationship between and changes in liver enzymes and hypotension during the, hypothermia, the pump duration, blood transfusion, and the type of the pump.

Send Date: 2017/09/15

Code: 3140100208

W-F-014

Category: 7.2 Nutrition - metabolism - pharmacology

Metabolic syndrome as a risk factor for seteatofibrosis; Cross sectional study

Ganji Azita¹, Esmacilzadeh Abbas¹, Bahari Ali¹, Goshayeshi Ladan¹

¹ Research Center of Gastroenterology and Hepatology, Mashhad University of Medical Sciences, Mashhad, Iran

Introduction: Nonalcoholic fatty liver disease (NAFLD) is used to define a spectrum of changes in liver includes a simple steatosis, steatohepatitis, cirrhosis which can progress to cirrhosis. NAFLD had known as the hepatic manifestation of metabolic syndrome and even without cirrhosis are a risk of hepatocellular carcinoma. The aim of this study was to Evaluate the factors associated with significant liver fibrosis in nonalcoholic steatohepatitis (NASH) diagnosed by fibroscan.

Methods: This cross sectional study was conducted under the supervision of Mashhad university of medical sciences. 2409 patients with non alcoholic fatty liver disease (NAFLD) enrolled in our studying and evaluate by fibroscan. Patients with underlying diseases, autoimmune hepatitis, viral hepatitis and Wilson disease were excluded from study. Metabolic syndrome was considered in patients with at least three of the 5 criteria (waist circumference, HTN, HDL, TG, FBS). Steatosis graded from normal to S3 and fibrosis from F0 to F4 by fibroscan.

Results: In this study 2409 patients had fibroscan, 491 out of them had metabolic syndrome and 1918 without metabolic syndrome. Mean age was 44.72% (43.52 in MS and 49.5 in non metabolic syndrome). In patients with fatty liver, prevalence of metabolic syndrome was 58%. Mean steatosis percent had significant difference in metabolic syndrome, in compare of non metabolic syndromes (62% in compare of 71%). Patients who had more components of MS (> 3 of 5 criteria for MS) had more steatosis and more fibrosis.

70% of patients with MS had no fibrosis and 10.29% had sever fibrosis with liver stiffness more than 9.5 kps in fibroscan.

Conclusion: In age more than 40 about 10 percent of patients with metabolic syndrome had sever fibrosis and 19% had significant fibrosis.

Send Date: 2017/09/22

Code: 3140100219

W-F-015

Category: 7 LIVER

بررسی ارتباط پلی مورفسم rs17300539 در ژن آدیپونکتین

با بیماری کبد چرب غیر الکلی در جمعیت ایرانی

رضایی فهیمه^{1*}، نژادعلی معصومه¹

¹ دانشگاه آزاد اسلامی، واحد اسلامشهر

زمینه و هدف: بیماری کبد چرب غیر الکلی (NAFLD) شایعترین نوع بیماری کبدی است و همراه با تغییراتی چون استئاتوز، استئاتوهپاتیت و

سیروز می باشد. شواهدی وجود دارد که آدیپونکتین، پروتئین مترشحه از بافت چربی، باعث تخفیف التهابات کبدی و ابتلا به فیبروز کبدی می گردد. فاکتورهای ژنتیک در پیشرفت کبد چرب نقش دارند، از این رو در این تحقیق بررسی ارتباط پلی مورفیسم rs17300539 (SNP) ژن آدیپونکتین با NAFLD انجام شده است.

روش بررسی: این مطالعه مورد-شاهدی در ۸۰ فرد مبتلا NAFLD و ۸۰ فرد سالم انجام شد. تعیین پلی مورفیسم rs17300539 ژن آدیپونکتین با روش PCR-RFLP و تکنیک الکتروفورز انجام شده است. سطح هورمون آدیپونکتین و انسولین بوسیله کیت الایزا مرکودیا سوئد و سایر متغیر های بیوشیمیایی بوسیله کیت پارس آزمون اندازه گیری شد. **یافته ها:** تفاوت معنی دار در فراوانی آلل G بین گروه بیمار و سالم مشاهده شد ($p = 0.034$). میزان BMI در بیماران حامل ژنوتیپ GA، بیشتر از حاملین GG است ($p = 0.035$) و میزان فشار دیاستولیک در افراد بیمار و مردان حامل ژنوتیپ، GA در مقایسه با حاملین GG بیشتر بود ($p = 0.050$). در زنان بیمار حامل ژنوتیپ GA سطح کلسترول تام و AST از حاملین GG بیشتر است ($p = 0.025$ و $p = 0.09$). **نتیجه گیری:** در پژوهش حاضر طبق نتایج حاصله در مبتلایان به بیماری کبد چرب غیرالکلی در ژنوتیپ GA میزان BMI و در زنان حامل ژنوتیپ GA سطح فشار دیاستولیک، میزان کلسترول و AST بیشتر از حاملین GG بود. بنابراین حضور آلل G در مبتلایان به بیماری کبد چرب غیر الکلی مطلوب تر است.

Send Date: 2017/10/03

Code: 3140100137

W-F-016

Category: 7 LIVER

Evaluation of Neck Circumference as an Easy and Reliable Predictor for Non-Alcoholic Fatty Liver Disease

salmanroghani roham¹, Nourian Mahyar¹,
Naghoosi Hamed¹, Iravani Shahrokh^{*1}

¹ AJA Cancer Epidemiology Research and Treatment Center, AJA University of Medical Sciences, Tehran

Introduction: Fatty liver is the most common cause of chronic liver disease, and is the second cause for liver transplantation in the United States, and seems to be the leading cause by 2025. It's high and increasing prevalence, as well as lack of symptom in most patients, highlights the importance of finding an easy, sensitive and affordable tool for screening of None-alcoholic fatty liver disease (NAFLD) in large population. Therefore, the aim of present study was to investigate the relationship between NAFLD and neck circumference (NC) and compare its predictive value with other anthropometric factors and also finding a NC cut-off point for predicting NAFLD in Iranian population.

Methods: It was a cross-sectional study which was performed in Tehran, Iran from November 2016 to March

2017. Eligible persons were selected among patients who referred for routine checkup. Finally, 593 individuals were enrolled and anthropometric indices and blood pressure were measured. Abdominal ultrasonography and Biochemical Blood tests were also taken after 12 hours of fasting.

Results: The prevalence of NAFLD and MetS in our study was respectively 51.1% and 48.1%. NC was significantly associated with NAFLD, MetS, FBS, triglyceride, AST, ALT, systolic and diastolic blood pressure, and other anthropometric indices in both genders (P value < 0.0001), which was remained significant even after adjusting for possible confounding factors. There was a significant negative correlation between HDL levels and NC in both sexes (P value < 0.001), but LDL level was significantly correlated with NC just in women (P value = 0.04 in women and 0.977 in men). Receiver operating characteristic (ROC) curve analysis shows the highest area under the curve for NC in predicting NAFLD and MetS, which was followed by waist circumference, neck to height ratio, and waist to hip ratio respectively. The best NC cutoff point for NAFLD were 39.25cm (sensitivity 79% - specificity 69%) in men and 34.85cm (sensitivity 84% - specificity 64%) in women.

Conclusion: Neck circumference is an independent predictor for NAFLD and MetS which has a highest Predictive value among other anthropometric indices.

Send Date: 2017/09/07

Code: 3140100223

W-F-017

Category: 7 LIVER

Preventable predictors of liver fibrosis in a general population

Roozafzai Farzin³, Malekzadeh Fatemeh³, Gandomkar Abdullah⁴,
Fattahi Mohammad Reza², Ghajarieh Sepanlou Sadaf¹,
Sharafkhan Maryam¹, Merat Shahin¹,
Poustchi Hossein^{*3}, Malekzadeh Reza¹

¹ Digestive Disease Research Center, Digestive Disease Research Institute, Tehran University of Medical Sciences

² Gastroenterohepatology Research Center, Shiraz University of Medical Sciences

³ Liver, Pancreatic, and Biliary Diseases Research Center, Digestive Disease Research Institute, Tehran University of Medical Sciences

⁴ Non-Communicable Disease Research Center, Shiraz University of Medical Sciences

Introduction: High burdens and rising trends of obesity-related non-communicable diseases in developing countries

may lead to chronic liver diseases, particularly liver fibrosis (LF) and cirrhosis. Screening to detect LF and cirrhosis is performed in subjects known to be at risk. However, many individuals may develop LF while being asymptomatic and present to clinics in a late-stage liver disease when treatment is more complicated and less effective. Therefore, we aimed to investigate the prevalence and associations of LF in an Iranian asymptomatic general population.

Methods: Of 9264 participants in the Pars Cohort Study in Iran, those who had no apparent liver diseases were screened with liver function test and complete blood count. Nine hundred and fifty participants with elevated alanine aminotransferase (ALT) or depleted platelets underwent a second blood sampling. Using transient elastography, we evaluated liver stiffness measurement (LSM) in 249 subjects who had elevated ALT or depleted platelets in both blood samples. LSM > 8 and > 14 kilopascals were cut-offs for clinically significant fibrosis (CF) and possible liver cirrhosis (LC), respectively. We used univariate and multivariate logistic regressions to investigate the predictors of CF and LC.

Results: Mean age of subjects was 49.79 ± 7.81 years; and 59.8% were female. CF and LC were 12.5% and 4.8% prevalent, respectively. Twenty-five percent of subjects with LC had viral hepatitis. Through multivariate modeling, infection with hepatitis B or C virus predicted both CF (Odds Ratio = 5.47) and LC (OR = 10.05); uric acid level was inversely associated with CF (OR = 0.40) and LC (OR = 0.25); presence of diabetes mellitus (OR = 6.14), central obesity (OR = 2.92), and elevated aspartate aminotransferase (OR = 1.03) were other predictors of CF.

Conclusion: We identified viral hepatitis, obesity, and diabetes mellitus as predictors of LF in an asymptomatic population. Attending to these predictors in the general population with simple and cost-effective preventative measures can decrease liver disease development and its burden in Iran.

Send Date: 2017/10/04

Code: 3140100221

W-F-018

Category: 7.6 Cirrhosis and complications: clinical aspects
Nonalcoholic steatohepatitis is the most rapidly growing indication for liver transplantation in Iranian patients

Eshraghian Ahad², Taghavi Seyed Alireza², Nikeghbalian Saman⁵, Kazemi Kourosh⁵, Shamsaeefar Alireza⁵, Mansourian

Mohsenreza⁵, Dehghani Masoud⁵, Moini Maryam³, Fattahi Mohammad Reza³, Bagheri Lankarani Kamran³, Malekzadeh Reza¹, Malek-Hosseini Seyed Ali⁴

¹ Digestive Disease Research Institute, Tehran University of Medical Sciences

² Gastroenterohepatology Research Center, Shiraz University of Medical Sciences

³ Gastroenterohepatology Research Center, Shiraz University of Medical Sciences

⁴ Gastroenterohepatology Research Center, Tehran University of Medical Sciences

⁵ Transplant Research Center, Shiraz University of Medical Sciences

Introduction: A considerable proportion of patients with non-alcoholic fatty liver disease (NAFLD) will progress to non-alcoholic steatohepatitis (NASH) that may eventuate in liver cirrhosis. This study aimed to investigate the status and trend of NASH as an indication for liver transplantation in Iranian patients.

Methods: The liver transplant data of all cirrhotic patients who had undergone liver transplantation or who died in transplant waiting list between 2004 and 2016 at Shiraz Organ Transplant Center, Shiraz, Iran were reviewed. The underlying liver diseases leading to liver transplantation were stratified according to year of transplantation and trend of increase or decline were calculated. Patients with cryptogenic liver cirrhosis with body mass index ≥ 30 kg/m² was defined as modified NASH.

Results: Totally 4666 patients with liver cirrhosis were evaluated. 3727 patients underwent liver transplantation and 939 patients passed away. 64 patients with biopsy proven NASH underwent liver transplantation at our center and 27 patients died in waiting list. Mean age and model for end stage liver disease (MELD) were not statistically significant in patients with NASH and modified NASH ($P > 0.05$). The prevalence of NASH as an indication for liver transplantation in 2011 was 0.59%, in 2012 was 1.05%, in 2013 was 1.45%, in 2014 was 3.8%, in 2015 was 2.7% and in 2016 was 5.65%. The prevalence of modified NASH was 2.08% in 2011, 1.81% in 2012, 2.34% in 2013, 1.97% in 2014, 1.89% in 2015, and 1.86% in 2016. Using Kaplan-Meier curve, mean post-liver transplant survival was 42.38 ± 2.35 months in NASH patients and 47.71 ± 2.98 in modified NASH patients ($P = 0.558$).

Conclusion: This is the largest report of patients with liver cirrhosis showing NASH is a rapidly growing cause of liver cirrhosis and liver transplantation in Iranian patients.

Send Date: 2017/10/03

Code: 3140100227

W-F-019

Category: 7 LIVER

Comparing the effects of non-alcoholic fatty liver disease and hepatitis B in liver fibrosis: Findings from two Iranian nested studies in Golestan cohort study (GCS)

Motamed-Gorji Nazgol², Eslami Layli², Gharavi Abdolsamad²,

Katoonizadeh Aezam², Khoshnia Masoud³,

Roshandel Gholamreza³, Radmard Amir Reza¹,

Sharafkhan Maryam², Masoudi Sahar², Merat Shahin²,

Poustchi Hossein², Malekzadeh Reza²

¹ Department of Radiology, Shariati Hospital, Tehran University of Medical Sciences

² Digestive Disease Research Institute, Tehran University of Medical Sciences

³ Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences

Introduction: Hepatitis B is considered the most prevalent cause of cirrhosis in Iran, and the prevalence of patients with both hepatitis B and non-alcoholic fatty liver disease (NAFLD) is growing as well. The role of NAFLD in liver status of hepatitis B patients has not been well investigated; therefore, present study aims to compare fibrosis status of different combinations of NAFLD and hepatitis B in a large population of Iranians who had previously participated in Golestan Cohort Study (GCS).

Methods: In current study, data of two nested studies within GCS were extracted and analyzed. Study population consisted of Iranians aged 50-75 years old residing in Golestan province. Liver status of participants were assessed using transient elastography. Participants were categorized into four groups of “controls”, “only NAFLD”, “only hepatitis B” and “both” (hepatitis B plus NAFLD). The degree of fibrosis and effect of NAFLD in hepatitis B was investigated using multiple logistic regressions. Moreover, the associations of viral load and presence of NAFLD with LSM and ALT were investigated in overall hepatitis cases using Kruskal-wallis. *P*-value < 0.05 was considered significant.

Results: Current study consisted of 2,089 individuals (53.1% male) with mean age of 58.9 years. Median Liver Stiffness Measurement (LSM) score was 4.7 kPa in total population. “NAFLD”, “hepatitis B” and “both” were all associated with significant fibrosis (LSM > 8), and observed association remained significant after controlling the confounders (“NAFLD” adjusted OR = 2.5, “hepatitis B” adjusted OR = 4.9 and “both” adjusted OR = 5.9). Presence of NAFLD or high viral load were not associated with LSM

(*p*-value = 0.118), while being significantly associated with higher levels of ALT (*p*-value < 0.001).

Table-1: Logistic regression models (LSM > 8) in four groups of patients

	Crude			Adjusted*		
	OR	95% CI	P-value	OR	95% CI	P-value
Control (reference)
NAFLD a	2.3	1.4-4	0.002	2.5	1.5-4.3	0.001
HBV b	4.9	2.8-8.6	< 0.001	4.9	2.8-8.7	< 0.001
Concurrent HBV and NAFLD	6.3	3.8-10.4	< 0.001	5.9	3.5-9.9	< 0.001

Adjusted for gender, age, tobacco consumption *
a NAFLD: Non-alcoholic fatty liver disease
b HBV: Hepatitis B virus
P-value < 0.05 is considered significant

Table-2: Comparison of LSM and ALT in different subgroups of NAFLD status-viral load by analysis of variance (ANOVA)

	LSM, median (q1,q3)	P-value ^c	ALT, median (q1,q3)	P-value ^c
NAFLD ^a negative and low VL ^b	5 (3.9-6)	0.118	14.2 (10.2-20.2)	< 0.001
NAFLD positive and low VL	5.1 (4-6.6)		17.2 (13.2-24)	
NAFLD negative and high VL	4.9 (4-6.5)		17.6 (12.8-26.9)	
NAFLD positive and high VL	5.3 (4-7)		19.5 (14.7-30.6)	

a NAFLD: Non-alcoholic fatty liver
b VL: Viral load
c Kruskal-Wallis test
P-value < 0.05 is considered significant

Conclusion: We were able to show that hepatitis B and NAFLD have a synergistic effect in development of advanced fibrosis. Therefore, when faced with concomitant hepatitis B and NAFLD, higher risks of progression into cirrhosis and hepatocellular carcinoma should be anticipated.

Send Date: 2017/10/05

Code: 3140100107

W-F-020

Category: 7.2 Nutrition - metabolism - pharmacology

The effect of a single intramuscular injection of cholecalciferol on serum levels of vitamin D, liver enzymes and severity of steatosis in vitamin D deficit women with non-alcoholic fatty liver disease (NAFLD): a randomized controlled clinical trial

mansourian sonia^{*1}, ebrahimimamagani mehrangiz¹,

Aliashrafi Soodabeh¹

¹ Tabriz university of medical science

Introduction: As there is evidence indicating that vitamin D has been implicated in some metabolic disorders such as non-alcoholic fatty liver disease (NAFLD) that described as a liver aspect of metabolic syndrome, this study was aimed to examine the effect of single intramuscular injection of cholecalciferol on serum levels of vitamin D, PTH, liver enzymes and severity of steatosis in vitamin D deficit women with non-alcoholic fatty liver disease (NAFLD).

Methods: eighty two NAFLD patients confirmed by ultrasonographic findings with $25 \leq \text{BMI} < 40$ were randomly assigned into Intervention group (a single intramuscular injection of 600,000 IU of cholecalciferol) or Control group. Anthropometric measurements, body composition, serum 25 (OH) D, calcium, phosphors, PTH, ALT, AST, ALP, grade of steatosis, dietary intake and physical activity level were assessed before and after the intervention.

Results: After intervention, anthropometric measurements and total fat (TF) decreased significantly in both group ($P < 0.05$). However, mean reduction in TF and visceral fat (VF) were significantly higher in vitamin D group. There was no significant difference in physical activity levels, energy, macronutrients and vitamin D intake as well as calcium and phosphorus between groups. Serum 25 (OH) D increased significantly in the vitamin D group ($P < 0.001$). There was no significant difference in serum calcium and phosphors in both groups ($P > 0.05$) but PTH was significantly increase in controls. Mean change in serum 25 (OH) D, ALT, AST and ALP were significantly differences between groups after adjusting for baseline, TF and VF ($P < 0.05$). In intervention group, the improvement in NAFLD severity (reducing in grade) was greater than control ($P = 0.01$).

Conclusion: This study showed that vitamin D reduces total body fat and visceral fat as well as NAFLD severity in patients with vitamin D deficiency.

Send Date: 2017/08/21

Code: 3140100191

W-F-021

Category: 7.6 Cirrhosis and complications: clinical aspects

The preliminary results of Liver Cirrhosis

Registry in Iran

Fattahi Mohammad Reza³, Saberifroozi Mehdi¹,
Eshraghian Ahad⁴, Ahmadi Vida⁴, Safarpour Alireza⁴,
Sivandzadeh Gholam Reza⁴, Poustchi Hossein²,
Merat Shahin², Malekzadeh Reza²

¹ Digestive Disease Research Institute, Tehran University of

Medical Sciences, Tehran, Iran

² Digestive Disease Research Institute, Tehran University of Medical Sciences, Tehran, Iran

³ Gastroenterohepatology Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

⁴ Gastroenterohepatology Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

Introduction: Cirrhosis is the advanced late stage of progressive liver fibrosis characterized by destruction of normal hepatic architecture and regenerative nodules in liver parenchyma. Patients with liver cirrhosis are susceptible to several fatal complications and mortality from liver cirrhosis is the eighth leading cause of mortality worldwide. This is the first registry of liver cirrhosis in Iran established and centralized in Shiraz with collaboration of Gastroenterohepatology Research Center and Digestive Disease Research Institute.

Methods: All patients with liver cirrhosis who referred to our outpatient clinics or admitted due to various complications of liver cirrhosis has been included. Data of patients including age, sex, underlying cause of liver cirrhosis, medications, complications during follow up, and laboratory investigations were recorded in a software designed for this registry.

Results: Up to now, 2013 patients with confirmed liver cirrhosis were included. 1325 patients (65.8%) were male and 688 patients (34.2%) were female. Mean age of patients was 46.50 ± 21.28 years. The most common cause of liver cirrhosis was hepatitis B virus (HBV) induced liver cirrhosis (437 patients, 21.7% of patients) followed by autoimmune hepatitis (356 patients, 17.6% of patients) and cryptogenic liver cirrhosis (300 patients, 14.9% of patients). Esophageal varices were diagnosed in 679 (33.7%) of patients by upper gastrointestinal endoscopy. Hepatocellular carcinoma (HCC) was diagnosed 135 (6.7%) of patients. 302 patients (15%) had bleeding from esophageal varices and 578 patients had at least one episode of hepatic encephalopathy (28.7%). 512 patients (25.4%) were passed away during their follow up due to liver cirrhosis and its complications.

Conclusion: This report signifies the preliminary results of liver cirrhosis and its related complications in Iran. HBV is a major cause of chronic liver disease, and needs special program for diagnosis and treatment in infected cases.

Send Date: 2017/09/21

Code: 3140100142

W-F-022

Category: 1.3 Evidence-based clinical practice

The relationship of adiponectin with insulin resistance in nonalcoholic fatty liver diseaserahmani mojtaba¹, Nezhadali Masoume*¹,
rastgar moghaddam javad²¹ Department of Biology, Islamshahr Branch, Islamic Azad University, Islamshahr, Iran² Faculty of medical, Tehran Medical Branch, Islamic Azad University, Tehran, Iran

Introduction: Nonalcoholic fatty liver disease is a global health problem, rising up to 70% in patients with type 2 diabetes mellitus. The pathogenesis of NAFLD is multifaceted and complicated. Adipokines, hormones secreted by adipose tissue, seem to participate in the pathogenesis of NAFLD. Adiponectin is an adipokine that is abundantly expressed in adipose tissue. In the liver, adiponectin, decreases hepatic glucose production and reduces free fatty acid turnover. Therefore Adiponectin plays a role in the development of Insulin sensitivity. Insulin resistance, through the inhibition of lipid oxidation and increased fatty acid and triglycerides synthesis, is believed to be a key factor in the development of fatty liver. The aim of this study was to determine circulating adiponectin levels in patients with NAFLD and to correlate plasma adiponectin with insulin resistance.

Methods: plasma levels of adiponectin and insulin were measured by ELISA kit (Merckodia Company, Sweden) and fasting blood sugar were measured through glucose oxidase in a group of 80 NAFLD patients and 80 controls. Continuous variables with and without normal distribution were compared using Student's t-test or the Mann-Whitney U test, respectively. Spearman's rank correlation coefficient was used to assess possible associations. SPSS software version 20 was used (P values < 0.05).

Results: Plasma adiponectin was significantly lower in NAFLD patients than control (4.4 [3.8-6.6] vs. 6.4 [5.3-8.04], p -value < 0.001). However, we did not find significant difference F.B.S between the two groups, whereas insulin was significantly increased in patients with NAFLD. Moreover, NAFLD patients were significantly more insulin resistant. An inverse correlation was observed between adiponectin and homeostatic model assessment (HOMA) of insulin resistance (p -value < 0.001 , $r = -0.293$).

Conclusion: These data support a role for low circulating adiponectin in the pathogenesis of NAFLD. Moreover, adiponectin was inversely correlated with HOMA-IR, thus supporting the role of adiponectin in the link between

insulin resistance and NAFLD, that is inversely correlated with insulin resistance.

Send Date: 2017/09/12

Code: 3140100146

W-F-023

Category: 2.2 Dyspepsia

A Diagnostic value of *Helicobacter pylori* antibody test compared to stool *Helicobacter pylori* antigen test for detecting the active *Helicobacter pylori* infection in patients with dyspepsiaBaghbanian Mahmud*², Pour Mahdi Ebrahimi Vafa²,
Antikchi Mohammad Hossein³, Baghbanian Ali¹¹ Azad² Shahid Sadooghi Hospital, Shahid Sadooghi³ Shahvali Hospital, Azad

Introduction: *Helicobacter pylori* (*H.pylori*) is one of the common organisms in human and it is a main agent to cause peptic ulcer and gastric cancer. *H.Pylori* is a probable reason of dyspepsia. The diagnosis of *H.Pylori* is based on two methods: invasive such as endoscopy and biopsy and noninvasive methods such as urease breath test, serology and stool antigen test. This study aimed to investigate the diagnostic value of *H.pylori* antibody test compared to stool *H.Pylori* antigen test for detecting the active infection in patients with dyspepsia.

Methods: In an analytic study with cross sectional method, the stool antigen and serology tests for *Helicobacter pylori* of 340 dyspeptic patients who referred to Khatamol Anbia clinic were studied, and results of two tests were compared. All of the patients who were referred during 2015 - 2016 included and the patients who received antibiotics within last month or PPI during the last two weeks were excluded. The results were analyzed with chi-square test, kappa test, Fisher exact test, by SPSS ver 17 software.

Results: 212 patients were women (62.4%) and 128 patients were men (37.6%) with average of 33.15 ± 14.32 years. It shows that there is a significant relation between result of serology Ab test and stool Ag test (P value < 0.005). Sensitivity, specificity, PPV, NPV, accuracy respectively are: 71.1%, 68.4%, 68.2%, 71.3%, 69.7%.

Conclusion: serology test has acceptable sensitivity and specificity in diagnosis of active *H.Pylori* infection and it can be used as an alternative test and also as a noninvasive, unexpensive test.

Send Date: 2017/09/15

Code: 3140100104

W-F-024

Category: 3 *H. PYLORI*

Prevalence of *Helicobacter Pylori* Infection in Patients with Celiac Disease

moradniani mosayeb⁴, Mirbeik-Sabzevari Zohre⁶,
Sherkatolabbasieh Hamidreza³, Shafiezhadeh Shiva²,
Mirzaee Roozbahany Mehrdad⁵, Jaferian Soleiman²,
Baharvand parastoo¹

¹ Assistant Professor, Department of Community Medicine, Lorestan University of Medical Sciences

² Department of Internal Medicine, Assistant Prof, Lorestan University of Medical Sciences

³ Department of Pediatric Medicine, Assistant Prof, Lorestan University of Medical Sciences

⁴ Gastroenterologist, Assistant Professor, Department of Internal Medicine, Lorestan University of Medical Sciences

⁵ General Surgeon, Department of Surgery, Assistant Professor, Lorestan University of Medical Sciences

⁶ Medical student, Student Research Committee, Lorestan University of Medical Sciences

Introduction: Celiac is a malabsorption syndrome that occurs in genetically predisposed individuals. Clinical manifestations and endoscopic findings of patients with celiac are very similar to those with *H. Pylori*. The aim of this study was to determine the prevalence of *H. Pylori* infection in patients with celiac disease.

Methods: In this case-control study, all patients who referred to Endoscopy Unit of public Hospitals in Khorramabad during 2013 - 2016 were examined. Patients diagnosed with celiac by pathologic confirmation were considered as the case group and non-celiac patients as the control group. The presence of *H. Pylori* infection was studied based on the pathological results in both groups. The data were analyzed by SPSS v.18 and descriptive statistics, Chi-square and logistic regression analysis were used.

Results: In this study, 177 patients were studied in two groups: celiac group (n = 65) and non-celiac group (n = 112). The mean age of the patients was 38.31 ± 15.42 years; 86 patients (48.6%) were male and 91 (51.4%) were female. The prevalence of *H. Pylori* was 37.9% (n = 67) in all subjects; 33.8% in the case group (n = 22), and 40.2% (n = 45) in the control group. There was a significant association between the prevalence of *H. Pylori* in patients with Marsh 1 (p = 0.03), but no correlation between *H. Pylori* and Marsh 2, and 3 (p = 0.41, p = 0.53, respectively). *Helicobacter* did not increase the chance of celiac disease, compared to those

without the disease (p = 0.09). Also, multiple regression analysis showed no significant correlation between *H. Pylori* and severity of the disease based on Marsh score (p > 0.05).

Conclusion: Based on the results of this study, there was no association between the presence of *H. Pylori* infection and celiac disease. Further studies are needed for further investigations.

Send Date: 2017/08/20

Code: 3140100118

W-F-025

Category: 9.3 Pancreatitis - acute

Non inferiority of Medical Prophylaxis versus Pancreatic Duct Stenting for Prevention of Post-ERCP Pancreatitis in high risk groups: a randomized controlled trial

Sotoudehmanesh Rasoul¹, Aliasgari Ali¹, Khatibian Morteza¹,
Mohamadnejad Mehdi¹, Merat Shahin¹, Naserimoghaddam
Siavosh¹, Vahedi Homayoon¹, Delavari Alireza¹,
Sima Alireza¹, Amani Mohamad¹

¹ Digestive Disease Research Institute, Tehran University of Medical Sciences

Introduction: Acute pancreatitis is the most feared adverse event of endoscopic retrograde cholangiopancreatography (ERCP). Severe post-ERCP pancreatitis (PEP) can lead to death. The aim of this study is to assess the non-inferiority of a combination of pharmacological measures as compared to pancreatic duct stenting (PDS) for prevention of PEP.

Methods: Patients at high risk for PEP were randomized to pharmacological prophylaxis (rectal indomethacin, sublingual isosorbide dinitrate and intravenous hydration with Ringer's lactate) with PDS (group A) or pharmacological prophylaxis alone (group B). Serum amylase levels and clinically pertinent measurements were assessed in all patients after ERCP.

Results: During study period 414 cases were enrolled. Two hundred and seven patients received pharmacological prophylaxis plus PDS and 207 cases received pharmacological prophylaxis alone. PEP occurred in 59 patients (14.3%): 26 patients (12.6%) of group A and 33 (15.9%) in group B (p = 0.325). A statistically significant difference was not found in the severity of pancreatitis across the group (p = 0.592). Failed PD stenting was found in 13 patients (6.3%) of group A. The distribution of serum amylase levels after 24 hours were also not significantly different across categories of group (median 119.0 IU/L,

IQR 72.0-270.0 in group A and median 96.0, IQR 55.5-263.0 in group B; $p=0.08$). There were no adverse events related to the prophylactic measures used in either group.

Conclusion: The combination of rectal indomethacin, sublingual nitrate and hydration appears to effectively reduce the risk of PEP. The addition of PDS does not appear to offer any significant added value.

Send Date: 2017/09/02

Code: 3140100170

W-F-026

Category: 3.2 Pathogenesis: microbial factors

Antimicrobial effect of probiotic persistent extract against *Salmonella typhi* And compare its effect with a common antibiotic in the treatment

moghimi zahra^{*1}, sheikhi golshan¹, Ameri Abdolghani²

¹ Student of pharmacy, Ahvaz university of medical sciences, Ahvaz, Iran

² Microbiology Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

Introduction: *Salmonella* is one of the most common bacterium causing gastrointestinal infections such as acute enterocolitis, intestinal fever (typhoid, paratyphoid) in human being. Nowadays the resistance of *Salmonella* against current antibiotics such as Chloramphenicol, Ampicillin, cotrimoxazole, etc. is increasing day by day. Nowadays tendency toward using the natural, biologic and probiotic products as substitutions of antibiotics have been increased due to prevalent side effects of using antibiotics and resistance against them. Probiotic bacteria are living microorganisms which fight against pathogens using different mechanisms such as retaining natural microflora balance of intestine, producing organic acids, stimulation of immune system, etc. The goal of the project is to compare antimicrobial effects of probiotic extract of *Lactobacillus* with the common antibiotics used for treatment of infections caused by *salmonella*.

Methods: The *Lactobacillus.Casei* was cultured in MRS media under microaerophile conditions and its extract was gathered by centrifuge. At first its acidity and salmonellosis effect in comparison with neutral and alkaline states was examined by method of cup plate. The minimum restrainability concentration of probiotic extract was examined using method of serial micro dilution in concentration range of 0.0625 – 1 mg/ml. A comparison had been made using anti biogram test between anti pathogen effect of probiotic

extract and common antibiotics in treatment.

