In The name of God

Abstract Submitted for
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Code:3140100337

W-F-001

Category: 7.9 Viral hepatitis C: clinical aspects

The combination of sofosbuvir and daclatasvir is well tolerated and extremely effective in treating hepatitis C in subjects with severe renal impairment including hemodialysis patients

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Introduction: All treatments available in Iran for hepatitis C include sofosbuvir as a component. Unfortunately, sofosbuvir has not been cleared for use in patients with eGFR under 30 ml/min/1.73m^2. The metabolite of sofosbuvir is renally excreted and levels up to 20 times higher than normal are reported among subjects with impaired renal function. Due to lack of data in these patients, sofosbuvir is not recommended for patients with renal impairment leaving these group of patients with no option. Nevertheless, out of despair, many patients with renal failure have been treated with sofosbuvir-containing regiments and no important adverse event has been reported.

Methods: We enrolled subjects with severely impaired renal function infected with hepatitis C from 13 centers. Patients were treated for 12 weeks with a single daily pill containing 400 mg sofosbuvir and 60 mg daclatasvir (Sovodak, Rojan Pharma, Tehran, Iran). Patients with cirrhosis were treated for 24 weeks. Subjects were followed weekly for the first month and then biweekly asking for possible adverse events. Response to treatment was evaluated 12 weeks after end of treatment (SVR12). ClinicalTrials.gov ID: NCT03063879.

Results: By the time of this report 74 patients had finished the follow-up period. 54 patients (73%) were on hemodialysis. 31 (42%) had cirrhosis 7 of which were decompensated. 40 (54%) were genotype 1 and 22 patients (30%) had history of failed interferon-based treatment. Three patients died in which cause of death was not related to treatment. The remaining 71 patients all achieved SVR12 (100%). One case of diarrhea was report which was bearable and the patient continued treatment and achieved SVR. The diarrhea ceased after end of treatment. There were no other significant adverse events.

Conclusion: The combination of sofosbuvir and daclatasvir is an extremely effective and safe treatment for patients infected with all genotypes of hepatitis C who have severely impaired renal function, including hemodialysis patients.

Send Date: 2018/08/22

Code:3140100305

W-F-002

Category: 7.9 Viral hepatitis C: clinical aspects

SD1000: High Sustained Viral Response Rate in 1380 patients with hepatitis C using a fixed-dose combination tablet of sofosbuvir and daclatasvir (Sovodak) - a multicenter phase 3 clinical trial

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[1] SD 1000 Collaborators

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Introduction: The combination of sofosbuvir and daclatasvir is a potent, pan-genotypic regimen suitable for mass scale hepatitis C treatment especially in resource-limited countries such as Iran where newer expensive combinations are not available. The combination of these two drugs in a single pill has been first trialed in Iran. This study evaluated the sustained viral response rate (SVR) in 1380 patients treated with this combination in a multicenter trial throughout the country.

Methods: 400mg sofosbuvir and 60mg daclatasvir were

co-formulated into a fixed-dose combination (FDC) tablet (Sovodak, Rojan Pharma, Tehran, Iran). Patients from 45 centers were dosed for 12 or 24 weeks with or without ribavirin in line with existing guidelines. Response to treatment was evaluated 12 weeks after end of treatment (SVR12). ClinicalTrials.gov ID: NCT03200184.

Results: 1380 patients were recruited. Overall the patients were 21% female with mean age of 50 years. 37% were cirrhotic. 23% were treatment-experienced, 46% were genotype 1 and 40% were genotype 3. The intention-to-treat and per-protocol SVR12 rates were 94.1% and 98.6% respectively. Details are given in table. The safety profile was unremarkable, treatment was well tolerated, and compliance with the single tablet regimen was excellent.

			Total	Lost	SVR ITT	SVR PP
Total	Total	Total	1380	63	94.1	98.6
		No Cirrhosis	839	26	96.2	99.3
		Compensated	464	20	93.3	97.5
		Decompensated	77	17	76.6	98.3
	Naive	Total	1061	47	94.6	99.0
		No Cirrhosis	698	20	96.4	99.3
		Compensated	304	14	93.8	98.3
		Decompensated	59	13	78.0	100.0
	Experienced	Total	319	16	92.5	97.4
		No Cirrhosis	141	6	95.0	99.3
		Compensated	160	6	92.5	96.1
		Decompensated	18	4	72.2	92.9
G1	Total	Total	646	26	94.9	98.9
		No Cirrhosis	387	13	95.6	98.9
		Compensated	230	7	95.7	98.7
		Decompensated	29	6	79.3	100.0
G3	Total	Total	566	33	92.6	98.3
		No Cirrhosis	337	11	96.1	99.4
		Compensated	190	12	90.5	96.6
		Decompensated	39	10	71.8	96.6

Conclusion: Treatment with FDC of sofosbuvir and daclatasvir achieved high SVR12 rates equivalent to those seen in phase 3 trials of other pan-genotypic options and has been conducted at similar scale in a representative real-world population.

Send Date: 2018/08/18

Code: 3140100325
W-F-003
Category: 7.9 Viral hepatitis C: clinical aspects

Treating hepatitis C in patients co-infected with HIV using a fixed dose combination pill of 400 mg sofosbuvir and 90 mg daclatasvir (Sovodak 90/400)

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Introduction: The current choice for treating hepatitis C in HIV patients is the combination of sofosbuvir and daclatasvir. Other combinations have multiple interactions with frequently used anti-retroviral therapy (ART) drugs and are frequently contraindicated. Even daclatasvir should be used at an increased dose of 90 mg instead of 60 mg to compensate for accelerated metabolism in interaction with efavirenz which is commonly used in ART. In this study we have used a single tablet approach to treating such patients and have evaluated the response.

Methods: 90mg daclatasvir and 400mg sofosbuvir were co-formulated into a fixed-dose combination (FDC) tablet (Sovodak 90/400, Rojan Pharma, Tehran, Iran). HIV patients from 9 centers were treated for 12 wks with a single daily pill according to existing guidelines. Patients with cirrhosis were treated for 24 weeks. Response to treatment was evaluated 12 weeks after end of treatment (SVR12). ClinicalTrials.gov ID: NCT03369327.

Results: By the time of this report 136 patients had finished the follow-up period. 46% were genotype 1 and 45% genotype 3. 16% had cirrhosis and 12% were treatment experienced. 131 patients achieved SVR12 (96.3%). One patient died during treatment due to sepsis and decompensated cirrhosis. Four patients did not achieve SVR12. No significant adverse events were reported.

Conclusion: The FDC of 90mg daclatasvir and 400mg sofosbuvir which is only available in Iran is an effective and safe treatment for patients coinfected with HIV and hepatitis C. The combination works well in patients on efavirenz in which dose adjustment is required. Patients with cirrhosis, previous treatment failure, and various genotypes respond identically.

Send Date: 2018/08/21

Code:3140100370
W-F-004
Category: 7.9 Viral hepatitis C: clinical aspects

Evaluation of liver fibrosis after treating patients with chronic hepatitis C with direct acting antivirals

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Introduction: Direct-acting antivirals (DAAs) are highly effective treatment for hepatitis C virus (HCV) infection. It appears that after successful treatment of HCV the stage of liver fibrosis decreases by time. We aimed to assess changes in liver fibrosis using transient elastography (TE) before and 1 year after DAA therapy in patients diagnosed with chronic HCV and cirrhosis.

Methods: In this observational cohort, 100 patients who had cirrhosis due to chronic HCV and were treated with sofosbuvir + daclatasvir (Sovodak, Rojan Pharma, Iran) who had achieved SVR were enrolled. Subjects were enrolled in the hepatitis C clinic of Shariati hospital affiliated to Tehran University of Medical Sciences during 2016 to 2017.

Transient elastography was performed (Fibroscan, Echosense, France) before treatment and one year after end of treatment. The primary outcome was change in TE one year after end of treatment relative to baseline.

Results: Following DAA treatment Of the 100 patients who have completed the protocol, (100%) patients achieved virologic response-12 (SVR-12). Of these patients, 76 were males (76%), mean age was 56.0 ± 10.6 years, and mean body mass index was 25.9 ± 4.4 kg/m^2. Mean baseline liver stiffness was 29.97 ± 15.10 that was decreased to 22.28 ± 14.57 kPa twelve months after treatment.

Conclusion: Although majority of patient with cirrhosis due to chronic HCV infection are still at risk for liver decompensation and hepatocellular carcinoma development, successful HCV eradication in patient with significant liver fibrosis (F4) results in significant decline of liver stiffness.
Send Date: 2018/08/31

Code:3140100350
W-F-005
Category: 1.4 Outcome studies

Association study on Interleukin-34 single nucleotide polymorphism (rs34881169) and hepatitis B virus chronic infection

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Introduction: Abstract Hepatitis B virus (HBV) is a major health problem worldwide. HBV infection can lead to major liver complications such as liver cirrhosis and hepatocellular carcinoma (HCC). Cytokines are small proteins that have important roles in cell signaling and regulation of immune system responses. A recently discovered cytokine, Interleukin-34 (IL-34), promotes differentiation, proliferation and survival of mononuclear cells. New studies reveal that IL-34 has an antiviral activity in vivo and in vitro. The aim of this study is to investigate the association between a single nucleotide polymorphism (SNP) in IL-34 gene (rs34881169 G/A) and chronic HBV infection.

Methods: In this case control study genomic DNA of 114 chronically patients and 101 healthy controls was extracted by salting out methods. Genotype of rs34881169 SNP was determined by polymerase chain reaction-restriction fragment length poly morphism methods.

Results: A total of 215 individuals (mean age: 40.26 ± 13.40, range from 11 to 80 years) have been studied. No statistically significant difference between case and control groups has been observed ($P = 0.281$). Distribution of genotypes for rs34881169 were 32 GG (28.1%), 49 GA (43.0%), 33 AA (28.9%) in chronic HBV patients and 19 GG (18.8%), 49 GA (48.5%), 33 AA (32.7%) in control group.

Conclusion: In the present study, no significant relation between rs34881169 SNP of the IL-34 gene and susceptibility to chronic hepatitis B virus infection was found. Therefore, this polymorphism in gene IL-34 is not a prognostic factor for susceptibility to chronic HBV infection.
Send Date: 2018/08/25

Code:3140100263
W-F-006
Category: 7.2 Nutrition - metabolism - pharmacology

Evaluation of the Epigallocatechin gallate (green tea) efficacy on the serum levels of hepatic transaminases among patients with non-alcoholic fatty liver disease: a randomized single blind clinical trial

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Introduction: Nonalcoholic fatty liver (NAFLD) is one of the most common liver disorders worldwide which could result in liver cirrhosis and its complication. This randomized clinical trial is designed to evaluate the efficacy of Epigallocatechin gallate (EGCG, green tea) on the serum levels of liver transaminases and inflammatory markers among NAFLD patients.

Methods: In this clinical trial, patients who diagnosed with NAFLD during 3 months period included and randomly

divided into 2 groups: group A (intervention group) who received 390mg of green tea extract for 3 months and group B who received placebo as control group. The serum levels of liver transaminases, blood sugar, serum TG and cholesterol and inflammatory markers measured before and after intervention and the results of collected DATA compared between 2 groups.

Results: Overall 58 patients included (30 patients in group A and 28 cases as control group). At the end of the study, the green tea group showed a significant reduction in liver enzymes (aspartate aminotransferase (before 45.76 ± 18.63, after 33.79 ± 12.27, $P < 0.001$) and alanine aminotransferase (before 77.1 ± 35.87, after 53.8 ± 18.26, $P < 0.001$)) compared with the placebo group. The serum levels of triglycerides, total cholesterol and LDL had also a decrease among intervention group as compared to baseline while these changes were not significant in comparison with placebo group ($P = 0.75$, 0.366 and 0.253 respectively). In addition, no significant changes occurred in sonographic grades of NAFLD among two groups.

Conclusion: green tea has a positive effect of the serum levels of liver transaminases among NAFLD and could be a therapeutic approach or recommendable supplement for this group of patients.

Send Date: 2018/07/23

Code:3140100243
W-F-007
Category:7 LIVER

Diagnostic and epidemiologic feature of hepatitis C among hemodialysis patients living in Yazd province

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Introduction: Prevalence of hepatitis C in hemodialysis patients is more than general population. Periodic screening of HCV in dialysis is necessary for control this disease. Aim of this study is evaluation of HCV infection in Yazd province hemodialysis patients.

Methods: In this cross sectional study, to milliliter blood sample has been taken from each 188 hemodialysis patients. Third generation enzyme linked immunosorbent assay (ELIZA) and real time polymerase chain reaction (RT_PCR) methods were carried out for each patient for detecting HCV Ab and HCV genome. Demographic and clinical characteristic of patients were collected and data was analyzed with Fischer's exact test and Mann_ Whitney U test in SPSS software V.19.

Results: HCV Ab was positive in 12 patients. Eight cases had history of blood transfusion and 4 cases had history of kidney transplantation. Anyone hadn't history of skin tattooing or intravenous drug usage. HCV RNA was positive in 4 cases and was negative in 8 ones of patients with positive HCV Ab.

Conclusion: HCV prevalence using ELIZA and RT_PCR tests among hemodialysis patients in Yazd province of Iran is 6.3% and 2.1% respectively. Risk factors are hemodialysis duration ($P < 0.005$) and kidney transplantation ($P = 0.005$)

Send Date: 2018/07/02

Code:3140100312
W-F-008
Category: 7 LIVER

Effect of Rosuvastatin on liver enzymes in Patients with Non-Alcoholic Steatohepatitis: A Double Blind Randomized Clinical Trial

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Introduction: Statins, as cholesterol-lowering drugs, are one of the treatments proposed for fatty liver disease. But Liver toxicity is a well recognized adverse effect of treatment with statins. However pre-marketing studies have suggested that rosuvastatin may have a lesser potential to cause liver toxicity as compared with other statins. This study was designed to evaluate the effect of Rosuvastatin on liver enzymes in Patients with Non-Alcoholic Steatohepatitis (NASH).

Methods: This study was a double-blind, placebo-controlled, randomized clinical trial. transient elastography (FibroScan) was used to diagnose disease in patients with increased liver enzymes and without other hepatic diseases. A total of 44 participants (Age $\geq$ 20 years) with NASH were randomly allocated into two groups to receive either rosuvastatin tablet (10 mg daily) or placebo for 6 months. At baseline and at the end of the intervention, serum ALT, and AST

were measured in fasting state.

Results: Before the treatment there was no significant difference between two groups with respect to average age, BMI and gender, AST and ALT. After the intervention, a reduction was observed in average amount of ALT and AST in both groups , but it was no significant ($P > 0.05$). At the end of the study, there was no significant difference in mean serum level of enzymes between the two groups.

Conclusion: The use of rosuvastatin (10 mg per day) for 6 months was safe in patients and did not effect on liver enzymes.

Send Date: 2018/08/20

Code:3140100266

W-F-009

Category: 7.1 Molecular and cell biology - fibrosis

Role of Autophagy and Mechanism of treatment in hepatocellular carcinoma

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Introduction: Autophagy plays an important role in the healthy and diseased liver. The aim of this investigation is to evaluate molecular mechanisms of autophagy in liver diseases especially HCC.

Methods: by searching PUBMED and Scopus DATA base from 2012 to 2017.

Results: In HCC, autophagy level would be reduced and provoking autophagy as an antitumor mechanism could have beneficial effect in patients with HCC. HGF/c-MET signaling suppresses autophagy via interaction with PI3K/AKT pathway while overexpression of c-MET was observed in HCC samples. By promotion or inhibition of autophagy, these pathways affect the development of HCC. The anti-necrotic function of autophagy is critical for tumorigenesis of many tumor cells, including hepatocellular carcinoma (HCC). Inhibitors of autophagy such as 3-MA (3-methylad-enine) which blocks the fusion between autophagosome and lysosome can enhance pro-apoptotic effects of meloxicam in HCC cells. Autophagy inhibitors have been used to enhance the sensitivity of various cancers toward chemotherapy. Under cellular stress conditions, such as nutrient deficiency, chemotherapy and or radiotherapy, autophagy is rapidly activated to maintain the survival of tumor cells. Therefore, autophagy has been proposed as a potential mechanism of cancer drug resistance. Among the many factors, therapy-induced autophagy represents a novel mechanism of resistance to anticancer therapy.

Conclusion: Accumulating evidence shows that modulating the level of autophagy may be useful as a therapeutic strategy to enhance the efficacy of many antitumor agents, including cisplatin, Dox and sorafenib in HCC.

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Code:3140100265

W-F-010

Category: 7.1 Molecular and cell biology - fibrosis

Role of Angiogenesis signaling and Mechanism of treatment in hepatocellular carcinoma

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Introduction: Hepatocellular carcinoma (HCC) is the most common primary malignancy of the liver. Angiogenesis is essential for solid tumors metastasis formation and growth and has been proven to play an important role in the progression of hepatocellular carcinoma. This survey would evaluate different aspects of this important issue.

Methods: by searching PUBMED and Scopus DATA base from 2012 to 2017.

Results: Afferent and efferent vessels of HCC lesions come to differ as the lesion develops. Vascular endothelial growth factor (VEGF)/VEGF receptor (VEGFR) autocrine signaling is closely related to the growth, progression, and metastasis of HCC, making the VEGF/VEGFR axis an ideal

target for the development of molecular targeted agents. Inhibition of VEGF signaling pathway has proven an effective strategy for the treatment of HCC patients. Anti-angiogenic therapy is the only approved systemic therapy for advanced hepatocellular carcinoma (HCC). Development of chemoresistance and relapse formation is observed in the majority of patients. Neo-angiogenesis is frequently observed during progression of hepatocellular carcinoma (HCC) and often associated with poor clinical outcome. Inhibition of neo-angiogenesis is an effective treatment strategy for advanced HCC.

Conclusion: Mechanism of Angiogenesis signaling and The Anti-angiogenic therapies offer an opportunity to increase our comprehension of this exceedingly complex pathway and could be an ideal potential target for treatment of Hepatocellular carcinoma.

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Code:3140100327

W-F-011

Category: 7.7 Viral hepatitis: basic aspects

Quantitative detection of hepatitis B surface antigen versus HBV DNA PCR in diagnosis and management of chronic hepatitis B

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Introduction: Hepatitis b DNA polymerase chain reaction (HBV DNA PCR) is a test that used in evaluation and treatment of hepatitis b but this test is pretty expensive and may be not available everywhere Serum hepatitis B surface antigen quantitation test may be surrogate test that was available and much low price Compare the accuracy of two test.

Methods: HBsAg positive Patients that referred to lab Boali in Yazd - Iran for HBV DNA test in 2012 -2014 were selected and divided into three groups for initial diagnosis inactive carrier, beginning of treatment and on treatment, thirty in each group. (HBV DNA PCR were performed with real time PCR method with COBAS Taq Man HBV test (Roche Diagnostics) with sensivity of 150 IU/ml. HBsAg and HBeAg level is measured by Electochemiolance LIASION device .level of upper than 0.05/ml was consider positive for HBsAg.

Results: Serum hepatitis B surface antigen quantitve level was significantly different between group one and group two also between group one and group three ($p = 0.001$)

but not different between group two and three ($p = 0.7$) Serm HBV Quntitive level and HBV DNA was a postive relation ($P = 0.001$, R = 0.527) There is relation between HBsAg and viral load in group one ($P = 0.017$, R = 0.431) and group two ($P = 0.023$, R = 0.427) but don't correlated in group three ($P = 0.27$, R = 0.22).

Conclusion: HBsAg quantititive measurement may be a surrogate test for evaluation of hepatis b patients that more simple and economic.

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Code:3140100344

W-F-012

Category: 3.2 Pathogenesis: microbial factors

Malignant and Non-malignant Colorectal Tissue Infection with Hepatitis B Virus (HBV) genome

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Introduction: Colorectal cancer (CRC) as a major health problem has been increased globally. Etiology of CRC is one of critical issues. Smoking, obesity and infectious disease are such probable risk factors of CRC. Meanwhile, chronic infection such as chronic hepatitis B (CHB) is under investigation. The aim of present study was to determine the rate of HBV genome infection in CRC patients compared to healthy subject's colon tissue.

Methods: Archived formalin-fixed paraffin-embedded (FFPE) blocks of 157 patient underwent total colonoscopy that were referred to hospitals affiliated to Iran University of Medical Sciences, Tehran, IR Iran, enrolled. They categorized into 66 CRC cases and healthy colon tissue as control group. After DNA extraction from FFPE specimens a Syber Green Real-time PCR method carried out. SPSS v16 used for statistical analysis.

Results: from a total of 157 specimens, 66 cases mean age ± Std. deviation was 59.3 ± 14.4 and 57.6% (38/66) of them were males. Of 91 healthy controls mean age ± Std. deviation was 57.2 ± 14.6 and 57.1% (52) of them were males. By Real-time PCR we found there were 6.4% (10/157) HBV positive that of them 9% (6/66) were CRC and 4.4% (4/91) were healthy controls. Different variables had not any sig-

nificant results.

Conclusion: although some studies reported the association of HBV infection in CRC outcome, we did not find any correlation that suggest the role of interfering other risk factors. Further studies by broader sample size and different study population recommended.

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Code:3140100343
W-F-013
Category: 3.2 Pathogenesis: microbial factors

Human Bocavirus (HBoV) and Colorectal Cancer Outcome: A Molecular-based Study

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Introduction: Colorectal cancer (CRC) as a worldwide human health concern is identified being a multifactorial subject that infection with specific viral particles such as oncogenic viruses is research interest. Human bocavirus (HBoV) as a recent isolated virus has been investigated in many respiratory and enteric diseases but rare studies evaluates it in tissue specimens especially in cancerous sections. The aim of this study was to detect the presence of HBoV genome and its genotyping in CRC patient's tissue and compare the result with matched healthy control group tissue.

Methods: in this retrospective case-control study, CRC cases were sporadic and non-familial cancerous while control subjects had healthy or non-malignant lesions in colon tissue. A conventional-PCR performed by specific primers for HBoV VP1 gene. After sequencing of positive PCR products, raw data used for trimming and alignment by bioinformatics software CLC Main Workbench 5 and MEGA5. SPSS v.22 used for statistical calculations.

Results: a total of 157 subjects were participated that 66 were diagnosed as CRC cases and 91 were non-CRC colon tissue as control group that matched by the cases. The mean age (y) ± standard deviation of each case and control groups were 59.35 ± 14.48 and 57.21 ± 14.66, respectively. PCR results showed there were 1.3% (2/157) HBoV positive (of each groups one was positive). Sequencing analysis

showed all were HBoV-1 genotype.

Conclusion: our study showed there are low rate of HBoV genome in Iranian CRC and non-CRC colon tissue. Furthermore, the predominant genotype in our studied subsets were HBoV-1 according to phylogenetic analysis.

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Code:3140100268
W-F-014
Category: 7.1 Molecular and cell biology - fibrosis

Role of hypoxia and Mechanism of treatment in hepatocellular carcinoma

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Introduction: Hepatocellular carcinoma (HCC) is the most frequent primary liver cancer, with increasing incidence worldwide. In this survey, we evaluate different aspects of hypoxia and its effect on the course of HCC.

Methods: by searching PUBMED and Scopus DATA base from 2012 to 2017.

Results: Hypoxia (Oxygen O_2 deprivation) is frequently found in regions of HCC due to abnormal tumor vasculature. HCC shares the character of tissue hypoxia with other solid tumors, especially when the tumor grows quickly and angiogenesis fails to catch up with the speed of tumor growth. Hypoxia can promote tumor progression and induce radiation and chemotherapy resistance. Hypoxia-inducible factor (HIF-1) is an important transcription factor involved in the hypoxic response of cells and their functions in tumor development and progression. Among the subunits of HIF-1, HIF-1α has been implicated in cancer progression. Expression of HIF is closely associated with metastasis and poor prognosis in HCC. HIF is the central regulator of HCC metastasis, HIF inhibitors are attractive tools when used alone or as combined treatment to curb HCC metastasis.

HIF-1α should therefore be a promising molecular target for the development of anti-HCC agents. High expression of HIF-1α and its regulatory effect on angiogenesis-related factors are closely associated with patients′ tolerance to radiotherapy and chemoradiotherapy, tumor invasion, metastasis, and prognosis. Hypoxia-inducible factor (HIF)-2α is regarded as a preferential target for individualized HCC treatment and sorafenib resistance. Sorafenib inhibits HIF-1α synthesis, making the hypoxic response to be switched from HIF-1α- to HIF-2α-dependent pathways and providing a mechanism for more aggressive growth of HCC.

Conclusion: Hypoxia promotes HCC progression and therapy resistance, and there is not any systemic treatment for HCC patients after sorafenib resistance.

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Code:3140100257
W-F-015
Category: 7.8 Viral hepatitis B: clinical aspects

The Effect of Antiviral Therapy with Tenofovir on Liver Fibrosis and Liver Function in Patients with Chronic Hepatitis B

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Introduction: Chronic viral hepatitis B is a global health problem, which, if not treated, can lead to some serious complications, such as liver cirrhosis and hepatocellular carcinoma. In this study, the effect of antiviral therapy with tenofovir, was investigated on reduction of liver fibrosis and improvement of liver function in patients with chronic hepatitis C.

Methods: In this clinical trial, 40 patients with chronic hepatitis B underwent antiviral therapy with tenofovir 300 mg daily. Demographic information and results of laboratory tests (before treatment and 6 months after the start of treatment), were collected using a checklist. Liver stiffness was measured and recorded using a fibroscan device (before and 6 months after the treatment). Data were analyzed using Wilcoxon and paired t- tests. The level of significance was considered to be $p < 0.05$.

Results: Among 40 patients, one person was excluded from the project due to lack of follow-up. Of remaining 39 patients, 27 subjects (69.2%) were male and 12 subjects (30.8%) were female. The mean age of the patients was 47.53 ± 13.68 years. The mean levels of AST, ALT, Child score, and liver stiffness did not show significant improvement during a 6-month follow-up according to Wilcoxon and paired t- tests.

Conclusion: This study showed that although hepatic fibrosis and liver function in patients with chronic hepatitis B are reversible after treatment, changes require long-term treatment and follow-up.

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Code:3140100245
W-F-016
Category: 7.7 Viral hepatitis: basic aspects

بررسی فراوانی نسبی مصونیت هپاتیت A در بین دانشجویان ۱۸ تا ۲۴ ساله دانشگاه آزاد یزد

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زمینه و هدف: هپاتیت A یک بیماری عفونی ناشی از ویروس هپاتیت A می باشد. در کودکان اغلب بیماری به صورت بدون علامت و خود به خود محدودشونده است ولی در سنین بالاتر علائم بالینی و احتمال مرگ و میر بیشتر می شود. این بیماری در کشورهای در حال توسعه شیوع بالاتری نسبت به کشورهای پیشرفته دارد. با توجه به افزایش سطح بهداشت در سال های اخیر در ایران به نظر می رسد که میزان افراد حساس یا مستعد ابتلا به در جامعه بالاتر رفته باشند. در دانشجویان به علت کم تجربگی در طی آموزش در بیمارستان امکان برخورد بیشتری نسبت به بقیه پرسنل بیمارستانی وجود دارد که این مسئله می تواند عامل درگیری و ابتلا به ویروس هپاتیت A در این افراد باشد. این گروه سنی (۱۸-۲۴ سال) در صورت عدم مصونیت به هپاتیت A دچار هپاتیت A شدید علامت دار می شوند که حتی ممکن است منجر به نارسایی کبدی حاد شود. به خاطر همین موضوع این گروه سنی مورد بررسی قرار گرفتند.

روش بررسی: مطالعه حاضر یک مطالعه توصیفی ـ مقطعی می باشد که تعداد ۱۰۰ نفر از دانشجویان ۲۴-۱۸ ساله دانشگاه آزاد یزد در سال ۱۳۹۵ را مورد بررسی قرار داد. از هر شرکت کننده ۲ سی سی خون گرفته شد. سپس، آنتی بادی بر علیه هپاتیت A با روش الیزا اندازه گیری شد. اطلاعات شرکت کنندگان نیز توسط پرسشنامه جمع آوری و مورد بررسی قرار گرفت.

یافته ها: دانشجویان شامل ۶۳ نفر (۶۳٪) زن و ۳۷ نفر(۳۷٪) مرد بودند. ۳۲٪ بومی و ۶۸٪ غیربومی بودند. شیوع کلی آنتی بادی علیه هپاتیت A ۶۵٪ بود. در این میان ابتلا به هپاتیت A با جنسیت (۹/۰ = p-value)، با سن (۷/۰ = p-value) و با محل زندگی (۸/۰ = p-value) ارتباط معنی داری نشان نداد.

نتیجه گیری: ۳۵٪ از کل دانشجویان بررسی شده، نسبت به هپاتیت A مصونیت نداشتند. ابتلا به هپاتیت A با محل زندگی ارتباط معنی داری نشان نداد.

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Code:3140100252

W-F-017

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

Routine multiple duodenal biopsy during endoscopy of dyspeptic patients is not necessary for screening of celiac disease In Iranian patients: cross- sectional study

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Introduction: The main purpose of our study is to investigate the prevalence of CD based on both serology and biopsy in dyspeptic patients and find out factors that predict high probability of CD in these patients.

Methods: This study is a cross-sectional study on 530 randomly chosen adult dyspeptic patients who underwent endoscopy in a main referral university gastroenterology clinic from 2016 to 2017. Data included demographic characteristics, chief complaints, family history (FH), pathology, endoscopy and laboratory results (complete blood count (CBC), iron profile (serum iron, Ferritin and total iron binding capacity (TIBC)), vitamin D3 (vit D) and IgA class human anti tissue transglutaminase (tTG) antibody). Intestinal biopsy and serum anti-tissue transglutaminase (anti-tTG) were used for diagnosis. Mucosal lesions were classified according to modified Marsh classification.

Results: Overall 163(30.8 %) male and 367(69.2 %) female with a Mean age of 46.38 ± 15.54 were included. 15(2.8%) had CD based on both endoscopy and serology confirmed CD, high ATTG level seen in 36(6.8%) patients and in duodenal pathology, clue of marsh 1-3 seen in 23(4.5%) patients. 20%, 20% and 60% of patients are marsh1, 2 and 3 respectively. Logistic Regression analysis showed that IDA, ATTG level and helicobacter pylori infection are predictive factors for histological findings of marsh1-3 but IDA is the only predictive factor for CD in dyspeptic patients.

Conclusion: CD is prevalent in dyspeptic patients, but routine biopsy from normal appearing duodenal mucosa was not recommended. A pre-endoscopy celiac antibody test, serum ferritin level in conjunction with clinical history and family history and careful endoscopic evaluation may provide a cost-effective clinical algorithm that will improve the diagnostic yield of celiac disease in dyspeptic patients

undergo an upper endoscopy.

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Code:3140100342

W-F-018

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

A randomized Double-Blind, Placebo-Controlled Trial for the Diagnosis of Non-Celiac Gluten Sensitivity according to the Salerno's Expert criteria in Patients with Refractory Functional dyspepsia

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Introduction: Functional dyspepsia (FD) refers to dyspepsia without any organic cause to explain the patient's symptoms despite upper endoscopy and other necessary tests. Refractory FD (RFD) is defined as prolonged FD more than 6 months without response to PPIs, prokinetics, or *Helicobacter pylori* eradication. Non-celiac gluten sensitivity (NCGS) is a spectrum of gluten related disorders that can be associated with gastrointestinal (GI) symptoms, including dyspepsia. A randomized, double-blind, placebo-controlled (DBPC), cross-over trial was performed to determine the effects gluten free diet (GFD) on symptoms of patients with RFD.

Methods: Patients with RFD whom celiac disease, wheat allergy and *H.pylori* infection were ruled out, were underwent six weeks GFD. Patients who had at least 30% improvement in one of their GI symptoms, according to visual analogue scale, were entered to a DBPC challenge. Patients were randomly divided to two groups and their symptoms recurrence were evaluated after gluten/placebo challenge during three weeks. Also the extra- intestinal symptoms, anti gliadin antibody (AGA-IgG) titer and stool calprotectin value in these groups were assessed. Furthermore, all responders were followed up for three months after challenge, to evaluate symptoms in the absence and presence of gluten.

Results: out of 77 patients with RFD, 50 patients (65%) did not show an appropriate response to GFD and were excluded; but in 27 patients (35%) showed improvement. Symptoms recurred in five patients (6.5 % out of 77 patients with RFD). Adding three more months follow up, 3 more cases were diagnosed as NCGS. Serum AGA (IgG) titer was high in 20% of patients.

Conclusion: In addition to five patients who were initially diagnosed as NCGS, three more patients were categorized as NCGS during extra follow up (10.3% out of patients with RFD). Overall we recommend GFD in every patient with RFD.

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Code:3140100254

W-F-019

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

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بررسی فراوانی نسبی سلیاک در اسهال مزمن غیر التهابی در یزد

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زمینه و هدف: اجابت مزاج شل با وزن بیشتر از ٢٠٠ گرم در روز برای مدت بیشتر از ٣ هفته را اسهال مزمن می دانیم. در کلینیک با بیماران مبتلا به اسهال مزمن مواجه می‌شویم که ممکن است اسهال غیر التهابی داشته باشند. برخی از این موارد را بعنوان سندروم روده تحریک پذیر اسهال غالب در نظر میگیریم. در بین این بیماران با مواردی از سلیاک برخورد می کنیم از این رو بر آن شدیم تا با انجام این تحقیق مسئله را بیشتر موشکافی کنیم.

روش بررسی: این مطالعه توصیفی - مقطعی بر روی ٢٠٠ بیمار مبتلا به اسهال مزمن غیر التهابی (عدم گلبول سفید و قرمز در نمونه مدفوع)، سنین بین ٨٤-١ سال انجام شده است. اطلاعات مربوط به سن، جنس، و تشخیص سلیاک (بر اساس TTG Ab و پاتولوژی مخاط دئودنوم) در محیط نرم افزار آماری Spss.ver.17 تجزیه و تحلیل آماری شد. جهت مقایسه آماری آزمونهای chi- squar و t-test و Fisher Exact استفاده شد.

یافته ها: در بین بیماران ٩٣ نفر (٤٦.٥ درصد) مرد و ١٠٧ نفر (٥٣.٥ درصد) زن بودند. سلیاک در ٣١ مورد (١٥.٥ درصد) یافت شد که ١٥ مورد مرد و ١٦ مورد زن بودند. بر اساس آزمونهای انجام شده در این مطالعه فراوانی نسبی سلیاک در هر دو جنس و در تمام رده های سنی یکسان بود.

نتیجه گیری: بر اساس این مطالعه درصد قابل توجهی (١٥.٥ درصد) از بیماران اسهال مزمن غیر التهابی مبتلا به سلیاک هستند. لذا توجه به سلیاک در برخورد با اسهال مزمن غیر التهابی ضروری است.