Results: The results of the minimum restrainability concentration showed that the stable extract had more antibacterial effect in comparison with supernatant ($P < 0/01$).

Conclusion: Using anti biogram test and comparing anti pathogen effect of probiotic extract and common antibiotics revealed that the effect of stable extract is more than supernatant and some antibiotics such as vancomycin and methicillin since it had more zone of inhibition. This research shows that useful effect of probiotic against salmonella is related to its metabolites and the stability and effect of stable extract is more than supernatant.

Send Date: 2017/09/20

Code: 3140100171

W-F-027

Category: 3.1 Epidemiology/natural history

زندگی درون سلولی *Helicobacter pylori* در مخمرهای گوارشی تحت تاثیر ترهالوز

سیاوشی فریده^۱، ابراهیمی هدی^۱، حیدری سمیرا^{۱*}، صراف نژاد عبد الفتاح^۲، صنیعی پرستو^۳

^۱ دانشگاه تهران

^۲ دانشگاه شهید بهشتی

^۳ دانشگاه علوم پزشکی تهران

زمینه و هدف: وجود *H.pylori* درون واکوئول مخمر با روش های میکروسکوپی به صورت اجسام متحرک شبه باکتری در مطالعات قبلی مشاهده شده است. یکی از چالش های شناسایی ژن های اختصاصی باکتری درون مخمر با روش PCR، تعداد کم باکتری های درون سلولی است. در برخی موارد، وجود *H.pylori* با روش میکروسکوپی و استفاده از آنتی بادی اختصاصی نشان داده شد، ولی تکثیر ژن اختصاصی *H.pylori* با PCR موفق نبوده است. هدف از این مطالعه بررسی نقش ترهالوز در تکثیر *H.pylori* درون سلولی و تاثیر آن بر موفقیت PCR بود.

روش بررسی: در این مطالعه ۴۲ مخمر گوارشی که از بیماران مبتلا به اختلالات گوارشی جدا شده بودند، بررسی شدند. مخمرها بر روی محیط کشت BHI agar حاوی ۱٪ ترهالوز و ۱٪ گلوکز کشت داده شدند. از محیط BHI agar حاوی ۰/۲٪ گلوکز به عنوان محیط کنترل استفاده شد. پس از ۴۸ ساعت استخراج DNA از مخمرها انجام شد. با استفاده از PCR و پرایمرهای اختصاصی *H.pylori* 16S rDNA، مخمرها با تیمارهای مختلف از نظر وجود *H.pylori* بررسی شدند.

یافته ها: *H.pylori* 16S rDNA با اندازه باند 519 bp در ۵۷٪ (۲۴/۴۲) از مخمرهای تیمار شده با ترهالوز، همچنین در ۲۳٪ (۱۰/۴۲) از مخمرهای تیمار شده با گلوکز و ۲۲٪ (۹/۴۲) از گروه کنترل شناسایی گردید. میزان موارد شناسایی ژن اختصاصی *H.pylori* در مخمرهای تیمار شده با ترهالوز به مراتب بیشتر از دو گروه دیگر بود.

نتیجه گیری: ترهالوز به دلیل خصوصیات منحصر به فرد خود در پزشکی برای ترمیم بافت و درمان بیماری ها از جمله آلزایمر کاربرد وسیعی دارد.

مهم ترین عملکرد آن حفاظت از سلول ها در برابر استرس های محیطی از جمله خشکی می باشد. نتایج این مطالعه نشان داد که *H.pylori* 16S rDNAi در واکنش های تیمار شده با ترهالوز نسبت به دو گروه دیگر، به میزان بیشتری وجود دارد. بنابراین وجود ترهالوز علاوه بر محافظت باکتری در مقابل استرس های محیطی، شاید بتواند به عنوان منبع کربن نقش مهمی در تکثیر باکتری های درون سلولی و بقای آنها داشته باشد.
Send Date: 2017/09/20

Code: 3140100150

W-F-028

Category: 3 H. PYLORI

بررسی تشابه ژنتیکی در *Helicobacter pylori* کشت داده شده از بیوپسی معده و *Helicobacter pylori* درون همزیست مخمر دهان و معده

سیاوشی فریده^۱، صادق لو زهرا^{۱،۲}، صنیعی پرستو^۱، کدخدایی الیادرانی سارا^۱، قدرتی مقدم میانکوهی میثم^۲

^۱ دانشگاه شهیدبهشتی
^۲ دانشگاه تهران

زمینه و هدف: پایداری (*H.pylori*) *Helicobacter pylori* در معده انسان میتواند مرتبط با مرحله ای از زندگی این باکتری باشد که بعنوان یک همزیست درونی در مخمر کاندیدا مستقر میشود. مخمر کاندیدا بعنوان مخزن *H.pylori* میتواند از باکتری در شرایط استرس محیطی محافظت کند و به عنوان یک وکتور، انتقال و انتشار باکتری را بین میزبان های انسانی تسهیل می کند.

روش بررسی: از بین ۲۰۰ بیمار، ۲۴ بیمار (۱۲٪) بطور همزمان در دهان و معده دارای مخمر بودند که این گروه از نظر وجود *H.pylori* در بیوپسی معده (جدایه ی *H.pylori*) و مخمرها مورد بررسی قرار گرفتند. جداسازی *H.pylori* و مخمر معده از بیوپسی معده و مخمر دهانی از سواب دهانی از طریق کشت بر روی محیط YGC و BBA انجام شد. تأیید هویت *H.pylori* در این مخمرها از طریق شناسایی ژن *H.pylori* 16S rRNA انجام شد. PCR در مورد *H.pylori* و مخمر از نظر تکثیر ژن های vacA (اللهای m۲/m۱، s۱/s۲) و cagA انجام شد.

یافته ها: تشابه ژنتیکی ژنهای ذکر شده در نمونه ها به صورت جدول در فرمت jpg ارسال شد.

تعداد کل بیماران ۲۴	تعداد بیمار در هر گروه	جدایه ی <i>H. Pylori</i>	مخمر دهان	مخمر معده	تشابه ژنتیکی	عدم تشابه
بیمار دارای جدایه ی <i>H. Pylori</i> (۱۳)	۲	+	+	+	+	
	۲	+	+	-	+	
	۴	+	-	+	+	
	۵	+	+	+	+	
	۴	-	+	+	+	
بیمار فاقد جدایه ی <i>H. Pylori</i> (۱۱)	۳	-	+	+	+	
	۴	-	-	-	-	

نتیجه گیری: تفاوت ژنتیکی بین سویه های *H.pylori* در مخمرهای دهان و معده ممکن است بعلت وجود بیش از یک سویه در مخمرهای همان فرد یا پدیده هایی مانند جهش و نوترکیبی باشد. تشابه ژنتیکی *H.pylori* مخمر دهان و معده میتواند نشان دهنده ی یک منشاء مشترک باشد بنابراین بنظر میرسد که مخمر دهان میتواند بعنوان مخزنی برای *H.pylori* مخمر معده و *H.pylori* بیوپسی معده عمل کند و در انتقال باکتری به میزبان جدید و یا تلقیح دوباره آن به معده نقش داشته باشد.
Send Date: 2017/09/17

Code: 3140100158

W-F-029

Category: 3 H. PYLORI

Mucosal IL-1 β mRNA expression level is high in patients with H. pylori infection

Shirzad Hedayatollah^۱، Rahimian Raziye^۱، Bagheri Nader^۱، Rahimian Ghorbanali^۲

^۱ Cellular and Molecular Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran

^۲ Department of Internal Medicine, Shahrekord University of Medical Sciences, Shahrekord, Iran

Introduction: *Helicobacter pylori* (*H.pylori*) infection is associated with gastritis and marked infiltration of the gastric mucosa by several cytokines secreting inflammatory cells that contribute to sustain and expand the local inflammation. In this study, we sought to examine IL-1 β expression in the *H.pylori*-infected and uninfected gastric mucosa and to elucidate the implication in the pathogenesis of *H.pylori*-associated gastritis in humans.

Methods: Total RNA was extracted from gastric biopsies of 80 *H.pylori*-infected patients and 45 *H. pylori*-negative patients. Mucosal IL-1 β mRNA expression level in *H.pylori*-infected and non-infected gastric biopsies was determined by real-time PCR.

Results: IL-1 β mRNA expression was significantly increased in biopsies of *H.pylori*-infected patients compared to *H.pylori*-negative patients.

Conclusion: Mucosal IL-1 β expression level is increased in patients with *H.pylori* infection. Therefore, we believe that IL-1 β might be involved in the pathogenesis of *H.pylori* infection.

Send Date: 2017/09/18

Code: 3140100155

W-F-030

Category: 3.4 Diagnosis

تأثیر لنسوپرازول بر اوره آز، کشت، مورفولوژی هلیکوباکتر پیلوری

سیاوشی فریده^۱، کدخدایی الیادرائی سارا^{۱*}،
ستوده مسعود^۲، صراف نژاد عبدالفتاح^۳

^۱ دانشگاه تهران

^۲ علوم پزشکی تهران

زمینه و هدف: کشت هلیکوباکتر پیلوری از بیوپسی معده و انجام تست حساسیت برای تعیین آنتی بیوتیک موثر بهترین روش ریشه کن کردن این باکتری شناخته شده است. مقایسه نتایج روش های تشخیصی میکروبیولوژیک و پاتولوژیک نشان می دهد که در بسیاری از مصرف کنندگان آنتی بیوتیک یا مهارکننده پمپ پروتون علیرغم مثبت شدن جواب تست های اوره آز تنفسی، اوره آز سریع، رنگ آمیزی گیمسا و مشاهده اشکال اسپیرال، کشت بیوپسی منفی گزارش می شود. هدف از انجام این مطالعه بررسی فعالیت های حیاتی (وره آز، کشت، مورفولوژی) باکتری های تیمار شده با لنسوپرازول به منظور ارزیابی مقایسه دقت تست های تشخیصی هلیکوباکتر پیلوری می باشد.

روش بررسی: در این مطالعه سه سویه هلیکوباکتر پیلوری در محیط BHI broth حاوی ۵/۲٪ سرم اسب و ۸ میکروگرم در میلی لیتر لنسوپرازول تیمار شده و فعالیت های حیاتی باکتری هر ۶ ساعت تا ۷۲ ساعت مورد مطالعه قرار گرفت. با استفاده از میکروسکوپ فلورسنت و کیت رنگ آمیزی Live/Dead انسجام و سلامت ساختار غشاء و زنده بودن باکتری ها نیز بررسی شد.

یافته ها: در این مطالعه مشاهده شد که باکتری های تیمار شده با لنسوپرازول پس از ۱۸ ساعت قابلیت کشت پذیری خود را از دست دادند اما تا ۷۲ ساعت اغلب به شکل اسپیرال بوده و فعالیت اوره آز خود را نشان دادند. در بررسی های میکروسکوپ فلورسنت غشاء باکتری های اسپیرال تخریب و نسبت به رنگ پروپیویدین آیویدین نفوذ پذیر شده و بنابراین به رنگ قرمز دیده شدند.

نتیجه گیری: مشاهده اشکال اسپیرال قرمز، اوره آز مثبت و غیر قابل کشت هلیکوباکتر پیلوری نشان دهنده مرده بودن باکتری های تیمار شده با لنسوپرازول میباشد. این نتایج می تواند به خوبی علت مغایرت نتایج منفی کشت بیوپسی و نتایج مثبت دیگر تست های تشخیصی هلیکوباکتر پیلوری را در بیماران مصرف کننده دارو توضیح دهد. به نظر می رسد که کشت هلیکوباکتر پیلوری از نمونه های بیوپسی معده مطمئن ترین روش برای گزارش وجود عفونت فعال باشد و مشاهده اشکال اسپیرال در لام های پاتولوژی دلیل کافی برای وجود باکتری فعال در بیماران مبتلا به عوارض گوارشی نمی باشد.

Send Date: 2017/09/17

Code: 3140100175

W-F-031

Category: 3 *H.PYLORI*

Comparison of platelets production and destruction in ITP patients with or without *H.pylori* infection

Sheikhesmailie Farshad^{۱,۲}, Jalili Ali^۳, Mir Samareh^۱,
Fakhari Shohreh^۱, Ghderi Ebrahim^۱, Ghderi Bayazid^۳

^۱ Cancer & Immunology Research Center, Kurdistan University of Medical Sciences, Sanadaj

^۲ Liver and Digestive Research Center, Kurdistan University of Medical Sciences, Sanadaj

^۳ Liver and Digestive Research Center, Kurdistan University of Medical Sciences, Cancer & Immunology Research Center, Kurdistan University of Medical Sciences, Sanadaj

Introduction: Immune thrombocytopenic purpura (ITP) is a common hematological disease and its pathophysiology is not fully understood. The purpose of this study was to determine the production and destruction rate of platelets in ITP patients with and without *H.pylori* infection. Therefore we tried to comparison the reticulated platelets (RP) as young platelets and glycojalicin (GC) as destruction marker in *H.pylori* positive and negative ITP patients.

Methods: A total of 47 newly diagnosed primary ITP patients (platelets < 100×10⁹/L) and 47 non-thrombocytopenic controls were included in the study. *H.pylori* infection was evaluated by urease breath test and serological tests. Platelets were isolated from plasma samples of patients and controls then RP rates were analyzed by flow cytometry assay. In addition, GC value was determined by enzyme-linked immunosorbent assay (ELISA). In finally, we compared RP% and GC index in HP+ ITP and HP- ITP together.

Results: Our study has shown that reticulated platelets from *H.pylori* positive ITP patients were found to be significantly higher than *H.pyori* negative group also similar relation were obtain about GC index.

Conclusion: Platelet production and destruction rate is much higher in patients with ITP in *H.pylori* positive group than *H.pylori* negative.

Send Date: 2017/09/21

Code: 3140100135

W-F-032

Category: 3 *H.PYLORI*

Serologic and stool antigen assays for studying of relationship between of *Helicobacter pylori* infection and hyperemesis gravidarum on city Gachsaran

Mohammadian Taher^{۱,۳}, esmaeili Marzieh^۱, Rassi Hosein^۲

^۱ Department of biology, Karaj Branch, Islamic Azad University, Alborz, Iran

^۲ Department of Microbiology, Karaj Branch, Islamic Azad University, Alborz, Iran

^۳ Department of Microbiology, Shahr-e-Qods Branch, Islamic Azad University, Tehran, Iran

Introduction: Severe nausea and vomiting associated with weight loss, ketonemia, and electrolyte imbalance in pregnancy is called hyperemesis gravidarum (HG). Its cause is unknown but there are some hypotheses such as hormonal mechanisms, psychological and emotional factors and *Helicobacter pylori* (*H.pylori*) infection. The aim of this study was to consideration of the relationship between *H.pylori* infection and HG using serology and stool antigen tests for detection of *H.pylori* infection.

Methods: 44 pregnant women who had presented in Gorgji Zadeh clinics with the diagnosis of HG and 44 normal pregnant women of matched gestational age were included in this prospective study. Two groups with respect to age, gestational age, body mass index, history of abortion, parity, history of coffee consumption, smoking were not significantly different. The infection of *H.pylori* was analyzed in the sera of patients by serology IgG and IgM tests and by as stool antigen test in fecal samples with ELISA method. Statistical analysis was performed by t test and $p = 0.05$ considered significant.

Results: The rates of serology-specific *H.pylori* IgG positivity were in case and control groups respectively, 84.1% (37 of 44) and 61.34% (27 of 44) ($P = 0.01$) also the rates of serology-specific *H.pylori* IgM positivity were, respectively, in case and control groups were in case and control groups respectively 79.54% (35 of 44) and 63.64% (28 of 44) ($P = 0.025$). Furthermore the rates of *H.pylori* stool antigen test positivity were, in case and control respectively 72.27% (34 of 44) and 54.55% (24 of 44) ($P = 0.038$). Finally the rates of serology-specific *H.pylori* in 88 pregnant women were 70.08% against 26.92 %.

Conclusion: The association severe nausea and vomiting of pregnancy and *H.pylori* infection was significant. It seems that *H.pylori* infection is significantly associated with hyperemesis gravidarum.

Send Date: 2017/09/04

Code: 3140100156

W-F-033

Category: 3 *H.PYLORI*

Comparison of Omeprazole, Levofloxacin, Amoxicillin With Omeprazole, Bismuth Sub-Citrate, Furazolidone, Amoxicillin Treatment Regimens for the Eradication of *Helicobacter pylori* as a Second-line Therapy

Vafaeimanesh Jamshid^{*1}, Vafaeimanesh Jamshid²,

Seyedmajidi Mohammad reza³

¹ Gastroenterology and liver disease research center, Mashhad University of Medical Sciences, Mashhad, Iran

² Gastroenterology and liver disease research center, Qom University of Medical Sciences, Qom, Iran

³ Golestan Research Center of Gastroenterology and Hepatology-GRCGH, Golestan University of Medical Sciences, Gorgan, Iran.

Introduction: Although the prevalence of *Helicobacter pylori* infection decreased following the hygiene promotion and application of proper anti-*H.pylori* treatments, unfortunately gradual increase is reported in treatment failure; hence, application of a proper treatment regimen as a second-line therapy is of great importance.

Methods: In the current randomized, clinical trial, a total of 120 patients with peptic ulcers who failed to respond to treatment were enrolled. In the OLA group, a regimen of omeprazole 40 mg/day, levofloxacin 1 g/day, and amoxicillin 2 g/day was prescribed; however, a regimen of omeprazole 40 mg/day, bismuth sub-citrate 480 mg/day, furazolidone 400 mg/day, and amoxicillin 2 g/day was administered to the OFAB group. Both groups were treated for 2 weeks, and 6 weeks after the treatment, the urea breath test (UBT) was performed in the subjects. Collected data were analyzed with SPSS version 18.

Results: According to the results of the current study, 96.7% of the subjects in the OLA and 95% in the OFAB groups completed the treatment course and the eradication rates were 86.7% and 78.3% in the OLA and OFAB groups, respectively (P -value = 0.23). Treatment side effects were observed in 51.7% and 11.7% of the subjects in the OLA and OFAB groups, respectively ($P < 0.01$).

Conclusion: Both regimens were applicable as the second-line therapy due to insignificant difference between the results of the 2 groups; however, OLA regiment was superior to OFAB, due to lower side effects.

Send Date: 2017/09/17

Code: 3140100153

W-F-034

Category: 3.5 Management strategies

بررسی وجود درون سلولی *Helicobacter pylori*

در مخمرهای کامبوچا و کفیر

سیاوشی فریده¹، فرقانی برزکی زاکیه^{*2}، صنیعی پرستو³

¹ دانشگاه تهران

² دانشگاه شهید بهشتی

زمینه و هدف: کنترل عفونت *Helicobacter pylori* به دلیل مشخص نبودن منبع محیطی و راه انتقال آن به انسان، امکان پذیر نیست. مخمرها

از جمله مخمرهای غذایی به عنوان مخزنی برای *H.pylori* مطرح شده اند. در میان غذاهای تخمیری، مصرف کامبوچا و کفیر به دلیل اثرات مفید روی سلامتی انسان، رو به افزایش است. هدف از این مطالعه جداسازی و شناسایی مخمرهای کامبوچا و کفیر و بررسی آنها به عنوان مخزنی برای *H.pylori* بود.

روش بررسی: پس از جداسازی و خالص سازی ۲۵ مخمر از نمونه ی کامبوچا و کفیر، جهت شناسایی مولکولی، ابتدا آنالیز RFLP ناحیه ی ITS در 5.8S rDNA با دو آنزیم اندونوکلاز HaeIII و HinfI انجام شد. بر اساس نتایج RFLP، مخمرها گروه بندی شدند و شناسایی مخمرهای هر گروه با تعیین توالی 26S rDNA تکمیل شد. شناسایی *H.pylori* 16S rDNA در مخمرها با استفاده از پرایمرهای اختصاصی و روش PCR انجام شد.

یافته ها: از کامبوچا ۱۰ مخمر و از کفیر ۱۵ مخمر جدا شد. با توجه به آنالیز RFLP مخمرهای جدا شده از کامبوچا و کفیر هر یک در چهار گروه قرار گرفتند. بر اساس نتایج تعیین توالی 26S rDNA، مخمرهای کامبوچا در جنس های *Zygosaccharomyces* و *Meyerozyma*، *Cystobasidium* و مخمرهای کفیر در جنس های *Kluyveromyces*، *Pichia*، *Galactomyces* و *Saccharomyces* قرار گرفتند. در ۷۵٪ مخمرهای کامبوچا و ۵۰٪ مخمرهای کفیر، *H.pylori* 16S rDNA شناسایی شد. **نتیجه گیری:** شناسایی *H.pylori* 16S rDNA در DNA مخمرهای کامبوچا و کفیر نشان میدهد که این مخمرها به عنوان مخزن *H.pylori* باعث پایداری آن در محیط و سهولت انتقال آن به انسان میشوند. با توجه به علاقه ی روزافزون به مصرف این دو فراورده، میتوان پیشنهاد کرد که یک روش موثر برای کنترل *H.pylori*، میتواند توجه به فراوانی مخمرها در محیط و غذای انسان و محدود کردن استفاده از غذاهای واجد مخمر باشد.

Send Date: 2017/09/17

Code: 3140100163

W-F-035

Category: 3 *H.PYLORI*

Relation of *Helicobacter pylori* infection with elevated serum lipid

Mohammadian Taher*², Islam-Kish Farzaneh¹, Rassi Hossein¹

¹ Departments of Microbiology, Karaj Branch, Islamic Azad University, Alborz, Iran

² Departments of Microbiology, Shahr-e-Qods Branch, Islamic Azad University, Tehran, Iran

Introduction: In recent years and during several studies, interference of infection to cause atherosclerosis discussed; in this case, the role of bacteria such as *Helicobacter pylori* and *Chlamydia pneumonia*, and viruses such as *cytomegalovirus* and *herpes simplex virus* in emergence of atherosclerosis considered. This study was conducted to investigate the association between *Helicobacter pylori* infection and the lipid profile among people of Kerman.

Methods: A total of 433 subjects (age 15-75) that underwent health check-up were investigated. *H.pylori* infection was determined by serological examination using the ELISA. In addition, lipid profile determined by routine biochemical kits.

Results: From among 433 (172 = 36.7% female, 261 = 63.3% male) studied patients, 113 ones were in group 1 and 320 ones were in group 2. Total cholesterol (178 ± 40 vs 196 ± 44 mg/dl), LDL-C (110 ± 36 vs 128 ± 64 mg/dl) and triglyceride (178 ± 40 vs 196 ± 44 mg/dl) was significantly higher in group 2 than group 1. HDL-C (52 ± 21 vs 40 ± 20 mg/dl) was significantly lower in group 2 than group 1.

Conclusion: The results of this study showed that LDL-cholesterol, triglyceride and total cholesterol levels were higher in subjects with *H.pylori* infection, and HDL cholesterol level decrease in subjects with *H.pylori* infection. These findings suggest that *H.pylori* infection may cause lipid alteration and, at least partially contribute to the atherosclerotic process.

Send Date: 2017/09/18

Code: 3140100154

W-F-036

Category: 16.3 Gastrointestinal infections

تاثیر pH اسیدی بر رنگ آمیزی نمونه های بافت معده با روش PAS برای دیدن مخمر کاندیدا

سیاوشی فریده^۱، کدخدایی الیادرانی سارا^{۱*}، ستوده مسعود^۲، محبی لیلا^۳

^۱ دانشگاه تهران

^۲ علوم پزشکی تهران

^۳ پاتولوژی بیمارستان شریعتی تهران

زمینه و هدف: مخمر کاندیدا به عنوان یک میکروفلور فرصت طلب در انسان، توانایی کلونیزاسیون و ایجاد عفونت در pH های مختلف مانند شرایط مخاط اسیدی معده (pH = 2) را دارد. در بررسی بیوپسی معده بیماران گوارشی، علی رغم جداسازی مخمرها از کشت بیوپسی و مشاهده آنها در گسترش های رنگ شده به روش گرم، نتایج بررسی های پاتولوژی به روش Periodic acid shift, PAS از نظر وجود مخمر منفی گزارش می شود. در این مطالعه، اثر pH بر حساسیت روش های رنگ آمیزی و تشخیص مخمر بررسی شد.

روش بررسی: در این مطالعه مخمرهای جدا شده از بیوپسی معده در محیط های BHI broth با pH از ۱ تا ۱۱ کشت داده شده و کشت مخمرها به مدت ۱۰ روز از نظر قابلیت رشد بر روی محیط اختصاصی Yeast GlucoseChloramphenicol, YGC agar و رنگ پذیری به روش های گرم و PAS بررسی شدند.

یافته ها: در این مطالعه مشاهده شد مخمرها در شرایط pH 11 و pH 10 قابلیت رشد خود را پس از ۲۴ ساعت از دست دادند. مقایسه روشهای رنگ آمیزی گرم و PAS نشان داد که مخمرها در pH = 5-8 قابلیت رنگ پذیری با هر دو رنگ ذکر شده را دارند و قابل کشت هستند.

نتیجه گیری: مخمرها با تغییر ساختار دیواره سلولی قادر به سازگاری در طیف وسیعی از pH و کلونیزاسیون در مناطق مختلف بدن می باشد. مشاهده مخمرها گرم منفی و مثبت در بیوپسی های معده نیز این مسئله را تأیید می کند. روش پاتولوژیک PAS بر اساس رنگ آمیزی ترکیبات کربوهیدراته دیواره مخمر (بتاگلوکان) می باشد و به نظر می رسد که تغییر ترکیبات دیواره حساسیت روش رنگ آمیزی PAS را کاهش دهد. این نکته در بررسی پاتولوژی بیوپسی های معده بیماران گوارشی حائز اهمیت به نظر می رسد.

Send Date: 2017/09/17

Code: 3140100141

W-F-037

Category: 16.3 Gastrointestinal infections

جداسازی و شناسایی *Sarcina ventriculi*

از معده ی بیمار گوارشی

سیاوشی فریده^۱، قدرتی مقدم میانکوه میثم^{۱*}، منصورقنای فریبرز^۱، کدخدایی سارا^۱، صادق لو هانیه^۱

^۱ دانشگاه تهران

^۲ دانشگاه گیلان

زمینه و هدف: مخمرباکتری *Sarcina ventriculi* با سلولهای کروی، اولین بار توسط Jhon Goodsir در محتویات معده ی یک بیمار گوارشی شناسایی شد. در ۳۵ سال گذشته *S. ventriculi* ۱۹۵ بار در معده ی بیماران گوارشی گزارش شده است، که ۱۳ گزارش در زنان و ۶ گزارش در مردان بوده است. هدف این مطالعه تعیین هویت باکتری جدا شده از معده ی یک بیمار گوارشی با روشهای میکروبیولوژی و مولکولی بود.

روش بررسی: تعداد ۲۰۰ بیوپسی معده به منظور جداسازی *H. pylori* بر روی محیط اختصاصی بروسلا بلاد آگار کشت و در شرایط میکروآنروفلیک و دمای ۳۷°C گرمخانه گذاری شدند. در کشت بیوپسی معده ی یک بیمار مبتلا به زخم و کندی تخلیه ی معده، بعد از ۷ روز یک کلنی متفاوت مشاهده شد. بعد از جداسازی و خالص سازی باکتری، شناسایی آن با میکروسکوپ نوری و تکثیر سه ناحیه از ژن *S. ventriculi* 16S rRNA با روش PCR انجام شد.

یافته ها: بررسی مورفولوژیک کلنی های این میکروارگانیسم بیانگر تولید پلیمر سلولز خارج سلولی بود که مختص گونه ی *S. ventriculi* در جنس *Sarcina* است. بررسیهای میکروسکوپی وجود بسته های متشکل از چندین سلول که مختص *S. ventriculi* است را نشان داد. الکتروفورز محصولات PCR سه اندازه ی ۳۴۳، ۵۵۶ و ۱۴۰ جفت بازی را نشان داد که تایید کننده ی هویت باکتری بود.

نتیجه گیری: در این مطالعه یک باکتری با مشخصات اختصاصی *S. ventriculi*: شکل کلنی خاص و شکل میکروسکوپی بصورت دستجات ۴تایی و بیشتر از بیوپسی معده ی یک بیمار جدا شد. تکثیر سه ناحیه از ژن 16S rRNA اختصاصی *S. ventriculi* هویت باکتری را تایید کرد. مطالعات در مورد ارتباط عفونت این باکتری با بیماریهای معده در تعداد بیماران بیشتر شاید اهمیت *S. ventriculi* را در بیماریهای معده مشخص کند.

Send Date: 2017/09/12

Code: 3140100192

W-F-038

Category: 7 LIVER

بررسی خاصیت آنکولیزی رئوویروس های انسانی در Huh-7

کاظمی ریحانه^{۱*}، مدرسی محمدحسین^۲،

حمیدی فرد مجتبی^۱، آقاصادقی محمدرضا^۱

^۱ انستیتو پاستور ایران

^۲ دانشگاه آزاد علوم و تحقیقات تهران

زمینه و هدف: Huh7، رده ی سلولی تمایز یافته ای است؛ که در سال ۱۹۸۲ از تومور کبدی یک مرد ژاپنی ۵۷ ساله جداسازی شد. هپاتوسلولار کارسینوما (HCC)، تومور بدخیم اولیه ی سلولهای کبدی است؛ که سالانه مسئول مرگ یک میلیون نفر است. این سرطان، از بدخیمی های بسیار مقاوم در برابر درمان محسوب میشود. بر این اساس، کاربرد روشهای جدید برای هدف قرار دادن سلولهای سرطانی میتواند استراتژی مؤثری برای درمان این بیماری باشد. از جمله این روشها میتوان به کاربرد رئوویروسها در درمان اشاره نمود. رئوویروسها از جمله آنکولایتیک ویروسها هستند که قادر به تکثیر در سلولهای سرطانی با افزایش فعالیت مسیر سیگنالینگ Ras است؛ درحالیکه روی سلولهای نرمال اثری ندارند.

روش بررسی: ابتدا رده ی سلولی Huh-7 و سلولهای فیروبلاست نرمال انسانی به عنوان کنترل در محیط کشت کامل، کشت داده شدند. رئوویروسها به سلولهای کشت داده شده، تلقیح شدند. نمونه ها در زمانهای ۰، ۱، ۳، ۵، ۲۴، ۴۸ و ۷۲ پس از تلقیح جمع آوری گردید و اثرات سایتوپاتیک حاصل از ویروس با میکروسکوپ نوری مورد ارزیابی قرار گرفت. سپس بعد از استخراج RNA و cDNA سازی، میزان ژنوم ویروس در نمونه ها، از طریق تکنیک Real Time-PCR مورد بررسی قرار گرفت.

یافته ها: نتایج به دست آمده از بررسی های CPE و RT-PCR نشان دادند میزان تکثیر رئوویروسها در سلولهای Huh-7 با افزایش مدت زمان آلودگی، رابطه ی مستقیمی دارد؛ درحالیکه در سلول های کنترل این رابطه مشاهده نمی شود.

نتیجه گیری: با توجه به نتایج حاصل از تحقیق انجام شده، میتوان به خاصیت آنکولایتیک این ویروس علیه رده ی سلول های سرطانی هپاتوسلولار کارسینوما پی برد و به محققین پیشنهاد استفاده از رئوویروسها را به عنوان یک کاندید جهت درمان افراد مبتلا به سرطان کبد در تحقیقات آینده داد.

Send Date: 2017/09/21

Code: 3140100186

W-F-039

Category: 2.1 Cell/molecular biology/pathology

تأثیر سرکوب ژن تلومراز ترانس کریپتاز معکوس با استفاده از

آر آن ای مداخله گر کوچک در بقای رده سلولی سرطان کبد

وحیدی سوگند^{۱*}، ثریایی صبا^۱

^۱ کمیته تحقیقات دانشجویی، علوم پزشکی اردبیل

زمینه و هدف: تلومرها ساختارهای نوکلئوپروتئینی انتهای کروموزوم

یوکاریوتها می باشند و از انتهای کروموزوم محافظت می نمایند. کوتاه شدن طول تلومرها از حد معینی منجر به پیری سلول، آپوپتوز و سرطان می شود. فعالیت تلومراز باعث حفظ توالی های تلومریک انتهای کروموزوم می شود. تلومراز ترانس کریپتاز معکوس (hTERT) زیر واحد کاتالیتیکی آنزیم تلومراز می باشد و در سلول هایی که فعالیت تلومراز دارند بیان می شود. افزایش بیان hTERT منجر به افزایش فعالیت آنزیم تلومراز می شود و در سلولهای سرطانی نقش مهمی در پیشرفت تومور دارد. به نظر می رسد مهار بیان hTERT به عنوان استراتژی درمانی انتخابی در مهار فعالیت تلومراز مطرح باشد. یکی از ابزار های اختصاصی مهار ژن ها استفاده از RNA های مداخله گر کوچک (siRNA) می باشد. هدف این مطالعه، بررسی تأثیر سرکوب ژن hTERT بر بقای سلول سرطان کبد (HepG2) می باشد.