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Send Date: 2018/07/18

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W-F-020

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

The Effect of Self-Care Program on Quality of Life for Children with Celiac Disease

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Introduction: Celiac disease is an autoimmune disorder that is associated with lifelong sensitivity to gluten, they suffer significant decrement in Quality of life (QOL). This study is designed to see if self-care educations and programs may improve the quality of life for children with celiac disease.

Methods: This study is a controlled quasi-experimental clinical trial. 40 known celiac cases (8 to 20 years' age) were enrolled as they were admitted in the research center and were divided into two groups. 4 educational sessions are hold and Data collection is done by the following standard questionnaires: Quality of life questionnaire for children with Celiac disease, Demographic Information questionnaire, need-assessment questionnaire, and a self-care checklist. After holding training classes for the intervention group, self-care checklists were given to the samples and both groups were followed for 3 months. Data were analyzed by SPSS software.

Results: The results indicated that there were significant differences between the average scores of QOL for children with celiac disease before and after the intervention in both groups ($P < 0.05$); but the average total score of quality of life in experimental group after intervention was significantly greater in all aspects than control group.

Conclusion: Self-care education and holding its' practical activities can improve the quality of life in Patients with Celiac Disease and increases the patient's adjustment to the disease.

Send Date: 2018/08/20

Code:3140100249

W-F-021

Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

بررسی توزیع فراوانی علایم بالینی بیماران جهت تشخیص سلیاک

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زمینه و هدف: خصوصیات بالینی بیماری سلیاک گوناگون هستند و ماهیت سیستمیک آن را منعکس می کنند. علایم و نشانه های کلاسیک شایع شامل اسهال، کاهش وزن و اتساع شکم می باشد. البته این بیماری سلیاک دارای مجموعه ای از علائم دیگری می باشد که کمتر مورد توجه قرار می گیرد. این تظاهرات عبارتند از: استئاتوره، یبوست، نفخ، آفت دهان، درد استخوان، آنمی، ویتیلیگو، هیپوکلسمی، هیپوتیروئیدی و تشنج. در کلینیک با تعداد قابل توجهی از بیماران سلیاکی مواجه می شویم که علائم غیر گوارشی دارند و ممکن است در نگاه اول به بیماری سلیاک فکر نکنیم. لذا بر آن شدیم تا شیوع علائم بالینی گوارشی و غیر گوارشی بیماران مبتلا به سلیاک را مورد بررسی قرار دهیم.

روش بررسی: در این تحقیق علائم بالینی گوارشی و غیرگوارشی ۱۵۰ نفر از کلیه بیماران سلیاکی مراجعه کننده به کلینیک خاتم الانبیاء شهر یزد مورد بررسی قرار گرفتند. بیمارانی به عنوان سلیاک در این مطالعه وارد شدند که هم انتی بادی ضد ترانس گلوتامیناز بافتی مثبت داشتند و هم در بیوپسی اندوسکوپی مخاط دئودنوم درجاتی از اتروفی مخاطی داشتند. فراوانی این دو دسته علاوم بالینی با استفاده از آزمونهای T و Wilcoxon با یکدیگر مقایسه شدند.

یافته ها: نتایج نشان داد که بیماری سلیاک در جامعه مورد مطالعه در زنان ۳/۱ برابر شایع تر از مردان است. همچنین در بین علائم مورد بررسی، آنمی با ۶۷/۴۰ درصد بیشترین شیوع و تشنج با ۰/۶۷ درصد کمترین شیوع را به خود اختصاص دادند. هیپوتیروئیدی با ۲۶ درصد شیوع پس از آنمی بیشترین شیوع را در کل داشت. اسهال با ۷/۲۴ درصد بیشترین شیوع را در علائم گوارشی دارد و پس از آنمی و هیپوتیروئیدی در رده سوم بیشترین شیوع قرار دارد.

نتیجه گیری: این تحقیق نشان داد که علائم غیرگوارشی نظیر درد استخوان، آنمی، ویتیلیگو، هیپوکلسمی و هیپوتیروئیدی شیوع بالاتری نسبت به علائم گوارشی مثل اسهال، استئاتوره، کاهش وزن، تهوع و استفراغ، درد شکم، نفخ، و آفت دهان در بیماران مبتلا به سلیاک دارد. (با سطح اطمینان ۹۵ درصد و ۰/۰۴۵ = P.V)

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W-F-022

Category: 2 ESOPHAGEAL - GASTRIC AND DUODE-NAL DISORDERS

Co-occurrence of Irritable Bowel Syndrome, Gastro-esophageal Reflux Disease and Functional Dyspepsia in patients referring to Kerman gastroenterology clinics in 2017

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Introduction: Irritable bowel syndrome (IBS), gastro-esophageal reflux disease (GERD) and functional dyspepsia (FD) are the most common gastrointestinal diseases. These can increase economic fees and can decrease quality of life. This aimed to determine the simultaneous occurrence of these diseases in patients referred to Kerman gastroenterology (GI) clinics.

Methods: This cross-sectional study was performed on patients referred to Kerman GI clinics in 2017. Recognition of IBS, GERD and FD were considered by Rome III criteria, based on typical and atypical symptoms. Those patients diagnosed with any of these three diseases were evaluated in terms of two other illnesses. Data were analyzed by SPSS version 20.

Results: In this study, 83 cases were studied. There were 50.6% male. The mean age was 35.01 ± 10.06 years. 74 cases (89.2%) had IBS (the most of them, diarrhea-constipation). 36 cases were with GERD and 66 with FD. Epigastric pain syndrome was seen in 42 cases. 39.2% patients with IBS, had GERD. This relationship was significant ($P = 0.027$). 78.4% patients with IBS had FD. This relationship was not significant ($P = 0.461$). 69.4% patients with GERD had FD. This relationship was significant ($P = 0.047$).

Conclusion: According to high prevalence of digestive diseases and economic burden and the high psychological pressure that it imposes on society and the health system, it is advisable to provide training and education programs for public awareness.

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W-F-023

Category: 7.9 Viral hepatitis C: clinical aspects

An intervention to improve HCV testing, linkage to care, and treatment among people who use drugs in Tehran, Iran: the ENHANCE study

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Introduction: In Iran, HCV testing, linkage to care and treatment is sub-optimal among people who use drugs (PWUD). This study is evaluating the impact of an innovative model of care to enhance HCV testing, linkage to care and treatment among PWUD in Tehran, Iran.

Methods: ENHANCE is a non-randomized trial evaluating the effect of on-site HCV rapid antibody testing, venepuncture for HCV RNA testing (HCV antibody positive only), liver fibrosis assessment, and linkage to care to enhance direct-acting antiviral (DAA) therapy (Sovodak®; sofosbuvir/daclatasvir) for HCV among people with a history of drug use. Recruitment is occurring between May-October 2018, through four opioid substitution treatment (OST) clinics and four drop-in centres. Participants initiate DAA therapy at a specialist clinic (OST clinics) or on-site (drop-in centres), with monitoring provided on-site or at the specialist clinic (for those with cirrhosis attending OST clinics).

Results: Among 264 participants (median age, 45 years), 98% were male, and 49% had used drugs in the previous year. Among participants from OST sites (n = 186), 42% had used drugs within the previous year, and 26% had a history of HCV testing. HCV prevalence was 18% overall and 53% among those with a history of injecting drug use (IDU). Among drop-in centre participants (n = 78), 66% had used drugs within the previous year, and 37% had a history of HCV testing. HCV prevalence was 31% overall and 60% among those with a history of IDU. To date, 100% of participants with HCV infection (n = 44) have commenced sofosbuvir/daclatasvir treatment, including 56% who had used drugs within the previous year.

Conclusion: Following on-site HCV testing and linkage to care, HCV treatment uptake was 100% among PWUD in Tehran, Iran. These findings suggest that outreach efforts in OST clinics and non-governmental organisations could be used to enhance diagnosis and treatment uptake among PWUD.

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W-F-024

Category: 15.5 Functional gastrointestinal disorders (clinical - management)

The prevalence of irritable bowel syndrome in women with endometriosis diagnosis, case series study and literature review

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Introduction: Both endometriosis and irritable bowel syndrome (IBS) are common in a young lady and the diagnosis of either is challenging. Endometriosis disease is sometimes misdiagnosed with IBS for a period before a correct diagnosis is made by the clinician. The aim of this study was to assay the prevalence of IBS symptoms in women with endometriosis diagnosis.

Methods: A cross-sectional study was done in the Yas hospital. All women with endometriosis diagnosis whom referred to the Department of Gynecology were invited to participate in this study. All women completed a Birmingham questionnaire including gastrointestinal symptoms basis on Rome IV criteria for IBS, followed by assessment and examination by a gastroenterologist.

Results: Among 150 cases of endometriosis, 54% (n = 81) women met Rome IV criteria for IBS. 11.3% (n = 17) patients had no GI symptoms and 34.7% (n = 52) had GI symptoms but never fulfilled the IBS definition. Mean age of patients was 33.9 year. The most common GI symptom was flatulence in 50 % of patients. A positive family history of endometriosis was reported in 16.7% (n = 25) of patients. There wasn't any association between GI symptoms and deep localization of endometriosis lesions. Menses affecting GI symptoms in 45.3% (n = 68) of patients. The average delay of between 2-8 years was reported by patients before confirmation of endometriosis diagnosis. 30% (n = 45) of women had previously been diagnosed with IBS. Initiation of either combined oral contraceptives or progesterone for endometriosis had no effect on gastrointestinal symptoms.

Conclusion: In this study, IBS was reported in 54% of women with endometriosis diagnosis and 30% had a history of previous IBS diagnosis.

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W-F-025

Category: 4 INTESTINAL

Effects of supplementation with vitamin D on clinical symptoms, quality of life, anxiety, serum serotonin (5-hydroxytryptamine), 5-hydroxy-indole acetic acid and ratio of 5-HIAA/ 5-HT in patients with diarrhea-predominant irritable bowel syndrome

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Introduction: Vitamin D deficiency is common in the population with IBS which can increase depression, anxiety and low-grade inflammation in these patients. These factors lead to clinical symptoms of the disease. Serotonin (5-HT) plays an important role in the pathophysiology of IBS, that is due to increase in stress and inflammation, its production and secretion raise from the lumen and its metabolization to 5-HIAA is reduced. Consequently, we designed this study for assessment effect of vitamin D supplementation in diarrhea-predominant IBS patients.

Methods: 88 IBS patients (age: 18-65) participated in a randomized, placebo-controlled trial study for 12 weeks. Subjects were randomly divided into each group that received weekly 50000 IU vitamin D3 or placebo. IBS severity score system (IBS-SSS), IBS-quality of life questionnaire (QoL), Hospital Anxiety and Depression Scale (HADs), Visceral sensitivity index (VSI) and serum 25(OH) vitamin D3, serotonin, 5-HIAA and ratio of 5-HIAA/5-HT were evaluated before and after interventions.

Results: After 12 weeks intervention with vitamin D3, patients showed significant improvement in IBS symptoms such as abdominal pain severity and duration, bowel habit satisfaction, total IBS-SSS (mean score change: -115.90 ± 55.66 vs -45.43 ± 48.89, $P < 0.0001$), total QoL score (mean score change: -15.44 ± 13.17 vs -9.23 ± 18.27, $P = 0.049$), HADs-depression (mean score change: -1.33 ± 2.98 vs -0.86 ± 3.82, $P = 0.023$), VSI score (mean score change: -9.03 ± 8.72 vs -3.34 ± 9.44, $P = 0.008$) as compared to

placebo group. There were no significant differences in change abdominal bloating and HADs-stress scores between the two groups. Although we observed reduced in 5-HT, increased in 5-HIAA and 5-HIAA/5-HT but there were no significant statistical differences between groups.

Conclusion: Our results indicated that vitamin D supplementation can improve IBS symptoms, QoL, depression, visceral sensitivity related to anxiety and serum serotonin in IBS-D patients.

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W-F-026
Category: 15.5 Functional gastrointestinal disorders (clinical - management)

Comparing effect of Aripiprazole with Nortriptyline on severity of Irritable Bowel Syndrome (IBS)

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Introduction: Neuropsychiatric factors play important roles in IBS symptoms. Mood disorders such as bipolar disorder are prevalent in IBS. Antidepressants are used traditionally for management of IBS symptoms but antibipolar agents have not been studied. Aripiprazole an antibipolar agent was selected because of having the least anticholinergic side effects.

Methods: One hundred forty seven patients with diagnosis of IBS were included in the study. Randomly selected 74 patients were taken Nortriptyline 10mg/day and 73 Aripiprazole 5mg/day. Questionnaires of the Birmingham IBS Symptom for assessing the severity of IBS symptoms and the Mood Disorder Questionnaire for diagnosis of bipolar mood disorder were filled by all patients in the base time and then by 52 and 41 in month 1 and 40 and 28 in month 3, respectively. Two groups and subgroups of bipolar and nonbipolar disorder were compared in regard to severity of IBS during follow ups.

Results: The decreases in mean scores were significant in each Aripiprazole and Nortriptyline groups during follow ups, but comparing them the changes were more in Aripiprazole compared to Nortriptyline groups, although the
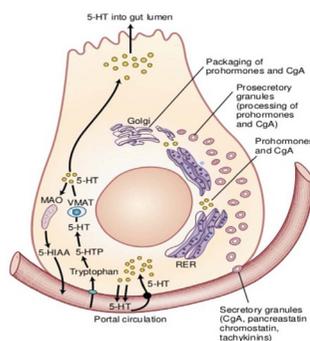
differences were not significant ($p > 0.05$). The decrease in mean score were significant in each subgroups of bipolar and nonbipolar during follow ups, but comparing them the changes were significant only in bipolar subgroup of Aripiprazole group ($p < 0.05$).

Conclusion: Aripiprazole has better efficacy than Nortriptyline for management of patients with IBS especially in subgroup of patients with bipolar disorder. Aripiprazole is attractive drug for substitution of Nortriptyline due to lower anticholinergic side effects in patients with IBS especially in predominant constipation or mixed bowel habits.

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W-F-027
Category: 2.6 Reflux disease - treatment

Alginate-based products for GERD symptoms relief: a systematic review and meta-analysis

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Introduction: Gastroesophageal reflux disease (GERD) is one of the most common diseases which affect a significant range of society. Alginate-based anti-reflux preparations are used for symptom relief of GERD, by forming a floating raft which preventing acidic content of stomach to injured mucosal surface. Mechanism of action of alginate-based products consist of three simultaneous stages. Transforming sodium alginate to alginic acid in acidic content of stomach, divalent ions of calcium which are released from calcium carbonate provide strength of rafts and sodium bicarbonate or potassium bicarbonate react to acid and form carbon dioxide gases which transform gel to foam.This study evaluate efficacy of alginate-based products compare to placebo, antacids, histamine-2 receptor antagonists (H2RAs) or PPIs for treatment of patients with GERD symptoms.

Methods: Material of this review were obtained by searching PubMed and ScienceDirect with the following terms: alginate, gastroesophageal reflux disease, Gaviscon, alginate-based formulations. Meta-analyses were included 10 randomized clinical trial studies (N = 1611) and performed by calculating odd ratio (OD) using random-effect models, even, heterogeneity was determined by I2 statistic.

Results: The odds of GERD symptoms relief increased when alginate-based formulations compared to placebo and antacids (OR: 4.93; 95% CI 2.45-7.97) also these studies had a moderate heterogeneity (I2 = 68%, P = .001), whereas PPIs and H2RAs were more effective than these formulations (OR: 0.63; 95% CI 0.27–1.22) but they had a high degree of heterogeneity (I2 =78%, P < .001).

Conclusion: According to data obtained from these randomized clinical trials alginate-based formulations were superior to placebo and antacids against GERD symptoms.

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Category: 2.7 Reflux disease - complications

Design a new alginate-based formulation for GERD symptoms relief

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Introduction: Gastroesophageal reflux disease (GERD) is a common disease, which involves many individuals beyond the globe. The main pharmacological treatments for GERD include antacids, Surface agents and Alginates, Histamine receptor antagonists (H2RA), and proton pump inhibitors (PPIs). Alginate-based raft-forming formulations have been used widely all over the world for at least four decades. The unique mechanism of action of these formulations is based on forming a buoyant raft in the presence of gastric acid. Mechanisms of action of alginate-based products consist of three simultaneous stages, Transforming sodium alginate to alginic acid in the acidic content of stomach, divalent ions of calcium, which are released from calcium carbonate, provide the strength of rafts and sodium bicarbonate or potassium bicarbonate react to acid and form carbon dioxide gases which transform gel to foam. In this study,we designed a new alginate-based formulations we and evaluate the efficacy of our optimized formulation to seven well-known alginate-based formulations, which are commonly used in the market under names of Gaviscon Liquid, Gastrocote, Algicon, Gaviscon Extra Strength, Mylanta Heartburn Relief, Peptac and Rennie Duo.

Methods: Efficacy of these formulations was obtained by determining their strength, weight, volume and acid neutralizing capacity (ANC) of their rafts in a simulated gastric fluid medium.

Results: According to data obtained from our research, our optimized formulation, Gaviscon liquid and Peptac, which have 5g/100ml content of sodium alginate are suitable for raft strength based on the standard of the British Pharmacopoeia also gaviscon our optimized formulation liquid was superior in weight, volume and ANC compare to other types of formulations.

Conclusion: Alginate-based formulations make a physical barrier on top of gastric fluid and prevent the acidic content of stomach to injure mucosa of the esophagus. Because of this unique characteristic, Gaviscon is the market leader among all non-prescription products (antacids and H2-receptor antagonists) marketed for GERD symptoms relief.

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W-F-029

Category: 15.5 Functional gastrointestinal disorders (clinical - management)

Comparison of Laughter Yoga and anti-anxiety medication on anxiety and gastrointestinal symptoms of patients with irritable bowel syndrome

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Introduction: Irritable bowel syndrome (IBS) is the most common chronic gastrointestinal (GI) disorder with bowel habit variations, chronic abdominal pain and lack of structural symptoms. Moreover, patients with IBS usually suffer from anxiety and depression and this disease mostly affected their quality of life. So, effective treatment is very important to reduce the complications of the disease. Combination of psychological approaches and pharmacological treatments can be significantly effective for IBS therapy. Among the psychotherapeutic approaches, behavioral therapy is more recommended and one of the new strategies in this area is laughter yoga that has been widely shown to have a positive impact on both body and mind. The main objective of the present study was to provide a therapeutic plan based on laughter yoga and anti-anxiety medication that was operated for the very first time and also determining the effectiveness of these treatments on anxiety and gastrointestinal symptoms of patients with irritable bowel syndrome.

Methods: In this randomized trial, the participants were 60 patients with irritable bowel syndrome that were diagnosed on the basis of Rome-III diagnosis criteria and randomly assigned to one of the groups of laughter yoga,anti-anxiety medication and control group or symptomatic treatment. The severity of anxiety and gastrointestinal symptoms before and after the interventions determined and compared in these three groups according to approved protocols. Finally the obtained data were analyzed through SPSS software.
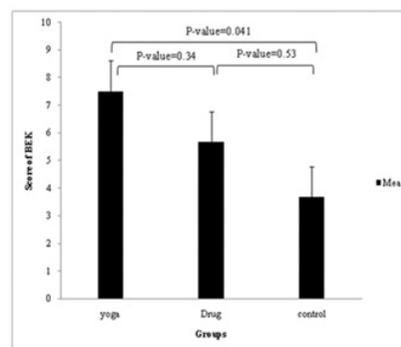

Fig. 1. Anxiety score changes in three treatment groups

Results: Laughter yoga has a significant effect on IBS symptoms reduction and mental health promotion of the patients. The finding revealed that the severity of IBS symptoms after the interventions more reduced in the laughter yoga group than anti-anxiety medication and control groups and the difference was statistically significant ($p = 0.006$). Also the severity of anxiety after interventions decreased in all three groups especially in yoga treatment group but this difference was not statistically significant ($p = 0.1$).
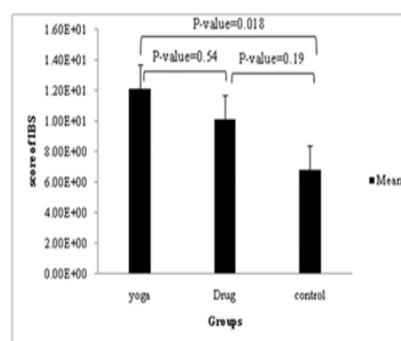

Fig. 2. IBS score changes in three treatment groups

Conclusion: According to the results of this study, laughter yoga is more effective than the anti-anxiety medication to reduce gastrointestinal symptoms of patients with irritable bowel syndrome. Therefore, applying cognitive-behavioral therapy such as laughter yoga along with common pharmacological therapies for IBS patients might be strongly advised.

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Code:3140100356

W-F-030

Category: 10.1 Obesity

Which obesity measures has a higher ability for the prediction of cardiovascular events

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Introduction: Obesity has a strong association with some important risk factors of cardiovascular disease, including diabetes mellitus, hypertension, and metabolic syndrome. This study was carried out to compare the predictive ability of six obesity indices including body mass index (BMI), waist circumference (WC), waist to hip ratio (WHR), waist to height ratio (WHtR), conicity index, and abdominal volume index (AVI) for the identification of people at the risk of fatal and non-fatal cardiovascular disease (CVD) events, in a population based cohort study.

Methods: In the present study, data of 5147 individuals whose outcomes were available in second comprehensive evaluation (in 2016-2017) of participants were considered. In this step, the outcomes of patients, including the fatal and non-fatal CVD events, were obtained based on the report of patients, closed family of patients and evaluation of medical records. The related data of obesity measures were obtained from data of our first comprehensive evaluation of participants in 2009-2010. Receiver operating characteristic (ROC) analyses were conducted in which obesity measures and CVD events were considered associated predictors and outcomes, respectively.

Results: The highest performance was related to the conicity index for fatal CVD events, non-fatal CVD events and also fatal and non-fatal CVD events with area under curves (AUCs) of 0.770 (95% CI (confidence interval) = 0.712-0.828), 0.639 (95% CI = 0.595-0.683), and 0.674 (95% CI = 0.637-0.711) in men and AUCs of 0.808 (95% CI = 0.742-0.875), 0.659 (95% CI = 0.600-0.719), and 0.697 (95% CI = 0.648-0.747) in women, respectively.

Conclusion: The results showed that conicity index had the highest performance to predict the fatal and non-fatal CVD events. Thus, the authors suggest that this index may be appropriate for application, particularly, in clinical cardiology settings.

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W-F-031

Category: 7.6 Cirrhosis and complications: clinical aspects

Q-T interval prolongation in cirrhosis: Relationship and severity

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Introduction: Cirrhosis as the final stage of progressive fibrosis of liver can affect other organs such as lungs, kidneys and heart. "Cirrhotic cardiomyopathy" involves the electrophysiological abnormalities such as QT interval prolongation. We assessed correlation between corrected QT interval prolongation and severity of cirrhosis based on Child Classification in each ECG lead.

Methods: In this case-control study, the patients attending the outpatient clinic and inpatient department of internal medicine of Velayat Hospital in Qazvin were enrolled from September 2014 to July 2015. Total samples were 74 patients, half of which were used as controls. Cirrhosis severity was determined as per Child Classification. Both groups had Ca^{2+}, Mg^{2+}, K^+ tested and 12- lead ECG was obtained. The QT interval was corrected by two different formulas: (1) $QTc = QT/\sqrt{RR}$ (QTc1); (2) $QTc = QT+1.75$ (heart rate-60) (QTc2). To analyze the data, the software SPSS Version 16 and Mann-Whitney, Pearson's chisquare test-Kruskal-Wallis, and t-tests were used.

Results: The mean of QTc1 and QTc2 was longer in cirrhotics than the control group. There was a significant correlation between Child score and length of QTc1 in leads: III ($p = 0.032$), AVL ($p = 0.041$), V2 ($p = 0.049$), V6 ($p = 0.015$). There were significant differences in length of QTc1 in leads: V3 ($p = 0.031$) and V6 ($p = 0.021$); and QTc2 in lead V3 ($p = 0.039$) between Child Classification.

Conclusion: Cirrhosis can induce QTc interval prolongation. Lead V3 has statistically significant correlation with the severity of cirrhosis based on child classification. We propose that QT interval prolongation be added as a criterion for prioritizing liver transplantation.

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W-F-032

Category: 1.1 Epidemiology

Molecular detection of Genogroup II of Noroviruses in patients with acute gastroenteritis from Tehran and Alborz provinces

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Introduction: Human Noroviruses (NoVs) are the leading cause of gastroenteritis in all age groups worldwide. NoV is a small, non-enveloped virus that belongs to the family Calciviridae and is characterized by high infectivity and stability. NoVs are genetically and antigenically diverse and have been divided into seven genogroups (GI-GVII) on the basis of nucleotide and amino acid sequences and each genogroup can be further divided into genotypes. The aim of this study was to determine the presence of NoVs Genogroup II in samples from Tehran and Alborz provinces residents with acute gastroenteritis symptoms.

Methods: A molecular epidemiological study of NoVs prevalence was performed in two provinces of Iran (Tehran and Alborz) from November 2017 to June 2018. A total of 120 stool specimens were collected from hospitalized patients with acute gastroenteritis and stored at -70oc until use. Viral RNA was extracted and reverse transcription Nested-PCR was employed to amplify and detect NoV genome. The N-terminal/Core region of NoV genome was amplified, then the nucleotide sequences were determined and phylogenetic analysis was performed.

Results: The study population comprised of 54 males (45%) and 66 females (55%) with the age range from 1 month to 68 years. Main clinical symptoms were diarrhea, nausea, vomiting, abdominal pain and malaise. Totally, 6 of 120 samples (5%) were positive for GII NoVs infection. No difference in GII NoVs infection frequency was observed between male or female groups (4.8% vs 5.9% respectively, P value = 0.801).

Conclusion: The findings indicate that GII NoVs is one of the most important etiologies of acute gastroenteritis among patients from Tehran and Alborz provinces. Although the prevalence of GII NoVs is lower than other developing countries, promoting public health education and preparation of health care setting for controlling the Norovirus sporadic cases and outbreaks are strongly recommended.

Code:3140100317

W-F-033

Category: 7.1 Molecular and cell biology - fibrosis

نقش گیرنده های اندوتلین B در تنظیم فشار شریان ریوی در موش های صحرائی سیروزی شده

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۱ علوم پزشکی شیراز

زمینه و هدف: یکی از عوارض شایع بیماری های کبدی، سندروم کبدی ریوی و افزایش فشار خون پورتی – ریوی می باشد. یکی از واسطه های پیشنهادی در این اختلالات، اندوتلین ۱ می باشد. هدف از این مطالعه بررسی نقش گیرنده ET-1 و اتساع کننده عروقی نیتریک اکسید (NO) در تنظیم فشار شریان ریوی در رت های سیروزی شده بود.

روش بررسی: حیوانات به ۳ گروه شاهد، انسداد نسبی ورید پورت و انسداد کامل مجرای صفراوی مشترک تقسیم شدند. ۲۸ روز پس از جراحی روز صفر حیوانات بیهوش شده، کانول گذاری بطن راست انجام می شد و فشار سیستولی بطن راست (RVSP) به عنوان معیاری از فشار سیستولی شریان ریوی ثبت می شد. جهت بررسی نقش گیرنده ET-1 و NO، از تزریق وریدی آنتاگونیست رسپتور ETB و مهار کننده ی آنزیم eNOS استفاده شد.

یافته ها: اندازه گیری آنزیم های کبدی، شدت بیشتر آسیب را در گروه CBDL نسبت به سایر گروه ها نشان داد. در گروه CBDL MDA به عنوان شاخصی از استرس اکسیداتیو نسبت به سایر گروه ها افزایش داشت. میانگین پایه RVSP در گروه های PPVL و CBDL نسبت به گروه Sham افزایش داشت. پس از تزریق BQ-788، RVSP در گروه Sham افزایش معنی داری یافت اما افزایش آن در گروه های CBDL و PPVL معنی دار نبود. پس از تزریق L-NAME، افزایش معنی داری در RVSP در گروه های Sham و PPVL ایجاد شد و افزایش در گروه CBDL معنی دار نبود. تزریق مجدد BQ-788، منجر به افزایش معنی دار RVSP در گروه Sham و کاهش معنی دار در گروه CBDL شد.

نتیجه گیری: بالاتر بودن RVSP در گروه CBDL بیانگر ارتباط مستقیم آسیب کبدی با فشار شریان ریوی می باشد. با توجه به عدم پاسخ دهی گروه CBDL به مهار کننده ETB و کاهش RVSP بعد از مهار NO و استفاده مجدد از مهارکننده ETB، پیشنهاد می شود بیان گیرنده ETB در عضله صاف عروق ریه و نه در اندوتلیوم در سیروز افزایش می یابد و بخشی از افزایش RVSP پایه در این گروه را توضیح می دهد. بنابراین در آسیب های کبدی اندوتلین۱- علاوه بر اثرات سیستمیک با اثر بیشتر در ریه شدت آسیب های ریوی را افزایش دهد.

Code:3140100354

W-F-034

Category: 9.2 Pancreatitis - experimental

Human bone marrow-derived mesenchymal stem cells attenuate tissue injury and reduce inflammation in experimental acute pancreatitis

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Introduction: acute pancreatitis (AP) is an inflammatory disease characterized by local pancreatic necrosis as well as systemic organ failure. So far, there are only few treatment options for patients with AP. We aimed to investigate the anti-inflammatory abilities of that human bone marrow-derived mesenchymal stem cell (hBM-MSC) in an experimental AP model.

Methods: AP was induced in C57BL/6 mice by intraperitoneal administration of cerulein (100μg/kg/h×7dose) at intervals of 1h. 2×105 MSCs were injected in the AP mice through tail vein 6h after the last cerulein injection. Mice were sacrificed at 12h after injection of MSCs, and blood samples and pancreas tissues were obtained.

Results: we first detected the presence of transplanted hBM-MSC in the pancreas of mice with AP, but not the control mice. Our data showed that administration of hBM-MSC to mice with AP lead to: (i) decrease of serum levels of amylase, lipase and myeloperoxidase activities, (ii) downregulation of proinflammatory cytokines such as IL-6 and MIP-2, and (iii) upregulation of anti-inflammatory cytokine, IL10. Moreover, MSC administration resulted in markedly attenuated cerulein-induced histopathological alternations and water contents.

Conclusion: we demonstrate that hBM-MSC attenuates AP signs and indicating that hMB-MSC therapy could be a suitable approach for the treatment of inflammatory disease such as AP.

Send Date: 2018/08/28

Code:3140100303
W-F-035
Category: 1.4 Outcome studies

Bowel preparation for colonoscopy in opium addicted patients: a single-dose or split doses of Polyethylene Glycol (PEG)?

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Introduction: A successful colonoscopy requires the proper preparation of the colon before colonoscopy. Failure to adequately observe the lumen of the colon due to the persistence of fecal matter may lead to diagnostic delay and the need to repeat the procedure. This study was designed to compare the bowel preparation for colonoscopy in opium addicted patients with split doses and single-dose of Polyethylene Glycol (PEG).

Methods: A total of 200 patients with opioid addiction were enrolled in this study. They randomly allocated into two groups to receive a single dose of PEG (4 liters) during the night before the colonoscopy (N = 100) or two split-doses in the night before and morning of the colonoscopy (N = 100). Colon preparation was scored based on the Ottawa preparation scale. To analyze the results, chi-square test was used for qualitative variables and t-test for quantitative variables. All statistical analyzes were performed using SPSS-16 software.

Results: Mean Ottawa score was 0.72 in right colon, 0.52 in mid colon and 1.47 in recto sigmoid, in the split-dose group. In the single dose group, mean Ottawa score was 1.12 in right colon, 0.79 in mid colon and 1.12 in recto sigmoid. These differences were statistically significant between two groups (P-value < 0.05).

Conclusion: This study showed that in addicted patients, a better bowel preparation for colonoscopy could be achieved when two split-doses are administrated.

Send Date: 2018/08/18

Code:3140100259
W-F-036
Category: 6 COLONIC AND ANORECTAL DISORDERS

Report of a Middle Age Woman with Diarrhea, Ascites, and Edema: Cytomegalovirus (CMV) Colitis

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Introduction: Cytomegalovirus is a type of herpes viruses which can cause a primary infection or reactivate after a latent period. It can involve all organs including the gastrointestinal system. The most common presentation of GI

involvement is colitis.

Case Report: In this report, we describe a middle-aged woman presenting with diarrhea, ascites, and edema in both upper and lower extremities. She had no history of immunodeficiency or use of immunomodulators. Colonoscopic and pathologic findings revealed CMV colitis leading to protein-losing enteropathy.

Discussion: CMV colitis, though rare in immunocompetent patients, should be considered in the differential diagnosis of diarrhea and abdominal pain.

Send Date: 2018/07/22

Code:3140100357

W-F-037

Category:7 LIVER

The predictive ability of Fatty liver index (FLI) for the development of new cases of non-alcoholic fatty liver disease: a population-based study of northern Iran

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Introduction: Non-alcoholic fatty liver disease is considered a major public health concern. The prediction of individuals who can acquire this disease would be valuable. The fatty liver index (FLI) is a non-invasive approach that has shown a good capability for discriminating individuals with non-alcoholic fatty liver disease (NAFLD) from those without it. Thus, this study evaluated the ability of the FLI to predict new cases of NAFLD following a 7-year follow up.

Methods: This study was based on the results of follow-up on individuals who did not have NAFLD in 2009-2010, but acquired the disease by 2016-2017. A total of 2241 people who did not have NAFLD in 2009-2010 were evaluated 7 years later by ultrasound so as to diagnose new cases of NAFLD. The FLI was calculated based on data from phase 1 (performed in 2009-2010) of the cohort study. ROC analyses were performed to estimate the predictive ability of the FLI in the diagnosis of new cases of NAFLD. Logistic regression analysis was performed, in which the FLI was considered the predictor and new cases of NAFLD was the outcome.

Results: The related AUCs for the FLI in men and women were 0.712 (95% CI = 0.675-0.749) and 0.721 (95% CI = 0.683-0.759), respectively. Based on the current findings, the FLI showed a significant association with NAFLD in multiple logistic regression analyses in both men and women (OR (95% CI) = 1.038 (1.029-1.047), *p*-value < 0.001 in men and OR (95% CI) = 1.032 (1.023-1.041), *p*-value < 0.001 in women in multiple logistic analyses).

Conclusion: In this study, the FLI was shown to have an acceptable capability of predicting the occurrence of new cases of NAFLD.