روش بررسی: در این مطالعه تعداد ۲۰۰۰۰ سلول سرطانی HepG2 در ۱۵۰ μl محیط کشت ۱۶۴۰ RPMI حاوی ۱۰ درصد FBS و ۱ درصد آنتی بیوتیک در هر چاهک پلیت ۹۶ خانه قرار داده شد. سپس، ۱۲.۵ ng FlexiTube siRNA به همراه HiPerFect Transfection Reagent، و Allstars negative control (کنترل منفی) و سلول های بدون تیمار (کنترل) استفاده شد. سلول های تیمار شده پس از گذشت ۱۲، ۲۴ و ۴۸ ساعت جهت بررسی بقای سلولی با استفاده از روش MTT assay بررسی شد.

یافته ها: یافته ها نشان می دهد، درصد بقای سلولی با افزایش زمان کاهش می یابد و به غلظت FlexiTube siRNA وابسته نمی باشد. ۴۸ ساعت پس از تیمار، نرخ بقای سلول به طور معنی داری ($P = 0.02$) در سلول های تیمار شده با FlexiTube siRNA در مقایسه با سلول های تیمار شده با Allstars negative control و گروه کنترل پایین تر بود. **نتیجه گیری:** براساس یافته های حاصل از این پژوهش، کم ترین میزان بقای سلول های سرطانی HepG2 در ۴۸ ساعت بعد از تیمار با FlexiTube siRNA می باشد.

Send Date: 2017/09/21

Code: 3140100184

W-F-040

Category: 2.1 Cell/molecular biology/pathology

تأثیر میکروآرنای ۱۲۶۶ اگزوزن بر بقای

رده سلولی سرطان معده

ثریایی صبا^۱، وحیدی سوگند^۱

^۱ کمیته تحقیقات دانشجویی، علوم پزشکی اردبیل

زمینه و هدف: با وجود پیشرفت در تشخیص و درمان، بیماری سرطان یکی از عوامل مهم مرگ و میر در دنیا می باشد. علاوه بر عوامل ژنتیکی و محیطی عوامل اپی ژنتیکی هم در اتیولوژی سرطان دخیل هستند. اخیراً مشخص شده است که microRNA ها ارتباط نزدیکی با بیماری سرطان دارند. MicroRNA ها، RNA های غیر کدکننده کوچک و تک رشته ای با حدود ۲۳-۱۹ نوکلئوتید می باشند. این RNA ها با اتصال به نواحی 3' UTR mRNA های هدف بعنوان تنظیم کننده های بیان ژن در سطح پس از رونویسی عمل می کنند. همچنین در تکثیر، تمایز و بقای سلولی نقش دارند که منجر به مهار ترجمه یا تجزیه mRNA می شوند.

از آنجایی که عملکرد های microRNA ها در تنظیم روندهای حیاتی بیولوژیکی درگیر می باشند، بنابراین با اتیولوژی، پیشرفت و تشخیص سرطان مرتبط هستند. در این مطالعه یک miR-1266 اگزوزن (mimic) برای بررسی حیات سلولی AGS با استفاده از تکنیک MTT استفاده شد. **روش بررسی:** در این مطالعه حدود ۲۰۰۰۰ سلول سرطان معده AGS در پلیت ۹۶ خانه ای کشت داده شد. بعد از ۲۴ ساعت سلول ها توسط سه غلظت ۵، ۱۰ و ۱۵ نانومولار mimic miR-1266 و غلظت های متفاوت (۱.۵، ۳، ۴.۵ میکرولیتر) HiperFect reagent تیمار شدند و ۱۲، ۲۴ و ۴۸ ساعت بعد تست MTT انجام شد.

یافته ها: نتایج نشان داد که بقای سلول های تیمار شده با miR-1266 mimic نسبت به سلول های کنترل و سلول های تیمار شده با Allstar siRNA (بعنوان کنترل منفی) به طور معنی داری ($P < 0.05$) کاهش می یابد. بیشترین میزان کاهش بقای سلول ها ۲۴ ساعت بعد تیمار و در ۴۸ ساعت است. همچنین مشخص شد که تغییر غلظت تأثیری بر نتایج MTT ندارد.

نتیجه گیری: براساس نتایج بدست آمده می توان نتیجه گرفت بقای سلول های AGS در سلول های تیمار شده با miR-1266 وابسته به زمان و مستقل از غلظت بوده و با افزایش زمان کاهش می یابد.

Send Date: 2017/09/21

Code: 3140100185

W-F-041

Category: 3.4 Diagnosis

Trefoil Factor Family in Gastric Cancer and Pre-neoplastic Lesions

Behrooznia Zahra^{۱,۲}, Ghaderi Pouya^۲, Jafarzadeh Narges^۶, Sima Hamid Reza^۱, Izanloo Azra^۶, Mansoori Majoofardi Sepideh^۲, Rahimi Kakhki Rana^۲, Nabipour Maryam^۲, Bari Ali Reza^۳, Sima Ali Reza^۳, Farzanehfar Mohammad Reza^۳, Goshayeshi Ladan^۳, Sharifian Masoud^۳, Saber Afsharian Malihe^۲, Lari Sara^۴, Ghaffarzadehgan Kamran^۶

^۱ Department of Medicine, Munt Sinai Services, Veterans Affairs Hospital, Bronx, NY, USA

^۲ Faculty of Medicine, Mashhad Islamic Azad University

^۳ Faculty of Medicine, Mashhad University of Medical Sciences

^۴ Gastric Cancer Research Group

^۵ Gastroenterology Research Center, Tehran University of Medical Sciences

^۶ Razavi cancer research center, razavi hospital, Imam Reza International University, Mashhad, Iran

Review Article: Gastric cancer is the fourth most common cancer and the second leading cause of cancer death worldwide. Although the global incidence of gastric cancer has been decreased dramatically in recent decades, north and northwest of Iran have the highest incidence rate of gastric cancer. Whilst the surgical procedures for gastric cancer

have been improved, there is no cure for that. The intestinal type of GC results from pre-neoplastic conditions including atrophic gastritis, intestinal metaplasia and dysplasia. Trefoil Factors Family (TFFs) are small and stable molecules secreted by the mammalian gastrointestinal tract. TFFs constitute a family of three peptides (TFF1, TFF2 and TFF3) that are widely expressed in a tissue specific manner in the gastrointestinal tract. Variable TFFs expression in gastric cancer and pre-neoplastic lesions has been found. TFF1 has a tumor suppressor activity and inhibits tumorigenesis. Its expression decreases in gastritis, gastric atrophy, dysplasia, intestinal metaplasia and gastric cancer. TFF2 has a protective effect on gastrointestinal epithelium. As a prognostic factor, TFF2 expression decreases in gastric ulcer, chronic atrophic gastritis and gastric cancer. TFF3 is considered as an oncogenic factor in gastric tissues. Whilst the normal gastric tissues don't express TFF3, it increases in intestinal metaplasia. Therefore, more studies are necessary to clarify the role of TFFs in GC and pre-neoplastic conditions. This review has focused on elucidating the important role of TFFs in gastric cancer and pre-neoplastic conditions.

Send Date: 2017/09/21

Code: 3140100090

W-F-042

Category: 13 ONCOLOGY - BASIC

BRAF gene mutation in Iranian familial colorectal cancer patients at risk for Lynch syndrome

Zeinalian Mehrdad¹, Emami Mohammad Hassan³,
Poureza Mohammad Reza¹, Tabatabaiefar Mohammad Amin¹,
Hashemzadeh-Chaleshtori Morteza²

¹ Isfahan University of Medical Sciences

² Shahrekord University of Medical Sciences

³ Gastrointestinal and Hepatobiliary Diseases Research Center, Poursina Hakim Research Institute for Health Care Development, Isfahan, Iran

Introduction: BRAF mutation is known as a surrogate marker for the promoter hypermethylation of MLH1 in sporadic colorectal cancer (s-CRC) with tumor microsatellite instability (MSI) versus wild type BRAF in the Lynch syndrome (LS) as a common hereditary cancer predisposing condition. Given the lack of enough information regarding the clinicopathological features of the disease and its molecular aspects among the Iranian populations, this study was launched in the Central Iran.

Methods: In this descriptive study, 31 familial CRC probands

recruited according to Amsterdam II criteria in Isfahan province (Central Iran). MSI testing and Immunohistochemistry (IHC) staining of four mismatch repair (MMR) genes including MLH1, MSH2, MSH6, and PMS2 had been previously performed on their tumor DNAs and the adjacent healthy tissues. Finally, all DNA tumors were assessed for BRAF mutations by Sanger sequencing of the gene.

Results: None of 31 probands presented BRAF mutations in their colorectal tumor. Of these cases, 7 patients (22.6%) showed MMR deficiency according to both MSI testing and IHC-MMR staining and 24 patients (77.4%) were MMR proficient. Colorectal tumor was more prevalent among MMR-deficient families (67.5% vs 27.9%). Gastric cancer was the most frequent extracolonic cancer in both groups (26.7% vs 16.5%).

Conclusion: Wild-type BRAF in tumor DNA of the studied familial CRC probands at-risk for LS showed the necessity of more advanced molecular study to explore molecular background of the disease and the resistance to anti-EGFR drugs, as a new targeted therapy.

Send Date: 2017/08/02

Code: 3140100222

W-F-043

Category: 5.3 Genetics

Germline Mutations of the APC Gene in Iranian familial adenomatous polyposis patients

Mirinezhad Seyed Kazem^{*2}, Moaddab Seyed Yaqoob²,
Jabbarpour Bonyadi Mortaza¹, Eftekharsadat Amir Taher²,
Mir Najeed Grami Sosan², Somi Mohammad Hossein²

¹ Center of Excellent for Biodiversity, Faculty of Natural Sciences, University of Tabriz

² Liver and Gastrointestinal Disease Research Center, Tabriz University of Medical Sciences

Introduction: Familial adenomatous polyposis (FAP) is an autosomal dominant inherited disorder, which can develop into cancer in early adulthood (100%). Mutation in adenomatous polyposis coli (APC) gene is the cause of FAP. Mutational hotspots in the APC gene are located in the 5' part of exon 15; this region is termed the mutation cluster region (MCR). AIM: To study the characteristics of APC gene germline mutation in proband FAP patients.

Methods: The diagnosis was made based on clinical manifestations, family history and presence of more than hundred polyps in the colon as well as pathological examination. Peripheral blood samples were collected, and genomic

DNA was extracted.

Two sets of oligonucleotide primers were designed to amplify from codon 999 to codon 1410 of MCR in the APC gene. Potential mutation of the APC gene was detected by polymerase chain reaction (PCR) and DNA sequencing.

Results: We identified germline APC gene mutations in 19 of the 30 FAP patients (63%), including a novel frame shift mutation (c.3416 deletion A, P. Lysine 1139 Serine, Stop at 1165), two novel nonsense mutations (G 4069T, P. Gly 1357stop codon and A3595T, p. Lys 1199 stop codon) and 16 missense point mutations. Thus, 16% of the mutations were predicted to result in truncations of the APC protein. The most of mutations were including A > G (AAA →GAA) at nucleotide 3922 and 4048 in codon 1308 (26%) and 1350 (21%) respectively. these causes replacement of Lysine with Glutamine.

Conclusion: It seems that MCR of exon 15 in APC gene is probably the hotspot region in Iranian classic FAP patients.

Send Date: 2017/10/04

Code: 3140100196

W-F-044

Category: 7.13 Miscellaneous

Do we need to start screening colonoscopy at an earlier age?

Nikfam Sepideh¹, Sadeghi Anahita^{*1}, Malekzadeh Reza¹, Merat Shahin¹, Sadeghi Ahmad², Sharafkhan Maryam¹, Shaddel Basir Narges¹, Nasseri-Moghaddam Siavosh¹

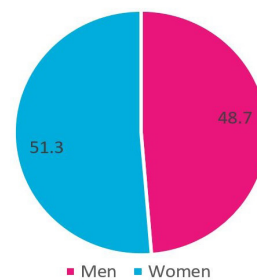
¹ Digestive Disease Research Institute, Tehran University of Medical Sciences, Tehran, Iran

² Masoud Clinic, Tehran, Iran

Introduction: Screening colonoscopy was effective in decreasing colorectal cancer (CRC) mortality. Quality of colonoscopy is mostly assessed with Polyp Detection Rate (PDR) and Adenoma Detection Rate (ADR). Several factors, including withdrawal time, have been correlated with ADR. We assessed ADR and PDR among different age groups in a referral clinic in Tehran, Iran.

Methods: Consecutive consenting patients ≥ 40 years who had a screening colonoscopy between November 2014 to November 2016 were enrolled. Colonoscopies were performed expert gastroenterologists. Demographic data, adequacy of bowel preparation, withdrawal time, number, size and location of polyps were recorded. The pathology of all polyps was reviewed by a team of gastrointestinal pathologists.

Results: A total of 2156 patients 1004 (46.6%) male) with a mean age (SD) of 57.4 (10.1) years underwent colonoscopy. At least one polyp was identified in 906 patients (42.0%). Bowel preparation was reported excellent in 675 (32.6%), good in 1,179 (57.0%) poor in 205 (9.9%) extremely poor in 11 (0.5%). Mean withdrawal time (SD) was 485.0 (314.7) seconds. No significant difference was found between the quality of bowel preparation or mean withdrawal time and PDR. Adenoma detection rate was 626 (33.4%), 351 (40.5) in men (P value < 0.001). Polyps were detected in 194 (32.0%) of 40-49 years old, 315 (41.2%) of 50-59 years old, and 397 (50.5%) of those 60 years and older (p < 0.001).



Polyp detection rate was higher in men 489 (48.7%) (p value < 0.001)

Conclusion: Our data show that ADR and PDR in Iranian patients are close to that reported in the west with the same correlates. PDR in Our study increases with age as expected but starts off eye-catchingly high at 32.0% in the 5th decade of life. If this holds true in future studies and models, the benefits of proposing screening colonoscopy earlier than current guidelines in reducing CRC rates could justify its costs.

Send Date: 2017/09/21

Code: 3140100162

W-F-045

Category: 6.3 Malignant disease - management

Survival of Familial Adenomatous Polyposis coexistence colorectal cancer in Iran

Mirinezhad Seyed kazem^{*3}, Moaddab Seyed Yaqoob³, Eftekharsadat Amir Taher³, shirmohammadi Masoud², Jabbarpour Bonyadi Mortaza¹, Somi Mohammad Hossein²

¹ Center of Excellent for Biodiversity, Faculty of Natural Sciences, University of Tabriz, Tabriz, Iran

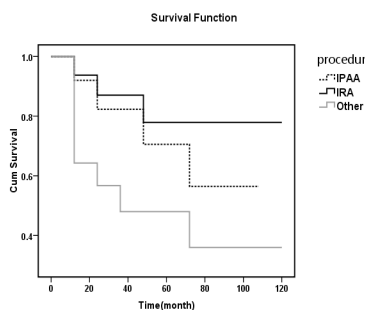
² Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

³ Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

Introduction: Familial adenomatous polyposis (FAP) is an autosomal dominant disorder. Colorectal cancer (CRC) has been implicated as the most common cause of death in FAP patients, especially in those with coexisting CRC at initial diagnosis (FAP-CRC). Aim: We aimed to determine the survival rate of FAP-CRC and the factors affecting FAP-CRC survival.

Methods: This was a retrospective cohort FAP study conducted in northwest Iran. From 2006 to 2016, 51 FAP-CRC individuals were selected from among 4588 CRC patients. Statistical analysis: A Student's t-test, life table method, log-rank tests, a Kaplan-Maier survival curve and Cox regression analysis were performed and a value of $p < 0.05$ was set as significant.

Results: A total of 51 FAP-CRC patients were selected, (30 males, 21 females), with a mean age of 42.2 years at diagnosis. The most common presenting symptom was abdominal pain and the most common primary tumor site was the rectum. The 1-, 5- and 10-year overall survival rates were 76%, 59%, and 52%, respectively. Factors affecting the FAP-CRC survival rate, namely sex, age at CRC diagnosis, and extra colonic manifestations (ECM), showed no significant differences. The difference in 5-year survival rates between patients with colon and rectal cancers was significant (75% vs. 33%, $P = 0.02$). The survival rate was significantly higher among patients with disease stages I and II than those in disease stages III and IV ($P = 0.001$). Five-year survival rates in patients with ileal pouch-anal anastomosis (IPAA) and ileorectal anastomosis (IRA) were 71% and 78%, respectively ($P = 0.001$). There was an interesting difference in survival between FAP and attenuated familial adenomatous polyposis (AFAP) ($P = 0.01$). In Cox regression analysis, distant metastasis was a significant predictor of survival ($P = 0.001$).



Conclusion: Long-term survival from FAP-CRC remains poor; therefore, early stage detection and the choice of an ap-

propriate surgical method can improve survival in such patients.

Send Date: 2017/09/18

Code: 3140100096

W-F-046

Category: 6.1 Malignant disease - pathogenesis

تعیین رابطه بین سطح سلینیوم سرم و وقوع سرطان کولورکتال در جمعیت منتخب ایرانی مراجعه کننده به بیمارستان

حضرت رسول اکرم (ص) در سالهای ۱۳۹۵-۱۳۹۴

خانلری عباس^{۱*}، آسایش آنس^۱، هاشمیان فرشاد^۱، نصیری پور سمیه^۲،

انصاری نژاد نفیسه^۲، مسعودی محسن^۲

^۱ دانشگاه آزاد اسلامی واحد علوم دارویی

^۲ دانشگاه علوم پزشکی ایران

زمینه و هدف: سلینیوم یک میکرونوترینت ضروری در سلامتی انسان است. بر اساس مطالعات انجام شده این طور می توان نتیجه گرفت که ممکن است فاکتور اصلی و اساسی در تعیین اثربخشی و مفید بودن مکمل سلینیوم در ریسک سرطان کولورکتال سطح سلینیوم پایه باشد. با توجه به اهمیت این مساله و عدم انجام مطالعه بالینی در نژاد ایرانی انجام این مطالعه در ایران بسیار کمک کننده و حیاتی در تجویز مکمل سلینیوم می باشد. هدف از انجام این مطالعه تعیین رابطه بین سطح سلینیوم سرم و وقوع سرطان کولورکتال در جمعیت منتخب ایرانی مراجعه کننده به بیمارستان حضرت رسول اکرم (ص) بود.

روش بررسی: مطالعه حاضر به شیوه Case-Control بر روی ۴۵ نفر بیمار با کانسر شناخته شده کولورکتال که به بخش اونکولوژی بیمارستان حضرت رسول اکرم در یک بازه زمانی مشخص مراجعه کردند به عنوان گروه Case و مراجعین و پرسنل کاملن سالم بیمارستان حضرت رسول اکرم (ص) (گروه کنترل) انجام گردید. برای تجزیه و تحلیل آماری داده ها از نرم افزار SPSS نسخه ۲۱ استفاده گردید.

یافته ها: در مقایسه سطح سلینیوم سرم در بین گروه بیماران و گروه کنترل هیچگونه ارتباط آماری معناداری مشاهده نشد و میانگین سطوح سلینیوم در گروه بیماران نسبت به گروه کنترل از نظر آماری متفاوت نبود. ($P = ۰/۶۵۱$)

نتیجه گیری: سطح سرمی سلینیوم با وقوع کانسر کولورکتال در مقایسه با گروه کنترل ارتباط آماری معناداری ندارد و نقش مکمل سلینیوم در پیشگیری و درمان کانسر کولورکتال با تردید مواجه است و با توجه به نتایج مطالعه ی ما در حال حاضر توصیه نمی شود.

Send Date: 2017/08/11

Code: 3140100094

W-F-047

Category: 6.2 Malignant disease-diagnosis/histopathology

Evaluation of rs37464444 polymorphism of miR-499 in subjects with colon cancer in comparison with healthy subjects

Zahedi Mohammad Javad^{*5}, Kalantari Khandani Behjat²,

Hayat Bakhsh Abbasi Mehdi⁵, Darvish Moghadam Sodaif⁵, Hashemi Mohamad³, Shafiei pour Sara⁴, Mobaser Fard Amir¹

¹ Clinical Research Unit, Afzalipour Hospital, Kerman University of Medical Sciences, Kerman, Iran

² Department Of Oncology, School Of Medicine, Kerman University of Medical Sciences, Kerman, Iran

³ Dna and Biochemistry Reserch Center, Zahedan Medical Sciences, Zahedan, Iran.

⁴ Fellow Of Gastroentrolgy, taleghani hospital, shahid beheshti Medical University, Tehran, Iran

⁵ Gastroenterology and Hepatology Research Center, Kerman University of Medical Sciences, Kerman, Iran

Introduction: (Single nucleotide polymorphisms (SNPs)) was investigating as a new genomic source for cancer so we decided that doing a study such as evaluation of rs37464444 polymorphism of miR-499 in subjects with colon cancer in comparison with healthy subjects.

Methods: this is a case-report study that blood sample was investigating for rs37464444 polymorphism of miR-499. patient with absolute diagnosis of cancer with pathologic confirms entire to study. significant level is 0.05 (P Value < 0.05).

Results: mean of DNA count in samples was $51/23 \pm 17/63$ that in case group significantly more than control group actually rs37464444 polymorphism of miR-499 significantly more than in cancer patient compare healthy people in community. (P Value < 0.05)

Conclusion: demonstration of rs37464444 polymorphism of miR-499 in this study significantly higher in the patient with colon cancer and showed that people with this polymorphism had higher risk for the malignancy.

Send Date: 2017/08/06

Code: 3140100187

W-F-048

Category: 1.1 Epidemiology

Frequency of Chronic Atrophic Gastritis among 11543 patients from a Pathology clinical center between 2012 and 2016

Behrooznia Zahra^{*3}, Ghaderi Pouya³, Jafarzadeh Narges⁶, Qolipoor Ahmad³, Zargarani Bitaa³, Delavari Lotf Abad Shamim³, Poorali Saba³, Shariat Razavi Ali³, Mansoori Majooofardi Sepideh³, Moqaddari Soudeh³, Vaghei Nastaran³, Izanloo Azra⁵, Sima Ali Reza², Sima Hamid Reza¹, Farzanehfard Mohammad Reza⁴, Goshayeshi Ladan⁴, Bary Ali Reza⁴, Mokhtari Elham³, Ghaffarzadehgan Kamran⁶

¹ Department of Medicine, Munt Sinai Services, Veterans Affairs Hospital, Bronx, NY, USA

² Digestive Diseases Research Institute, Tehran University of Medical Sciences

³ Faculty of Medicine, Mashhad Islamic Azad University

⁴ Faculty of Medicine, Mashhad University of Medical Sciences

⁵ Razavi Cancer Research Center, Razavi Hospital, Imam reza international university, mashhad, iran

⁶ Razavi Cancer Research Center, Razavi Hospital, Imam reza international university, mashhad, iran

Introduction: Although the global incidence of gastric cancer has been decreased dramatically in recent decades, north and northwest of Iran have the highest incidence rate of gastric cancer. The intestinal type of gastric cancer usually occurs in gastric tissues with chronic Atrophic gastritis. The epidemiologic data of CAG as an important precursor lesion are rare. In this study, we aimed to determine the frequency of CAG based on pathologic reports of upper gastrointestinal biopsy samples from Pathology clinical center in Mashhad, Iran.

Methods: In this cross sectional study, pathologic reports of patients diagnosed with gastropathy in upper GI endoscopy from 2012 to 2016 were reviewed. Totally 11543 patients with available and complete pathologic reports enrolled. The patients with incomplete or unclear pathologic reports were excluded. The frequency of CAG and demographic patient's information were analyzed by SPSS version 19 and Chi-square test was used.

Results: The prevalence of CAG was 5.7% among 11543 subjects. Totally 47.3% patients were male and 52.7% were female. The incidence of CAG was 5% and 6% in women and men, respectively. By Chi-square test, there is significant difference in male and female ($p = 0.0001$). Independent T-test shows the significant correlation between age and CAG, ($P = 0.0001$). The age range of patients with atrophy varies from 5 to 90 years. The mean age of patients was 58.65 15.09. By Chi-square test, there is significant correlation between frequent of CAG and regions of gastric ($p = 0.0001$). The most frequent region of atrophy was antrum. The prevalence of atrophy was statistically higher in *H.pylori* non-infected individuals ($p = 0.0001$).

Conclusion: In our study, the prevalence of CAG is not higher than estimated incidence rate in meta-analysis. Like most studies, prevalence of CAG has significant correlation with male gender and older age. About the correlation with *H.pylori*, we can judge better by serological assessment in further studies.

Send Date: 2017/09/21

Code: 3140100193

W-F-049

Category: 1.1 Epidemiology

Gastric Intestinal Metaplasia: Retrospective Epidemiological Study

Izanloo Azra^{*1}, Zargaran Bitā⁴, Ahmadi Mokhtar⁴, Hosseinnejad Fatemeh⁴, Ghaderi Pouya⁴, Shariat Razavi Ali⁴, Sima Ali Reza³, Jafarzadeh Narges⁶, Poorali Saba⁴, Vaghei Nastaran⁴, Baradaran Sirjani Behnaz⁴, Yousefli Zahra⁴, Ghandehari Maryam⁴, Sharifian Masoud⁴, Saber Afsharian Malihe⁴, Esmaelzadeh Abbas⁵, Ganji Azita⁵, Sima Hamid Reza², Ghaffarzadehgan Kamran⁶

¹ Cancer Research Centre, Razavi Hospital, Emam Reza International University, Mashhad, Iran

² Department of Medicine, Munt Sinai Services, Veterans Affairs Hospital, Bronx, NY, USA

³ Digestive Diseases Research Institute, Tehran University of Medical Sciences, Tehran, Iran

⁴ Faculty of Medicine, Mashhad Islamic Azad University

⁵ Faculty of Medicine, Mashhad University of Medical Sciences

⁶ Razavi cancer research center, razavi hospita, Imam reza international university, mashhad, iran

Introduction: Gastric intestinal metaplasia is one of the pre-neoplastic lesions of gastric tissues. *Helicobacter pylori* (*H.pylori*) infection is the main risk factor of gastric intestinal metaplasia. Gastric adenocarcinoma as a high incident cancer in some regions of Iran, usually originate from intestinal metaplasia. Limited data is available about the prevalence of IM in Iran. We aimed to determine the prevalence of IM and *H.pylori* infection in these patients.

Methods: This retrospective epidemiological study has been done in referral gastrointestinal laboratory in Mashhad; between March 2012 and March 2017. 11543 patients had all undergone upper esophagogastroendoscopy and biopsy reports had been available. Unclear and incomplete reports excluded. Demographic information, the most frequent region of IM, *H.pylori* and IM prevalence were assessed in patients. All data analysed by SPSS version 19, Chi-square and T-test was performed for comparing the variables.

Results: The prevalence of endoscopic IM among 11543 subjects was 15.9%. Totally 47.3% patients were male and 52.7% were female. The age range of patients with IM varies from 5 to 91 years with the mean of 55.28 ± 15.48 . Independent T.test showed the significant correlation between age and IM, ($P = 0.0001$). The incidences of IM were 15.9% and 17.4% in women and men, respectively. By Chi-square

test, there was the significant difference in male and female ($p = 0.0001$). By Chi-square test, there was significant correlation between frequency of IM and regions of gastric ($p = 0.0001$). The most frequent region of atrophy was antrum. The prevalence of IM was not statistically higher in *H.pylori* infected individuals ($p = 0.230$).

Conclusion: In our study, the overall prevalence of endoscopic IM was 15.9% and it was not statistically higher in patients with *H.pylori* infection. Prevalence of IM in males was significantly higher than women and it correlated to increasing age.

Send Date: 2017/09/21

Code: 3140100136

W-F-050

Category: 1.1 Epidemiology

Epidemiologic features and colonoscopic findings of patients with colorectal polyps in Lorestan

Abdollahian Majid^{*1}, Kaviani Moigan¹, Ghanadi Kurosh¹, Anbari Khatere¹

¹ Medicine, Lorestan University of medical science

Introduction: Gastrointestinal polyps have premalignant potential. In regard to increasing rate of colon cancers and the relation between polyps with cancers, this study was done to evaluate of the epidemiologic features and colonoscopic findings in patients with colorectal polyps referred to the GI clinic in Khoramabad.

Methods: This cross-sectional study was conducted on 202 patients with colorectal polyps were referred to the GI clinic in Khoramabad, during 2015-2016. The diagnosis was confirmed by histopathologic method. Gender and age was recorded for each patient.

Results: 55.9% of patients were males. The patients were between 14 to 88 years of age. 46.6% of polyps were diagnosed in the fifth and sixth decade of patient's age. The most frequent pathological type of colorectal polyps was adenoma followed by hyperplastic, and hamartoma polyps type. Tubular type were the most common type of adenoma polyps followed by various tubulovillous and villous. The most frequent anatomical position of polyps was sigmoid followed by ascending colon.

Conclusion: Adenomatous polyp, especially tubular adenoma was the most common colonic polyp and it was more common in sigmoid area among male patients.

Send Date: 2017/09/05

Code: 3140100111

W-F-051

Category: 1.1 Epidemiology

Role of appropriate data usage on maintenance of cancer registries: experiences form Golestan, Northern Iran

Roshandel Gholamreza^{4,5}, Semnani Shahryar³, Fazel Abdolreza⁵,
Honarvar Mohammadreza¹, Sedaghat SeyyedMehdi¹,
Hasanpour Susan³, Poorabbasi Mohammad¹,
Mirkarimi HoneyeSadat³, Kamalinia Hamidreza¹,
Salamat Faezeh³, Ghasemi-kebria Fatemeh³,
Sadjadi Alireza², Malekzadeh Reza²

¹ Deputy of Health, Golestan University of Medical Sciences² Digestive Diseases Research Institute, Tehran University of Medical Sciences³ Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences⁴ Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences, Gorgan, Iran⁵ Hyrcania Cancer Research Center, Golestan University of Medical Sciences

Introduction: Golestan population based cancer registry (GPCR) was established in Golestan province, Northern Iran. Having clear plan for use of the data is a deterministic factor for maintenance of cancer registries. The aim of this paper is to presents the experiences from GPCR of appropriate use of the data during its first decade of activity.

Methods: GPCR started data collection in 2004. We collected data on newly diagnosed (incident) cancer cases from all public and private diagnostic and therapeutic centers (hospitals, pathology/laboratory centers, imaging centers and some of the specialist physician's offices) of the whole province. Data were collected using standard data collection sheets. The 3rd version of the international classification for disease-oncology (ICDO-3) was used for coding. Data were entered into computer and analyzed annually using the CanReg software.

Results: The International Association of Cancer Registries (IACR) accepted the GPCR as a voting member in June, 2007. The GPCR data were published in the 10th volume of the cancer in five continents (CI5). The indices of data quality were improved during the study period. By the end of April 2017, the GPCR data have been used in designing and conducting 29 research projects with different designs including cross-sectional studies, case-control studies and survival analysis. Nineteen of these 29 projects were conducted as thesis for obtaining MSc and PhD degrees. The GPCR data have also been used for outcome ascertainment

in Golestan Cohort Study, a large cohort study in Northern Iran. The results of these research projects were published as 39 research papers, mostly in journals indexed in ISI and PubMed.

Conclusion: The GPCR is the first high quality population-based cancer registry form Iran whose data were published in the CI5. The GPCR may be considered as a model of conducting population-based cancer registration in other similar settings.

Send Date: 2017/08/24

Code: 3140100148

W-F-052

Category: 7.4 Hepatotoxicity/alcohol-regeneration-apoptosis

بررسی اثر حفاظتی عصاره هیدروالکلی کلم بروکلی بر مسمومیت کبدی القا شده توسط تتراکلرید کربن در موشهای صحرایی

موسوی عراقی مریم^{۱،۲}، عیدی اکرم^۳، مرتضوی پژمان^۱، عریان شهربانو^۱
^۱ گروه پاتولوژی، دانشکده دامپزشکی، واحد علوم و تحقیقات، دانشگاه آزاد اسلامی، تهران، ایران

^۲ گروه زیست شناسی، واحد علوم و تحقیقات، دانشگاه آزاد اسلامی، تهران، ایران
زهیینه و هدف: تولید گونه های فعال اکسیژن و القای استرس اکسیداتیو مکانیسم های اصلی ایجاد آسیب کبدی توسط بسیاری از ترکیبات هیپاتوتوکسیک است. تتراکلرید کربن یک حلال آلی است که به واسطه تولید گونه های فعال اکسیژن و القای استرس اکسیداتیو به طور گسترده ای به عنوان یک مدل خوب مسمومیت کبدی به کار می رود. کلم بروکلی *Brassica oleracea v.italica* از جمله گیاهانی است که از دیر باز در درمان بسیاری از بیماریها به کار می رفته است و اثرات درمانی آن در درمان بسیاری از بیماریها گزارش شده است. در این پژوهش اثرات محافظتی عصاره الکی کلم بروکلی در مسمومیت کبدی القا شده ناشی از تتراکلرید کربن مورد بررسی قرار گرفت.

روش بررسی: در پژوهش حاضر از ۶۰ سر موش صحرایی نر استفاده گردید. حیوانات به ۱۰ گروه ۶ تایی تقسیم شدند: گروه کنترل سالم که فاقد تیمار خاصی بودند، گروه کنترل مسموم که هفته ای دو بار توسط تزریق درون صفاقی تتراکلرید کربن مسموم شدند، ۴ گروه تجربی سالم که روزانه با عصاره هیدروالکلی کلم بروکلی تیمار گردیدند و ۴ گروه تجربی مسموم که علاوه بر تیمار تتراکلرید کربن با عصاره هیدروالکلی کلم بروکلی نیز تیمار گردیدند. بعد از ۲۸ روز تیمار، حیوانات بیهوش و کبد آنها جدا و هموزن کبد تهیه شد و سنجش فعالیت پارامترهای هموزنات بافتی (SOD, GPX, GR, CAT) انجام شد و سپس نتایج با گروههای کنترل مقایسه شد. داده ها با آنالیز واریانس یک طرفه و تست توکی به کمک نرم افزار SPSS-19 تحلیل شد.

یافته ها: بررسی میزان فعالیت آنزیم های هموزنات بافت کبد نشان داد که تزریق تترا کلرید کربن سبب کاهش معنادار فعالیت آنزیمهای آنتی اکسیدان کبد میشود و تیمار عصاره هیدروالکلی کلم بروکلی توانسته است به صورت وابسته به دوز سبب افزایش معنادار میزان فعالیت این پارامترها شود.

نتیجه گیری: عصاره الکلی کلم بروکلی می تواند کبد را در برابر آسیب اکسیداتیو ناشی از تتراکلرید کربن محافظت نماید و این اثر حفاظتی کبدی احتمالا مربوط به افزایش میزان فعالیت آنزیمهای سم زدا و آنتی اکسیدان و جارو کردن رادیکالهای آزاد می باشد.

Send Date: 2017/09/17

Code: 3140100152

W-F-053

Category: 7.4 Hepatotoxicity/alcohol-regeneration-apoptosis

بررسی اثر محافظتی عصاره اتانولی کلم قرمز بر میزان فعالیت آنزیم های آنتی اکسیدانی در مسمومیت کبدی ناشی از تتراکلرید کربن در موشهای نر بالغ نژاد ویستار
بهمن پور مهناز^{۱*}، عیدی اکرم^۲، مرتضوی پژمان^۱، عریان شهریانو^۲

^۱ گروه پاتولوژی، دانشکده دامپزشکی، واحد علوم و تحقیقات، دانشگاه آزاد اسلامی، تهران، ایران

^۲ گروه زیست شناسی، واحد علوم و تحقیقات، دانشگاه آزاد اسلامی، تهران، ایران
زمینه و هدف: از جمله وظایف اصلی و عمده کبد متابولیسم گزنوبیوتیک ها و سم زدایی می باشد. اما در برخی موارد در طی متابولیسم این مواد متابولیت های سمی و فعالی ایجاد می شوند که می توانند موجب آسیب سلول های کبدی و در نتیجه بیماریهای کبدی گردند. استفاده از مواد طبیعی با منشا گیاهی در درمان بیماری های مختلف از جمله بیماری های کبدی در طب سنتی تاریخچه ای طولانی دارد. اثر محافظت کبدی آنتی اکسیدان هایی همچون فلاونوئید ها و آنتوسیانین ها به اثبات رسیده است. مطالعه حاضر با هدف بررسی اثر حفاظت کبدی عصاره اتانولی کلم قرمز در برابر آسیب کبدی القا شده توسط تتراکلرید کربن در موش های صحرایی انجام شد.

روش بررسی: در تحقیق حاضر ۶۰ سر موش صحرایی نر بالغ نژاد ویستار انتخاب گردیده و به صورت تصادفی به ۱۰ گروه تقسیم شدند که عبارتند از گروه کنترل سالم، گروه کنترل مسموم (دریافت کننده تتراکلرید کربن ۵۰ درصد به میزان نیم میلی لیتر بر کیلوگرم وزن بدن)، گروه های تجربی مسموم دریافت کننده تتراکلرید کربن و عصاره در دوزهای ۵۰، ۱۰۰، ۲۰۰، ۴۰۰ mg/kg. پس از گذشت ۲۸ روز از تیمار عصاره، هموزنات کبد موشها تهیه گردیده و سطوح آنزیم های آنتی اکسیدانی SOD, CAT, GPX, GR در بافت کبد مورد سنجش قرار گرفت. داده های با آنالیز واریانس یک طرفه و تست توکی به کمک نرم افزار SPSS-19 تحلیل شد.

یافته ها: تتراکلرید کربن سطوح فعالیت آنزیم های سوپر اکسیددیسموتاز، گلوتاتیون پراکسیداز، کاتالاز، گلوتاتیون ردوکتاز را بصورت معناداری کاهش داد. عصاره اتانولی کلم قرمز باعث افزایش معنا دار سطح فعالیت آنزیم های فوق گردید.

نتیجه گیری: عصاره کلم قرمز احتمالا از طریق تعدیل آنزیم های سم زدایی کننده و فاکتورهای آنتی اکسیدانی و خاصیت جاروکنندگی رادیکال های آزاد سبب حفاظت کبدی می شود.

Send Date: 2017/09/17

Code: 3140100194

W-F-054

Category: 1.1 Epidemiology

Gastric Cancer Epidemiology from 2012 to 2017 in Mashhad, Iran

Torabian Farnaz^{*5}, Behrooznia Zahra⁵, Qolipoor Ahmad⁵, Izanloo Azra², Vosughinia Sina⁵, Sima Ali Reza⁴, Rahimi kakhki Rana⁶, Mansoori Majoofardi Sepideh⁵, Delavari Ioff Abad Shamim⁵, Hamidi Fatemeh⁵, Akhavan Ghorbani Delara⁵, Sima Hamid Reza³, Zolfaghari Jalil¹, Ganji Azita⁷, Esmaelzadeh Abbas⁷, Sharifian Masoud⁷, Ghaffarzadehgan Kamran¹

¹ Cancer Research Centre, Razavi Hospital, Emam Reza International University, Mashhad, Iran

² Cancer Research Centre, Razavi Hospital, Emam Reza International University, Mashhad, Iran

³ Department of Medicine, Munt Sinai Services, Veterans Affairs Hospital, Bronx, NY, USA

⁴ Digestive Diseases Research Institute, Tehran University of Medical Sciences

⁵ Faculty of Medicine, Mashhad Islamic Azad University

⁶ Faculty of Medicine, Mashhad Islamic Azad University

⁷ Faculty of Medicine, Mashhad University of Medical Sciences

Introduction: Gastric cancer (GC) is characterized as the fourth most common cancer and second leading cause of cancer mortality in the world. Epidemiological studies have been done all around the world but the exact GC epidemiology still remains unclear in Mashhad. The purpose of the present research was to assess the GC epidemiology in Mashhad, Iran.

Methods: In this study, 11543 individuals were employed from July 2012 to December 2017. The primary tumor was classified as the basis of either findings of endoscopic and pathologic results. The patients were first screened then endoscopy done for evaluation of symptoms related to upper gastrointestinal tract. Demographic data extracted from charts. After data entering, a controller rechecked information. Data was analyzed with SPSS version 16.0 ($P < 0.05$).

Results: The prevalence of endoscopic carcinoma among 11543 subjects was 5.6%. Totally, 47.3% patients were male and 52.7% were female. The incidence of carcinoma was 2% and 8% in women and men, respectively. By Chi-Square test, there is significant difference in male and female ($P = 0.0001$). Independent t-test showed significant correlation between age and carcinoma ($P = 0.0001$). The age range of patients with carcinoma varies from 6 to 92 years with the mean of 64.21 ± 14.45 years. By Chi-Square

test, there is a significant correlation between prevalence of carcinoma and regions of gastric carcinoma ($P = 0.0001$). The most frequent region of carcinoma was mucosal area. The prevalence of carcinoma was statistically higher in *H.pylori* non-infected individuals ($P = 0.0001$).

Conclusion: According to main findings in the research, GC epidemiology in Mashhad, mucous area was reported as the most involved area.

Send Date: 2017/09/21

Code: 20160100

W-F-055

Category: 6.4 Other colonic and anorectal disorders

Prevalence of polyps And Polyp Detection Rate in Performed Colonoscopies in Afzalipour and Mehregan-Hospitals of Kerman (2015-2016)

Zahedi MohammadJavad^{*1}, Darvish Moghadam sodaif¹, Hayatbakhsh Mohammad Mehdi¹, Seyed Mirzaee Seyed Mehdi¹, Ahmadi Bijan¹, Sharifi Mahdieh¹

¹ Gastroenterology and Hepatology Research Center, Kerman University of Medical Sciences, Kerman, Iran

Introduction: The results reported on the prevalence of colorectal cancer are very disturbing. The aim of this study is to evaluation of colonic polyps prevalence and calculate a thepolyp detection rate and analyze some related variables among the patients referred to Afzalipour and Mehregan Hospitals of Kerman in 2015-2016.

Methods: The results of colonoscopy and pathologic samples of patients aged over 40 years who referred for colonoscopy were collected and analyzed. The polyps' detection rate and some related variables were assessed.

Results: A total of 469 patients older than 40 who were undergoing colonoscopy were enrolled. The prevalence of detected polyps was 21/7% that 45.3% of whom were adenomatous polyps. The polyp detection rate was 14/7%.

The bowel preparation (0.013), higher age (0.007) and male gender (0.003) had significant relationship with the detection of polyps.

Conclusion: The detection of the polyp/adenoma in this study is comparable with the results of the research carried out in other parts of the world with high prevalence of colon cancer. The results of this study are consistent with other studies in Iran as well.

Send Date: 2017/07/29

Code: 3140100161

W-F-056

Category: 16 IMMUNOLOGY/MICROBIOLOGY

Systematic analysis of human oncogenic viruses in Oral, Esophageal and Gastric Cancers: a Molecular Study in North of Iran

Yahyapour Yousef^{*1}

¹ Infectious Diseases & Tropical Medicine Research Center, Babol University of Medical Sciences

Introduction: Global studies reveal that about 10 – 15% of human cancers caused by human oncogenic viruses. Various oncogenic viruses including Human Papilloma Virus (HPV), Epstein-Barr virus (EBV), Merkel cell polyomavirus (MCPyV), Human T lymphotropic virus-I (HTLV-I), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Herpes Virus-8 (HHV-8). Despite decades of epidemiological investigation, the main etiological factors for oral squamous cell carcinoma (OSCC), esophageal squamous cell carcinoma (ESCC) and gastric cancers (GC) have not been completely determined. The current research aimed to investigate the presence of HPV, EBV and MCPyV in OSCC, ESCC and GC tumors and non-cancerous samples in North of Iran.

Methods: In the present cross sectional study, a total of 21 OSCC and 30 non-cancerous oral samples; One-hundred samples with ESCC and 68 without esophageal malignancy and 81 GC as well as 53 gastric congested mucosa (CM) were included. Real-time PCR technique was used to detect HPV L1, EBV EBER and MCPyV LTA_g genes in cancerous and non-cancerous fresh and formalin-fixed paraffin-embedded resection specimens.

Results: Totally, HPV L1 gene was detected in 19.0% of OSCC tumors and 3.3% of non-cancerous oral samples. The prevalence of HPV, EBV and MCPyV in ESCC tumors were 27.0%, 10.0% and 30.0% respectively. However, HPV, EBV and MCPyV were detected in 41.2%, 4.4% and 35.3% of non-cancerous samples. In addition, EBV was detected in 16.0% of GC samples and none of the CM samples from healthy subjects were EBV positive. Among cancerous esophageal lesions, 25.9% harbored high risk types, 18.5% harbored low risk types and 62.9% (17/27) were untypable. There was no statistically significant difference in HPV ($P = 0.066$), EBV ($P = 0.143$) and MCPyV ($P = 0.471$) positivity between cancerous and non-cancerous ESCC samples. But, there was a significant difference in EBV infection between GC and CM samples from healthy subjects ($P = 0.002$).

Conclusion: In conclusion, the present investigation re-

vealed that HPV, EBV and MCPyV can be detected in cancerous and non- cancerous oral, esophageal and gastric tissues. The findings of the current investigation shed more light on the pathogenic role of aforementioned oncogenic viruses in oral, esophageal and gastric malignant transformation.

Send Date: 2017/09/18

Code: 3140100133

T-S-057

Category: 7.13 Miscellaneous

Coexistence of Crohn's Disease and Hodgkin's Lymphoma in a Young Man with Rectorrhagia

Hormati Ahmad¹, Ghadir Mohammad Reza^{*1},
Sarkeshikian Seyed Saeed¹, Iranikhah Abolfazl¹,
Alemi Faezeh¹, Ghoddoosi Mahdieh¹

¹ Gastroenterology and Hepatology Disease Research Center,
Qom University Of Medical Sciences, Qom, Iran

Introduction: Crohn's disease (CD) is an inflammatory disease with an increasing incidence and can involve any part of the gastrointestinal tract. Most cases are seen in young adults presenting with abdominal pain and diarrhea. This condition may lead to complications such as stricture and fistula. Besides, there is an increased risk of colorectal cancer and some extraintestinal cancers in these patients, due to chronic inflammation. One of the therapeutic options for Crohn's patients is the use of immunomodulators. Such agents can induce remission and limit the usage of steroids. According to some literature, this treatment can increase the risk of colorectal cancer as well as extraintestinal cancers, of which skin cancers and lymphoma are the most prevalent. Lymphoma can be a result of chronic inflammation or use of immunomodulators such as azathioprine and 6-mercaptopurine (6-MP).

Case Report: In this literature, we describe a young man with rectorrhagia who is diagnosed with Crohn's disease and a coexistence of lymphoma at the time of diagnosis, without a history of immunomodulator therapy.

Discussion: With attention to the increased risk of colorectal and extraintestinal cancer in Crohn's patients, assessment for early diagnosis should be considered.

Send Date: 2017/09/04

Code: 3140100126

T-S-058

Category: 12.2 Small bowel / colorectal and anal

Evaluation of vitamin D3 serum level in inflammatory bowel disease and correlation with extra intestinal disease complications

Antikchi Mohammad Hossein^{*1}, Daya Atefeh¹,
Mohavalati Fariba¹, Pornoori Bahareh¹

¹ Shahvali Hospital, Azad

Introduction: Evidence exists on the association between vitamin D deficiency and inflammatory bowel diseases (IBD). We aimed To investigate whether vitamin D level is associated with disease severity, extension and extra intestinal complications in IBD patients.

Methods: This cross-sectional study was conducted on known adult IBD patients referred to an outpatient clinic of gastroenterology in 2017-2018 in Yazd city, Iran. Disease extension was evaluated using colonoscopy tool and severity was evaluated by Disease Questionnaire and extra intestinal complications was evaluated by physical examination. Serum 25[OH]D was measured using the radioimmunoassay method and divided into four subgroups.

Results: This study was performed on 91 males and 86 females with 11.9% had keratoplasty and 88.1% had ulcerative colitis. The relationship between inflammatory bowel disease and age ($P = 0.37$), sex ($P = 0.13$), duration of disease period ($P = 0.25$), serum vitamin D level ($P = 0.31$) and severity ($P = 0.03$) were found. Relationship between serum vitamin D level and age ($P = 0.28$), sex ($P = 0.01$), extra-intestinal complications ($P < 0.05$) and severity ($P < 0.001$) were also obtained.

Conclusion: The results of our study also indicated that serum vitamin D levels were associated with the sex and severity of symptoms. Extreme vitamin D deficiency in women is more than men and is associated with more severe symptoms. However, this did not correlate with the extent, complications and type of inflammatory disease. The symptoms severity was also more severe in Crohn's disease, and was more severe in ulcerative colitis.

Send Date: 2017/09/03

Code: 3140100204

T-S-059

Category: 5 IBD

Anti-infliximab antibody and Infliximab level in patients with inflammatory bowel disease: clinical utility and related factors

Sima Ali Reza⁴, Vahedi Homayoon⁴, Saeidpour Parizi Ali^{*1},
Shahba Samira³, Gonoudi Elnaz²

¹ Assistant professor of kerman university of medical science

² Islamic Azad University, Dental Branch,

³ PHD candidate of semnan university of medical science

⁴ Digestive Diseases Research Institute, Tehran University of Medical Sciences

Introduction: Anti-infliximab Ab and subtherapeutic infliximab concentrations are one of the causes of reduced response in patients with inflammatory bowel disease. In this study, the prevalence of anti-infliximab antibodies, its related factors and the role of antibodies in the clinical response of patients have been evaluated.

Methods: In this study, in 38 patients with inflammatory bowel disease which lasted at least 14 weeks after the onset of treatment, the serum levels of Infliximab and Anti-infliximab Ab were evaluated in a three-month period and demographic information and severity assessment were completed by a questionnaire.

Results: The antibody against Infliximab in 8 patients (21%) were observed. History of smoking and surgery, external bowel manifestations, concomitant use of immunomodulatory drugs, drug dosage, and type of disease were not associated with the development of antibodies. But the female sex and duration of therapy were associated with an increased risk of antibody production. On the other hand, anti-infliximab antibodies were associated with the severity of the disease, reduced serum levels of the drug, and reduced clinical response. The serum level of the drug was higher in patients with complete clinical response in comparison to patients with no clinical response, but in a large number of patients with the complete clinical response, the serum level of the drug was lower than patients with no clinical response.

Conclusion: In patients with inadequate response, it seems that evaluating the serum levels of Infliximab and antibodies against, is helpful, but it does not contribute to clinical decision-making in patients with the complete clinical response.

Send Date: 2017/09/22

Code: 3140100095

T-S-060

Category: 5 IBD

Inflammatory Bowel Disease Registry and Monitoring: Feasibility Study and Application (Isfahan IBD Surveillance Project)

Baghaei Abdolmehdi^{1,2}, Emami Mohammad Hassan², Adibi Peyman¹, Tavakkoli Hamid¹, Daghaghzadeh Hamed¹,

Tamizifar Babak¹, Akbarpour Mohammad Javad², Hojjatpour Badri²

¹ Det. Internal Medicine, School of Medicine, Isfahan University of Medical Sciences

² Gastrointestinal and Hepatobiliary Diseases Research Center, Poursina Hakim Research Institute for Health Care Development, Isfahan, Iran, Isfahan University of Medical Sciences

Introduction: Inflammatory bowel disease (IBD) incidence has been increased in our community like other developing countries. Surveillance is a standard method for access valid data about disease epidemiology to making relevant decisions for disease control, prevention and management. We designed Isfahan IBD Surveillance Project (IISP) to make a surveillance system in this area.

Methods: Project is designed in 3 phases. At the 1st phase a model of stepwise approach (core, expanded core and optional variables) for IBD surveillance was designed and implemented among IBD patients registered in a major referral gastrointestinal diseases clinic in Isfahan. Data bank program and its software was designed with suitable and multifunctional features. 352 IBD cases were registered to data bank and analyzed as a pilot study of IISP.

Results: 352 IBD patients including 245 Ulcerative Colitis (UC), 80 Crohn's Disease (CD) and 27 Indeterminate Colitis were registered in data bank. Bloody stools and abdominal cramps was the most common presentation symptom among UC and CD, respectively. Extensive pancolitis was the most prevalent phenotype (40%) of UC. Over two thirds of our IBD patients were in remission states. Biologic agents had been prescribed in about 10% of patients during the course of disease. Primary sclerosing cholangitis was detected in about 7 and 10 percent of CD and UC patients, respectively.

Conclusion: Valid data from a standard surveillance system is a relevant, trustworthy tool for making decision by health policy makers. Integrated comprehensive interventional programs for disease control and management is the second phase of IISP.

Send Date: 2017/08/07

Code: 3140100215

T-S-061

Category: 5 IBD

Evaluation of plasma miR-126 expression in Inflammatory Bowel Disease

Ghorbani Mohammad Hossein¹, Chaleshi Vahid¹, Balaii Hedieh¹, Baradaran Ghavami Shaghayegh¹, Shahrokh Shabnam¹, Asadzadeh Aghdaei Hamid¹, Zali Mohammad Reza²

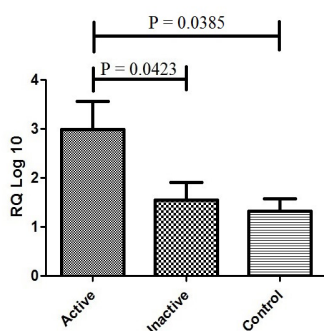
¹ Basic and Molecular Epidemiology of Gastrointestinal Disorders Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

² Gastroenterology and Liver Diseases Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Introduction: Inflammatory bowel disease (IBD) comprising Crohn's disease (CD) and ulcerative colitis (UC), which presents with periods of flares and remission. epigenetic modifications, such as microRNAs (miRNAs) are associated with IBD pathogenesis. miRNAs are a class of non-coding RNAs which regulate gene expression. To date, the majority reports have identified dysregulated miRNAs in IBD. The biomarkers of IBD, are important tools for disease diagnosis, disease activity and disease prognosis. The aim of this study was to evaluate gene expression of plasma miR-126 between IBD patients with flare and remission and healthy control.

Methods: A total of 50 patients with IBD (25 flare, 25 remission), and 15 healthy controls were enrolled in the study. Colonoscopy in combination with histological finding confirm the IBD diagnosis. Healthy controls showed no IBD symptoms or any gastrointestinal diseases such as celiac disease, polyp and cancer. miRNA isolated from plasma samples using miRNeasy mini Kit (QIAGEN). cDNA was synthesized from miRNA using miScript II RT Kit (QIAGEN). miR-126 gene expression examined by q-Real Time PCR using miScript SYBR Green PCR Kit (QIAGEN). All kits were used according to manufacturer's instructions.

Results: Our results showed that miR-126 expression significantly increased in flare patients compared with remission patients ($P = 0.0423$). Also miR-126 expression is increased in flare patients compared with healthy control ($P = 0.0385$). No significant differences were observed between remission patients and control group ($P = 0.635$).



Conclusion: Our study showed that maybe miR-126 used as a biomarker to evaluate disease activity and the possibility of diagnosis.

Send Date: 2017/09/27

Code: 3140100128

T-S-062

Category: 5 IBD

Antioxidant effects of hydro-extract of Ziziphus vulgaris Lam in acetic acid-induced ulcerative Colitis

Gheibi Shahsanam^{*,1}, Hashemi Seyyed Rahim¹,
Karimpor Mojtaba¹, Esmaili Govarchingaleh Hadi¹,
Mansori Motlagh Bahman¹

¹ Maternal and Childhood Obesity Research Center, Urmia University of Medical Sciences

Introduction: Inflammatory bowel diseases (IBD) are an important risk factor in the development of colorectal cancer. Use of medicinal plants and their derivatives has an ancient basis. Ziziphus vulgaris Lam is an herbal plant belongs to the Rhamnaceae family and is one of the most important Ziziphus Species. The fruit contains many bioactive compounds, including triterpenic acids, flavonoids, cerebrosides, phenolic acids, -tocopherol, -carotene, and polysaccharides. Each constituent of the Ziziphus vulgaris Lam presents some health benefits, thus making it a healthy food choice and also as therapeutic agent. This study investigate the effects of hydro extract of Ziziphus vulgaris Lam on the histopathological, tissue oxidative stress and inflammation of colon tissue in rat with acetic acid induced ulcerative colitis.

Methods: Colitis induced by 4% acetic acid in four groups of male Wister rats; control positive group (disease), hydro extract of Ziziphus vulgaris (200mg/kg-Gavage) treated group, Mesalazine (30 mg/kg) treated group and hydro extract of Ziziphus vulgaris + Mesalazine treated group (combined group). After 10 days, the rats were euthanized and evaluated for gross pathology, and production of inflammatory mediators in gut tissue.

Results: The findings of his study showed hydro-extract Ziziphus vulgaris plus Mesalazine have superior therapeutic effects on acetic acid induced colitis via reducing the inflammatory mediators such as myeloperoxidase (MPO) substances and improving the gross pathology.

Conclusion: Adjuvant therapy with Hydro extract of Ziziphus vulgaris may be as a useful strategy to treatment and control of ulcerative colitis.

Send Date: 2017/09/04

Code: 3140100092

T-S-063

Category: 5 IBD

مقایسه ضخامت لایه های مختلف جدار کولون به روش
اندوسونوگرافی در بیماران با کولیت اولسروز و کرون مراجعه
کننده به درمانگاه گوارش بیمارستان امام خمینی تهران

روشن نادر^۱، ابراهیمی دریانی ناصر^۱، نیک سیرت علی^{۱*}

^۱ دانشگاه علوم پزشکی تهران

زمینه و هدف: بیماری التهابی روده شامل بیماری کرون و کولیت اولسروز بوده که روش استاندارد تشخیص آنها بر اساس ترکیبی از علائم بالینی، کولونوسکوپی و بیوپسی می باشد. در بعضی از بیماران، افتراق کرون از کولیت اولسروز دشوار می باشد. افتراق بین UC و CD از نظر انتخاب درمان مدیکال، زمان جراحی و پروگنوز اهمیت دارد زیرا در بیماران با کرون، انجام جراحی با عوارض شدیدتری همراه خواهد بود. به نظر می رسد که استفاده از اندوسونوگرافی در کنار کولونوسکوپی می تواند در تشخیص بهتر و افتراق این دو بیماری از هم کمک کننده باشد. **روش بررسی:** جمعیت مورد مطالعه شامل بیماران با تشخیص قطعی کرون و کولیت اولسروز بودند. تمامی آنها توسط یک اندوسونوگرافیست که از تشخیص اولیه آنها اطلاعی نداشته، تحت اندوسونوگرافی رکتوم قرار گرفتند. ضخامت لایه های موکوزا، ساب موکوزا و توتال برای هر بیمار اندازه گیری شد. ده نفر از افراد فاقد بیماری IBD که به علل دیگری تحت اندوسونوگرافی رکتوم قرار گرفتند، به عنوان گروه کنترل انتخاب شدند. **یافته ها:** در این مطالعه ۳۰ بیمار دارای کولیت اولسراتیو (۱۸ مرد ۶۰٪) با میانگین سنی ۳۶.۲±۱۰.۹۷ (۲۴-۶۴)، ۳۰ بیمار دارای بیماری کرون (۱۳ مرد ۴۳.۳٪) با میانگین سنی ۳۴.۳۶±۸.۱۳ (۲۰-۵۲) و ۱۰ کنترل (۶ مرد ۶۰٪) با میانگین سنی ۴۱.۴±۱۱.۵۱ (۲۹-۶۲) وارد مطالعه شدند. مقایسه ضخامت لایه های روده در سه گروه به صورت جدول ذیل می باشد:

CD	UC	Control	Layers
0.815	1.741	0.58	Mean Mucosal Thickness
1.914	1.003	0.683	Mean Sub Mucosal Thickness
3.92	3.65	2.28	Mean Total Wall Thickness

حساسیت و ویژگی کلی اندوسونوگرافی نسبت به کولونوسکوپی به ترتیب ۱۰۰٪ و ۹۱.۶۷٪ بدست آمد.

نتیجه گیری: افزایش لایه موکوزا برای بیماری کولیت اولسروز و افزایش لایه ساب موکوزا برای بیماری کرون تشخیصی می باشد. استفاده از اندوسونوگرافی رکتوم برای تشخیص این دو بیماری و افتراق آنها از همدیگر بسیار کمک کننده می باشد.

Send Date: 2017/08/05

Code: 3140100127

T-S-064

Category: 5 IBD

Frequency of hepatobiliary disorders in patients with
inflammatory bowel disease (IBD) in Yazd

Antikchi Mohammad Hossein¹, pornuri bahareh¹, Daya Atefeh¹,
mohavalati fariba¹, Antikchi mohammad hossein*¹

¹ shahvali hospital, azad

Introduction: Patients with inflammatory bowel disease often have one or more extra-bowel symptom such as liver, biliary tract, pancreas, lung and kidney involvement. The incidence of extra-bowel symptom in IBD is between 16% and 40%. The incidence of liver and biliary diseases in the IBD varies from 3% to more than 50% depending on the definition of the disease, which includes the definition of patient conditions and the evaluation of elevated liver enzymes that are temporarily or permanently high. Since liver and biliary diseases are some of the most common side effects of IBD, we have tried to investigate the frequency distribution of hepatobiliary disorders in patients with IBD in Yazd.

Methods: This study was conducted as a cross-sectional analytical study in which patients referred to Health centers were diagnosed with IBD. The data of 342 patients with inflammatory bowel disease (IBD), including hepatobiliary involvement, duration of the disease, age, gender and extent of conflict were collected in a questionnaire. Then Then, the data were analyzed by Fisher and T test and Chi-square test.

Results: The mean age of the samples was 39 ± 13.7 years. 171 patients were male and 171 were female, 154 males and 162 had ulcerative colitis, and 17 males and 9 females with Crohn's disease. According to ($p = 0.10$), there was no significant relationship between sex and type of disease. In this study, there was no significant relationship between the frequency of liver involvement, fatty liver, gallstone, PSC and involvement patterns based on age, sex, type of disease, and history of hypertension and diabetes ($p > 0.05$) **Conclusion:** In This study, there was no significant relationship between the incidence of PSC, gallstones, fatty liver and hepatic involvement with age, gender, Underlying disease (diabetes mellitus and hypertention), and type IBD in patients with IBD. In other studies, there are differences in some cases, and there are no clear findings on the significance of cases. Therefore, further studies with larger sample size and a controlled trial are recommended.

Send Date: 2017/09/03

Code: 3140100217

T-S-065

Category: 5 IBD

Evaluation of Toll-like receptor 7 (TLR-7) in Iranian
patients with Inflammatory Bowel Disease

Tarban Peyman¹, Nourian Mahyar², Chaleshi Vahid*²,
Siroosi Shokofeh², Balaii Hedieh²,
Baradaran Ghavami Shaghayegh², Shahrokh Shabnam²,
Asadzadeh Aghdaii Hamid², Zali Mohammad Reza³

¹ Basic and Molecular Epidemiology of Gastrointestinal Disorders Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

² Basic and Molecular Epidemiology of Gastrointestinal Disorders Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³ Gastroenterology and Liver Diseases Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Introduction: Inflammatory bowel disease (IBD), comprising Crohn's disease (CD) and ulcerative colitis (UC), is a chronic inflammatory disorder of the gastrointestinal (GI) tract. The genetic factors, microbiota and immune response are involved in the IBD pathogenesis. Toll-like receptors (TLRs) play a critical role in the innate immune response to invading pathogens by sensing microorganism. Recent research has suggested that dysregulation of TLRs contribute to the development of IBD. Regarding to the main role of non-invasive biomarkers to diagnose and monitor IBD, present study aimed to evaluate the expression of TLR-7 gene in a population of Iranian IBD patients.