Send Date: 2018/08/29

Code:3140100360

W-F-038

Category: 7 LIVER

The association between vitamin D levels and non-alcoholic fatty liver disease: a population based study in northern Iran

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Introduction: Vitamin D deficiency is a major public health problem worldwide. Some previous studies showed this condition may play a role for development of NAFLD. However the data in this context are inconsistent. This study was conducted to determine the association between vitamin D levels and NAFLD.

Methods: We utilized the data of 4276 participants 18 years and more in phase 2 of our cohort study conducted in 2016-2017. NAFLD and its grade were evaluated by ultrasound. Vitamin D levels were measured and categorized. A level ≥ 30 ng/dl was considered normal, 20-29 ng/dl considered vitamin D insufficiency and less than 20ng/dl considered vitamin D deficiency. Mean vitamin D levels and the frequency of normal level, vitamin D insufficiency and vitamin D deficiency were estimated based on various degrees of NAFLD. Simple and multiple multinomial logistic regression analyses were performed in which NAFLD considered outcome and the vitamin D level independent variable. In multiple multinomial logistic regression analysis age, BMI, CRP levels, season and history of vitamin D supplement use were considered potential mediators.

Results: Mean vitamin D levels in men without NAFLD, with grade 1 of NAFLD, grade 2 of NAFLD and grade 3 of NAFLD was 22.62 ± 15.76, 20.47 ± 11.95, 20.19 ± 13.87 and 18.51 ± 12.42 (*p*-value < 0.001), respectively. In women the related values were 19.20 ± 18.53, 19.99 ± 18.79, 21.66 ± 21.82 and 20.31 ± 16.27, respectively (*p*-value = 0.157). The prevalence of a normal vitamin D (based on percent) in men without NAFLD, with grade 1 of NAFLD, grade 2 of NAFLD and grade 3 of NAFLD was 17.34 (95%CI = 15.11-19.58), 13.18 (95%CI = 10.19-16.18), 8.94 (95%CI = 5.77-12.12) and 10.28 (4.43-16.13) [*p*-value < 0.001] while this prevalence in women was 16.31 (95%CI = 13.82-18.81), 16.91 (95%CI = 13.52-20.30), 17.49 (95%CI = 12.87-22.11) and 19.15 (95%CI = 7.47-30.83) [*p*-value = 0.816], respectively. Although, there was only a significant relationship between vitamin D levels and NAFLD in simple multinomial logistic regression analysis in men, no independent relationship was detected between them in multiple multinomial analyses both in men and women.

Conclusion: Although a relationship was detected between serum vitamin D level and NAFLD in men, no independent association was detected between them both in men and women.

Send Date: 2018/08/29

Code:3140100310
W-F-039
Category: 10.3 Enteral and parenteral nutrition

Investigation of Outcomes and Complications of Percutaneous Endoscopic Gastrostomy in Qom Shahid Beheshti Hospital, 2014-2017, (Iran)

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Introduction: Percutaneous endoscopic gastrostomy (PEG) is a common method for maintaining enteral nutrition in patientswho, for any reason, have dysphagia for more than 30 days. Withrespect to widespread application of this method, the present study wascarried out with the aim of determining its outcomes andcomplications.

Methods: This cross-sectional study was conducted byGastroenterology and Hepatology Diseases Research Center of Qom University of Medical Sciences using information of patients whounderwent PEG tube placement in Qom Shahid Beheshti Hospitalduring 2014-2017. Data were analyzed by using Chi-square test.

Results: Out of 717 patients, 402 (56.07%), were male with the meanage of 47±8 years, and 315 subjects (43.93%), were female with themean age of 53 ± 11 years. The most common indication of PEGplacement was cerebrovascular accident. Seventy-nine (11.01%) patients had complications, and the most observed complication wasreported to be leakage (21.52%), which in most cases was delayed (in 3month follow-up). Displacement of the PEG tube, obstruction, andinfection or bleeding of the site, were expressed as common complications. There was also no significant difference between thetwo genders in terms of the incidence of complications, and mortalityrate was reported 0 in the 3 month follow-up.

Conclusion: Based on the results of this study, PEG placement can bea safe method for maintaining enteral nutrition with low rate of complications and mortality.

Send Date: 2018/08/19

Code:3140100299
W-F-040
Category: 5.6 Medical

Vitamin D Deficiency in Non-alcoholic Fatty Liver Disease

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Introduction: Regarding the importance of non-alcoholic fatty liver disease (NAFLD) and high prevalence of vitamin D deficiency in different societies, the aim of this study was to evaluate the distribution of Vit D deficiency in individuals with non-alcoholic fatty liver disease.

Methods: In this cross-sectional study, 122 individuals with non-alcoholic fatty liver disease were selected by simple sampling method. After collecting demographic data, serum Vit D 25 (OH) level was measured by ELFA method. Blood lipids level (TG, cholesterol, HDL, LDL), FBS, AST, ALT, alkaline phosphatase, total and direct bilirubin, albumin and PT were measured by enzymatic method. To analyze the data, descriptive and analytical methods and SPSS software version 16 were used.

Results: The study cases are comprised of 122 individuals (57.4% male). The average age of cases was 42.4 ± 11.7 years and the mean of serum Vit D level was 19.8 ± 22 ng/dl (3-220 ng/dl). Regarding the serum 25(OH) D levels data showed 66.4% of cases were Vit D deficient (Vit D level < 20 ng/dl), 18% had insufficient level (Vit D level = 20-30 ng/dl) and the remained 15.6% had sufficient level (Vit D level > 30 ng/dl). HDL level was higher in individuals with 25 (OH) D sufficiency compared to those with 25 (OH) D insufficiency and Vit D deficiency (P-value = 0.019). There was no significant relationship between serum Vit D level and other investigated variables.

Conclusion: The results of this study indicated that most individuals with non-alcoholic fatty liver disease had Vit D deficiency. Further studies are suggested.

Send Date: 2018/08/17

Code:3140100359
W-F-041
Category: 7 LIVER

The association between non-alcoholic fatty liver and development of new cases of cardiovascular events: a population based study in northern Iran

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Introduction: In addition to relationship with a wide spectrum liver disease, non-alcoholic fatty liver disease (NAFLD) has association with non-liver related complications such as cardiovascular disease (CVD) events too. However, there are not consistent results in independent association between NAFLD and CVD events. This study was conducted to determine that if there is an independent association between NAFLD and CVD events.

Methods: In the present study, 5147 people whose valid outcome data was available in phase 2 of our cohort study were included. In this phase, the outcomes of patients including the fatal and non-fatal CVD events were obtained based on the report of the closed family of patients and evaluation of medical records. The simple and multiple cox proportional models were conducted to determine the association between NAFLD in primary phase of cohort and the occurrence of fatal and non-fatal CVD events. In multiple models potential mediators such as age and a history of type 2 diabetes mellitus (DM) were considered as potential confounding variables.

Results: Based on our results, the incidence (based on %) of non-fatal CVD events in men with NAFLD was significantly higher than those without NAFLD [4.15% (95% CI = 3.21%-5.09%) in men without NAFLD versus 6.56% (95% CI = 5.15%-7.96%) in men with NAFLD] with a p-value = 0.004. No significant difference was detected in women (between women with NAFLD and without it). While a positive simple association was detected between NAFLD and non-fatal CVD events in men [HR = 1.606 (95%CI = 1.166-2.212), p-value = 0.004] in simple cox proportional hazard model, no independent association was detected between them in multiple cox models. Our results did not show any association between NAFLD and CVD events, fatal or non-fatal, in women according to results of simple and multiple cox proportional hazard models.

Conclusion: No independent association was detected between NAFLD and CVD events. Likely, diabetes mellitus and age can be considered the principle mediators in this regard.

Send Date: 2018/08/29

Code:3140100361
W-F-042
Category: 8 BILIARY

Choledocholithiasis and the role of opium addiction on its prevalence in Iranian Population

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Introduction: Choledocholithiasis is a common gastrointestinal disease which can lead to severe conditions including death. According to the proven role of opioids in the spasm of Oddi's sphincter, which causes Biliary stasis in common bile ducts, it is probable that opioids can also increase the incidence of Choledocholithiasis. In this regard, we have studied the prevalence of opium addiction in patients with Choledocholithiasis.

Methods: We performed a retrospective study of 559 patients with Choledocholithiasis who undergone ERCP using data collected, at the Qaem hospital of Mashhad in Iran from 2011 through 2015. Using files and records, we gathered patient's data which includes, gender, opium addiction, and level of hepatic enzymes (AST, ALT, ALP, Bill T, D). The coincidence of gallbladder stones and CBD stones and the size of CBD stones were calculated.

Results: Of the 599 patients included, 254 (42.4%) were men and 345 (57.6%) were women. 195 patients (32.2%) were addicted to opium. There was a positive correlation found between the CBD stone size and patients age ($r = 0.17$, $p = 0.001$). The mean stone size was 12.22 ± 3.32mm. The mean CBD stone size of addicted cases was 12.71 ± 5.13mm while it was 12.3 ± 4.33mm in non-addicted cases.

Conclusion: We have found that the prevalence of opium addiction is more common in patients with CBD stone when compared with general population indicating the probable relation between opium addiction and CBD stone formation.

Send Date: 2018/08/29

Code:3140100338
W-F-043
Category: 1.1 Epidemiology

بررسی میزان تمایل و استفاده از طب مکمل و جایگزین و بیماران مراجعه کننده به کلینیک های گوارش و کبد شهر مشهد

ایزدیار حسانه*۱

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Introduction: Complementary and Alternative Medicine (CAM) refers to a collection of therapies and practices. Although not common in hospitals, it is widely accepted among patients. Considering the high prevalence of the use of such therapeutic methods and their high importance in improving the patients' symptoms, and given its potential for interference with the current treatment methods and the lack of indigenous information in this field, the present study was conducted to investigate the use of complementary and alternative medicine in patients referring to Gastroenterology and Liver clinics in Mashhad.

Methods: In this study, 751 patients referred to Gastroenterology and Liver clinics with appropriate dispersion in Mashhad both in private and public centers were randomly selected. They were all informed of the purpose and stages of the study and their consents were obtained. The questionnaires were completed in interviews the results of which were analyzed by the researcher. In this study, no intervention was performed on patients.

Results: The most common complaints were related to gastric and duodenal problems, abdominal pain, and gastrointestinal bleeding. 61.8% of the respondents used at least one method of the complementary and alternative medicine throughout their lives. 79.3% of consumers considered these methods useful. Also, 23.5% of people who did not use any complementary and alternative medical therapies, were in favor of such methods based on social and religious beliefs. The most popular treatments were herbal medicines, cupping, acupuncture, and leech therapy. The highest degree of satisfaction was among those with a bachelor's degree and above, whereas the least degree of satisfaction was among those with a diploma and under diploma education. There was a significant difference in the frequency of the subjects in the group receiving the chemical drugs and the group using complementary and alternative medicine.

Conclusion: The results of this study suggest that general practitioners need to be trained in order to properly meet the needs of the people and create a sense of trust between the doctor and the patient. Also, to protect the health of society, prescribing and supplying herbal medicines should be supervised by the monitoring systems.

Send Date: 2018/08/22

Code:3140100332

W-F-044

Category:19.6 Capsule Endoscopy

Comparison the effectiveness of esophageal capsule endoscopy with esophagogastroduodenoscopy for diagnosis of esophageal varices

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Introduction: Capsule endoscopy has opened a new era in the gastrointestinal examination. In 2014, given imaging developed an esophageal video capsule (PillCam ESO) as a noninvasive method for diagnosis of the esophageal lesion. Esophageal varices (EV) is one of the most fatal complications of portal hypertension in cirrhotic patients. Esophagogastroduodenoscopy (EGD) now is the gold standard method for screening and diagnosis of esophageal varices. The aim of this study is to evaluate the efficacy of esophageal capsule endoscopy (ECE) for screening and diagnosis of EV against the conventional method.

Method: This review article was carried out by searching for studies in Pubmed, Embase, Scopus and Cochrane library (from inception to Mar 2018), by using the search terms "Esophageal capsule endoscopy" "Esophageal varices" "Capsule endoscopy" and "Esophagogastroduodenoscopy". The search was limited to articles published in English. In this review, 58 articles that are associated with the subject, were found and of these, 30 articles were applied.

Result: Esophageal capsule endoscopy is well tolerated, safe and preferred by patients compared with EGD. Capsule endoscopy can reduce costs and increase compliance and it seems that sensitivity is acceptable in detecting esophageal varice. The role of ECE remains limited because this method lacks any potential therapeutic intervention and the results showed that the accuracy of EGD was higher versus ECE.

Conclusion: This review showed that ECE is a sensitive method for diagnosing esophageal varices that needs endoscopic and pharmacological therapy, however, cannot be recommended to replace EGD.ECE more suitable in cases of refusal or contraindication to EGD. Keywords:Esophageal capsule endoscopy, Esophagogastroduodenoscopy, Esophageal varices, diagnosis.

Send Date: 2018/08/22

Code:3140100363

W-F-045

Category: 7 LIVER

Differences in non invasive parameters of liver fibrosis scoring system between non alcoholic fatty livers and non NAFLDs

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Introduction: NAFLD (Non Alcoholic Fatty Liver Disease) is the most common cause of chronic liver injury in many countries around the world. Approximately a third of populations are affected by NAFLD. Although liver biopsy is the gold standard method for diagnosing and staging NAFLD, the majority of patients can be effectively diagnosed noninvasively with tests that are routinely are available in clinic today.

Methods: 255 cases with metabolic syndrome who denied history of alcohol consumption were enrolled in this study; which 63 of them had NAFLD by liver sonography. Demographic data were collected. Weight, height, FBS, 2HPP, AST, ALT, WBC (diff), Platelet count, Albumin and Ferritin were measured. Non invasive score for fibrosis such as AAR, APRI, BRAD, FIB-4 and NFS score were calculated for all participants. Descriptive and analytical statistics were assessed by SPSS version 23. Independent sample T-test and ANOVAwere used for analytical evaluation.

Results: Mean value of AAR, APRI, FIB-4, BRAD and NFS score in NAFLDs were 0.74 ± 0.41, 0.32 ± 0.14, 55.25 ± 35.37, 3.16 ± 0.77 and -1.34 ± 1.26 (Mean $\pm$ SD) respectively with significant differences between theses markers in NAFLDs and non NAFLDs ($PV = 0.0001, 0.0001, 0.0001$ and 0.0001) except NFS ($PV = 0.964$). Also between NAFLD patients with different grades of fatty deposition on sonography AAR, APRI, FIB-4 and BRAD score were statistically significant ($PV = 0.001, 0.0001, 0.0001$ and 0.002) but NFS score had no significant differences ($PV = 0.251$). Alghough lymphocyte had significant differences between two groups and different grades of fatty deposition ($PV = 0.045$ and 0.013) but Ferritin differences between NAFLDs and non NAFLDs and different grades of fatty deposition were not significant ($PV = 0.322$ and 0.581).

Conclusion: Non invasive parameters is relevant to fatty deposition on sonography in non alcoholic fatty liver diseases and combination of them can use for selection patients for more evaluation such as liver biopsy or ultrasound elastography (FibroScan).

Send Date: 2018/08/31

شده برای بیماری کبد چرب غیر الکلی (NAFLD) است. مطالعات اولیه نشان داده‌اند که ویتامین E و سیلی مارین اثرات مفیدی بر روی عملکرد کبد دارند. در این کارآزمایی بالینی دو سو کور ما اثر سیلیمارین و ویتامین E در بیماران مبتلا به کبد چرب غیر الکلی را بررسی کرده‌ایم.

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

یافته ها: تفاوت معنی داری از نظر جنس و BMI در دو گروه وجود نداشت. میانگین تغییرات سطح سرمی ALT در گروه درمان شده با ویتامین E، ۲/۱۵ و در گروه درمان شده با سیلیمارین ۶/۳۱ بدست آمد. در پایان دوره درمان کاهش معنی داری در سطح سرمی ALT در هر دو گروه مشاهده گردید (۰۳/۰ = p). میانگین تغییرات سطح سرمی ALT در گروه درمان شده با ویتامین E، ۲/۱۵ و در گروه درمان شده با سیلیمارین ۶/۳۱ بدست آمد. تأثیر سیلیمارین در کاهش سطوح ALT بیشتر از ویتامین E بود. براساس نتایج سونوگرافی پس از دوره درمان وضعیت کبدی در گروه ویتامین E ۴ مورد و در گروه سیلیمارین ۲ مورد از بیماران نرمال شده بودند. تفاوت معنی داری در تأثیر ویتامین E در بهبود وضعیت کبدی نسبت به سیلیمارین مشاهده شد (۰۴/۰ = p). به طور کلی عوارض جانبی در هر دو گروه گذرا و شامل اسهال، تهوع و دل درد می‌شدند.

نتیجه گیری: براساس نتایج بدست آمده به نظر میرسد که تأثیر سیلیمارین به نفع تغییرات بیوشیمیایی ALT و تأثیر ویتامین E به نفع نتایج سونوگرافی و بهبود وضعیت کبد میباشد.

Send Date: 2018/07/10

Code:3140100240

W-F-046

Category: 7.3 Metabolic/genetic disorders

بررسی عوامل موثر در کبد چرب غیر الکلی در بیماران مراجعه کننده به بیمارستان های وابسته به دانشگاه علوم پزشکی تهران سال ۱۳۹۴-۹۵

زعفرانی آرانی حمید*،۱، اسلامی وقار محمد۲

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زمینه و هدف: یکی از بیماری های شایع که می تواند منجر به از دست رفتن کبد گردد کبد چرب غیر الکلی است. کبد چرب غیر الکلی به تنهایی شایعترین عامل افزایش آنزیمهای کبدی و نیز شایعترین عامل سیروز کریپتوژنیک می باشد. در این مطالعه به بررسی عوامل موثر در کبد چرب غیر الکلی در بیماران مراجعه کننده به بیمارستان های وابسته به دانشگاه علوم پزشکی تهران سال ۱۳۹۴-۹۵ پرداخته شد.