Methods: The diagnosis of IBD was based on clinical, colonoscopic and histologic criteria. Peripheral blood mononuclear cells (PBMCs) obtained from 68 individuals including six patients with CD, 42 patients with UC and 20 healthy controls. Total RNA was extracted from PBMC using kit (YEKTA TAJHIZ AZMA). cDNA synthesis was according to manufacturer's protocol (Thermo Scientific). TLR7 genes expression was determined by q-Real time PCR.

Results: TLR7 gene expression is increased in PBMC from patients with CD and UC, comparing with control

($P = 0.0035$). In addition we found an increase in gene expression of TLR7 among flare and remission group as compared with control group ($P = 0.004$).

Conclusion: Based on our investigation, the overexpression of TLR-7 in IBD patients might be as a risk factor in sample of Iranian IBD population.

Send Date: 2017/09/27

Code: 3140100218

T-S-066

Category: 5 IBD

Investigation the changes of Nuclear Factor kappa beta (NF- κ B) gene expression in clinicopathological outcome in Iranian patients with Inflammatory Bowel Disease

Arabshahi Mahshid², Chaleshi Vahid*¹, Nourian Mahyar¹,
Siroosi Shokofeh¹, Balaii Hedieh¹, Shahrokh Shabnam¹,
Asadzadeh Aghdaii Hamid¹, Zali Mohammad Reza³

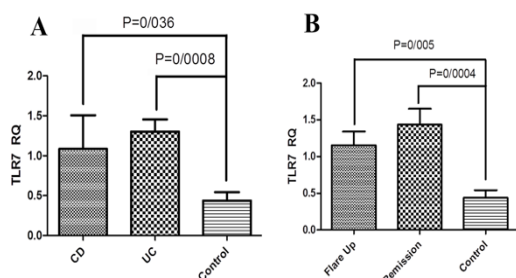
¹ Basic and Molecular Epidemiology of Gastrointestinal Disorders Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

² Department of Cell and Molecular Biology, Faculty of Basic Sciences, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

³ Gastroenterology and Liver Diseases Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Introduction: Inflammatory bowel diseases (IBD), which include ulcerative colitis (UC) and Crohn's disease (CD), characterized by symptoms of flare and remission. IBD is a multifactorial disease. understanding the causes and molecular mechanisms is a major challenge in research. there is evidence that Nuclear Factor kappa beta (NF- κ B) is induced in the inflamed tissue of IBD patients. NF- κ B regulates the expression of cytokines. Noninvasive biomarkers of disease activity are becoming important criteria for IBD. The aim of this study was to investigate alteration of NF- κ B mRNA level in samples of Iranian IBD population.

Methods: 49 patients with IBD (n = 21 remission, n = 28 flare) and healthy subjects without clinical signs of IBD (n = 20) were enrolled in the study. IBD patients were classified in two subtypes, UC (n = 42) and CD (n = 6). IBD diagnosis established by clinical criteria and with colonoscopic and histopathologic confirmation. Total RNA was extracted from buffy coat using Total RNA Extraction



mini Kit (YEKTA TAJHIZ AZMA). cDNAs were synthesized from total buffy coat RNA and random hexamer primer using RevertAid First Strand cDNA Synthesis Kit (Thermo Scientific). q Real-time PCR was used to quantify the mRNA level of NF- κ B gene expression.

Results: Our results showing no significant differences of NF- κ B levels in flare and remission patients compare with control group ($P = 0.2177$, $P = 0.1138$ respectively). In addition, no significant differences were found in patients with IBD on both CD and UC, and control group ($P = 0.4910$, $P = 0.0972$ respectively).

Conclusion: Our investigation showed no significant difference in NF- κ B expression; therefore, blood NF- κ B might not be used as a biomarker, and needs more study in Iranian population screening.

Send Date: 2017/09/27

Code: 3140100216

T-S-067

Category: 5 IBD

Study the changes of Toll-like receptor 2 (TLR-2) expression in Inflammatory Bowel Disease

Tarban Peyman¹, Nourian Mahyar¹, Chaleshi Vahid¹, Siroosi Shokofeh¹, Balaii Hedieh¹, Baradaran Ghavami Shaghayegh¹, Shahrokh Shabnam¹, Asadzadeh Aghdaei Hamid¹, Zali Mohammad Reza²

¹ Basic and Molecular Epidemiology of Gastrointestinal Disorders Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences

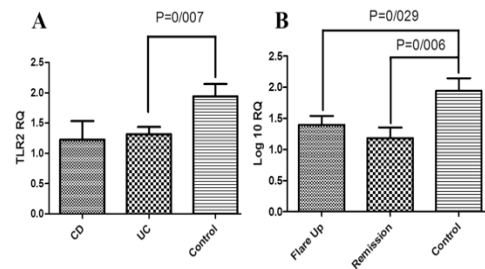
² Gastroenterology and Liver Diseases Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences

Introduction: Inflammatory bowel disease (IBD) is a multifactorial disorder, which is divided in two major subgroups called Crohn's disease (CD) and ulcerative colitis (UC). Toll-like receptors (TLRs) family are a member of immune system, which responsible for identifying a wide range of microorganism. Non-invasive biomarkers are needed to diagnose and monitor IBD. The aim of this study was to investigate the expression of TLR-2 gene in peripheral blood mononuclear cells (PBMC) from Iranian IBD population.

Methods: In a case-control study, a total of 48 patients with IBD (42 patients with UC and 6 patients with CD) and 20 healthy control individuals of Iranian origin were enrolled. The diagnosis of IBD is based on clinical, colonoscopic

and histological findings. Total RNA was extracted from PBMC (YEKTA TAJHIZ AZMA). cDNA synthesis was according to the manufacturer's instructions (Thermo Scientific). The expression of TLR-2 gene expression was determined by comparative Real Time PCR.

Results: The results of the comparative Real Time PCR analysis showed that the TLR-2 gene expression in IBD samples was higher than normal samples ($P = 0.004$). Furthermore, TLR-2 gene expression exhibited greater expression in the IBD samples of the patients in the flare up and remission groups in compared with the control group ($P = 0.029$, $P = 0.006$ respectively).



Conclusion: Our investigation illustrated that TLR-2 expression increased in patients with IBD. It seems that TLR-2 gene might be used as a biomarker in the diagnosis and prognosis of Iranian IBD patients.

Send Date: 2017/09/27

Code: 20160088

T-S-068

Category: 5 IBD

Vitamin D improves depression status in ulcerative colitis patients: A double blind randomized placebo-controlled trial

Sharifi Amrollah², Vahedi Homayoon³, Nedjat Saharnaz⁵, Mohamadkhani Ashraf⁴, Hosseinzadeh-Attar Mohammad Javad¹

¹ Department of Clinical Nutrition, School of Nutritional Sciences and Dietetics, Tehran University of Medical Sciences

² Department of Nutrition, Golestan Research Center of Gastroenterology and Hepatology-GRCGH, Golestan University of Medical Sciences

³ Digestive Disease Research Center, Digestive Research Institute, Shariati Hospital, Tehran University of Medical Sciences

⁴ Digestive Diseases Research Center, Shariati Hospital, Tehran University of Medical Sciences

⁵ Epidemiology and Biostatistics department, School of Public

Health, Knowledge Utilization Research Center, Tehran University of Medical Sciences

Introduction: Depression in inflammatory bowel disease is significantly higher than controls. association between vitamin D and depression has been shown before. The aim of this study is to assess the effect of vitamin D on Beck Depression Inquiry score (BDI) in patients with ulcerative colitis.

Methods: In this randomized placebo-controlled trial 90 mild to moderate ulcerative were assigned to receive one single injection of 300000 IU vitamin D3 or 1 ml normal saline as placebo. At baseline and 90 days later, BDI scores were obtained and serum 25-OH-vitamin D3, parathormone, calcium were measured. two groups were compared by Independent sample t-test, mann-whitney u test and analysis of covariance (ANCOVA).

Results: At baseline BDI scores were comparable between groups before ($p = 0.4$), but 90 days after the intervention mean BDI score was significantly lower in the vitamin D group ($p = 0.02$). Further subgroup comparison analysis based on the baseline serum vitamin D levels lower or equal/higher than 30 ng/ml, adjusted for baseline BDIs revealed significant lower BDI score in Vitamin D group only in whom with baseline serum vitamin D levels equal/higher than 30 ng/ml ($p < 0.001$).

Conclusion: In this study there was a statistically significant improvement in depression status in mild to moderate ulcerative patients 90 days following 300000 IU vitamin D3 injection. Subgroup analysis revealed that patients with sufficient baseline vitamin D may benefit supplementation more than vitamin D deficient patients; which indicate that higher serum vitamin D levels may be needed for its anti-depressant effect.

Send Date: 2017/05/17

Code: 20160089

T-S-069

Category: 5 IBD

Vitamin D has no effect on serum asymmetric dimethylarginine in patients with mild to moderate ulcerative colitis

Sharifi Amrollah^{*2}, Hosseinzadeh-Attar Mohammad Javad¹, Nedjat Saharnaz⁵, Mohamadkhani Ashraf⁴, Vahedi Homayoon³

¹ Department of Clinical Nutrition, School of Nutritional Sciences and Dietetics, Tehran University of Medical Sciences

² Department of Nutrition, Golestan Research Center of Gastroen-

terology and Hepatology-GRGCH, Golestan University of Medical Sciences

³ Digestive Disease Research Center, Digestive Research Institute, Shariati Hospital, Tehran University of Medical Sciences

⁴ Digestive Diseases Research Center, Shariati Hospital, Tehran University of Medical Sciences

⁵ Epidemiology and Biostatistics department, School of Public Health, Knowledge Utilization Research Center, Tehran University of Medical Sciences

Introduction: Micro-vascular endothelial dysfunction and increased level of Asymmetric dimethylarginine (ADMA) have been shown in Inflammatory Bowel Disease (IBD). Increased level of Asymmetric dimethylarginine (ADMA) could inhibit Nitric Oxide (NO) synthase in IBD. Vitamin D may increase activity and expression of endothelial nitric oxide synthase via its possible decreasing effect on ADMA levels. The aim of this study was to investigate the possible effect of Vitamin D on serum ADMA levels in mild to moderate ulcerative colitis patients.

Methods: Ninety UC patients were randomized. Each patient received one muscular injection of 300,000 IU (7500 µg) Vitamin D3 or 1 ml normal saline. At baseline and 90 days after the intervention data were obtained and were analyzed using independent t-test and analysis of co-variance. Baseline correlations were assessed by Pearson and Spearman correlation coefficients.

Results: At baseline ($p = 0.77$) and 3 months later ($p = 0.82$) serum ADMA levels were not statistically different between two groups. Adjustment for baseline ADMA levels and baseline body mass index did not change the results. Subgroup analyses based on gender and BMI level were done; there were no statistical differences in ADMA levels between two groups.

Conclusion: In this study, there was no correlation between baseline ADMA with baseline vitamin D, ESR and hs-CRP; and 3 months following a high dose vitamin D administration, we found no significant changes in serum ADMA levels in mild to moderate UC patients.

Send Date: 2017/05/17

Code: 3140100091

T-S-070

Category: 5 IBD

Fecal Microbiota Transplant از موارد استفاده از گزارش بیماران التهابی روده با عفونت های راجعه کلستریدیوم دیفیسیل در ایران

ابراهیمی دریانی ناصر^۱، دیهیم تینا^۱، پایداری هانیه^۱، نیک سیرت علی^{۱*}،
آل بویه مسعود^۲، غلام مصطفایی فهیمه سادات^۲

^۱ دانشگاه علوم پزشکی تهران

^۲ دانشگاه علوم پزشکی شهید بهشتی

زمینه و هدف: بروز عفونت کلسترییدیوم دیفیسیل در بیماران با بیماری التهابی روده (IBD)، با دوره ی شدیدتر، مدت زمان بیشتر بستری در بیمارستان، هزینه های بالاتر درمانی، احتمال بیشتر کولکتومی و مورتالیتی بیشتر همراه است. هنگامی که کولونوسکوپی در این بیماران انجام می شود، یافته ی کلاسیک شامل گستره ی چسبنده زرد و سفید رنگ چند کانونه "غشای کاذب" می باشد.

گزارش مورد: استفاده از روش PCR بر روی نمونه مدفوع برای یافتن این ارگانسیم ارجح می باشد.

بحث: بیماران با عفونت خفیف تا متوسط با استفاده از Metronidazole خوراکی و بیماران با عفونت شدید با استفاده از ونکومایسین خوراکی به مدت ده روز درمان می شوند. اولین عود کلسترییدیوم دیفیسیل با همان رژیم اولیه و عود دوم با دریافت پالس ونکومایسین درمان می شود. در صورت عود سوم، Fecal Microbiota transplant (FMT) می تواند انجام شود. در این مقاله ما سه مورد از درمان موفق FMT را گزارش کرده ایم.

Send Date: 2017/08/05

Code: 3140100182

T-S-071

Category: 3.2 Pathogenesis: microbial factors

The Potential Role of Colonic Microbiota in Colonic Carcinogenesis

Rezasoltani Sama^{۱*}, Sharafkhan Maryam^۲, Dabiri Hossein^۳,

Akhavan Sepahi Abbas^۱, Modarressi Mohammad Hossein^۱,

Nazemalhosseini Mojarad Ehsan^۴, Asadzadeh Aghdaei Hamid^۵

^۱ Department of Biology, Science and Research Branch, Islamic Azad University, Tehran, Iran

^۲ Liver and Pancreatobiliary Diseases Research Center, Digestive Diseases Research Institute, Tehran University of Medical Sciences, Tehran, Iran.

^۳ Department of Medical Microbiology, School of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran

^۴ Gastroenterology and Liver Diseases Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

^۵ Basic and Molecular Epidemiology of Gastrointestinal Disorders Research Center, Research Institute for Gastroenterology and Liver Diseases, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Introduction: Contrary to a long- suspected role in the development of human colon cancer (CRC), the compound of gut microbiota in CRC cases has not been enough under-

stood. Herein we quantitatively and qualitatively evaluated the attendance of gut microorganisms in the fecal microbiota of colorectal cancer patients and healthy controls.

Methods: In this study, fecal bacterial detection in CRC patients (n = 20) and healthy controls (n = 30) were performed by qRT-PCR. 16S ribosomal RNA gene of targeted bacteria was applied as a template for amplification.

Results: Albeit all of the targeted bacteria were detected in the most of the fecal samples, quantitative differences between the cancer patients and healthy controls for *Fusobacterium. nucleatum*, *Streptococcus bovis/galloyticus*, *Enterococcus faecalis*, *Enterotoxigenic Bacteroides fragilis*, *Porphyromonas spp.* and *Roseburia spp.* were achieved. The two targeted oral microorganisms were frequently detected, proposing a requirement for future researches in to a potential role for these oral bacteria during CRC occurrence.

Conclusion: Despite the small number of patients subjected in this study, we were able to detect significantly more quantity for *Fusobacterium. nucleatum*, *Streptococcus bovis/galloyticus*, *Enterococcus faecalis*, *Enterotoxigenic Bacteroides fragilis*, *Porphyromonas spp.* in the cancer patients compared to healthy controls group, on the contrary more quantity for *Roseburia spp.* in healthy controls compared to CRC patients was detected. This is suggested a possible role of these intestinal bacteria in colon carcinogenesis. In vitro test to verify if these association are causal are warranted and also these results should be considered when colorectal cancer screening is needed.

Send Date: 2017/09/21

Code: 3140100190

T-S-072

Category: 3 *H. PYLORI*

بررسی ارتباط عفونت با هلیکوباکتر پیلوری

و ضایعات پره نئوپلاستیک معده

مقدری سوده^{۱*}، بهروزنیا زهرا^۲، قندهاری مریم^۳، قلی پور احمد^۴،

اخوان قربانی دل آرا^۴، احمدی مختار^۴، پورعلی صبا^۴، دلاوری شمیم^۴،

واقعی نسترن^۴، ایزانلو عذرا^۴، جعفرزاده نرگس^۴، لاری سارا^۴، مهتاش نوشین^۴،

مقدس شریف مهسا^۴، سیما حمیدرضا^۴، ضیالحق رضا^۴، فرخی فرید^۴،

صابر افشاریان ملیحه^۴، غفارزاده گان کامران^۴

^۱ مرکز تحقیقات سرطان بیمارستان رضوی، دانشگاه بین المللی امام رضا، مشهد

^۲ دانشکده پزشکی، دانشگاه آزاد اسلامی مشهد

^۳ دپارتمان پزشکی، مجموعه ی Munt Sinai، بیمارستان Veterans. Bronx، نیویورک، ایالات متحده آمریکا

^۴ مرکز تحقیقات سرطان بیمارستان رضوی، دانشگاه بین المللی امام رضا، مشهد

زمینه و هدف: سرطان معده چهارمین سرطان شایع در دنیا و دومین

علت مرگ مرتبط با سرطان است. سرطان معده شایع ترین سرطان در میان مردان ایرانی به حساب می آید و این بیماری در بعضی از کشورهای آسیایی از جمله ایران فراوانی بالایی دارد. نوع اینتستینال به عنوان شایع ترین نوع آدنوکارسینوم، نتیجه ی یک پروسه التهابی چند مرحله ای در سلولهای بافت معده است. بعضی مطالعات معتقدند که هلیکوباکترپیلوری با ایجاد التهاب و ناپایداری ژنی می تواند آغازگر ضایعات پیش بدخیم معده که شامل گاستریت آتروفیک، متاپلازی روده ای و دیس پلازی در نظر گرفته شود. این ضایعات پیش بدخیم با افزایش خطر ایجاد سرطان معده همراهی دارد. این مطالعه با هدف بررسی ارتباط عفونت با هلیکوباکترپیلوری با ضایعات پره نئوپلاستیک معده انجام شده است.

روش بررسی: این مطالعه مقطعی تحلیلی در آزمایشگاه مرجع گوارش شهر مشهد بین سالهای ۱۳۹۵-۱۳۹۱ انجام شده است. جمعیت مورد مطالعه ۸۳۴۵ بیماری هستند که تحت اندوسکوپس فوقانی دستگاه گوارش قرار گرفته بودند. بیمارانی که اطلاعات پرونده ی آنها گویا و کامل نبوده است از این مطالعه خارج شدند. افراد مورد مطالعه به دو گروه دارای عفونت با هلیکوباکترپیلوری و فاقد عفونت تقسیم شدند و اطلاعات دموگرافیک بیماران و شیوع ضایعات پره نئوپلاستیک در این دو گروه تخمین زده شد. داده های حاصل با استفاده از نرم افزار spss نسخه ۱۹ و با استفاده از آزمون chi-square در دو گروه مورد مقایسه قرار گرفتند. **یافته ها:** از مجموع ۸۳۴۵ بیمار مورد بررسی ۴۶٪ زن و ۵۴٪ مرد بودند. میانگین سنی بیماران ۴۸ سال (میانگین: ۵/۱۷±۱/۴۸) بود. ۵۱٪ بیماران هلیکوباکتر پیلوری مثبت و ۴۹٪ منفی بودند. شیوع ضایعات پره نئوپلاستیک در گروه هلیکوباکترپیلوری مثبت، به ترتیب شامل: دیس پلازی ۰/۳٪، متاپلازی اینتستینال: ۱۴/۳٪ و در گروه هلیکوباکترپیلوری منفی: دیس پلازی ۱٪ و متاپلازی روده ای ۱۸٪ بود. در مجموع ضایعات پره نئوپلاستیک در گروه هلیکوباکترپیلوری مثبت فراوانی ۱۳/۸٪ و در گروه فاقد عفونت، فراوانی ۱۹/۱٪ داشتند.

نتیجه گیری: بر خلاف سایر مطالعات در این منطقه شیوع ضایعات پره نئوپلاستیک در افراد فاقد عفونت به صورت معنی داری نسبت به افراد دارای عفونت بالاتر است. ارزیابی عفونت با هلیکوباکترپیلوری به روش سنجش سرمی سطح آنتی بادی در مطالعات آتی به افزایش دقت مطالعات کمک خواهد کرد.

Send Date: 2017/09/21

Code: 3140100159

T-S-073

Category: 5.1 Basic/pathogenesis/pathology/

comparision of changing in number of *Lactobacillus acidophilus* and *Lactobacillus plantarum*(LAB) in patients with polyps and colon cancer with normal persons

khalili farzad¹, yaslianifard somayeh¹

¹ medical school of alborz university, Medical School, Alborz

University of Medical Sciences, Karaj, Iran

Introduction: Colorectal cancer (CRC) is a leading cause of cancer-related mortality worldwide whose incidence has

increased rapidly in recent years. There is growing evidence that the complex gut microbiota community plays an important role in the development of intestinal tumor genesis. Gut bacteria are an important component of the microbiota ecosystem in the human gut, ten times more than the human cells. Gut bacteria play an important role in human health, such as supplying essential nutrients, synthesizing vitamin K, aiding in the digestion of cellulose, and promoting angiogenesis. *Lactobacillus* and *Leuconostoc spp.* are the main lactic acid bacteria found in the human intestine. In recent years, it has been suggested that lactic acid bacteria (LAB) used to ferment dairy products have an inhibitory effect on the colon cancer. The vast majority of polyps on histological examination were of two types, either adenomatous or metaplastic (hyperplastic). There is much clinical, experimental, and pathological evidence that the vast majority of carcinomas of the large bowel arise from adenomas.

Methods: Patients that referred for colonoscopy in hospital, from 30 healthy people, 30 people with colon cancer And 30 people with colon polyps, was collected stool samples. DNA Extraction is done by kit and Using the method Real Time PCR The number of bacteria (*Lactobacillus acidophilus*, *Lactobacillus plantarum*) is determined. The number of *Lactobacillus acidophilus* and *Lactobacillus plantarum* is compared to among healthy people with polyps and colon cancer.

Results: the relative abundance of *Lactobacillus acidophilus* and *Lactobacillus plantarum* were found to be significantly in molecular detection higher in healthy volunteers than CRC patients, whereas in patients with colon polyps Minor changes have been made

Conclusion: We suggested that lactic acid bacteria (LAB) used to ferment dairy products have an inhibitory effect on the colon cancer. Adenomas are the most prevalent and most important pathology of polyps Colon are the underlying tumors of the colon. So these changes are significant. With further review of future gut microbiota, some progress can be made to control the progression of the colon cancer.

Send Date: 2017/09/18

Code: 3140100129

T-S-074

Category: 7.13 Miscellaneous

A REPORT OF A PATIENT WITH DIARRHEA: PSEUDOMEMBRANOUS COLITIS

HORMATI AHMAD¹, GHADIR MOHAMMAD REZA^{*1},
SARKESHIKIAN SEYED SAEED¹, PEZESHKI MODARRES
MAHDI¹, ALEMI FAEZEH¹, GHODDOOSI MAHDIEH¹

¹ Gastroenterology and Hepatology Disease Research Center,
Qom University Of Medical Sciences, Qom, Iran

Introduction: Pseudomembranous colitis is an advanced form of infection with *Clostridium difficile*, which damage epithelial cells following colonization in the intestine and production of toxins A and B. Diarrhea is the most common clinical manifestation caused by *C. difficile*, which in these cases, blood is never observed macroscopically in the stool. Antibiotic exposure is the main risk factor for this infection and is especially associated with ampicillin, clindamycin, and 2nd and 3rd generation cephalosporins, such as ceftriaxone, cefotaxime, and ceftazidime. To confirm the diagnosis of infection, assessment of the microorganism toxins in the stool by PCR as well as observation of pseudomembrane in colonoscopy, was performed. In this article, a case of an old patient with diarrhea (pseudomembranous colitis) was presented in this article.

Case Report: The patient is an 85-year-old man with signs of weakness, fatigue, fever and chills, and non-productive cough and diagnosis of pneumonia underwent antibiotic therapy, and in the course of treatment, he demonstrated massive watery diarrhea. Laboratory colonoscopy findings was indicative of infection with *C. difficile*.

Discussion: Laboratory colonoscopy findings was indicative of infection with *C. difficile*.

Send Date: 2017/09/04

Code: 3140100228

T-S-075

Category: 5 IBD

An Observational Study on Clinical and Pathological Features of Ulcerative Colitis in Patients with and without *Clostridium Difficile* Infection

Aletaha Najmeh¹, Dadvar Zohreh^{*1}, Salehi Babak²,
Ebrahimi Daryani Naser¹, Ketabi Moghadam Pardis²,
Jokar Akram¹, Taslimi Reza¹, Allameh Seyed Farshad¹

¹ Imam Khomeini hospital, Tehran University of Medical Sciences

² Shohada of tajrish, Shahid Beheshti University of Medical Sciences

Introduction: A dramatic rise in the rate of *Clostridium difficile* infection (CDI) in patients with inflammatory bowel disease (IBD) has been reported in recent years. Despite the growing incidence of CDI in patients with IBD, little is known about the related risk factors, pathology and clinical

signs and symptoms of this infection in such patients. Therefore we decided to make a comparison between IBD patients with and without CDI for some risk factors, pathology and clinical signs and symptoms.

Methods: In this observational case and control study, 65 patients were included in the study and were divided into two groups of IBD + CDI as case group and IBD without CDI as control group. The age, sex, CDI test results, disease signs and symptoms, colonoscopy results, pathology results, history of previous antibiotic or immunosuppressive agent usage, 6 months follow up for complications (surgeries like Ileal Pouch Anal Anastomosis or colectomy) of mentioned groups were evaluated, compared and assessed by statistical software.

Results: Sixty five patients with IBD who had flare up signs and symptoms were included in the study. Thirty five patients who had positive *Clostridium difficile* tests went to the case group. The control group consists of 30 patients with negative *Clostridium difficile* tests. pancolitis, was seen in cases statistically more significant than controls and vice versa, proctitis was seen among controls more than cases (p -value = 0.001). Cases were on immunosuppressive (p -value = 0.001) and antibiotic (p -value = 0.02) therapy more than controls. Colonoscopic findings revealed more severe and extensive inflammation among cases versus milder inflammation among controls, but these differences were not statistically significant (p -value = 0.2) Colectomy was seen in 10% of controls and none of the cases and this difference was statistically significant (p -value = 0.05) More fecal Calprotectin were seen among cases than controls and this difference was statistically significant (p -value < 0.05)

Conclusion: This study showed more *Clostridium difficile* infection among patients on antibiotic or immunosuppressive therapy. Pathological investigation revealed more severe and extensive inflammation among cases than controls. Cases had Clinically more severe signs and symptoms with higher mayo scores than controls. ESR and fecal calprotectin were higher in *Clostridium difficile* infection positive patients and serum Albumin was lower in these patients.

Send Date: 2017/10/06

Code: 3140100177

T-S-076

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

Prevalence of HLA-associated Celiac Disease in

Patients Referred as idiopathic Neuropathy

Shahbazkhani Bijan^{*2}, Mansouri Masoume²,
Abdehagh Mohammad², Nafissi Shahriar³,
Mahdavi Mehdi¹, Ekhlesi Golnaz¹

¹ Digestive Disease Research Center, Shariati Hospital, Tehran University of Medical Sciences

² Digestive Disease Research Center, Shariati Hospital, Tehran University of Medical Sciences

³ Neurology department, Shariati Hospital, Tehran University of Medical Sciences

Introduction: Neuropathy is one of the frequent extra-intestinal manifestations of celiac disease (CD). In adults with CD, the frequency of neurological complications has been reported around 36%. Recent studies reported that in 10% of patients with celiac disease, neurological complications of disease may precede the onset of gastrointestinal symptoms. Therefore, patients with peripheral neuropathy with no other reason should be screened for celiac disease as a possible cause of their peripheral neuropathy. This study aimed to determine HLA DQ2/8 prevalence in Idiopathic neuropathy that may be linked to celiac disease.

Methods: A total of 101 patients with idiopathic neuropathy, diagnosed by Neurologist at Shaiati Hospital were included into study. Other causes of peripheral neuropathy were excluded. An initial screen was performed for all patients by using HLADQ2/DQ8 genotyping. In case with positive results for HLA-DQ2/DQ8 haplotypes, CD-specific antibodies were determined. Additionally 151 healthy individuals were used as a control group.

Results: The mean age of the patients was 43.56 ± 10.66 years. 56% of cases were male. Forty six percent of patients with idiopathic neuropathy carried the HLA-DQ2 or DQ8 molecule. DQ2 and DQ8 were positive in 37% and 10% of neuropathic patients and 36% and 13%. of control group respectively. Chi-square test didn't show any significant differences between two groups in terms of HLA DQ8 and HLA DQ2. Among patients with positive results for HLA-DQ2/DQ8 genotypes, only one patient was positive for CD-specific antibodies. The prevalence of serum antibodies specific for CD in patients with idiopathic neuropathy was 1%.

Conclusion: The proportion of individuals HLA DQ2/8 positive is not significantly higher in those with idiopathic neuropathy as compared to control group and normal population estimates.

Send Date: 2017/09/21

Code: 3140100206

T-S-077

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

Type 1 diabetes mellitus in celiac disease in North East Of Iran

Ganji Azita^{*2}, Layegh Parvin¹,
Rajabpourborj Sajedeh Rajabpourborj³

¹ Endocrinology and Metabolic syndrome research center, Mashhad University of Medical Sciences

² Research Cener of Gastroenterology and Hepatology, Mashhad University of Medical Sciences

³ Student Research Committee, Mashhad University of Medical Sciences

Introduction: Celiac disease (CD) is an immune-mediated chronic disease characterized by intestinal inflammation that resolves with dietary exclusion of gluten. Because of autoimmune conditions, CD and type 1 diabetes mellitus (T1D) share a common genetic basis and CD is observed at a higher frequency in patients with T1D, with prevalence rates reported between 5% and 10% compared with 1% prevalence in the general population. Prevalence rates of type 1 diabetes (T1D) in celiac disease (CD) vary from 1.6% to 16.4% worldwide. The aim of our study was to determine the prevalence of type 1 diabetes (T1D) in children and young adult with celiac disease diagnosed in North East of Iran.

Methods: A retrospective study was conducted on 362 patients age < 40 with celiac disease from the North East of Iran. The diagnoses of T1D was set according to the national guidelines. Diagnosis of CD was confirmed by serology and pathology. The prevalence of type 1 diabetes in celiac patients in age less than 40 was evaluated. Other autoimmune disorder include isolated Anti-TPO, LFT abnormalities also evaluated in patients with CD + T1D .

Results: 29 patient was diagnosed with type 1 diabetes mellitus. The prevalence of type 1 diabetes was 6.4% in celiac patients.

The prevalence of isolated Anti-TPO in patients with CD was 18.2% and LFT abnormality was 15% but there was no significant correlation with T1D in CD.

Conclusion: Type 1 diabetes was markedly common in celiac disease but in spite of common in other autoimmune disorder in CD, there was no correlation with T1D in these patients.

Send Date: 2017/09/22

Code: 3140100181

T-S-078

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

The frequency of HLA DQ2/DQ8 as a screening tool for celiac disease in patient with refractory dyspepsia

Shahbazkhani Bijan¹, Mansouri Masoume¹, Mahdavy Mehdy¹, Abdehagh Mohammad¹, Ekhlesi Golnaz¹, Kalantari Ebrahim²

¹ Digestive Disease Research Center, Shariati Hospital, Tehran University of Medical Sciences

² Gholhak Medical Laboratory

Introduction: The prevalence of celiac disease in patients with refractory dyspepsia is reported to be around 2-4 percent while in 20 to 40 percent of celiac patients, persistent dyspepsia symptoms are found. This association approves screening for CD in patients with refractory dyspepsia. We aimed to evaluate the prevalence of HLA DQ2/DQ8 as a screening tool in patients with refractory dyspepsia.

Methods: The study included 100 patients diagnosed with refractory dyspepsia between September 2015 and December 2016, 100 patients with refractory dyspepsia were screened for celiac disease. Celiac -specific antibodies, IgA-anti-tTG and total IgA, were detected for the patients. In case of positivity of serologic markers, duodenal biopsies were performed to confirm diagnosis. Apart from serologic markers, in all patients HLA DQ genotyping was also performed.

Results: The mean age of the patients was 27.3 ± 5.7 . 52% of the patients were males. TTG (IgA) was positive in 4 of 100 (4%) patients with refractory dyspepsia. Genetic evaluations revealed HLA-DQ2 was positive in 4 patients who were positive for serologic markers. HLA-DQ8 was also positive in 4 patients (4%). All 4 patients with positive serology had both HLA-DQ2 and DQ8 genotype. The rest of the patients without HLA-DQ2/DQ8 didn't have positive CD serology results.

Conclusion: According to HLA genotype, patient with refractory dyspepsia and positive DQ2/8 were at risk of developing CD in whom CD specific antibodies should be measured. Therefore HLA typing could be a good tool to screen for CD risk in patients with refractory dyspepsia.

Send Date: 2017/09/21

Code: 3140100212

T-S-079

Category: 10.1 Obesity

The prevalence of obesity in patients with celiac disease under gluten free diet

Nikniaz Zeinab¹, Shirmohammadi Masood¹, Somi Mohammad hossein¹, Naghashi Shahnaz¹

¹ Liver and gastrointestinal diseases research center, Tabriz University of medical sciences, Tabriz-iran

Introduction: Although most of celiac patients suffer from under-weight, recent studies conducted in western countries have reported the high prevalence of overweight and obesity in patients with celiac disease (CeD). The aim of the present study was investigating the prevalence of overweight and obesity in celiac patients in East-Azarbaijan, Iran.

Methods: The present cross-sectional study consisted of 153 celiac patient's referred to celiac clinic in Imam Reza hospital and under gluten free diet. The anthropometric parameters were measured by trained nutritionist. The weight was measured using Seca scale and height was measured using stadiometer. The BMI was calculated using the following formula $\text{Weight (Kg)} / [\text{Height (m)}]^2$. We classified BMI as underweight (BMI < 18.5), normal weight (BMI = 18.5-24.99), overweight (BMI = 25-30) and obese (BMI > 30). All statistical analyses were performed in SPSS (version 18). Continuous and categorical variables were reported as means and standard deviations (SDs) and proportions respectively. Independent t-test and chi-square were used for between group comparisons.

Results: the mean age of participants was 39.66 ± 13.30 years. About 40.8% were male. The mean weight and BMI of participants were 61.69 ± 11.69 Kg and 23.29 ± 3.86 Kg/m² respectively. Of 153 participants, 10.8% were underweight, 56.1% were normal weight, 24.2% were overweight, and 5.7% were obese. There was significant difference in the proportion of Overweight between male and female patients with CeD ($p = 0.004$). The mean age of overweight and obese patients was significantly higher than normal and underweight patients ($P < 0.001$).

Conclusion: In the present study, more than one third of patients with celiac disease under gluten free diet were overweight and obese and only 10.8% of them were underweight. As overweight and obesity are important modifiable risk factors for numerous diseases and also the high prevalence obesity related diseases such as diabetes in celiac patients, dietitians should consider BMI when recommending the gluten free diet.

Send Date: 2017/09/24

Code: 3140100093

T-S-080

Category: 8 BILIARY

**Endosonographic biliary drainage,
the last resort: A case report**Roushan Nader¹, Siri Goli¹, Niksirat Ali^{*1}¹ Tehran University of Medical Sciences

Introduction: Endoscopic ultrasound-guided biliary drainage (EUS-BD) has emerged as a new approach to biliary drainage in last two decades, and has become particularly popular in tertiary endoscopic centers.

Case Report: EUS-BD is a safe, effective, feasible procedure for biliary drainage with an acceptably low level of adverse effects. It can be used as the preferred procedure in patients with biliary obstruction who had failed endoscopic retrograde cholangiopancreatography.

Discussion: In this article we report a successful application of EUS-BD method in a patient with biliary obstruction.

Send Date: 2017/08/05

Code: 3140100134

T-S-081

Category: 7.13 Miscellaneous

**UNEXPECTED REGRESSION OF A PANCREATIC
GASTRINOMA AFTER ARTERIAL CHEMOEMBOLIZATION OF ITS HEPATIC METASTASES:
CASE REPORT (CASE REPORT ARTICLE)**SARKESHKIAN SEYED SAEID¹,GHADIR MOHAMMAD REZA^{*1}, HORMATI AHMAD¹¹ Gastroenterology and Hepatology Disease Research Center, Qom University Of Medical Sciences, Qom, Iran

Introduction: Gastrinoma is a rare cause of peptic ulcers and should be suspected when manifestations, ulcer site, and response to treatment are not normal. Gastrinomas are mostly malignant and liver is the most common site of their metastasis. Arterial chemoembolization (obstruction by blood clotting with chemicals) and arteries that feed metastases, is used as a method to reduce the symptoms. Appropriate response is seen in more than half of the patients, although it is short term.

case Report: The patient is a 42-year old man, who was healthy until 4 years ago that experienced acute abdominal pain due to duodenal ulcer rupture and two episodes of acute upper gastrointestinal bleeding due to perforation of two separate duodenal ulcers within 2 months of each other. He also complained of mild diarrhea and loss of appe-

tite at that time. Laboratory examinations showed increased serum level of gastrin. Abdominal CT scan showed a small pancreatic head mass and three hepatic mass with increased contrast medium absorption. In CT-guided biopsy report, pancreatic head mass and uniform and apparently benign cells similar to islet cell tumor, were seen. Chemoembolization of liver metastasis arteries was performed, which after 6 months, CT scan showed almost complete regression of metastases and also primary pancreatic lesion.

Discussion: In CT-guided biopsy report, pancreatic head mass and uniform and apparently benign cells similar to islet cell tumor, were seen. Chemoembolization of liver metastasis arteries was performed, which after 6 months, CT scan showed almost complete regression of metastases and also primary pancreatic lesion.

Send Date: 2017/09/04

Code: 3140100174

T-S-082

Category: 1.3 Evidence-based clinical practice

**بررسی اثر پیوگلیتازون بر فرایند ترمیم زخم حاد و مزمن معده
در موش صحرایی و بررسی نقش سه فاکتور رشد**عبدالهی آلینا^{۱*}، مولودی محمد رامان^۱، وهاب زاده ذکریا^۱سهرابی محسن^۱، ایزدپناه اسماعیل^۱^۱ علوم پزشکی کردستان

زمینه و هدف: زخم معده پدیده ای شایع و چند عاملی، بعلت عدم تعادل بین فاکتورهای دفاعی و تهاجمی غشایی به وجود می آید و با عوامل درونزاد مانند جریان خون مخاط، ترشح موکوس و غیره در ارتباط است. گیرنده PPAR γ در سلولهای اپیتلیال مخاط معده وجود دارد و بیان آن در طول گاستریت افزایش می یابد. در بررسی هیستوپاتولوژی، فعال شدن گیرنده PPAR γ بوسیله پیوگلیتازون باعث تسریع بهبود زخم معده و محدود نمودن فرایند التهاب می شود. از مهمترین فاکتورهای دخیل در فرایند تسریع و ترمیم زخم، فاکتورهای رشد بافتی VEGF، PDGF و TGF- β می باشد که در فرایند آنژیوژنز، ترمیم و تکثیر سلولی نقش دارند. هدف این مطالعه بررسی اثر پیوگلیتازون بر میزان فاکتورهای مذکور در فرایند زخم حاد و مزمن معده بود.

روش بررسی: در این مطالعه تجربی از ۴۸ سر موش صحرایی نر در دو پروتکل زخم حاد (گاواژ اتانول) و مزمن (اسید استیک ۸۰٪) شامل گروه شم (بدون ایجاد زخم) و کنترل (دریافت نرمال سالیین) و دو گروه تیمار پیوگلیتازون (۲۰ و ۵) استفاده شد. بعد از ۱ ساعت در پروتکل حاد و یک هفته در پروتکل مزمن و ۱ ساعت قبل از کشتن حیوانات جهت بررسی ایمونوهیستوشیمی به حیوانات BRDU تزریق شد. سپس نمونه معده جهت بررسی ایمونوهیستوشیمی و میزان پروتئین VEGF و PDGF و TGF- β به روش وسترن بلات جدا سازی شد. تحلیل داده ها با استفاده از ANOVA یکطرفه انجام شد و ($P < ۰.۰۵$) معنی دار در نظر گرفته شد.

یافته ها: پیوگلیتازون (۲۰ mg/kg و ۵) در دو پروتکل حاد و مزمن، تکثیر سلولی را نسبت به گروه کنترل در افزایش ($P < 0.05$) داد. همچنین پیوگلیتازون (۲۰ mg/kg)، میزان پروتئین VEGF، PDGF و TGF- β را نسبت به گروه کنترل ($P < 0.01$) و ($P < 0.001$) افزایش داد. **نتیجه گیری:** پیوگلیتازون در غلظتهای ۲۰ mg/kg و ۵ تاثیر معنی دار در ترمیم زخم حاد و مزمن معده دارد.

Send Date: 2017/09/20

Code: 3140100157

T-S-083

Category: 2 ESOPHAGEAL-GASTRIC AND DUODENAL DISORDERS

The effect of samen-ista emulsion on treatment of bleeding from benign ulcers of Upper Gastrointestinal Tract (A pilot study)

Hosseini Musa al-Reza^{*1}, Vafaeimanesh Jamshid², Vafaeimanesh Jamshid³

¹ Gastroenterology and Hepatology Department, Ghaem Hospital, Iran University of Medical Sciences, Tehran, Iran

² Gastroenterology and liver disease research center, Iran University of Medical Sciences, Tehran, Iran

³ Gastroenterology and liver disease research center, Qom University of Medical Sciences, Qom, Iran

Introduction: Gastrointestinal bleeding is one of the most prevalent internal medical emergencies. Despite of using several methods of treatment, we are not able to achieve effective treatment in some patients. Samen-ista emulsion is a mineral-herbal product. Regards this emulsion was able to coagulate blood in, in vitro studies and also was effective in treatment of mucosal and coetaneous bleeding in animal studies, without any toxicity. We decided to compare its effect on treatment of human gastrointestinal bleeding with the other common method for treatment of gastrointestinal bleeding "argon plasma coagulation" in a pilot randomized clinical trial.

Methods: The patients with gastrointestinal bleeding who were admitted in emergency wards of Ghaem and Imam-reza Hospitals in Mashhad were randomized to treatment with samen-ista or argon plasma coagulation (APC) method, with randomized doctors, after complete testimonial sheet. The patients underwent re-endoscopy to evaluate the ulcer 3 days later, and were under observation for 3 months. After achieve the number of patients which was planned (20 patients), all data were entered SPSS version 20 and was analyzed with the parametric and non-parametric tests.

Results: The treatment success was 95% in both two

groups. There was no any complication after treatment of gastrointestinal bleeding in the two groups after 3 months. No rebreeding was reported in samen-ista powder form and 10 % was reported in APC method

Conclusion: It seems that if the successful results were occurred in the future complimentary studies, samen-ista emulsion can be used as a new, effective, available and inexpensive in treatment of gastrointestinal bleeding and also in the gastrointestinal bleedings which we cannot treat them with the Common available methods.

variable: (N:20), Samen-ista (N:20), APC, P Value (years) age, 65, 59, $P = 0.6$, (male) sex, 14, 11, $P = 0.56$, Endoscopy lesion: Ulcer with oozing: 15, Erosion: 3, visible vessel: 1, adherent clot:1, Ulcer with oozing: 15, visible vessel: 5, Location of lesion: Stomach:12, Duodenum: 6, Esophagus: 2, Stomach:10, Duodenum: 10, Treatment response: 95 %, 95%, Rebleeding: (3 mouths periods): 0, 2 (10%), $P = 0.04$.

Send Date: 2017/09/17

Code: 3140100232

T-S-084

Category: 1.4 Outcome studies

Measuring the outcome of patients underwent Endoscopic Retrograde CholangioPancreatography in Gorgan academic hospital, 2013-17

Norouzi Alireza^{*1}, Najjarpoor Sepideh¹, Besharat Sima¹, Roshandel Gholamreza¹

¹ Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences

Introduction: Using Endoscopic retrograde cholangio-pancreatography (ERCP) in diagnosis and treatment of biliopancreatic diseases has been profoundly developed recently. However, in a large numbers of patients it has been reported to be associated complications such as pancreatitis, cholangitis, infections, bleeding, perforation, and even mortality. This study aimed to measure the most common complications of patients underwent ERCP during a 5-year interval (2013-17) in our academic hospital in Gorgan, Northeast of Iran.

Methods: In this cross-sectional study, all ERCP candidates (N = 205) admitted to our endoscopy ward during 2013-17 have been recorded. A checklist has been administrated including demographic data, indication of ERCP, lab data before and after the procedure and complications. Amylase test results have been recorded 2 and 18 hours after the end

of ERCP. SPSS-19 software was used to analyze data with chi-2 test and t-test.

Results: Among these 205 cases with mean (SD) age of 61.44 (17.32) years, and mean (SD) BMI of 26.34 (3.81) kg/m²; 122 (59.5%) were female. Indications of ERCP included: CBD lithiasis (119, 58%), Cholangiocarcinoma (9, 2%), pancreas cancer (9, 2%), Ampulary cancer (3, 1.5%), CBD stricture (3, 1.5%), complications of bile duct surgery (5, 2.44%), and Sphincter of Oddi dysfunction (5, 2.44%). Diagnostic ERCP was done in 18 (8.8%). In 7 cases (3.4%) ERCP was unsuccessful. Lithiasis and sludge in common bile duct (CBD) were the major final diagnosis of ERCP. Serum amylase level was 228.12 (296.9) mg/dl two hours after the procedure and 1645 (982.72) mg/dl eighteen hours after it. Among the studied population, 10 (4.8%) had amylase level higher than 300 mg/dl after 2 hours and 16 (7.8%) had amylase level higher than 300 mg/dl after 18 hours. No major complication has been recorded in the registered cases till the hospital discharge and all have been discharged in 3 days maximum.

Conclusion: As the present results showed there was a low rate of unsuccessful ERCP in our academic hospital with rare complications.

Send Date: 2017/10/07

Code: 3140100234

T-S-085

Category: 2.6 Reflux disease - treatment

Prospective Acid Reflux Study of Iran (PARSI):

One year follow up

Sianpanah Mabod¹, Sadeghi Anahita*², Nikfam Sepideh²,

Razjouyan Hadi³, Nasseri-Moghadam Siavosh²

¹ Department of Internal medicine, Tehran University of Medical Sciences

² Digestive Disease Research Institute, Tehran University of Medical Sciences

³ Division of Gastroenterology and Hepatology, Rutgers Robert Wood Johnson Medical School, New Brunswick, NJ

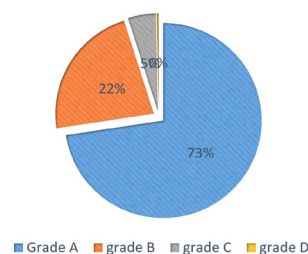
Introduction: Gastroesophageal reflux disease (GERD) is one of the most common disorders, with prevalence rate 21.5%. due to large burden of disease and concerns about its complications, this cohort study was conducted.

Methods: We analyzed one year follow up of prospective Acid Reflux Study of Iran (PARSI) to assess the outcome of patients with GERD. PARSI consecutive consenting patients, 15 years of age and older, presenting with symptoms

suggestive of GERD, underwent a 30minute interview. Upper gastrointestinal endoscopy was performed for them. Then patients were treated according to a set protocol and followed regularly for at least 10 years by completing symptoms questionnaire.

Results: During 30 months, 1199 patients (529 (44%) male) with a mean age (SD) of 39.14 ± 23 (15-88 years) were enrolled in this study. acid reflux (851 (71%) patients) and bloating (899 (75%) patients) were the most common symptoms. among patients, 668(59.7%) had erosive esophagitis, while 72% of them had Grade A Los Angeles classification. short segment and long segment columnar lined epithelium were seen in 340 (28.5%) and 23 (2.1%) patients, respectively. Hiatal hernia which demonstrated to be significantly higher in symptomatic cases, were seen in 754 (63.2%) patients. During the first year follow up, 623 (52%) patients showed complete response (75-100% reduction in symptoms compared to first interview) to proton pump inhibitors (PPI), but 240 (20%) had no response to PPI (0-25% reduction in symptoms). There was an association between poor adherence to treatment seen in 170 (14.2%) patients, and no response to PPI (*P* value: 0.04). Weight changes had minimal effect on GERD symptoms reduction. in addition to hiatal hernia, short segment columnar lined epithelization was more seen in patients without acceptable response (*P* value: 0.01).

Classification of erosive esophagitis



Conclusion: Adherence to treatment is the main cause of response in patients with GERD. In addition, weight loss in short term had minimal effect on symptoms reduction.

Send Date: 2017/10/07

Code: 3140100105

T-S-086

Category: 3 *H. PYLORI*

The association between *Helicobacter Pylori*

Infection and Reflux EsophagitisMoradniani Mosayeb^{1,3}, Mirbeik-Sabzevari Zohre⁴,Azadbakht Saleh³, Sherkatolabbasieh Hamidreza²,Shafiezadeh Shiva¹, Jaferian Soleiman¹, beiranvand behrouz⁵¹ Department of Internal Medicine, Assistant Prof, Lorestan University of Medical Sciences² Department of Pediatric Medicine, Assistant Prof, Lorestan University of Medical Sciences³ Gastroenterologist, Assistant Professor, Department of Internal Medicine, Lorestan University of Medical Sciences⁴ Medical student, Student Research Committee, Lorestan University of Medical Sciences⁵ phd student of biostatistics, Lorestan University of Medical Sciences

Introduction: *Helicobacter pylori* infection (*H.Pylori*) and gastroesophageal reflux disease (GERD) are one of the most common diseases of the upper gastrointestinal tract. *Helicobacter pylori* infection is directly associated with chronic gastritis. Some studies have reported an reverse association between *H.Pylori* infection and reflux esophagitis. The aim of this study was to determine the association between gastric *H.Pylori* infection and reflux esophagitis.

Methods: In this case-control study, all patients who referred to public hospitals of Khorramabad during 2013 to 2016 were examined. Patients with esophagitis, based on endoscopic reports, were considered as the case group and other patients as the control group. The diagnosis of *H.Pylori* was based on histopathological examination of biopsy samples. the data were analyzed by SPSS v.18. Descriptive statistics, Chi-square and logistic regression test were used to find out the association between the variables. The significance level in this study was considered 0.05.

Results: In this study, 5306 patients were evaluated. The mean age of patients was 48.3 ± 17.4 years. Of these, 2608 patients (49.2%) were male and 2698 (50.8%) were female. The prevalence of esophagitis in these patients was 52.8% (n = 2803) and the highest prevalence was associated with Grade B esophagitis with 48%(1346 patients). Esophagitis grades A, C and D were 38.9% (n = 1091), 12% (n = 336) and 1.1% (n = 30), respectively. The prevalence of *H.Pylori* infection was 57.5% (n = 3053); in patients with esophagitis was 55.4% (n = 1553) and in patients without esophagitis was 59.9% (n = 1500), which was statistically different ($P = 0.001$). Regarding the severity of esophagitis, there was only a significant association between Grade A esophagitis and *H.Pylori* infection ($P = 0.001$).

Conclusion: The present study suggests a significant reverse

association between *H.Pylori* infection and esophagitis.

Send Date: 2017/08/20

Code: 3140100099

T-S-087

Category: 1.1 Epidemiology

بررسی اختلالات دستگاه گوارش بیماران مراجعه کننده

به بخش آندوسکوپی بیمارستان خاتم الانبیا

شوشتر در سال ۱۳۹۵-۱۳۹۶

همتی پور اکرم^{۱*}، عیدی وندی شقایق^۱، باورصاد دکتر امیر هوشنگ^۱،حاتمی علی^۱، جهانگیری مهر اعظم^۱^۱ دانشکده علوم پزشکی شوشتر

زمینه و هدف: اختلالات گوارشی شامل عملکرد نامناسب دستگاه گوارش و پانکراس است. هدف از این مطالعه بررسی اختلالات دستگاه گوارش بیماران مراجعه کننده به بخش آندوسکوپی بیمارستان خاتم الانبیا شوشتر در سال ۱۳۹۵-۱۳۹۶ می باشد.

روش بررسی: مطالعه حاضر از نوع مقطعی می باشد که اطلاعات مورد نیاز شامل سن، جنس، نتایج بیوپسی و آزمایش مربوط به آندوسکوپی معده از پرونده های ۷۰۰ بیمار استخراج و در پرسشنامه ها ثبت شد. جهت تجزیه و تحلیل نتایج از آزمون ها کمی (آنالیز واریانس) و آزمون های کیفی (کای اسکور) و نرم افزار SPSS-16 استفاده شد.

یافته ها: نتایج حاصل از این مطالعه نشان داد که ۴/۵۱٪ مرد بودند. همچنین میانگین سن نمونه ها 48.3 ± 17.4 ، کمترین سن ۱۶ سال و بیشترین سن ۹۰ سال بود. بر اساس یافته ها ۱۱۸ نفر (۸/۶۳٪) از بیماران مبتلا به گاستریت مزمن، ۴۶ نفر (۴/۲۹٪) مبتلا به زخم معده، ۴ نفر (۲/۲٪) مبتلا به سرطان معده و بقیه مبتلا به سایر بیماری های گوارشی بودند. بررسی ها نشان داد که بین نوع بیماری و جنسیت تفاوت آماری معنی داری وجود ندارد ($P > 0.05$). نتایج مطرح کننده این بود که بیماران مبتلا به گاستریت مزمن ۶۱ نفر (۵۱٪) و زخم معده ۲۰ نفر (۴۳٪) زن بودند. بین نوع بیماری و سن بیماران ارتباط آماری معنی داری مشاهده گردید ($P < 0.05$). سن افرادی که مبتلا به گاستریت مزمن و زخم معده بودند تفاوت آماری معنی داری وجود داشت ($P = 0.02$) و میانگین سن افراد در گروه زخم معده 48.3 ± 17.4 بیشتر از میانگین سن افراد در گروه گاستریت مزمن 44 ± 16.7 بود.

نتیجه گیری: نتایج حاصل از این مطالعه نشان داد که بین سن افراد و نوع بیماری ارتباط آماری معنی داری وجود دارد. با توجه به شیوع اختلالات گوارشی توصیه می شود افراد ناراحتی های گوارشی را نادیده نگیرند و با پیگیری به موقع از عوارض جبران ناپذیر این اختلالات جلوگیری نمایند.

Send Date: 2017/08/19

Code: 3140100106

T-S-088

Category: 2.2 Dyspepsia

بهبود علائم دیس پیسی به دنبال درمان ریشه کنی

عفونت هلیکوباکتر پیلوری در جامعه ایران مطالعه مرور سیستمیک و متاآنالیز

مخترع مرجان^{۱*}، شیخ وطن مهرداد^۱، مشاری علی^۱،
ایزدی مریم^۱، آگاه شهرام^۱

^۱ بیمارستان رسول اکرم(ص)، علوم پزشکی ایران

مقاله مروری: مکانیزمهای پاتوفیزیولوژیک زمینه ای این بیماری تاکنون ناشناخته مانده است. یکی از مهمترین دلایل احتمالی مرتبط با این اختلال عفونت با هلیکوباکتر پیلوری هستند اما درمان عفونت با هلیکوباکتر پیلوری همواره با بهبود تظاهرات دیس پپسی همراه نبوده است. هدف از انجام مطالعه حاضر، جمع بندی سیستمیک مطالعات مربوط به بهبود علائم دیس پپسی به دنبال درمان ریشه کنی عفونت هلیکوباکتر پیلوری در جامعه ایران بوده است. کلیه مراحل انجام طرح بر اساس گایدلاین PRISMA مبنی بر چگونگی اجرا و ثبت مقالات مروری سیستمیک انجام شد. در وهله نخست، سوال مطالعه مطرح شد که به قرار زیر است "فراوانی رفع علائم دیس پپسی به دنبال درمان عفونت هلیکوباکتر پیلوری در جمعیت ایرانی چند درصد است؟" در مرحله دوم، مرور جامع و گسترده بر روی دیتا بانکهای مقالات علمی و پژوهشی شامل SCOPUS، Google Scholar، PubMed Web of Knowledge، دیتا بانکهای ایرانی شامل SID و Magiran به انجام رسید. بر اساس ارزیابی انجام شده بر اساس طرح فوق، در کل، ۶ مقاله شامل ۲ مقاله فارسی و ۴ مقاله انگلیسی با شرایط فوق همخوان بودند که وارد ارزیابی نهائی شدند. تعداد حجم نمونه مطالعات بین ۳۷ تا ۱۸۶ نفر بود که در مجموع ۶۳۰ نفر بود. بر اساس متاآنالیز انجام شده، درصد پاسخدهی کلی، بر اساس محاسبه fixed effect برابر ۳۷.۸٪ (در فاصله اطمینان ۹۵٪ بین ۳۴-۴۱.۸٪) بود. با محاسبه random effect، درصد پاسخدهی برابر ۳۷.۱٪ (در فاصله اطمینان ۹۵٪ بین ۲۶.۸-۷۶.۵) بود. در ارزیابی هتروژنی سیتة مطالعات در خصوص پاسخدهی درمانی، نتیجه حاصله بیانگر هتروژنی سیتة بالا بین مطالعات بود (با مقدار I² برابر ۷۹.۹۹٪، ارزش P کمتر از ۰.۰۰۱). همچنین، بر اساس ارزیابی تورش انتشار، مطالعات مورد ارزیابی فاقد این تورش بودند. از بین بیماران دچار دیس پپسی تحت درمان ریشه کنی هلیکوباکتر پیلوری در کشورما، تنها یک سوم آنان از این درمان سود برده اند که البته درصد بهبودی حاصله در مطالعات بسیار متنوع بوده است که بر نیاز به انجام مطالعات بیشتر در جامعه در این خصوص تاکید دارد.

Send Date: 2017/08/21

Code: 20160093

T-S-089

Category: 2.2 Dyspepsia

Effect of Iranian Traditional Medicine (ApiumGraveolens and TrachyspermumCopticom) on Clinical Symptoms of Patients with Functional Dyspepsia

Azimi Maryam¹, Zahedi Mohammad Javad^{1*}, Mehrabani Mitra⁷,
Tajadini Haleh¹, Zolala Farzaneh⁵, Baneshi Mohammad Reza⁵,
Choopani Rasool², Sharififar Fariba⁶, Asadipur Ali⁶,
Hayatbakhsh Abasi Mohammad Mehdi³, Ahmadi Bijan³

¹ Department of Traditional Medicine, School of Traditional Medicine, Kerman University of Medical Sciences, Kerman, Iran

² Department of Traditional Medicine, School of Traditional Medicine, Shahid Beheshti University of Medical Science, Tehran, Iran

³ Gastroenterology and Hepatology Research Center, Kerman University of Medical Science, Kerman, Iran

⁴ Gastroenterology and Hepatology Research Center, Kerman University of Medical Sciences, Kerman, Iran

⁵ Health Research Center Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran

⁶ Herbal and Traditional Medicines Center, Kerman University of Medical Science, Kerman, Iran

⁷ Herbal and Traditional Medicines Center, Kerman University of Medical Sciences, Kerman, Iran

Introduction: This study aimed at investigating the effect of Iranian traditional remedy made from *Apiumgraveolens* and *Trachyspermumcopticom* (AT) on the severity and frequency of symptom in patients with functional dyspepsia (FD).

Methods: In total, 150 FD patients were included in the study, based on the ROME III diagnostic criteria, in this randomized double-blind trial, patients were divided into three intervention groups, AT, Placebo and omeprazole. severity and frequency of symptoms during this eight-weeks trial were measured. Obtained information was analyzed with Chi-square test and repeat measures test.

Results: In general, the severity and frequency of symptoms after the fourth week significantly decreased in the AT group than in the omeprazole and placebo groups, and continued to reduce by the end of the eighth week. General reduction of symptom severity and frequency in the omeprazole group was significantly different from the placebo group by the end of the 4th and 8th weeks. With respect to each symptom separately, AT performed better than placebo in improving symptoms, such as burning, pain, early satiation, fullness, bloating, belching and nausea. In a comparison between AT and omeprazole groups, the improvement of symptoms, except from pain, vomiting, and nausea, was significantly higher in the former group.

Conclusion: According to the results, AT, as a Iranian Traditional remedy, was more effective than omeprazole and placebo in reducing the symptoms in FD patients.

Send Date: 2017/06/18

Code: 20160086

T-S-090

Category: 2.2 Dyspepsia

Effects of Ramadan fasting on dyspepsia symptoms

Rahimi Hojjatolah^{*1}, Emami Mohammad hasan¹, Fayazi Emad¹, Fahim Alireza¹, Tavakol Najmeh¹, Baradaran Mahdavi Sadegh¹, Marzbani Elnaz¹, Mirmosayyeb Omid¹

¹ Pourcina Hakim Reasearch Center, Isfahan

Introduction: A few studies have showed that during Ramadan, gastrin, pepsin and acid secretion are increased and some change in nutrition of fasting people may deteriorate dyspepsia symptoms, but on the other hand stopping smoking and alcohol use and probable psychosocial factors may improve dyspeptic symptoms.

Methods: The patients with uninvestigated dyspepsia were enrolled in the study during one month before Ramadan and followed during and after Ramadan months. The dyspepsia questionnaires include LDQ were filled by patients in three consecutive months. After collecting data they were divided to two groups of fasting and nonfasting and compared using SPSS software.

Results: Seventy one patients finished all 3 follow ups; 31 fasting and 40 nonfasting. The decreases in LDQ score have been less from before Ramadan to Ramadan and more from Ramadan to after Ramadan in fasting compared to nonfasting groups, but these changes were not significant ($P > 0.05$). Comparing fasting and nonfasting patients, there were not significant differences in score change from before Ramadan to Ramadan or Ramadan to after Ramadan months regarding general satisfaction and various dyspepsia symptoms ($P > 0.05$) except for epigastric discomfort after meal that was more in fasting group from before Ramadan to Ramadan ($P = 0.004$).

Conclusion: Ramadan fasting has no effects on various dyspepsia symptoms except for epigastric discomfort after meal that is aggravated. We recommend the patients with dyspepsia that they can fast during Ramadan but look after not consume large volume meal in Iftar and Suhur.

Send Date: 2017/05/15

Code: 3140100089

T-S-091

Category: 2.2 Dyspepsia

Effect of "Pistaciaatlantica" resin (Baneh) on Functional Dyspepsia: A double blind randomized clinical study

Eftekharafzali Mahdiyehsadat¹, Mehrabani Mitra³,

Tajadini Haleh⁴, Ahmadi Bijan², Zahedi Mohammad Javad^{*2}

¹ Department of Traditional Medicine, School of Traditional Medicine, Kerman University of Medical Sciences, Kerman, Iran

² Gastroenterology and Hepatology Research Center, Kerman University of Medical Sciences, Kerman, Iran

³ Herbal and Traditional Medicines Center, Kerman University of Medical Sciences, Kerman, Iran

⁴ Neuroscience Research Center, Institute of Neuropharmacology, Kerman University of Medical Sciences, Kerman, Iran

Introduction: Functional dyspepsia (FD) is one of the most common problems in the world. Pistaciaatlantica has beneficial effects in gastrointestinal disorders and treating FD in Traditional Iranian Medicine. The aim of this study is assessing the effect of "Pistaciaatlantica" (Baneh) on Functional Dyspepsia.

Methods: This randomized double blind placebo-controlled trial was carried out on 119 patients (18-60 years) with Functional Dyspepsia based on ROME III criteria. Subjects randomly divided in intervention (n = 61) and placebo (n = 58) groups. Participants received capsules twice daily (500 mg capsules containing 350 mg pistaciaatlanticaresin plus 150 mg Sugar in intervention group, and 500 mg capsules containing 350 mg starch powder plus 150 mg sugar in placebo group) for 4 weeks and they followed up to 1 month. The intensity and frequency of gastrointestinal symptoms such as fullness, Bloating, nausea, pain and Burning were assessed by using the questionnaire on arrival, second & forth week and 1 month after intervention.

Results: Fifty three patients in the pistaciaatlantica group and 48 patients in the placebo group completed the study. The severity and frequency of gastrointestinal symptoms such as early satiation, nausea, pain and burning were significantly decreased in pistaciaatlantica group. No serious adverse effects were reported.

Conclusion: This study showed pistaciaatlantica is significantly effective on functional dyspepsia symptoms.