روش بررسی: در این مطالعه مورد–شاهدی نمونه ها بصورت تصادفی ساده و در دسترس انتخاب شده اند. جهت گردآوری اطلاعات از پرسشنامه محقق ساخته استفاده شد. محیط پژوهش، بیمارستان های وابسته به دانشگاه علوم پزشکی تهران از جمله بیمارستان امام خمینی و شریعتی بود. در سال ۱۳۹۴ و نیمه اول ۹۵ افرادی که پس از انجام سونوگرافی شکم و آزمایشهای لازم به درمانگاه گوارش بیمارستان های فوق الذکر مراجعه می کردند، اطلاعات دموگرافیک و بالینی از آنها اخذ و از طریق مصاحبه در پرسشنامه وارد می شد. داده ها با استفاده از نرم افزار آماری SPSS 21 مورد تجزیه و تحلیل قرار گرفت.

یافته ها: نتایج نشان میدهد افرادی که سابقه مصرف فست فود، نوشابه، استفاده از روغن های مایع و جامد، مصرف غذاهای پرچرب، قلیان و سیگار را داشتند بیشتر در خطر ابتلا به کبد چرب غیر الکلی قرار داشتند و افرادی که هر روز هفته میوه مصرف می کردند و مصرف ویتامین E داشتند کمتر در خطر ابتلا به کبد چرب قرار داشتند.

نتیجه گیری: با توجه به نتایج این مطالعه افرادی که چاقی مرکزی، قند خون بالای ۱۰۰ و همچنین سابقه فشار خون، سابقه هیپرلیپیدمی، سابقه دیابت، سابقه خانوادگی ابتلا به کبد چرب غیر الکلی، چاقی و عدم فعالیت ورزشی داشته اند بیشتر در خطر ابتلا به کبد چرب غیر الکلی قرار داشته اند.

Send Date: 2018/04/29

Code:3140100248

W-F-047

Category: 7 LIVER

مقایسه تاثیر داروی سیلی مارین و ویتامین E در درمان کبد چرب غیر الکلی: یک کارآزمایی بالینی تصادفی و دوسوکور

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زمینه و هدف: در حال حاضر اصلاح شیوه زندگی تنها درمان توصیه

Code:3140100260

W-F-048

Category: 7 LIVER

Ascites as the First Presentation of Mediastinal Fibrosarcoma in a Young Man

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Introduction: Accumulation of free fluid in the peritoneal cavity is called ascites. The first step in identifying its etiology is to determine the serum-ascites albumin gradient (SAAG). According to this parameter, a high SAAG is re-

garded as a gradient greater than 1.1 g/dL. This condition includes some differential diagnoses such as liver cirrhosis, Budd-Chiari syndrome, heart failure, and idiopathic portal fibrosis.

Case Report: In the present article, we introduce a young man with abdominal distention due to a high SAAG ascites. Further evaluation revealed Budd-Chiari syndrome caused by a mediastinal mass. Diagnosis based on pathologic study was mediastinal fibrosarcoma.

Discussion: Mediastinal fibrosarcomas, though rare, should be considered in the differential diagnosis of mediastinal masses.

Send Date: 2018/07/22

Code:3140100285

W-F-049

Category: 1.1 Epidemiology

Study of Hydatid cyst surgeries in patients referred to Besat hospital, Hamadan city, Iran (2015-2016)

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Introduction: Hydatid cyst 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, (2015-2016).

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 63 patients (38 case for the year of 2015 and 36 case for the year of 2016) were operated for hydatidosis. The infection rate was higher in males (36 case, 57.1%) than females (27 case, 42.9%). The liver was the most frequently infected organ 32 patients, (51%).

Conclusion: The frequency rate of hydatid cystic in 2016 (25 case) were operated less than in 2015 (38 case). 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: 2018/08/12

Code:3140100331

W-F-050

Category: 12.4 Postoperative complications

Bronchobiliary Fistula: a rare complication after bile duct injury following laparoscopic cholecystectomy

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Introduction: Biliobronchial or bronchobiliary fistula (BBF) is a rare complication due to abnormal connection between the biliary system and bronchial tree. It has different etiologies included congenital and acquired causes such as obstruction of biliary tract, infection, trauma, malignancy and even some therapeutic procedures. Patients usually present with respiratory symptoms and bilioptysis (bile in sputum) that is a pathognomonic sign for BBF. The sputum analysis and imaging can be used for diagnosis of BBF. Treatment consisted of Endoscopic or percutaneous drainage for biliary decompression and open surgery if noninvasive approach is not successful.

Case Report: We described a 38 year-old man with fever, dyspnea, cough and copious yellow-greenish sputum. He had a history of laparoscopic cholecystectomy 2 years ago due to cholecystitis and had undergone a repeated surgery because of bile peritonitis due to bile duct injury and bile leakage. During the recent hospitalization, he was diagnosed with pneumonia. Consolidation in right lower lobe of lung and liver abcsess with gases was seen in CT images.
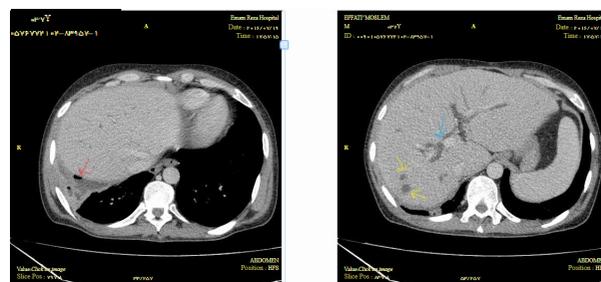
Bronchoscopy showed bile stained secretions in respiratory tract. High bilirubin level was revealed in the fluid obtained from bronchoalveolar lavage. Percutaneous and endoscopic

dilatation and stenting was not successful because of severe stricture of bile duct. Hence, surgical approach was performed. At dome of right diaphragm a biliobronchial fistula with adhesions was seen and segmental resection of the involved lung with diaphragmatic repair was done. Liver abscess was drained and hepaticojejunostomy was performed for biliary stricture. The condition of patient dramatically recovered after surgery.

Discussion: Biliobronchial fistula is a rare complication that should be considered in patients with bilioptysis. We introduced a BBF resulted from stricture and obstruction of biliary tract due to bile duct injury after laparoscopic cholecystectomy. BBF may cause significant complication especially without proper diagnosis or treatment.

Send Date: 2018/08/21

Code:3140100302

W-F-051

Category: 1.4 Outcome studies

Bowel preparation for colonoscopy with Polyethylene Glycol (PEG): Is there any preference for split-doses?

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Introduction: Different methods have been suggested for better bowel preparation before performing a colonoscopy. Persistence of fecal matter in the lumen would cause imperfect procedure, diagnostic delay, and need to repeat the colonoscopy. This study was designed to compare two methods of bowel preparation with split doses or single-dose of Polyethylene Glycol (PEG).

Methods: A total of 200 patients who were candidate for colonoscopy enrolled in this study. These patients had no history of opium usage in any forms. They randomly allocated into two groups to receive a single dose of PEG (4 liters) over the night before the colonoscopy schedule (single dose group, N = 100) or one dose in the night before and another in the morning of the colonoscopy (split-dose group, N = 100). Colon preparation was scored based on the Ottawa preparation scale. To analyze the results, chi-square test was used for qualitative variables and t-test for quantitative variables. All statistical analyzes were performed using SPSS-16 software.

Results: Mean Ottawa score was 0.85 in right colon, 0.60 in mid colon and 0.73 in recto sigmoid, in the split-dose group. While in the single dose group, mean Ottawa score was 0.78 in right colon, 0.70 in mid colon and 0.80 in recto sigmoid. The differences in right, mid, the recto-sigmoid and total score were not statistically significant between two groups.

Conclusion: This study showed no preference between single-dose and split-dose of PEG for bowel preparation in non-addicted patients.

Send Date: 2018/08/18

Code:3140100358

W-F-052

Category: 7 LIVER

A high incidence of non-alcoholic fatty liver disease makes it a disturbing condition in northern Iran: A population based study

Motamed Nima[1], Ajdarkosh Hossein[2], Maadi Mansooreh[2], Hemmasi Gholam Reza[2], Sohrabi Masoud Reza[2], Khoonsari Mahmood Reza[2], Safarnezhad Tameshkel Fahimeh[2], Ahmadi Maral[2], Karbalaie Niya Mohammad Hadi[3], Nezhadisalami Ahmad[2], Zamani Farhad[*,2]

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[3] Institute of Immunology and Infectious Diseases, Iran University of Medical Sciences, Tehran, Iran.

Introduction: Non-alcoholic fatty liver disease (NAFLD) is a condition with a global prevalence of 24%. A wide spectrum of liver complications is attributed to this condition. This study was conducted to estimate the new cases of non-alcoholic fatty liver disease and its potential risk factors in seven years follow up.

Methods: We included the data of 2461 people who were followed up for seven years to estimate the new cases of non-alcoholic fatty liver disease. The participants in phase one of our cohort were selected using stratified randomization based on sex and age group with an interval of 10 years but from 10-90 years. The simple and multiple binary regression analyses were performed in which new cases of NAFLD was considered as the outcome variable and, potential risk factors including age, residency, marriage status, body mass index (BMI), homeostatic model assessment for insulin resistance (HOMA-IR), triglyceride (TG), high density lipoprotein (HDL), low density lipoprotein (LDL) and mean arterial blood pressure (MAP) were considered as

potential predictors.

Results: The frequency of new cases of NAFLD (based on percent) after seven years of follow up was 27.88% (25.41%-30.35%) in men and 30.17% (27.40%-32.94%) in women (*p*-value = 0.226). In multiple binary logistic regression analysis, BMI [OR = 1.219 (1.162-1.278) *p*-value < 0.001], TG [OR=1.003 (1.001-1.005) *p*-value = 0.005] and HDL [OR = 0.986 (0.972-0.999) *p*-value = 0.046] showed a significant association with new cases of NAFLD in men. On the other hand, marriage status 2.141 [OR = (1.286-3.565), *p*-value = 0.003], BMI [OR = 1.165 (1.121-1.211) *p*-value =< 0.001] and HOMA-IR [OR = 1.164 (1.041-1.301) *p*-value = 0.007] had a significant relationship with new cases of NAFLD in women.

Conclusion: NAFLD is a disturbing condition in northern Iran. In this study, BMI, TG and HDL showed an independent significant association with new cases of NAFLD in men, while marriage status, BMI and HOMA showed an independent relationship in women.

Send Date: 2018/08/29

Code:3140100241

W-F-053

Category: 7.3 Metabolic/genetic disorders

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بررسی ارتباط کبد چرب و ابتلا به دیابت در بیماران مراجعه کننده به بیمارستان های وابسته به دانشگاه علوم پزشکی شهید بهشتی تهران

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زمینه و هدف: کبد چرب، شایع ترین بیماری مزمن کبدی در کشورهای صنعتی غربی است. با این حال شواهدی مبنی بر ارتباط مدیریت عوامل خطر کبد چرب و دیابت وجود دارد. در این خصوص مطالعه حاضر با هدف ارتباط کبد چرب و ابتلا به دیابت در بیماران مراجعه کننده به بیمارستان های وابسته به دانشگاه علوم پزشکی شهید بهشتی تهران انجام گرفت.

روش بررسی: پژوهش توصیفی همبستگی حاضر بر روی ۱۸۰ نفر از بیماران مراجعه کننده به بیمارستانهای علوم پزشکی شهید بهشتی تهران مورد مطالعه قرار گرفت. ابزار مورد استفاده فرمی شامل مشخصات دموگرافیک و بالینی بیماران از جمله سطح سرمی کلسترول، HDL، LDL، تری گلیسرید و هموگلوبین و شاخص های کبدی بود. نتایج با استفاده از آزمون های آماری تی تست و کای اسکوئر و نرم افزار SPSS19 مورد تجزیه و تحلیل قرار گرفتند.

یافته ها: بر اساس آزمون های انالیز واریانس یک طرفه بین شاخص های LDL، تری گلیسرید، کلسترول و ALT رابطه معنی داری مشاهده شد به

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گونه ای که با افزایش تری گلیسرید، میزان HbA1c نیز افزایش داشته است (۰.۰۵ > P). از طرفی با کاهش HDL نیز شاخص HbA1c افزایش یافته بود. همچنین بین شاخص های تری گلیسرید و ALP رابطه معنی داری مشاهده شد به گونه ای که با افزایش تری گلیسرید و ALP، میزان FBS نیز افزایش داشته است (۰.۰۵ > P).

نتیجه گیری: با توجه به تاثیرات قابل توجه چاقی و دیابت نوع دو در افزایش ریسک ابتلا به بیماری کبدچرب غیرالکلی، فعالیت های بدنی و ورزش منظم متناسب با سن، رژیم غذای کم چرب، کاهش وزن و همچنین انواع روش های درمانی کنترل دیابت و هیپرتانسیون جهت کاهش احتمال ابتلا به بیماری کبدچرب غیرالکلی توصیه می شود.

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Send Date: 2018/04/29

Code:3140100307

W-F-054

Category: 9.3 Pancreatitis - acute

A rare Initial Manifestation of Systemic Lupus Erythematosus-Acute Pancreatitis: Case Report and Review of the Literature

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2 Medical Student, Tehran University of Medical Sciense,Tehran,Iran

Introduction: Systemic lupus erythematosus (SLE), also known simply as lupus, is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body.

Case Report: A 65-year-old Iranian woman,with history of lower abdominal pain and occasional dysuria. She also related a 1-week history of fever, loss of appetite, generalized weakness, a nonspecific cough, and a single episode of vomiting on the day of her visit. Her medical history was notable for illnesses of atopic dermatitis, migraines, and occasional nonspecific chest pains. Pancreatic enzymes determinations disclosed an amylase level of 134 U/L (normal 30–110 U/L) and a lipase level of 712 U/L (normal 23–300 U/L). Urinalysis showed cloudy urine with protein 300 mg/dL, a white cell count of 12–20 per high-power field (HPF), granular casts 1–2/HPF, bacteria loaded, and many epithelial cells. Nitrite and leukocyte esterase were negative. A computed tomographic (CT) scan of the abdomen with contrast showed no evidence of gallbladder stones with marked swelling of the pancreas. A sonogram on day 3 of admission showed a possible left pleural effusion, swelling of the pancreas. Connective tissue workup showed a antinuclear antibody (ANA) titer 1:1280, anti-double-stranded DNA antibody positive, anti-DNA titer 1:640, anti-Smith

antibody positive, anti-ribonucleoprotein positive, anti-SSA and anti-SSB negative, complements C4 < 10 mg/dL (normal 16–47 mg/dL), C3 16 mg/dL (normal 83–201 mg/dL), anticardiolipin antibodies were elevated, immunoglobulin G (IgG) was 23 g/L (normal 0–14 g/L) and IgM 24 mg/L (normal 0–9 mg/L). Lupus anticoagulant was negative. Repeated CT scans were performed on days 13, 25, and 33 to rule out microabscesses as a source of her fever, but no pancreatic pathologic lesions were seen.
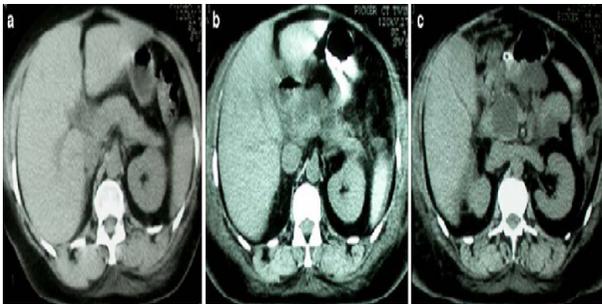
Discussion: SLE can involve any organ system. It is important that the family physician, who treats patients as a whole, suspect SLE when a straight forward diagnosis is associated with inexplicable multiple concomitant abnormalities.

Send Date: 2018/08/19

Code:3140100261
W-F-055
Category: 8 BILIARY

y Retrograde Endoscopic after Pancreatitis Report Case A: Level Amylase Serum Normal with Patient a in

Hormati Ahmad[1], Ghadir Mohammad Reza[*,1],
Sarkeshikian Seyyed Saeed[1], Alemi Faezeh[1]

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Introduction: Endoscopic retrograde cholangiopancreatography (ERCP) can be mentioned as the most complex endoscopic procedure and is widely used for diagnosis and treatment of biliary and pancreatic diseases. Pancreatitis is the most common complication following ERCP, which may be life threatening. This article presents an old woman diagnosed as having post-ERCP pancreatitis without increasing in serum amylase level

Case Report: A 69-year-old woman with a history of cholecystectomy a few years earlier, was presented with abdominal pain in epigastric region. Abdominal sonography revealed a dilated common bile duct [(CBD), 11 mm in diameter)] so MRCP (Magnetic Resonance Cholangiopancreatography) was performed for diagnosis. There were several stones in CBD, so the patient underwent therapeutic ERCP. Six hours after the procedure, she complained of severe abdominal pain in the right upper quadrant (RUQ) and tenderness. Serum amylase was 51 mg/dL. An abdominal computed tomography revealed pancreatitis.