Send Date: 2017/07/30

Code: 3140100108

T-S-092

Category: 15 NERVE GUT AND MOTILITY

Prevalence of irritable bowel syndrome (IBS) and its relationship with occupational stress among nurses

Moradniani Mosayeb^{*4}, eskini mahtab⁶, Mirbeik-Sabzevari Zohre⁵, imani-nasab mohammad-hasan¹, Jaferian Soleiman², Sherkatolabbasieh Hamidreza³, Shafiezhadeh Shiva²

¹ assistant prof, Lorestan University of Medical Sciences

² Department of Internal Medicine, Assistant Prof, Lorestan University of Medical Sciences

³ Department of Pediatric Medicine, Assistant Prof, Lorestan University of Medical Sciences

⁴ Gastroenterologist, Assistant Professor, Department of Internal Medicine, Lorestan University of Medical Sciences

⁵ Medical student, Student Research Committee, Lorestan University of Medical Sciences

⁶ shohada-y-ashayer hospital, Lorestan University of Medical Sciences

Introduction: occupational stress level is high in the workplace of nursing profession; therefore the diseases caused by stress are accelerated. This study aimed to investigate the prevalence of irritable bowel syndrome (IBS) and its relationship with occupational stress in Lorestan province.

Methods: In This descriptive study, nurses of Lorestan province in 2016 were studied using random sampling method. In this study, a questionnaire on symptoms (abdominal pain, altered bowel habit (diarrhea, constipation or both)) for the diagnosis of IBS and to estimate the scale of occupational stress for nurses, Gray Anderson Taft was used. For data analysis, descriptive statistics and Spearman correlation was used.

Results: In this study, 455 nurses from eight cities and 15 hospitals of Lorestan province were studied, 79.8% of them were women, the mean age of participants was 29.6 ± 6.1 years. Prevalence of IBS was 2.9% (13 members). The mean stress scores in participants was 46.6 ± 19.1 and in patients with IBS was 59.9 ± 12 . There was no significant relationship between IBS and severity of occupational stress score ($p > 0.05$).

Conclusion: severity of occupational stress is not a predisposing factor for IBS in nurses.

Send Date: 2017/08/21

Code: 3140100132

T-S-093

Category: 7.13 Miscellaneous

Mesalazine Has No Effect on Mucosal Immune Biomarkers in Patients with Diarrhea-Dominant Irritable Bowel Syndrome Referred to Shariati Hospital: A Randomized Double-Blind, Placebo-Controlled Trial

Ghadir Mohammad Reza^{*1}, Poradineh Mehri¹,

Sotodeh Masoud¹, Hormati Ahmad¹,

Yousefi Mohammad Hosein¹, Iranikhah Abolfazl¹

¹ Gastroenterology and Hepatology Disease Research Center, Qom University Of Medical Sciences, Qom, Iran

Introduction: Intestinal mast cells may cause gastrointestinal symptoms in patients with diarrhea-dominant irritable bowel syndrome (IBS). The objective of this study was to determine the effect of mesalazine on the number of lamina propria mast cells and clinical manifestations of patients with diarrhea-dominant IBS referred to Shariati Hospital affiliated to Tehran University of Medical Sciences.

Methods: This was a randomized placebo-controlled double-blind trial conducted on 49 patients with diarrhea-dominant IBS. The patients were randomly assigned to one of the experiment or control groups. The patients in experiment group took 2400 mg mesalazine daily in three divided doses for 8 weeks and the patient in control group took placebo on the same basis. Our first targeted outcome was an assigned downturn of mast cells number to the safe colonic baseline and the next one was a marked palliation of disease symptoms. Data were analyzed conforming intention-to-treat method. We used MANCOVA test to compare our both assigned outcomes in the two groups. We also compared the data with baseline values in both groups. All statistical tests were performed at the significance level of 0.05.

Results: There was no significant difference between Mesalazine and placebo groups regarding the number of mast cells (p value = 0.396), abdominal pain (p value = 0.054), bloating (p value = 0.365), defecation urgency (p value = 0.212), and defecation frequency (p value = 0.702).

Conclusion: Mesalazine had no significant effect either on the number of mast cells or on the severity of disease symptoms. This finding seems to be inconsistent with the hypothesis indicating immune mechanisms as potential therapeutic targets in IBS. The possible difference in this effect of Mesalazine should be evaluated in further studies among populations varying in race, ethnic, and geographical characteristics.

Send Date: 2017/09/04

Code: 3140100226

T-S-094

Category: 6.4 Other colonic and anorectal disorders

Low FODMAPs diet vs. general dietary advice improves clinical response in patients with irritable bowel syndrome: a randomized controlled trial

Zahedi Mohammad Javad^{*1}, Behrouz Vahideh¹, Azimi Maryam¹

¹ Gastroenterology and Hepatology Research Center, Kerman

University of Medical Sciences, Kerman, Iran

Introduction: Recent evidence indicates that new approach of the diet with low Fermentable Oligo-Di-Mono-saccharides and polyols (FODMAPs) may have an effective role in management of the patients with irritable bowel syndrome (IBS). We compared the results of low FODMAP diet vs. current dietary treatment, general dietary advices, on the clinical response and quality of life in patients with diarrhea subtype of IBS (IBS-D).

Methods: In this randomized, controlled, parallel, single-blind trial, we included 110 patients with IBS-D in 2 intervention groups. Participants were randomly assigned to the low FODMAP diet (n = 55) and general dietary advices (n = 55) for 6 weeks after a 10-days screening period. Gastrointestinal symptoms and bowel habit status were evaluated using a symptom severity scoring system (IBS-SSS) and Bristol stool form scale (BSFS) pre and post intervention. Patients completed 3-days food diary before and after the intervention.

Results: 101 of 110 patients completed the dietary interventions. At the baseline, the nutrient intake, severity of symptoms and demographic data was similar between two groups. After 6 weeks, the low FODMAP diet improves significantly overall gastrointestinal symptoms scores, stool frequency and consistency vs. general dietary advices (GDA) group ($P < 0.001$, $P < 0.001$ and $P = 0.003$, respectively). Compared with the baseline, both intervention groups expressed a significant reduction in overall scores of IBS-SSS, abdominal pain, distension, consistency and frequency, but this reduction is greater in low FODMAP diet group.

Conclusion: Both low FODMAP diet and general dietary advices in patients with IBS-D led to adequate improvement of GI symptoms for 6 weeks. But, the low FODMAP diet has greater benefits in reduction of IBS symptoms.

Send Date: 2017/10/05

Code: 3140100121

T-S-095

Category: 2.2 Dyspepsia

راهنمای بالینی جایگاه تجویز داروهای ضد افسردگی سه حلقه ای

در بیماران مبتلا به سوء هاضمه که مشکل شناخته شده

روانپزشکی ندارند - مرور نظام مند و متآنالیز

کار آزمائیهای بالینی

حسن پور بهنام^{۱*}

^۱ علوم پزشکی کرمانشاه

مقاله مروری: سوء هاضمه عملکردی شایعترین نوع سوء هاضمه است و بسیاری از بیماران علیرغم تجویز داروهای خط اول مثل داروهای ضد اسید و پروکینتیک با عود مکرر مراجعه می کنند. با توجه به ابهام جایگاه تجویز داروهای ضد افسردگی سه حلقه ای (TCA) در درمان سوء هاضمه، به تهیه یک توصیه بالینی در این خصوص پرداختیم. دو پایگاه اطلاعاتی بین المللی مهم از جمله pubmed و Cochrane برای سوال بالینی که اصول اولیه تهیه گایدلاین میباشد تا مرداد ۱۳۹۶ جستجو شدند. سناریوهای موجود، تجویز یا عدم تجویز TCA به بیماران مبتلا به سوء هاضمه اعم از عملکردی یا سوء هاضمه بررسی نشده مقاوم به داروهای خط اول درمان مانند داروهای مهارکننده پمپ پروتون (PPI) بود که بیماری شناخته شده روانپزشکی نداشتند و پیامد بررسی شده شامل بهبود علائم سوء هاضمه در رتبه بندیهای بالینی دیس پیپی تعریف شد. نهایتاً مرورهای نظام مند و کار آزمائیهای بالینی (RCT) بدست آمده جهت ارزیابی کیفیت مقالات و میزان همخوانی با موضوع ارزیابی شدند و مرور نظام مند جدیدی با شش RCT بدست آمده انجام و متآنالیز مقالات مناسب انجام شد. جهت بومی سازی نتایج (ارزیابی تعمیم پذیری و قابلیت اجرا) از آراء پانل خبرگان شامل فوق تخصصهای رشته گوارش و متخصصین داخلی استفاده گردید. تجویز TCA در بیماران مبتلا به سوء هاضمه مقاوم به داروهای خط اول مانند PPI و پروکینتیک با $RR = 1.3$ ($1.03 - 1.64$) و $p = 0.03$ و 95% ضریب اطمینان در بهبود علائم سوء هاضمه اثربخش بود. عوارض جانبی در دو گروه دارو و پلاسبو تفاوت معنی داری نداشت و پانل خبرگان با توافق 90% رای دهندگان، از تجویز TCA در این بیماران حمایت کردند. تجویز TCA در بیماران مبتلا به سوء هاضمه مقاوم به داروهای خط اول مانند PPI و پروکینتیک، با سطح شواهد عالی (IA) و سطح توصیه بالا (A) پیشنهاد می شود.

Send Date: 2017/09/03

Code: 3140100172

T-S-096

Category: 12 SURGERY

The effect of Relaxation and Music On Reduce Pain Following Intestinal Surgery

Golitaleb Mohamad^{*1}, Ali jadidi¹, Mehdi harorani¹

¹ school of Nursing and Midwifery, Arak University of Medical Sciences

Introduction: Postoperative pain is intensely uncomfortable and can exacerbate the stress response, interfere with appetite and sleep, and contribute to complications and prolonged hospitalization. The purpose of this study Three no pharmacological nursing interventions, relaxation, chosen music, and their combination, were tested for pain relief following intestinal (INT) surgery in a randomized clinical trial.

Methods: The 150 patients were randomly assigned to one of three intervention groups or control and were tested during ambulation and rest on postoperative days 1 and 2. Pain sensation and distress were measured with visual analog

scales (VAS). The data were analyzed by SPSS v.18 and *P*-value was considered significant less than 0.05.

Results: Multivariate analysis of covariance showed significantly less post-test pain in the intervention groups than in the control group on both days after rest and at three of six ambulation post-tests ($P = .017 - .001$), resulting in 20 – 45% less pain.

Conclusion: Mixed effects after ambulation were due to the large variation in pain and difficulty relaxing while returning to bed; but post hoc explorations showed effects for those with high and low pain.

Send Date: 2017/09/20

Code: 20160092

T-S-097

Category: 12.4 Postoperative complications

The bariatric surgeries effects on gastrointestinal diseases

Nozari Neda^{*1}

¹ Yas Hospital, Tehran University of Medical Sciences

Review Article: Bariatric surgery is associated with effective long term weight loss and other beneficial metabolic effects like improve glucose tolerance. Bariatric surgery alters anatomical and physiological states of upper gastrointestinal (GI) and can influence on GI diseases outcomes. Three common upper GI bariatric surgeries including roux-en-y gastric bypass (RNYGB), gastric banding (GB) and sleeve gastrectomy (SG). Different surgeries have different effects on the gastro-esophageal reflux disease (GERD) and careful estimations should be done on the symptomatic obese patients before performing bariatric surgery. RNYGB is the best type of bariatric intervention in GERD symptoms. Esophageal motor dysfunction is the most common motility complication following bariatric surgery. Some data suggest that esophageal motor function test could predict development of post-operative symptoms and should be performed especially before GB as a restrictive procedure. The common symptoms after SG are postprandial fullness and early satiation. Vomiting and dumping syndrome occur during early months after bariatric surgery. Gall stone formation is common during weight loss and 41% could be symptomatic. Bariatric surgery decrease the grade of steatosis and fibrosis in severe obesity. Nutritional and mineral deficiencies should be evaluated carefully. Patients with persistent iron deficiency anemia should be evaluated for blood loss through the GI tract. Bariatric surgery has a small benefit for decreasing all cause mortality risk in

unhealthy patients but could be associated with slightly increase mortality for healthy obese. Bariatric surgery can be associated with reduced cancer incidence just in obese women. The GI beneficial effects of bariatric surgery are still not clear but it seems to be multifactorial in etiology and related to evaluation short or long term after procedure. The purpose of the present review was to highlight the effect of bariatric surgery on GI diseases in the obese. These effects should be considered in patients' selection for different bariatric surgeries.

Send Date: 2017/06/16

Code: 3140100143

T-S-098

Category: 1.1 Epidemiology

Study of cystic echinococcosis surgeries in patients referred to Besat hospital, Hamadan city, Iran

Nazari Naser^{*1}, Pirvaysi Parisa¹

¹ Kermanshah University of Medical Sciences

Introduction: Cystic echinococcosis (CE) is a neglected zoonotic disease caused by the larval stage of a tapeworm named *Echinococcus Granulosus*. Humans can accidentally get infected by ingesting the eggs of the tapeworm through consuming contaminated food or water or from direct fecal contact of infected dogs. Although CE have been found all around the world, generally high infection rates are seen where domestic livestock is raised in association with dogs. The aim of this study is to highlight the prevalence of cystic echinococcosis surgical cases in Hamadan city, (2015).

Methods: All patients who had went under CE surgery of besat hospital in Hamadan city, were enrolled as participants in the study. Epidemiological and clinical data were collected for each patient. Information was collected using a questionnaire and all of the data were analyzed using SPSS-21.

Results: During the period of study, A total of 38 patients were operated for hydatidosis. The infection rate was higher in males (23 cases, 60.5%) than females (15 cases, 39.5%). The liver was the most frequently infected organ 20 patients, (52.6%).

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

brochures and radio programs.

Send Date: 2017/09/14

Code: 3140100131

T-S-099

Category: 7.13 Miscellaneous

Colocolic intussusception in a patient with a giant colonic lipoma

Hormati Ahmad¹, Ghadir Mohamad Reza^{*1}, Rezvan Sajad¹, Ghoddoosi Mahdiih¹

¹ Gastroenterology and Hepatology Disease Research Center, Qom University Of Medical Sciences, Qom, Iran

Introduction: Intussusception in adults, although a rare condition, usually has an identifiable etiology. This is in contrast to common occurrence of idiopathic intussusception in pediatric population. In adults, there is common evidence of an existing “lead point” for the invaginated part, which is rarely an intraluminal lipoma. Gastrointestinal tract lipomas are rare. However, they are found to be the most common benign nonepithelial tumors of alimentary tract, frequently located in the large bowel, mainly in submucosal or subserosal area. The diameter of these tumors sometimes exceeds 5 cm, which is defined as “giant lipoma”. The lipomas are mostly asymptomatic. However, in some circumstances, they lead to abdominal pain, change in bowel habit, gastrointestinal bleeding, obstruction, and intussusception.

Case Report: A 37-year-old man presented with a 4-week history of rectal bleeding. There was a gradually worsening colicky left upper quadrant pain associated with 2 kg weight loss within this period. On examination, hemodynamic parameters were stable. The patient had no guarding or point tenderness in his abdominal area. No palpable masses were found. General examination was unremarkable. There was no significant medical, social, or drug history. All hematological and biochemical investigations were normal. Colonoscopic examination showed a 2 cm × 3 cm ulcerated polypoid lesion in the descending colon, 33 cm proximal to the anal verge, which prevented further progression of the endoscope. A biopsy was obtained from the aforesaid lesion.

Discussion: According to Jiang et al., surgery is indicated for the lipoma of more than 4 cm diameter, complicated lipoma such as those associated with intussusception, when there is no clear diagnosis prior to surgery, and involvement of muscularis propria or serosa, when there is limitation for complete resection thorough colonoscopy.

Send Date: 2017/09/04

Code: 3140100229

T-S-100

Category: 10 NUTRITION

Impact of early enteral nutrition on postoperative hospitalization time of gastric cancer patients undergoing gastrostomy: A meta-analysis

Nikniaz Zeinab^{*1}, Somi Mohammad Hossein¹, Nagashi Shahnaz¹, Nikniaz Leila²

¹ Liver and gastrointestinal diseases research center, Tabriz University of medical sciences, Tabriz-Iran

² Tabriz Health services management research center, Tabriz University of Medical Sciences, Tabriz-Iran

Review Article: The present meta-analysis study evaluated the impact of early enteral nutrition on postoperative hospitalization time of gastric cancer (GC) patients. The databases of Pubmed, Embased, Springer and Chochrane library were searched till September 2016 to identify studies which evaluated the effects of enteral nutrition (EN) compared with parenteral nutrition (PN) on postoperative hospitalization time in GC patients. Mean difference (MD) or standard mean difference (SMD) was calculated and I-square statistic test was used for heterogeneity analysis. The present meta-analysis have consisted of 4 trials, containing 603 GC patients. According to the result of meta-analysis, compared with PN, EN significantly resulted in decrease the hospitalization time [MD = -2.39 (-2.74, -2.03)]. The results demonstrated that early administration of enteral nutrition is more effective in decreasing hospitalization time in GC patients. So, based on these results, postoperative early administration of enteral nutrition is recommended for gastric cancer patients where possible.

Send Date: 2017/10/06

Code: 3140100166

T-S-101

Category: 12 SURGERY

Determinants of Gastrointestinal Complications in open Cardiac Surgery

golitaleb mohamad^{*1}, Faranak kargar², Mehrdad Haghazali²

¹ School of Nursing and Midwifery, Arak University of Medical Sciences

² Rajaie Cardiovascular Medical and Research Center, Iran University of Medical Sciences, Tehran, Iran

Introduction: Gastrointestinal (GI) complications after cardiac surgery with cardiopulmonary bypass (CPB) are rare, but they entail significant morbidity and mortality rates.

We designed this study to define determinants of gastrointestinal complications after cardiac surgery.

Methods: From July 2013 through September 2014, was conducted on 600 patients underwent cardiac surgery on cardiopulmonary bypass in a Rajaei Cardiovascular, Medical & Research Center, Tehran. Data were prospectively collected and univariate and multivariate analyses conducted. Data were analyzed using SPSS 19. The level of significance was considered less than .05.

Results: A total of 600 patients, gastrointestinal complications occurred in 64 patients (12, 18.75%) including gastro esophagitis (11, 17.18%), upper gastrointestinal hemorrhage (8, 12.5%), perforated peptic ulcer (7, 10.93%), cholecystitis (5, 7.8%), pancreatitis (5, 7.8%), lower gastrointestinal hemorrhage (8, 12.5%), and mixed gastrointestinal complications (10, 15.6%). Patients with gastrointestinal complications were significantly older and had significantly higher comorbidity (unstable angina, chronic renal failure, and peripheral vascular disease), morbidity (prolonged mechanical ventilation, intra-aortic balloon pumping, bleeding, acute renal failure, stroke, and infection), and mortality rates (16.5% vs 4%, $P < 0.0001$) They also had longer cardiopulmonary bypass times and higher valvar surgery rates. Multivariate analysis identified 6 independent predictors for gastrointestinal complications: prolonged mechanical ventilation (odds ratio [OR], 5.4), postoperative renal failure (OR, 4.2), sepsis (OR, 3.5), valve surgery (OR, 3.1), preoperative chronic renal failure (OR, 2.6), and sternal infection (OR, 2.3).

Conclusion: Factors such as mechanical ventilation, renal failure, and sepsis are the stronger predictors for GI complications, causing splanchnic hypo perfusion, hypo motility, and hypoxia. Furthermore, excessive anticoagulation after valve replacement may lead to GI hemorrhage.

Send Date: 2017/09/20

Code: 3140100117

T-S-102

Category: 17 VASCULAR DISEASE

Eosinophilic granulomatosis with polyangiitis (EGPA) complicated by small Bowel ischemia and suspected perforation-case report with literature review

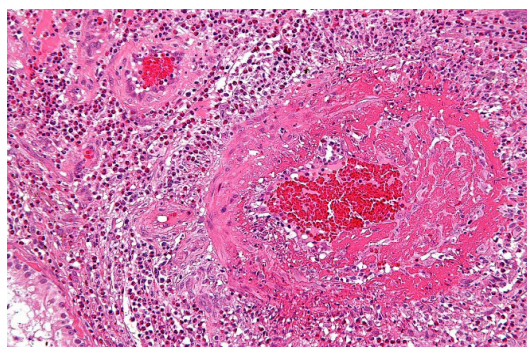
Ghavidel Ali¹, Pouri Aliasghar¹

¹ Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

Introduction: Vasculitis is a group of disorders that destroy

blood vessels by inflammation. Both arteries and veins are affected. Lymphangitis is sometimes considered a type of vasculitis. Vasculitis is primarily caused by leukocyte migration and resultant damage. Churg-Strauss syndrome has three phases, as follows: 1. Allergic rhinitis and asthma 2. Eosinophilic infiltrative disease 3. Systemic medium and Small vessel vasculitis with granulomatous inflammation. The vasculitic phase usually develops within 3 years of the onset of asthma, although it may be delayed for several decades. The most prominent symptoms and signs are those related to pulmonary, cardiac, dermatologic, renal, and peripheral nerve involvement. Mononeuritis multiplex is a major clinical finding. The following symptoms and signs of the disease consists of Constitutional symptoms Malaise, fatigue, flulike symptoms, weight loss fever myalgias Asthma symptoms is a central feature of Churg-Strauss syndrome, occurring in 97% of patients. Asthma may precede vasculitis by up to 10 years or, less frequently, may coincide with the appearance of vasculitis. Asthma symptoms are usually persistent; therefore, patients are usually treated with steroids. This, in turn, might mask other features of the syndrome.

Case Report: A 38-year-old man was referred to our hospital with chronic cough from a year earlier and he was treated with montelost, and theophyllin. He complained fever, night sweats, weight loss of 12 kg within 2 months ago. He also had foot drop of right leg, about twenty days before the patient is admitted for which he was evaluated. By a neurologist. He was superimposed with hemoptysis from two weeks ago. Three days ago, the patient developed severe abdominal pain, for which surgical consultation was requested and acute abdomen was diagnosed and AXR was taken and multiple air-fluid levels is observed and emergency laparotomy is performed. That it is found small bowel gangrene with 20 cm length from 120 cm to 100 cm from ligament Trytz and partial entrectomy was performed. Pathologic report confirmed diagnosis of Eosino-



philic granulomatosis with polyangiitis. In the medical history including drug history he was taking numerous medicines including montelost, coamoxi-clave, azithromycine, theophylin.

Discussion: Small bowel ischemia or necrosis due to Churg-Strauss syndrome is a rare condition that requires prompt medical treatment and surgical intervention, if necessary.

Send Date: 2017/09/02

Code: 3140100113

T-S-103

Category: 17 VASCULAR DISEASE

Portal and superior mesenteric vein thrombosis in a patient with hereditary spherocytosis: a case report

Ghavidel Ali^{*1}, Pouri Aliasghar²

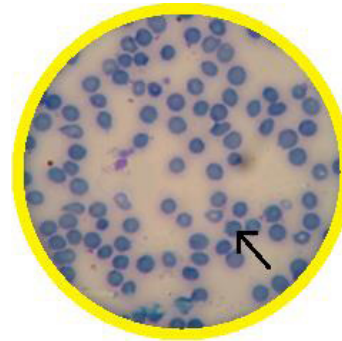
¹ Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

² Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

Introduction: Hereditary spherocytosis (HS) is a congenital hemolytic anemia. It is a familial hemolytic disorder with marked heterogeneity of clinical features, ranging from an asymptomatic condition to a fulminant hemolytic anemia. For many reasons these patients are at risk of hypercoagulation. Portal vein thrombosis is a rare complication.

Case Report: We will describe the case of a patient with HS who evolved in the post-operative of a splenectomy with PV-SMV thrombosis and was treated with systemic anticoagulation. A 27-year-old woman presented with recurrent abdominal swelling, stunted growth relatively to her siblings and age groups. She has had four units of blood transfusion in childhood; her last transfusion was 10 years prior to presentation. She also has recurrent yellowish discoloration of the eyes. No family history of sickle cell disease. Examination revealed a young lady, with a small and short stature, mildly pale, moderately jaundiced and has a hemoglobinothopathy. The spleen was enlarged by 6 cm below the right costal margin but the liver was not palpably enlarged. Laboratory investigation results were seen at table-1 Peripheral blood smear showed a predominance of spherocytes constituting over 70% of the red blood cells (Figure). The white cell and platelets are of normal morphology. A high reticulocytes count of 6.5% was obtained. A direct antiglobulin test was then performed which was negative but the osmotic fragility test was increased. Direct

antiglobulin test helps to detect the vivo antibody coating of your red blood cells (the antibodies could be IgG or complement or both). In blood stream, RBCs have certain antigens that offer attachment sites to antibodies.



Discussion: HS patients with symptomatic anaemia, growth retardation or troublesome left upper quadrant pain will derive impressive subjective and objective benefit from splenectomy. This case suggests that Hereditary spherocytosis patients undergoing splenectomy have an increased risk of Portal Vein Thrombosis (PVT). We recommend that PVT should be considered in a patient with abdominal pain and fever after splenectomy. Color Doppler ultrasonography imaging is the best non-invasive study for the diagnosis at onset of presentation. Treatment with anticoagulants is safe and highly recommended. Finally high clinical suspicion is necessary for right and appropriate diagnosis.

Send Date: 2017/08/30

Code: 3140100214

T-S-104

Category: 7 LIVER

Global frequency of Hepatitis B genotype: A meta-analysis study

Shirmohammadi Masood², Ghojzadeh Morteza⁴,
Nikniaz Zeinab², Abbaszadeh Omid³, Rostamizadeh Leila¹,
Somi Mohammad Hossein^{*2}

¹ Faculty of medicine, Tabriz University of medical sciences, Tabriz-Iran

² Liver and gastrointestinal diseases research center, Tabriz University of medical sciences, Tabriz-Iran

³ Neurosciences Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

⁴ Research Center for evidence based medicine (RCEBM), Tabriz University of Medical Sciences, Tabriz, Iran

Review Article: Hepatitis B virus (HBV) infection is an im-

portant health problem worldwide. It has a wide spectrum of liver diseases, ranging from acute or fulminant hepatitis, chronic hepatitis, cirrhosis to hepatocellular carcinoma (HCC). To date, 10 HBV genotypes, scattered across different geographical regions, have been identified. Studies have been shown that HBV genotypes affect on the disease progression and response to anti viral therapy. So, for better predicting the progression of disease and outcome of antiviral therapy it is useful to determinate the frequency of the HBV genotypes. In the present systematic review and meta-analysis the frequency of HBV genotypes were studied. Electronic search of Medline (Ovid), Embase, web of science and also Persian databases were performed until April 2017. The searched keywords were Mesh terms: Hepatitis B/epidemiology [Hepatitis B/genetics; Hepatitis B, Chronic/epidemiology; Hepatitis B, Chronic/genetics; Carcinoma, Hepatocellular/genetics; Hepatocellular/epidemiology]. The references of the related studies were also manually searched for additional studies not identified by the electronic search. Two reviewers independently extract the data based on the specified keywords and screened for bias risk using STROBE checklist. The comprehensive Meta-analysis (CMA) version 2.0 was used for data analysis. A total of 512 titles were retrieved and reduced to 402 titles after deletion of duplicates and finally after close assessing of titles and abstracts 190 eligible studies were identified for systematic review and meta-analysis. According to the results of meta-analysis, D genotype had the highest frequency [43.16 (37.51,48.98)] and the H genotype had the lowest frequency [0.56 (0.32,0.98)] globally. Genotype D was identified in all studies (23 studies) conducted in Iran (97.4%). According to the results, globally and also in Iran, genotype D is the most prevalent genotype. Previously, it had been shown that the chronicity ratio was higher in patients with this genotype. Considering the importance HBV genotypes in determining disease burden, prognosis and antiviral responses, it is important to know the epidemiologically of HBV genotyping in each region for individualizing treatment and identifying disease related risks.

Send Date: 2017/09/26

Code: 3140100224

T-S-105

Category: 5.5 Treatment

Efficacy and Safety of Sofosbuvir, Pegylated-interferon and Ribavirin in Iranian Patients with HCV

Genotype-1 Infection

Roshani Mohammad^{*1}, Rezaei Razie¹, Sharafi Heidar¹,

Alavian Seyed Moayed¹, Behnava Bit¹,

Nikbin Mehri¹, Rezaee-Zavareh Mohammad Saeid¹,

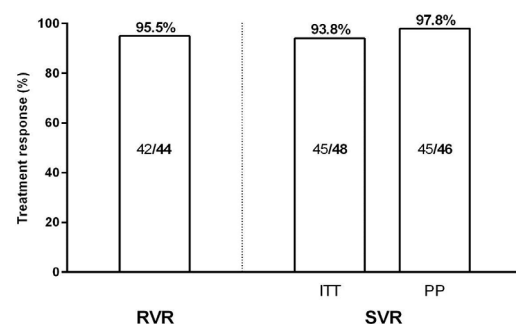
Ahangar-Davoodi Nasrin¹, Alavian Seyed Hoda¹

¹ Iran Hepatitis Network, Tehran, IR Iran, Middle East Liver Diseases (MELD) Center, Tehran, IR Iran

Introduction: One of the major causes of cirrhosis and hepatocellular carcinoma is Hepatitis C. Treatment of chronic hepatitis C has been revolutionized through recent years. One of the recently introduced treatments is the triple therapy with Sofosbuvir (SOF) plus Pegylated-interferon (PegIFN) and Ribavirin (RBV). Our goal was to evaluate the safety and efficacy of SOF + PegIFN + RBV regimen for treatment of Iranian patients with HCV genotype-1 (HCV-1) infection.

Methods: This prospective cohort study was performed on 48 Chronic HCV-1 infected patients from Iran, who attended Middle East Liver Disease Center. All patients received 12 weeks of SOF + PegIFN + RBV. Rapid virologic response (RVR), sustained virologic response (SVR) and also adverse events of the mentioned regimen were investigated.

Results: The majority of patients (mean age = 45.1, range = 24-63) were male (79.2%), non-cirrhotic (60.9%) and all had HCV-1 infection. Among 44 patients with available HCV RNA at week 4 of treatment, RVR was achieved in 42 (95.5%; 95% confidence interval [CI] = 84.9% - 98.7%). Furthermore, among 46 patients completed the 12-week course of treatment, 45 (97.8%, 95% CI = 88.7% - 99.6%) achieved SVR (per-protocol) and 1 patient with HCV-1a infection experienced relapse. Among all included patients, the rate of SVR (intention-to-treat) was 93.8% (95% CI = 83.2% - 97.6%). The most common side-effects related to antiviral therapy were weight loss (8.4%), myalgia (6.3%), fatigue (6.3%), headache (4.2%) and body pain (4.2%).



Conclusion: The current study confirmed high efficacy and safety of 12-week therapy with SOF + PegIFN + RBV for

patients with HCV-1 infection.

Send Date: 2017/10/05

Code: 3140100205

T-S-106

Category: 7.13 Miscellaneous

Antiviral agents for hepatitis B virus-related cirrhosis, Systematic review

Layli Eslami^{*1}, Edmond Atallah², Khaterreh Isazadehfar³

¹ Liver and pancreatic biliary research group, Digestive Disease Research Institute, Tehran University of Medical Science, Shariati Hospital, Tehran, Iran

² Department of Gastroenterology, Nottingham University Hospitals NHS Trust, Nottingham, UK

³ Department of Community and preventive Medicine, Ardabil University of Medical Sciences, Ardabil, Iran

Introduction: Patients with hepatitis B virus (HBV)-related cirrhosis have poor prognosis and low survival rates if left untreated. The long-term effect of antiviral agents for these patients is unclear and the optimal agent or combination of agents remain controversial.

Methods: We searched The Cochrane Hepato-Biliary Group Controlled Trials Register, the Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library, MEDLINE, Embase, and Science Citation Index Expanded (including Conference Proceedings Citation Index-Science) until July 2016. Additionally, reference lists of relevant articles were also reviewed.

Results: We identified five trials. The risk of bias was high in all five trials. We could not combine the results or assess the overall quality of evidence for each outcome among trials as the interventions and results varied across the included trials. However, we assessed the quality of evidence for each outcome of individual trials separately using GRADE considerations. The quality of evidence was moderate in three trials, low in one trial, and very low in one trial. One trial compared antiviral agent with placebo whereas other trials compared different antiviral agents. Data from each included trial did not show significant benefit for reduction in overall mortality, hepatic-related mortality, or prevention of liver cancer. Although individual trials showed reduction in cirrhosis progression on antiviral regimens, there are insufficient data to analyse the results. Hence, no firm conclusion could be drawn.

Conclusion: There is a need for more randomised clinical trials with sufficient period of follow-up to establish the

full potential of antiviral therapy as a strategy to improve survival rate, lower risk of developing liver cancer, and confirm its long-term safety. Trials should be conducted by taking patient-important outcomes into account such as mortality and health-related quality of life.

Send Date: 2017/09/22

Code: 3140100144

T-S-107

Category: 7.9 Viral hepatitis C: clinical aspects

The Efficacy of Combined Sofosbuvir and Daclatasvir in Treating Hepatitis C Patients— A Preliminary Report

Merat Shahin^{*1}, Sharifi Amir Houshang¹, Poustchi Hossein¹, Nateghi Alireza¹, Malekzadeh Reza¹

¹ Digestive Disease Research Institute, Tehran University of Medical Sciences

Introduction: The combination of sofosbuvir and daclatasvir can be used for treating all genotypes of hepatitis C. As such, genotype testing can be skipped making this combination more attractive for elimination protocols. The combination of both drugs in a single tablet (Sovodak) has been first available in Iran and is being tested in this study on the largest number of patients ever reported for this combination.

Methods: The aim of this multi-center study is to include 1000 subjects with hepatitis C including subjects with cirrhosis, co-infection with HIV or HBV, renal failure, and post-transplant subjects. Patients are treated with a single fixed dose combination pill containing 60 mg daclatasvir and 400 mg sofosbuvir (Sovodak 60/400, RojanPharma, Tehran, Iran) taken once daily for 12 or 24 weeks with or without ribavirin based on the decision of the managing physician. Response to treatment is assessed 12 weeks after the end of treatment with a sensitive assay (SVR12).

Results: Until now over 1476 subjects have been enrolled from over 50 centers. 824 have finished the treatment and 568 have been followed for 12 weeks after end of treatment (time frame for SVR12). So far 80% of our patients are male and 42% have cirrhosis. The most common genotype is genotype 1 (56%) followed by genotype 3 (41%). Of the patients who have finished the follow-up period 554 have responded to treatment (97.5%, SVR12). Of particular interest is lack of side effects in renal failure patients, even those under hemodialysis.

Conclusion: Considering the results of this study and the

ease of use (one pill a day) we believe Sovodak can be the best choice for treating all cases of hepatitis C in Iran. Due to the uniformity of treatment regimens across genotypes it might not even be necessary to check the genotype in the future.

Send Date: 2017/09/15

Code: 3140100160

T-S-108

Category: 7.9 Viral hepatitis C: clinical aspects

The effect of hepatitis C treatment with Sobiovir (Sofosbuvir) and Daklibiox (Daclatasvir); in patients with thalassemia major on the need for blood transfusion

Vafaeimanesh farhad¹, Ajdarkosh hossein¹,
Vafaeimanesh Jamshid^{*1,2},

¹ Gastroenterology and liver disease research center, Iran University of Medical Sciences, Tehran , Iran

² Gastroenterology and liver disease research center, Qom University of Medical Sciences, Qom , Iran

Introduction: Patients with thalassemia are at risk for hepatitis C virus (HCV) infection due to repeated blood transfusions, and they contribute the greatest number of mortality from liver diseases. the administration of Peg-IFN/RBV in the patients with thalassemia was limited due to the RBV-associated hemolysis. Although the effectiveness of direct-acting antiviral drugs (DAAs) on HCV infection was confirmed, their effects and side effects on special patients are not completely understood. The current study aimed at evaluating the effect of hepatitis C treatment with Sobiovir® (Sofosbuvir) and Daklibiox® (Daclatasvir).

Methods: In the current study, a total of 54 patients with major thalassemia and HCV infection who had the history of interferon (IFN) treatment failure were enrolled. The patients underwent a 12- to 24- week treatment course (based on virus genotype and development of liver cirrhosis) with sofosbuvir (SOF) and daclatasvir; the results were compared with those of the sustained virological response (SVR) 12. The genotype distribution of HCV among study subjects was as follows: 1a (n = 30), 3a (n = 14), 2a (n = 5), 1b (n = 4), 1a&3a (n = 1); 18 subjects (33.4%) developed liver cirrhosis and the other 36 (66.6%) were the non-cirrhotic cases.

Results: In the current study, 98.1% of the subjects responded to the treatment, without significant complication. In all study subjects, the level of liver enzymes showed significant reduction 12 weeks after the treatment; (tablet 1).

The rate of hemoglobin before treatment was 9.57 ± 1.45 g/dl, which reached 9.67 ± 1.69 g/dl after treatment (*P* value 0.59). Tests results of the patients, before and after the treatment, are shown in Table 2. The need for blood transfusions in patients before treatment was averagely 1.595 ± 0.65 bag per month, which received 1.593 ± 0.64 bags after treatment. There is a significant difference in this amount (*P* value 0.9). Ferritin levels decreased significantly in patients after treatment, and from 1921.3 ± 1505.9 ng/ml to 1327.3 ± 1228.7 ng/ml (*P* value 0.001)

Conclusion: The 2-drug combination of SOF and Daclatasvir is an effective and tolerable therapy regimen with low side-effects for the patients with Thalassemia and HCV infection. This treatment, despite a significant reduction in the level of ferritin, does not change the level of hemoglobin and does not require blood transfusions.

Send Date: 2017/09/18

Code: 3140100210

T-S-109

Category: 7.8 Viral hepatitis B: clinical aspects

The effect of mode of delivery on maternal-to-child transmission (MTCT) of hepatitis B virus: A systematic review and meta-analysis

Somi Mohammad Hossein², Gojazadeh Morteza⁴,

Shirmohammadi Masood², Nikniaz Zeinab², Abbasi Fahimeh³, Sadegpoor Sevda¹, Sadeghi Rahele⁴, Esmailnezhad Mahdieh^{*1}

¹ Department of medical and surgical nursing, Faculty of nursing and midwifery, Student research committee, Tabriz University of medical sciences, Tabriz Iran

² Liver and gastrointestinal diseases research center, Tabriz University of medical sciences, Tabriz-Iran

³ Medical library and information sciences, publication office, research vise-chancellor, Tabriz University of medical sciences, Tabriz-Iran

⁴ Research Center for evidence based medicine (RCEBM), Tabriz University of Medical Sciences, Tabriz, Iran

Review Article: Compared to other age groups, infants have the highest rate (about 90 %) of HBV infection progressing to chronic HBV infection. Thus, prevention in infants as early as possible is critical, especially in those born to HBV-infected mothers. One of the main causes of childhood HBV infection is maternal-to-child transmission (MTCT). In other transmitted infection such as HIV, it has been shown that cesarean delivery could prevent from maternal-to-child transmission. However, in the case hepa-

titis, there is no conclusion in this regard. So, in the present systematic review and meta-analysis we compare the hepatitis B maternal-to-child transmission (MTCT) in vaginal delivery and cesarean section. Electronic search of Medline (Ovid), Embase, web of science and also Persian databases were performed until April 2017. The searched keywords were Mesh terms: breastfeeding, formula, hepatitis B, vaginal, caesarean, vertical transmission. The references of the related studies were also manually searched for additional studies not identified by the electronic search. Two reviewers independently extract the data based on the specified keywords and screened for bias risk using STROBE checklist. The comprehensive Meta-analysis (CMA) version 2.0 was used for data analysis. A total of 409 titles were retrieved and reduced to 163 after evaluation of the titles and abstracts and finally after close assessing of titles and abstracts 25 eligible studies were identified for qualitative systematic review and 12 studies were identified for quantitative meta-analysis. According to the results of meta-analysis, the odds of hepatitis B maternal-to-child transmission in vaginal delivery were 2.37 times higher than cesarean delivery [2.37 (95% CI: 1.96, 2.87), P

Send Date: 2017/09/23

Code: 3140100112

T-S-110

Category: 1.1 Epidemiology

خوشه بندی زمان - مکان موارد هپاتیت B و C در استان کردستان طی سال های ۱۳۸۷ تا ۱۳۹۵

بهرامی پور سیامک^{۱*}، الفتی فر میثم^۲، عزیزی جلیلیان فرید^۳

^۱ دانشجوی پزشکی، دانشگاه علوم پزشکی همدان، همدان، ایران

^۲ کارشناسی ارشد اپیدمیولوژی، گروه اپیدمیولوژی دانشگاه علوم پزشکی همدان، همدان، ایران

^۳ استادیار، گروه میکروبیولوژی دانشگاه علوم پزشکی همدان، همدان، ایران

زمینه و هدف: با توجه به اهمیت جهانی هپاتیت های ویروسی بی و سی و نیز اهمیت بررسی های اپیدمیولوژیک در پیشگیری و درمان این بیماریها، مطالعه حاضر به منظور تعیین اپیدمیولوژی مکانی و زمانی - مکانی هپاتیت در استان کردستان طراحی و اجرا شد.

روش بررسی: در این مطالعه ابتدا اطلاعات مبتلایان به هپاتیت های ویروسی بی و سی در استان کردستان طی سالهای ۱۳۸۷ تا ۱۳۹۵ به تفکیک شهرستان محل سکونت، سن، جنس، سابقه ی واکسیناسیون و ... از معاونت بهداشتی دانشگاه علوم پزشکی کردستان اخذ شد. سپس به منظور کشف خوشه های مکانی و زمانی مکانی معنی دار از آماره کاوشی تعبیه شده در نرم افزار SaTScan استفاده شد.

یافته ها: در این مطالعه اطلاعات ۸۴۷ نفر مبتلایان به هپاتیت های ویروسی بی و سی بررسی شد، که ۷۳۶ نفر (۸۷ درصد) مبتلا به هپاتیت

ویروسی بی، ۱۰۲ نفر (۱۲ درصد) مبتلا به هپاتیت ویروسی سی و ۹ نفر (۱ درصد) مبتلا به هر دو نوع هپاتیت ویروسی بودند. برای کل موارد مبتلا به هپاتیت و موارد مبتلا به هپاتیت ویروسی بی، سه خوشه ی مشابه و متشکل از شهرستان های (بیجار، دیواندره، دهگلان، قروه) با خطر نسبی ۲.۵۷ و P -value < 0.0001 ، شهرستان کامیاران با خطر نسبی ۲.۶ و P -value < 0.0001 ، شهرستان های (مریوان و سروآباد) با خطر نسبی ۱.۵۶ و P -value = ۰.۴۵۶ کشف شد. لازم به ذکر است که مکان خوشه های مذکور با در نظر گرفتن موارد هپاتیت، سن، جنسیت، وضعیت تاهل، سابقه ی واکسیناسیون و سکونت در شهر یا روستا تغییر نکرد.

نتیجه گیری: وجود خوشه های معنی دار یک و دو با خطر نسبی بیشتر از ۲.۵ و P -value < 0.0001 و همسانی مکانی و زمانی-مکانی خوشه های کل موارد (هر دو نوع هپاتیت)، ضرورت استفاده از اقدامات پیشگیرانه و کنترل بیماری را در این شهرستان ها بیان می کند. از طرفی با توجه به عدم تغییر مکان و زمان-مکان خوشه ها بعد از تطبیق متغیر های وابسته می تواند نشانگر دخیل بودن سایر عوامل اثر گذار مانند موارد اعتیاد تزریقی، عدم واکسیناسیون در زمان مناسب، عفونت همزمان به ایدز، انتقال جنسی، بار موارد حامل و ... باشد؛ لذا به مطالعات بیشتری به منظور تبیین دقیق تر اپیدمیولوژی هپاتیت در استان کردستان نیاز می باشد.

Send Date: 2017/08/26

Code: 3140100115

T-S-111

Category: 1.3 Evidence-based clinical practice

Liver stiffness measurement by Fibro Scan in Hepatitis B patients

Hoseynian Seyyed Mahmood^{۱*}, Bahari Ali^۱,

Ganji Azita^۱, Esmaealzadeh Abbas^۱

^۱ Internal ward, Mashhad University of Medical Science

Introduction: The six percent (range 2% - 7%) of the world's population, are chronically infected by HBV. Assessment of liver fibrosis is an important factor in treatment and prognosis of disease in HBV's group. The role of fibro Scan in assessing fibrosis in HBV remains unclear. Present study was designed for assessment of hepatic fibrosis by fibro Scan in HBV group.

Methods: This cross sectional study was performed with 145 patients with positive HBsAg as case group and 370 healthy participants as control group. Liver Stiffness Measurement assays were conducted with Fibro Scan (Echo Sens, Paris, France).

Results: According to clinical & biochemical and histological data, 145 HBsAg positive patients were categorized to 35 inactive carriers, 63 chronic hepatitis B and 47 cirrhosis group. Mean of fibrosis score was 6.169 (SD = 2.66), 7.758 (SD = 7.65), and 24.0255 (SD = 19.88), respectively

for each group. Also, the mean of fibrosis in control group was 5.5510 (SD = 2.43). There was significant linear association with fibrosis for cirrhosis and chronic group rather than control group (P value chronic < 0.016, P value cirrhosis < 0.001 and $R^2 = 0.3645$). Also, there was strong association between viral load and fibrosis in chronic HBV (P value < 0.001, $R^2 = 0.7811$).

Conclusion: Fibro scan is a novel and strong instrument for estimation and determining fibrotic stage of hepatitis in HBV group. Also it was detected a linear association between viral load and fibrosis in CHB in this study.

Send Date: 2017/08/31

Code: 3140100211

T-S-112

Category: 7 LIVER

Does Interferon therapy induce depression in hepatitis C patients? A systematic review and meta-analysis

Shirmohammadi Masood², Somi Mohammad Hossein²,
Nikniaz Zeinab², ghोजazadeh Morteza³, Sadegpoor Sevda¹,
Ebrahimpoor mirza rezaei Mehdi¹, Sadeghi Rahele³,
Esmailnezhad Mahdieh^{*1}

¹ Department of medical and surgical nursing, Faculty of nursing and midwifery, Student research committee, Tabriz University of medical sciences, Tabriz Iran

² Liver and gastrointestinal diseases research center, Tabriz University of medical sciences, Tabriz-Iran

³ Research Center for evidence based medicine (RCEBM), Tabriz University of Medical Sciences, Tabriz, Iran

Review Article: Approximately 170–200 million people worldwide (3% of the world population) are chronically infected with the hepatitis C virus (HCV). Interferon-alpha (IFN) is still administered to treat HCV infection. However, studies have shown that this treatment is associated with side effects such as depression and anxiety. The aim of the present meta-analysis was to examine the effect of IFN therapy on anxiety and depression in HCV-infected patients. Electronic search of Medline (Ovid), Embased, web of science and also Persian databases were performed until April 2017. The searched keywords were Mesh terms: Depression, anxiety, Interferon therapy, Hepatitis C. The references of the related studies were also manually searched for additional studies not identified by the electronic search. Two reviewers independently extract the data based on the specified keywords and screened for bias risk using STROBE checklist. The comprehensive Meta-

analysis (CMA) version 2.0 was used for data analysis. A total of 208 titles were retrieved and reduced to 72 articles by close assessing of titles and abstracts 4 eligible studies were identified for meta-analysis. According to the results of meta-analysis, IFN therapy in HCV infected patients had not significant effect on anxiety [0.13 (-0.01, 0.27); p -value: 0.80] and also depression [-0.07 (-0.24, 0.09); p -value: 0.40]. The results of the present study showed that INF therapy in HCV infected patients was not associated with depression and anxiety. So, it seems that the high prevalence of depression and anxiety in hepatitis C patients may be due to adverse experiences of illness.

Send Date: 2017/09/23

Author Index (English Abstracts)

- A**
- Abbasi F. 59
- Abbaszadeh O. 56
- Abdehagh M. 43, 44
- Abdollahian M. 30
- Adibi P. 35
- Ahangar-Davoodi N. 57
- Ahmadi B. 32, 49, 50
- Ahmadi M. 29
- Ahmadi V. 16
- Ajdarkosh H. 59
- Akbarpour M. 35
- Akhavan Ghorbani D. 32
- Akhavan Sepahi A. 40
- Alavian H. 57
- Alavian M. 57
- Alemi F. 33, 42
- Aletaha N. 42
- Aliasgari A. 18
- Aliashrafi S. 15
- Alinezhad M. 8
- Allameh F. 42
- Amani M. 18
- Ameri A. 18
- Anbari K. 30
- Antikchi M. 17, 34, 36
- Arabshahi M. 38
- Asadipur A. 49
- Asadzadeh Aghdaei H. 35, 37, 38, 40
- Azadbakht S. 48
- Azimi M. 49, 52
- B**
- Baghaei A. 34
- Baghbanian A. 17
- Baghbanian M. 17
- Bagheri Lankarani K. 14
- Bagheri N. 20
- Bahari A. 10, 12, 60
- Baharvand p. 17
- Balaili H. 35, 37, 38
- Baneshi M. 49
- Baradaran Ghavami S. 35, 37, 38
- Baradaran Mahdavi S. 50
- Baradaran Sirjani B. 29
- Bari A. 25, 28
- Behnava B. 57
- Behrooznia Z. 25, 28, 32
- Behrouz V. 52
- Beiranvand B. 48
- Besharat S. 47
- C**
- Chaleshi V. 35, 37, 38
- Choopani R. 49
- D**
- Dabiri H. 40
- Dadashzadeh Fakhr M. 6, 7
- Dadvar Z. 42
- Daghaghzadeh H. 35
- Darvish Moghadam S. 28, 32
- Daya A. 34, 36
- Dehghani M. 14
- Delavari A. 18
- Delavari Lotf Abad S. 28, 32
- E**
- Ebrahimi Daryani N. 42
- Ebrahimimamagani M. 15
- Ebrahimipoor mirza rezaei M. 61
- Edmond A. 58
- Eftekharsadat A. 6, 7, 26, 27, 50
- Ekhlesi G. 43, 44
- Emami M. 26, 34, 50
- Eshraghian A. 14, 16
- Eskini M. 51
- Eslami L. 15, 58
- Esmacili Govarchingaleh H. 36
- Esmacili M. 21
- Esmacilnezhad M. 59, 61
- Esmacilzadeh A. 10, 12, 29, 32, 60
- F**
- Fahim A. 50
- Fakhari S. 21
- Faramarzi E. 6, 7
- Farzanehfard M. 25, 28
- Fattahi M. 13, 14, 16
- Fayazi E. 50
- Fazel A. 30

G

Gandomkar A.	13
Ganji A.	10, 12, 29, 32, 43, 60
Ghaderi P.	25, 28, 29
Ghadir M.	33, 42, 45, 51, 54
Ghaffarzadehgan K.	25, 28, 29, 32
Ghajarieh Sepanlou S.	13
Ghanadi K.	30
Ghandehari M.	29
Gharavi A.	15
Ghasemi-kebria F.	30
Ghavidel A.	55, 56
GhayourNahand M.	6
Ghaderi B.	21
Ghaderi E.	21
Gheibi S.	36
Ghoddooosi M.	33, 42, 54
Ghojazadeh M.	6, 7, 56, 59, 61
Ghorbani M.	35
Golitaleb M.	11, 53, 55
Gonoudi E.	34
Goshayeshi L.	12, 25, 28

H

HaghAzali M.	11, 55
Haji I.	8
Hamidi F.	32
Harorani M.	53
Hasanpour S.	30
Hashemi M.	28
Hashemi R.	36
Hashemzadeh-Chaleshtori M.	26
Hayatbakhsh M.	28, 32, 49
Hojjatpour B.	35
Honarvar M.	30
Hormati A.	33, 42, 45, 51, 54
Hoseynian M.	60
Hosseini M.	46
Hosseinnejad F.	29
Hosseinzadeh-Attar M.	39

I

Imani-nasab M.	51
Iranikhah A.	33, 51
Iravani S.	13
Isazadehfar K.	58
Islam-Kish F.	23
Izanloo A.	25, 28, 29, 32

J

Jabbarpour Bonyadi M.	26, 27
Jadidi A.	53
Jafarzadeh N.	25, 28, 29
Jaferian S.	17, 48, 51
Jalili A.	21
Jamialahmadi T.	11
Jokar A.	42

K

Kalantari E.	44
Kalantari Khandani B.	28
Kamalinia H.	30
Kargar F.	55
Karimpor M.	36
Katoonizadeh A.	15
Kaviani M.	30
Kazemi K.	14
Ketabi Moghadam P.	42
Khalili F.	41
Khatibian M.	18
Khoshnia M.	15

L

Lari S.	25
Layegh P.	43

M

Mahdavi M.	43, 44
Malek-Hosseini A.	14
Malekzadeh F.	13
Malekzadeh R.	13, 14, 15, 16, 26, 30, 58
Mansoori Majoofardi S.	25, 28, 32
Mansori Motlagh B.	36
Mansouri M.	43, 44
Mansourian M.	14
Mansourian S.	15
Marzbani E.	50
Masoudi S.	15
Mehrabani M.	49, 50
Merat S.	13, 15, 16, 18, 26, 58
MirNajead Grami S.	26
Mir S.	21
Mirbeik-Sabzevari Z.	17, 48, 51
Mirinezhad K.	26, 27
Mirkarimi H.	30
Mirmosayyeb O.	50
Mirzaee Roozbahany M.	17
Moaddab Y.	26, 27

Mobaser Fard A.	28	Poustchi H.	13, 15, 16, 58
Modarressi M.	40	Q	
Moghimi Z.	18	Qolipoor A.	28, 32
Mohamadkhani A.	39	R	
Mohamadnejad M.	18	Radmard A.	15
Mohammadian T.	21, 23	Rahimi H.	50
Mohavalati F.	34, 36	Rahimi Kakhki R.	25, 32
Moini M.	14	Rahimian G.	20
Mokhtari E.	28	Rahimian R.	20
Moqaddari S.	28	Rahmani M.	16
Moradniani M.	17, 48, 51	Rajabpourborj S.	43
Motamed-Gorji N.	15	Rassi H.	21, 23
N		Rastgar Moghaddam J.	16
Nabipour M.	25	Razjouyan H.	47
Nafissi S.	43	Rezaee-Zavareh M.	57
Naghashi S.	44, 54	Rezaei R.	57
Naghoosi H.	13	Rezasoltani S.	40
Najjarpoor S.	47	Rezvan S.	54
Naserimoghaddam S.	18, 27, 47	Roofzafai F.	13
Nateghi A.	58	Roshandel G.	15, 30, 47
Nazari N.	53	Roshani M.	57
Nazemalhosseini Mojarad E.	40	Rostamizadeh L.	56
Nedjat S.	39	Roushan N.	45
Nezhadali M.	8, 16	S	
Nikbin M.	57	Saber Afsharian M.	25, 29
Nikeghbalian S.	14	Saberifiroozi M.	16
Nikfam S.	26, 47	Sadeghi A.	26, 47
Nikniaz L.	54	Sadeghi R.	59, 61
Nikniaz Z.	6, 44, 54, 56, 59, 61	Sadegpoor S.	59, 61
Niksirat A.	45	Sadjadi A.	30
Norouzi A.	47	Saeidpour Parizi A.	34
Nourian M.	13, 37, 38	Safarpour A.	16
Nozari N.	53	Salamat F.	30
O		Salehi B.	42
Ostadrahimi A.	6, 7	Salmanroghani R.	13
P		Sarkeshikian S.	33, 42, 45
Pasharavesh L.	9	Sedaghat M.	30
Pezeshki Modarres M.	42	Semnani S.	30
Pirvaysi P.	53	Seyed Mirzaee M.	32
Poorabbasi M.	30	Seyedmajidi M.	22
Poorali S.	28, 29	Shaddel Basir N.	27
Poradineh M.	51	Shafiei pour S.	28
pornoori B.	34, 36	Shafiezadeh S.	17, 48, 51
Pour Mahdi Ebrahimi V.	17	Shahba S.	34
Pouri A.	6, 7, 55, 56	Shahbazkhani B.	43, 44
Pourreza M.	26	Shahrokh S.	35, 37, 38

Author Index

Shamsaeefar A.	14
Sharafi H.	57
Sharafkhah M.	13, 15, 26, 40
Shariat Razavi A.	28, 29
Sharifi A.	39, 58
Sharifi M.	32
Sharifian M.	25, 29, 32
Sharififar F.	49
Sheikhesmailie F.	21
Sheikhi G.	18
Sherkatolabbasieh H.	17, 48, 51
Shirmohammadi M.	27, 44, 56, 59, 61
Shirzad H.	20
Sianpanah M.	47
Sima A.	18, 25, 28, 29, 32, 34
Sima H.	25, 28, 29, 32
Siri G.	45
Siroosi S.	37, 38
Sivandzadeh G.	16
Soltani M.	10
Somi M.	6, 7, 26, 27, 44, 54, 56, 59, 61
Sotodeh M.	51
Sotoudehmanesh R.	18
T	
Tabatabaiefar M.	26
Taghavi A.	14
Tajadini H.	49, 50
Tamizifar B.	35
Tarban P.	37, 38
Taslimi R.	42
Tavakkoli H.	35
Tavakol N.	50
Torabian F.	32
V	
Vafaeimanesh F.	59
Vafaeimanesh J.	22, 46, 59
Vaghei N.	28, 29
Vahedi H.	18, 34, 39
Vosughinia S.	32
Y	
Yahyapour Y.	33
Yaslianifard S.	41
Yousefi M.	51
Yousefli Z.	29

Z	
Zahedi M.	28, 32, 49, 50, 52
Zali M.	9, 35, 37, 38
Zargaran B.	28, 29
Zeinalian M.	26
Zolala F.	49
Zolfaghari J.	32

Author Index (Persian Abstracts)

الف	
۳۶, ۴۰	ابراهیمی دریانی ن.
۱۹	ابراهیمی ه.
۴۱	احمدی م.
۴۱	اخوان قربانی د.
۶۰	الفتی فر م.
۲۸	انصاری نژاد ن.
۴۱	ایزائلو ع.
۴۶	ایزدیناه ا.
۴۹	ایزدی م.
۲۸	آسایش آ.
۲۴	آقصادقی م.
۴۹	آگاه ش.
۴۰	آل بویه م.
ب	
۴۸	باورصاد ا.
۶۰	بهرامی پور س.
۴۱	بهروزنیا ز.
۳۱	بهمن پور م.
پ	
۴۰	پایداری ه.
۴۱	پورعلی ص.
ث	
۲۴, ۲۵	ثریایی ص.
ج	
۴۱	جعفرزاده ن.
۴۸	جهانگیری مهر ا.
ح	
۸, ۴۸	حاتمی ع.
۵۲	حسن پور ب.
۲۴	حمیدی فرد م.
۱۹	حیدری س.

- خ
خانلری ع. ۲۸
- د
دلاوری ش. ۴۱
دیہیم ت. ۴۰
- ر
ربعی س. ۱۰
رحمانی م. ۹
رستگار مقدم ج. ۹
رسولی ا. ۸
رضایی ف. ۱۲
روشن ن. ۳۶
- س
ستوده م. ۲۰, ۲۳
سعدونی ض. ۸
سهرابی م. ۴۶
سیاوشی ف. ۱۹, ۲۰, ۲۲, ۲۳
سیمما ح. ۴۱
- ش
شیخ وطن م. ۴۹
- ص
صابر افشاریان م. ۴۱
صادق لوز. ۱۹
صادق لو ه. ۲۳
صراف نژاد ع. ۱۹, ۲۰
صنّعی پ. ۱۹, ۲۲
- ض
ضیالالحق ر. ۴۱
- ع
عبدالهی آ. ۴۶
عریان ش. ۳۱
عزیزی جلیلیان ف. ۶۰
عیدی ا. ۳۱
عیدی وندی ش. ۴۸
- غ
غفارزاده گان ک. ۴۱
غلام مصطفایی ف. ۴۰
- ف
فرخی ف. ۴۱
فرقانی برزکی ز. ۲۲
- ق
قدرتی مقدم میانکوهی م. ۱۹, ۲۳
- قلی پورا ا. ۴۱
قندهاری م. ۴۱
- ک
کاظمی ر. ۲۴
کدخدایی الیادرائی س. ۱۹, ۲۰, ۲۳
- ل
لاری س. ۴۱
- م
محبی ل. ۲۳
مخترع م. ۴۹
مدرسی م. ۲۴
مرتضوی پ. ۳۱
مسعودی م. ۲۸
مشاری ع. ۴۹
مقدری س. ۴۱
مقدس شریف م. ۴۱
منصورقناعتی ف. ۲۳
مهتاش ن. ۴۱
موسوی عراقی م. ۳۱
مولودی م. ۴۶
- ن
نژادعلی م. ۹, ۱۰, ۱۲
نصیری پور س. ۲۸
نومی گلزار س. ۱۱
نیک سیرت ع. ۳۶, ۴۰
- و
واقعی ن. ۴۱
وحیدی س. ۲۴, ۲۵
وهاب زاده ذ. ۴۶
- ه
هاشمیان ف. ۲۸
هدایتی م. ۱۰
همتی پورا ا. ۸, ۴۸

گوارش فصلنامه

نشریه علمی انجمن متخصصین گوارش و کبد ایران

دوره ۲۲ / ویژه نامه / پاییز ۱۳۹۶ شماره پیاپی: ۱۰۰-۱ شاپا: ۷۱۸۶-۱۵۶۰ (چاپی) ۷۵۶x-۲۰۰۸ (آنلاین)، ۷۵۷۸-۲۰۰۸ (الکترونیک)

صاحب امتیاز

انجمن متخصصین گوارش و کبد ایران

مؤسس و مدیر مسئول

دکتر سیدحسین میرمجلسی

ناشر

انجمن متخصصین گوارش و کبد ایران

سر دبیر

دکتر ناصر ابراهیمی دریانی

هیئت تحریریه (به ترتیب الفبا)

دکتر رحیم آقازاده

دکتر ناصر ابراهیمی دریانی

دکتر سیدمحمدحسن امامی دهکردی

دکتر صدیف درویش مقدم

دکتر محمدحسین صومی

دکتر عبدالرحیم مسجدی زاده

شورای سردبیری (به ترتیب الفبا)

دکتر محمدجواد احسانی اردکانی

دکتر اکرم پورشمس

دکتر حافظ تیرگر فاخری

دکتر همایون زجاجی

دکتر فرهاد زمانی

دکتر رسول ستوده منش

دکتر حسن طاهری

دکتر محمدرضا قدیر

دکتر مهدی محمدنژاد

دکتر شاهین مرآت

دکتر سیدمحمد مهدی میرناصری

اعضای بین المللی هیئت تحریریه

دکتر گویدوآدلر (آلمان)

دکتر علی کشاورزبان (ایالات متحده آمریکا)

دکتر ایرج سبحانی (فرانسه)

دکتر دتلف شوپان (ایالات متحده آمریکا)

مدیر اجرایی

دکتر سید محمد مهدی میرناصری

دبیر علمی

دکتر اکرم پورشمس

ویرایش ادبی متن فارسی و انگلیسی

مقالات ارسالی بدون هیچ ویرایشی چاپ شده است و هرگونه خطا به عهده نویسنده می باشد.

امور دفتری

فرزانه اتحاد، مارال صیاد

صفحه آرایی

مائده پناهی

نشانی پستی مجله

تهران، خیابان کارگرشمالی، بالاتر از بزرگراه جلال آل

احمد، خیابان هفتم، نبش بن بست یکم، پلاک ۳۷،

کد پستی ۱۴۳۹۶۶۷۶۶۱

دکتر ناصر ابراهیمی دریانی

تلفن و نمابر: ۳-۸۸۳۳۵۰۶۱

پست الکترونیک: nassere@yahoo.com

نشانی ناشر

تهران، خیابان کارگرشمالی، بالاتر از بزرگراه جلال آل

احمد، خیابان هفتم، نبش بن بست یکم، پلاک ۳۷،

کد پستی ۱۴۳۹۶۶۷۶۶۱

دکتر سیدحسین میرمجلسی

تلفن و نمابر: ۳-۸۸۳۳۵۰۶۱

پست الکترونیک: info@iagh.org

این نشریه مورد حمایت مالی انجمن متخصصین گوارش و کبد ایران می باشد.

هرگونه استفاده از مطالب نشریه با ذکر منبع بلامانع است.

Web site: www.govaresh.org

E-mail: govaresh@iagh.org