Discussion: Pancreatitis is the most common complication after ERCP, which presents with abdominal pain in the RUQ and increase in serum amylase level more than 3 fold of normal upper limit. In this case, pancreatitis occurred without laboratory findings consistent with the diagnosis, which is not a common occurrence.

Send Date: 2018/07/22

Code:3140100340
W-F-056
Category: 1.1 Epidemiology

Investigation of Human group A rotavirus (RVA) in patients with gastroenteritis symptoms during 2017-2018

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Introduction: Human group A rotavirus (RVA) is the most important enteric virus among infants and young children less than 5 year of age that can annually lead to more than 520,000 deaths worldwide. The main symptoms of rotavirus infection in children consist of watery diarrhea, vomiting, abdominal pain, nausea and fever. The diarrheal episodes can vary from mild cases for limited period of disease, to extremely serious complications such as severe electrolyte unbalance, shock and death. The genus Rotavirus belongs to the family Reoviridae. RVA genome contains of 11 segments of double-stranded RNA that is located inside a triple-layered non-envelope virus particle. Rotaviruses are classified into 7 serogroups (A to G) based on the characteristics of the VP6 membrane protein. The aim of this study is to investigate RVA in Tehran and Karaj residents suffering from gastroenteritis complications during 2017 to 2018.

Methods: Stool specimens (N=110) were collected from Shahid Fahmideh Pediatrics Hospital, Tehran Children Hospital, Taleghani Educational Hospital, Vali Asre Hospital, Karaj Shahid Beheshti Hospital. Viral RNA was extracted

from stool samples and cDNA were synthesized. All Samples screened for rotavirus with primers that amplifies the VP6 sequence of the virus genome.

Results: Rotavirus group A was detected in 23 of 110 samples (20.9%). Comparison of RVA infection between male and female patients showed that there was not any statistically significant difference (31.1% male versus 21.4% female, *P* value = 0.434).

Conclusion: In the present report we describe relatively high prevalence of RVA in two provinces of Iran (Tehran and Alborz provinces). The finding shows that vaccination against Rotavirus is an absolute necessity for Iranian children. In addition, launching an annual surveillance program for better understanding of Rotavirus group A molecular epidemiology is a demanding requirement.

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Code:3140100287

W-F-057

Category: 7 LIVER

Abdominal obesity as a significant risk factor for liver fibrosis in patients with elevated liver function test

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Introduction: Severe obesity and elevated liver function test have been implicated in the development of nonalcoholic fatty liver disease (NAFLD). We evaluated the diagnostic value of liver stiffness measurement (LSM), by transient elastography (fibroscan); in patients referred to gastroenterology clinic in Gorgan, Northeast of Iran; with suspected NAFLD.

Methods: In this cross-sectional study, one hundred patients underwent fibroscan and CAP measurement. Their Body Mass Index (BMI),Waist to Hip ratio (WHR) and blood pressure (SBP/DBP) have been measured.

Results: Among the study population 74.1% were men and 25.9% women,54.5% had Fibrosis grade ≥ F2, 75% had steatosis grade = S3, 40% had Triglyceride (TG) higher than 150 mg/dl and 77% had abdominal obesity. Obesity and overweight have been reported in 98.5% of the studied population.

Conclusion: It seems that in our region, abdominal obesity is an important risk factor in NAFLD and out weight other factors such as hypertension, type 2 diabetes mellitus and hypertriglyceridemia.

Send Date: 2018/08/12

Code:3140100333

T-S-058

Category: 1.1 Epidemiology

The 10-year trends in the incidence of stomach cancer in a high-risk area in Northern Iran

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Introduction: Golestan province, in Northern Iran is located on the Asian belt of upper gastrointestinal cancers. We aimed to present the temporal and geographical trends in the incidence of stomach cancer in this high-risk area during the last decade.

Methods: This cross-sectional study was conducted on stomach cancer cases from Golestan province during 10-year (2004-2013). Data on stomach cancer cases were obtained from the Golestan Population-based Based Cancer Registry (GPCR). Age-Standardized Incidence Rates (ASR) per 100,000 person-year were calculated by CanReg5 software. The Jointpoint regression analysis was used to assess the temporal trends in incidence rate of stomach cancer. Average Annual Percent Change (AAPC) were calculated.

Results: Overall, 2237 new cases of stomach cancer were registered in the GPCR during the study period. The ASR of stomach cancer was significantly higher in male (27.0) then female (11.9) (*p*-value = 0.03). Our results showed significant decreasing trend in incidence of stomach cancer in Golestan male population during 2004-2010 (AAPC = -5.61, *p*-value < 0.001), but the trend was not significant during 2010-2013 (AAPC = 3.62, *p*-value = 0.68). We found no significant trends in incidence rated of stomach cancer in Golestan female (AAPC = -1.01, *p*-value = 0.94). Our findings suggested higher risk for stomach cancer in Eastern parts of Golestan province, especially Kalaleh city (ASR = 39.4 in male and 15.9 in female).

Conclusion: Our results emphasized high incidence rates

of stomach cancer in Golestan province of Iran. We found temporal and geographical trends in incidence rates of stomach cancer in this high-risk population. Further studies are warranted to reveal the risk factors related to these trends.

Send Date: 2018/08/22

Code:3140100309

T-S-059

Category: 6.2 Malignant disease - diagnosis/histopathology

Frequency of miR-21 and miR-92a expression in patient with colorectal cancer and adenoma

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Introduction: Colorectal cancer (CRC) is the leading cause of 10% of cancer related death throughout the world. Early detection and removal of early-stage cancer would allow to prevent cancer progression significantly. microRNAs are 18-22 nucleotide non-coding RNA molecules, that have a crucial role in regulation of mRNA expression and stability that are related to tumor initiation and progression. The aim of this study was to measure the miR-21 and miR-92a expression in CRC and adenoma cases.

Methods: We assessed the level of miR-21 and miR-92a expression in 5ml whole blood sample from 35 CRC patients ,44 adenoma patients and 40 healthy control by quantitative Real time PCR with specific primers. RNA was extracted by RNX-plus solution. Reverse transcriptase PCR was performed for cDNA synthesis by microRNA cDNA synthesis kit. Data analysis has been done by SPSS 17 using the Mann-Whitney U test, student T test and one-way ANOVA.

Results: In our study, the level of miR-21 in patients with CRC ($p = 0.056$) and adenoma ($p = 0.006$) was significantly lower than control group. In addition, no significant differences were observed in the level of miR-92a between CRC and adenoma groups compared to the control group. miR-21 yielded an area under the ROC curve (AUC) of 0.0599 in discriminating cancer from control and AUC of 0.673 discriminating adenoma from control.

Conclusion: Our result showed that miR21 have potential value for detection of CRC and Adenoma and might be a good noninvasive factor for early diagnosis of premalignant lesion of colorectal cancer.

Send Date: 2018/08/19

Code:3140100273

T-S-060

Category: 3 H. PYLORI

Prevalence of precancerous gastric lesions (gastric atrophy and intestinal metaplasia) in Yazd and its relationship with different genotypes of *Helicobacter pylori*

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Introduction: Among gastric cancers (GC), Intestinal type adenocarcinomas often preceded by prolonged precancerous lesions cause by *H. pylori* infections. In Asia, Iran has the fourth ranking of gastric cancer. There is a lower incidence rate of gastric cancer in Yazd, central Iran, compared to Ardebil, northern Iran, but the reason is not clear. In this study, we want to assess the prevalence of *H. pylori* infections and its subtypes and precancerous lesions in individuals with normal endoscopies and aim to understand the causes of this lower incidence GC rate in Yazd.

Methods: A total of 150 patients in Yazd, affected with dyspepsia, 50 years old or above and with normal endoscopy results, participated in the study. Seven gastric biopsy specimens were taken (five for histopathologic examination and classification, one for genotyping of *H. pylori* (PCR amplification) and another one for rapid urease test).

Results: Among the precancerous lesion samples (n = 34), there were 16 (48%) positive results for *H. pylori* and 18 (52%) negative ones using the Giemsa stain, and 15 (44%) positive results for *H. pylori* and 19 (56%) negative ones using the rapid urease test. Among normal pathology group (n = 116), 60 (52%) tested positive for *H. pylori* and 56 (48%) tested negative, using each of these tests. Normal pathology and precancerous lesion group were not significantly different in prevalence of *H. pylori* genotype varieties, in any subtype (in both chi-square and logistic regression model tests).

Conclusion: In our study, the prevalence of *H. pylori* and precancerous lesions in Yazd was lower than Ardebil. The statistics analysis was not significant between precancerous lesions and normal pathology group, although the odds ratio for virulent genotypes of *H. pylori* was in favor of precancerous lesions [except M1]; and for not virulent genotypes

of *H. pylori*, was in favor of normal pathology group.
Send Date: 2018/07/29

Code:3140100298
T-S-061
Category: 1.1 Epidemiology

Temporal and geographical variation in incidence rate of colorectal cancer in north of Iran (2004-2013)

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Introduction: Colorectal cancer is one the most incident cancer in Golestan province of Iran. The purpose of this study is to describe the Colorectal Cancer Incidence (CRC) trend and geographic disparities in Golestan population from 2004 to 2013.

Methods: Data on CRC cases were obtained from the Golestan Population-based Cancer Registry (GPCR). As a high-quality cancer registry, the GPCR collected data on primary cancers including the CRC according to internationally acceptable standard protocols. Age-Standardized Incidence Rate (ASR) and Average Annual Percent Change (AAPC) were calculated by Joinpoint regression.

Results: The overall ASR of CRC was 13.1 (per 100,000 person-year). The incidence rates of CRC were significantly higher in men (14.8; per 100,000 person-year) and urban population (35.4; per 100,000 person-year) comparing with women (11.5; per 100,000 person-year) and rural population (17.1; per 100,000 person-year), respectively. The overall CRC incidence rate showed significant increasing trend during the study period (AAPC = 6.9; *p*-value = 0.003). men (AAPC = 7.3; *p*-value = 0.004) had higher increasing trend than women (AAPC = 6.6; *p*-value = 0.004). The analysis also showed that urban areas (AAPC = 8.1; *p*-value = 0.011) had relatively higher increasing trend compared to rural areas (AAPC = 6.9; *p*-value = 0.009).

Conclusion: There was a significant increasing trend for CRC in the Golestan population during the study period. Our results also suggested higher incidence rates as well as higher increasing trends for CRC among men and urban population. Therefore, these risk factors should be considered and emphasized in CRC prevention and control planning in the Golestan population.
Send Date: 2018/08/17

Code:3140100308
T-S-062
Category: 3.2 Pathogenesis: microbial factors

Shift in Targeted Fecal Bacteria Associated with Adenomatous polyps Precursors of Colorectal Cancer

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Introduction: Colon cancer (CRC) is the third most commonly diagnosed malignancy arising mostly from precursors-adenoma and serrated polyp. The relationship between the human gut microbiota and CRC has been identified by different studies; however, its association to the different early precursors of CRC is understudied. Here, we tried to study the relationship between targeted gut bacteria and different colorectal polyp types, location, size and grade of dysplasia.

Methods: Targeted bacteria were detected in 118 colonoscopy-screened adults by surveying 16S rRNA gene of stool samples consisting 31 normal controls, 21 hyperplastic polyp (HP), 16 sessile serrated polyp (SSA), 29 tubular adenoma (TA) and 21 villous/ tubuvillous polyp (VP/ TVP) cases between 2015 and 2017 by absolute quantitative real time PCR technique. The panel of bacteria is including: Streptococcus bovis/gallolyticus, Enterococcus faecalis, Enterotoxigenic Bacteroides fragilis, Fusobacterium nucleatum, Porphyromonas spp, Lactobacillus spp. Roseburia spp. and Bifidobacterium spp.

Results: We observed higher numbers of F.nucleatum, E.feacalis, S.bovis, ENTB and Porphyromonas in tubular and specially in villous/ tubuvillous polyps cases in contrast to samples from normal, HP and SSA groups ($P < 0.001$) Also lower number of Lactobacillus spp. Roseburia spp. and Bifidobacterium spp. were detected in adenomas compared to normal, HP and SSA. In addition we have found significant correlation among selected gut bacterial quantity and the size, location, grade of dysplasia of polyp cases.

Conclusion: Our results declared that gut bacteria may contribute in early stages of colorectal carcinogenesis through the development of adenomatous but not SSA. These two polyp types are also different in terms of molecular pathways. Findings may have suggested appropriate bacterial candidates as novel biomarker for adenomatous and CRC early detection.Key words: Fecal Bacteria, sessile serrated polyp, adenomatous polyp, colorectal cancer.

Send Date: 2018/08/19

Code:3140100304
T-S-063
Category: 13.2 Molecular biology/genetics/pathology

Designing and synthesis of enzyme-based nanobiosystem against colon cancer

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Introduction: Nanoformulation of enzymes using various imaging probes and targeting agents such as nanoparticles improve their therapeutic impacts. In addition, considering some side effects and resistance against the conventional chemotherapeutic drugs in colon cancer therapy, we described a novel therapeutic NS including gold nanoparticles (GNPs) and bovine pancreatic ribonuclease (RNase A) against colon cancer, so-called RnaGNPs.

Methods: The physicochemical properties and cytotoxicity of RnaGNPs, as well as their effects on cellular uptake, cell cycling, apoptosis, invasion, and the expression of ERK1 and ERK2 genes of colon cancer SW-480 cells in-vitro, were evaluated. To determine the efficacy of RnaGNPs combined with the photothermal therapy (PTT), low doses of the near-infrared (NIR) laser irradiation in SW-480 cells were utilized.

Results: From the flow cytometry results, the internalization of the RnaGNPs into the SW-480 cells was ≃ 90% and showed the significant cytotoxicity effect on cells. The IC50 value for RnaGNPs after 24, 48 and 72 h were obtained 182, 164, and 157 μg/mL, respectively. The RnaGNPs induced cell cycle arrest in the sub-G1 phase and a reduction in the G0/G1 and G2/M phases in SW-480 cells. Apoptosis assay using the FITC-labeled annexin V showed about 69.91% early and 5.04% late apoptosis in the treated cells. PTEN, Bax, and caspase 3 were upregulated, while AKT and Bcl-xL were downregulated, indicating the induction of apoptosis. The results of the cell invasion assay indicated that RnaGNPs significantly inhibited the migration and invasion of the treated cells, because of the downregulation of the ERK1/2 pathway. The combination of RnaGNPs with PTT decreased the IC50 value approximately to the half and significantly increased the impacts of RnaGNPs on the cancer cells.

Conclusion: Based on our findings, the engineered RnaGNPs are proposed as a promising nanoscaled modality for the combined enzyme therapy and PTT of solid tumors such as colon cancer.

Send Date: 2018/08/18

Code:3140100369
T-S-064
Category: 3 H. PYLORI

Helicobacter pylori as a Cause of Gastric Cancer: The Best Treatment for Eradication in Iran (A systematic Review)

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Introduction: Helicobacter pylori (*H.pylori*) is a bacterium that contaminates over 80 percent of the developing countries population such as Iran. Researches indicate that *H.pylori* has a major role in gastric adenocarcinoma and mucosa - associated lymphoid tissue lymphoma (MALT). Therefore diagnosis and eradication of *H.pylori* is needed for all patients with gastric ulcers and upper gastro – intestinal bleeding. Guidelines suggest triple regimen (including metronidazole, clarithromycin or amoxicillin and PPI) or quadruple regimen (bismuth based), but some studies in Iran show that success of triple regimen has decreased to < 70% and resistance to some of quadruple regimen antibiotics has increased largely. Thus this article is going to suggest the best treatment for *H.pylori* eradication in Iran.

Method: PubMed, Cochrane, Scopus Iran-medex and Magiran databases searched until October, 2017 with *H.pylori*, tetracycline, amoxicillin, metronidazole, clarithromycin, Furazolidone, Bismuth, PPI and Iran keywords. All randomized clinical trials in English and Persian which surveyed treatment of *H.pylori* with these drugs were included and each paper was obtained, read and data extracted.

Result: 21 articles entered our survey. In 11 articles success of *H.pylori* eradication was over 85% and only in 3 articles eradication was over 90%. In other 10 researches *H.pylori* eradication success was < 85%. The highest percent of treatment was 94.3% in treatment with Furazolidone 100 mg b.i.d. for 14 days. The weighted mean cure rate for 14-days studies (eight studies) was 90% intention to treat. Resistance to Metronidazole was more than 15% and Clarithromycin showed increase in resistance (11% to 13%).

Conclusion: Due to metronidazole high resistance, high price of Clarithromycin in Iran and also effectiveness of 14 – day treatment, it is suggested to use quadruple regimen 14-day therapy containing Furazolidone 100 mg b.i.d or t.i.d , Amoxicillin 1g b.i.d, Omeprazole 20mg and Bismuth 240mg b.i.d.

Send Date: 2018/08/31

Code:3140100348
T-S-065
Category: 6.2 Malignant disease - diagnosis/histopathology

Investigating the Relation between Distribution of Red Blood Cells (RDW) and Early Detection of Colorectal polyps and Colon cancers

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Introduction: Colorectal cancer is common cancer and had high rate of mortality and morbidity, and this can be reduced by screening tests. A number of studies have recently referred to RDW as a marker for early detection cancers. The aim of this study was investigating the Relation between Distribution of Red Blood Cells (RDW) and Early Detection of Colorectal polyp and Colon cancers.

Methods: The sample size is 90 people divided into three groups of 30 people, one group includes people who have colon cancer, a group of people with colon polyps, and a group of people with normal colonoscopy as a control and compared RDW-HB-MCV-PLT-FERRITIN-SERUM IRON-TIBC in patients.

Results: Based on area under the receiver operating characteristic curve (AUC) analysis, RDW (AUC = 0.002) had a predictive value for colorectal cancer with cut off > 14 with 80 % sensitivity and 60% specificity along with HB, IRON, Transferrin saturation.
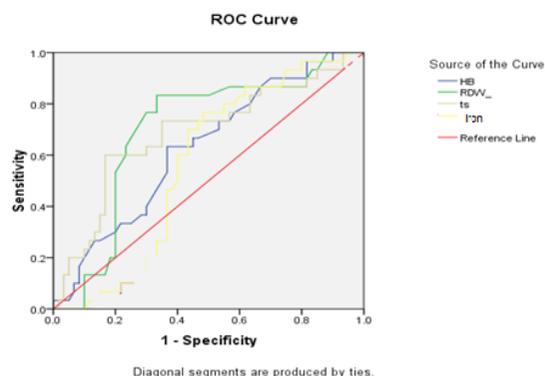
Conclusion: RDW can be considered as a parameter for predicting colorectal cancer along with HB, IRON, T sat.

Send Date: 2018/08/23

Code:3140100323

T-S-066

Category: 13 ONCOLOGY - BASIC

Iranian Scientific Productions of Gastric Cancer: An analysis of Web of Science from 1983 to 2017

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Introduction: Scientific productions are one of the most important criteria of the development of countries at the national and international levels. Therefore, this study aimed to review the «gastric cancer» productions from 1983 to 2017 in Iran, using the Web of Science (WOS) database.

Methods: In this scientometric study, the Iranian scientific productions on «gastric cancer» in the Web of Science (WOS) Database were selected. At first, all keywords related to «gastric cancer» were extracted using the medical subject headings (MESH) in the PubMed database. Then, the user interface WOS database was searched using these keywords. The time frame was until the end of 2017. Then, the results were refined to the countries. Therefore, the total number of documents related to «gastric cancer», Iran, and other countries were recovered. The data analyses were performed using Excel software.

Results: The results showed that among 38554 records in the «gastric cancer» were indexed in the WOS database during 1983-2017, 372 (0.965%) were published in Iran, ranking the country 16th in the world. Compound annual growth rate (CAGR) of Iranian scientific productions was 16.76%. The «Tehran University of Medical Sciences» and «Shahid Beheshti University of Medical Sciences» were identified as the most productive centers in «gastric cancer» with a contribution rate of 31.45% and 15.05%, respectively. The results also showed that most international collaboration of Iranian researchers was with the «United States» (5.37%), «Sweden» (2.68%) and «Germany» (2.41%) scientific centers. Most articles in the field of «gastric cancer» were published in the «Asian Pacific Journal of Cancer Prevention» with CiteScore 1.46 (9.67%). Most scientific productions in this field were related to the «oncology» (36.29%), «Gastroenterology and Hepatology» (21.23%) and «General Internal Medicine» (11.02%). Most scientific productions of «gastric cancer» were published in the form of «article» (63.71%). All of the Iranian «gastric cancer» scientific productions were in «English» language.

Conclusion: The results of this study indicated that Iranian scientific productions in the field of «gastric cancer» have been increased from 1983 to 2017, although Iran was ranked 16th in the world.

Send Date: 2018/08/21

Code:3140100274

T-S-067

Category: 6.4 Other colonic and anorectal disorders

Prevalence of pre-cancerous colon lesions in referred patients under patronage of a local relief foundation in Guilan province

Joukar Farahnaz[*,1], Mansour-Ghanaei Fariborz[1], Varshi Gharmohammad[1], Esmaeilpour Javad[1], Daryakar Arash[2], Mansour-Ghanaei Roya[2]

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Introduction: colon cancer is the most commonly diagnosed gastrointestinal cancers in developed countries and its epidemiological features such as the incidence and the onset age of disease varied worldwide.

Methods: In a cross-sectional study from March 2016 to March 2017, 161 participants who were under patronage of a local relief foundation and referred to the Endoscopy ward of Razi Hospital affiliated to the Guilan University of Medical Sciences with age more than 50 years or more than 40 years with history of colorectal cancer in their first degree family were enrolled. Demographic information were collected. Colonoscopy was performed and histopathological evaluation of observed lesions and polyps was done.

Results: Most of participants were female (113 individuals, 70.2%) and aged 50-60 years (83 ones, 51.6%). Seventy-four ones (46%) had certain lesions. Most of colonoscopy findings were observed in the ascending colon in which depressed polyps and diverticulum were most frequent. However, rectum showed the most histological findings. All polyps of descending and ascending colons were neoplastic, while most of rectal polyps were non-neoplastic. Male patients, who aged more than 60 years and smokers had significant higher percentage of both lesions and polyps in their colon ($P < 0.05$). Moreover, significant positive association was detected between exposure to harmful industries and having polyps ($P = 0.01$). No significant association detected between dietary habitations with neither lesions nor polyps. Regression model study revealed that just male sex, higher age for colonoscopy lesions and

male sex, higher age and exposure to harmful industries for polyps were the predictive risk factors in this specific population.

Conclusion: We found male gender, higher age, smoking, and exposure to harmful industries as important risk factors for having colorectal lesions, which must be confirmed in further studies.

Send Date: 2018/07/29

Code:3140100301

T-S-068

Category: 2.1 Cell/molecular biology/pathology

Investigating of HER-2/Neu Expression in Gastric Cancer and Its Correlation with Histological Findings of Tumor

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Introduction: In Cancer cells, HER-2/Neu acts as an oncogene. Its overexpression leads to increased protein in the membrane of cancer cells. The role of HER-2/Neu was known in a wide variety of cancers such as breast and lung neoplasms. This study aimed to investigate HER-2/Neu expression in gastric cancer by using immunohistochemistry (IHC).

Methods: This cross-sectional study was performed on 48 individuals with gastric cancer who had undergone gastrectomy. After diagnosing gastric cancer by histologic reports, the specimen were reassessed for HER-2/Neu evaluation. IHC was used to determine HER-2/Neu expression (Biogenax kit, DAKO criteria). Data were analyzed by descriptive and analytical methods and SPSS software version 20.

Results: The study cases are comprised of 48 individuals (79.2% male). The average age of cases was 59.93 ± 13.95 years. The mean of tumor size was 5.5 ± 2.45 cm. The most common tumor location was antrum and pylorus (43.8%). Intestinal type of gastric cancer was the most common (72.9%). The most of cases were in stage T3 (87.5%). HER-2/Neu positive expression was present in 10.4%, while the majority of cases showed a HER-2/Neu-negetive status (89.6%). There was no significant relationship between HER-2/Neu expression and investigated variables ($p > 0.05$).

Conclusion: According to the results of this study, HER-2/Neu expression in gastric cancer was low. More extensive studies are needed.

Send Date: 2018/08/17

Code:3140100297

T-S-069

Category: 1.1 Epidemiology

Building cancer registries in a lower resource setting: The 10-year experience of Golestan, Northern Iran

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Introduction: The Golestan population-based cancer registry (GPCR) was established in Golestan province, Northern Iran, within the Asian belt with predominance of upper-gastrointestinal cancers. We aimed to present the ex-

periences of the registry in a resource–limited setting over the 10 years since its inception (2004–2013).

Methods: The GPCR was established as a research project to enable sustainable funding. A clear plan was developed for use of the GPCR data. New primary cancers were registered based on international standards, indices of data quality were routinely assessed and age-standardized incidence rates (ASR) per 100,000 person-years calculated using IARC's CanReg-5 software.

Results: Overall, 19807 new cancer cases were registered during the study period, an average of 1981 cases per annum, with overall ASR of 175.0 and 142.4 in males and females, respectively. The GPCR data suggested gastrointestinal and breast cancers as the most common malignancies in Golestan province. We observed increasing incidence rates of breast and colorectal cancers but declining trends of esophageal cancer. Overall, indices of data quality were within acceptable ranges.

Conclusion: The GPCR data have been included in IARC's Cancer Incidence in Five Continents series, were used in 21 research projects, and published as 30 research papers. The key ingredients for the successful establishment and maintenance of the GPCR included sustainable sources of funding, a clear action plan for the use of data as well as stakeholder cooperation across all areas of the registration. The GPCR may be considered as a model for planning population-based cancer registries in lesser-resourced settings.

Send Date: 2018/08/17

Code:3140100371

T-S-070

Category: 6 COLONIC AND ANORECTAL DISORDERS

Prevalence of all types of cancer in first- and Second-degree relatives of patient with colorectal cancer

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Introduction: Colorectal cancer (CRC) is the third most common malignancy in the world and its rank has changed from the 9th to the 5th among 10 prevalent cancers in Iran. The prevalence of gastrointestinal and non- gastrointestinal malignancies increases significantly in the first-degree relatives of patients with colorectal cancer. We intend to determine the prevalence of all types of cancers among the first-degree and the second-degree relatives of patients diagnosed with colorectal cancer at Shariati hospital-TUMS 2011.

Methods: In this descriptive study all patients diagnosed with colorectal cancer who were registered in the Cancer Registry System affiliated to Tehran University from 1990 to 2011 were enrolled. They were called (at least three times); We ask about all types of cancer in their first-degree and second-degree relatives.

Results: Of all 210 patients with colorectal cancer in the registry a total of 102 questionnaires were completed. The response rate was 48.6%. Of these patients, 54 were males (52.9%), mean age was 66.9 ± 12.1 years. A total of 49 patients (48%) have a positive family history of all types cancers (median:2 IQR 1-7). In twenty-nine patients 28.4%, one of their first-degree relatives (FDR) was diagnosed with the malignance. Eighty-eight of first degree relatives (FDRs) and second degree relatives (SDRs) of our patients were diagnosed with malignancy (78 FDRs and 10 SDRs) that of them 48 patients had solid tumors (39 patients had CRC).

Conclusion: Although CRC is the most common cancer in FDRs of patient were diagnosed with CRC, a family history of CRC is related to an increase of all types of malignancy.

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Code:3140100271

T-S-071

Category: 1.4 Outcome studies

Colorectal cancer prognostic factors in Khuzestan province: 5 years follow up survey

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Introduction: to evaluate the risk factors and survival of colorectal cancer patients among referral centers of Ahvaz city.

Methods: a descriptive retrospective study on the files of colorectal cancer patients in Ahvaz referral centers during 2003 to 2008.

Results: overall 199 cases included for final analysis. 61% of patients were male. Average survival rate among male and female patients were 58.37 ± 5.36 and 67.43 ± 7.01 months ($P = 0.29$). Smoking had a negative though nonsig-

nificant effect on survival (47.16 vs. 65.29 months, $P = 0.14$). 12% of patients experienced tumor recurrence with average time of 70.6 ± 15.52 months since first diagnosis. Overall 26 patients (13%) had a positive family history of malignancy with a better prognosis in comparison with subjects with a negative family history (82.85 ± 12.95 vs. 58.13 ± 4.42 months, $P = 0.082$). The stage of colorectal cancer had a significant impact on prognosis and survival ($P < 0.001$). Most of the participants (44%) diagnosed at stage 2 and between stages 2 and 3 there was on average 35 months less survival rate. Rate of lymph node involvement was 29% (average survival 26.57 months, $P < 0.001$). Only 4% of cases diagnosed during screening program with a significantly better survival rate (113.8 ± 20.9 vs. 59.3 ± 4.29 months, $P = 0.034$).

Conclusion: Despite proven importance of colorectal cancer screening and its positive impact of survival, our community awareness about this issue is poor and only a minority of target population participate in screening programs which mandate further cooperation of social media and press for raising general awareness.

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Code:3140100334
T-S-072
Category: 6.3 Malignant disease - management

Designing a dataset for surveillance in colorectal cancer

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Introduction: Considering that the cancer control program is one of the health priorities of the country, therefore, special attention should be given to preventing and controlling the most common cancers such as colorectal cancer (CRC) in Iran. The cancer registration system, which involves the systematic and continuous collection of patient's information and their analysis and presenting the incidence of cancer in a given geographic area, is the cornerstone of cancer control program. In this study, in cooperation with the experts and specialists associated with the Poursina Hakim Gastroenterology Clinic, the requiring data for the registration of CRC patients were collected systematically.

Methods: To determine variables associated with CRC, a strategic research committee was formed composed of collaborating specialties in gastroenterology, oncology, radiotherapy, pathology, and epidemiology, and several meetings held to address data elements. Then based on the similar foreign valid checklists and the experts' opinions, a list of variables were developed.

Results: Variables were allocated in the following fields: demographic characteristics, anthropometric indicators, risk factors, clinical and paraclinical items, detection criteria, metastasis information, treatment information, follow-up items, and outcome data. Afterward, the variables divided in two main groups: core, and expanded core data elements. After confirming the forms by the specialists, eighty core and ninety-seven expanded core data elements were brought together. The final checklist was coded by referring to the 10th edition of the Statistical and International Classification of Diseases and Health Problems (ICD10) and the Third Edition of the International Classification of Oncology Diseases (ICD-O).

Conclusion: Systematically collecting data and registering and monitoring CRC patients is undoubtedly necessary for proper management of the disease. Consequently, effective steps can be taken to better understand CRC risk factors, as well as to reduce the burden of disease and ultimately promote people's health.

Send Date: 2018/08/22

Code:3140100321
T-S-073
Category: 6.1 Malignant disease - pathogenesis

Evaluation of Some Heavy Metals and Trace Elements in Upper Gastrointestinal Tract Cancers: Esophagus and Stomach;Comparison between Cancerous and Non-cancerous Tissues

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Introduction: Gastrointestinal (GI) cancers are one of the most common cancers. Among them, esophageal and gastric cancers as upper GI tract cancers are the eighth and fourth most common cancers, respectively. Among the multiple environmental factors, several studies have investigated the relationship between trace elements and their role in cancer disease. The aim of our research is to measure tissue content of Zn, Cr, Mn, Se, Cu, Al, Pb, and Fe in common cancers of stomach and esophagus and compare with adjacent healthy tissues.

Methods: It was a cross-sectional study. Tissue samples were obtained from 50 patients (mean age of 53.92 ± 1.24, male /female: 26/24) with gastric and esophageal cancers. The tissue content of trace elements were analyzed by flame atomic absorption spectroscopy.

Results: Results indicated significant differences in the median concentrations of Zn ($P = 0.027$), Cr ($P = 0.029$), Se ($P = 0.003$) and, Cu ($P = 0.049$) in cancerous tissues compared with non-cancerous tissues. There was no significant change in the tissue content of any of the trace elements in the esophageal cancer tissue compared with non-cancerous tissues. However, there were significant differences in the median concentrations of Zn ($P = 0.009$), Cr ($P = 0.018$) and, Se ($P = 0.011$) in gastric tissues compared with non-cancerous tissues.

Conclusion: In this study, the tissue content of some elements was altered in gastric and esophageal cancers. We cannot offer a detailed explanation about differences between our results with others studies, but can be attributed to a variety of factors, including: the geographical location, race and age of the patients, food habits, the type of technique used, severity and the duration of the cancer, tumor location, type and size of samples and exposure duration.

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Code:3140100290
T-S-074
Category: 2.8 Esophageal malignant disease

Impact of *H.pylori* infection on the survival of patients with esophageal cancer

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Introduction: Esophageal cancer is one of the most common and deadly cancers around the world. Despite the high prevalence of esophageal cancer in East Azarbaijan, many studies have not been conducted on the survival rate and its effective factors. The purpose of this study was to evaluate the effect of infection with *Helicobacter pylori* on the survival rate of patients with esophageal cancer.

Methods: This retrospective study was conducted in North-West of Iran 2006 - 2011, included of 532 patients with esophageal cancer that referred to Imam Reza (AS) Hospital in Tabriz. Of the 532 patients, 38 patients were investigated for *Helicobacter pylori* infection. Health status of patients followed by Telephone contact. Survival rate and the impact of *Helicobacter pylori* in survival rate was analyzed with Kaplan- Meier, Life Table in SPSS 16 software .
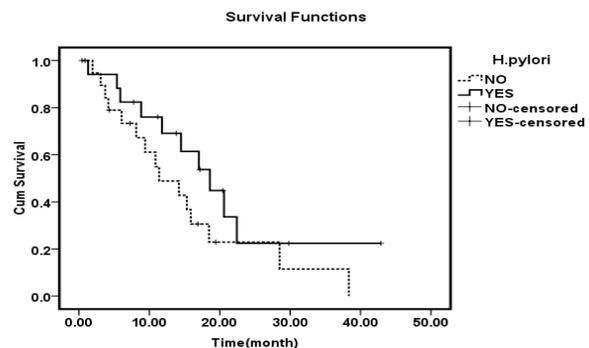
Results: From 38 patient, 15 were women (39/48%), and 23 were men (60/53%).Median survival of patients with esophageal cancer associated with *Helicobacter pylori* infection was $18/60 \pm 3/37$ (CI95%: 25/20-11/99) months, and the Median survival of patients with esophageal cancer without *Helicobacter pylori* infection was $11/40 \pm 3/16$ (CI95%: 17/60-5/19). *P* Value = 0/14.

Conclusion: The results of this study indicate that *Helicobacter pylori* infection increasing survival rates of esophageal cancer in our patients, but this is not statistically significant

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Code:3140100318
T-S-075
Category: 6.1 Malignant disease - pathogenesis

Evaluations of Blood Lead Levels between Patients with Gastrointestinal Cancers compare to control group

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Introduction: Heavy metal is suspected that has a causative role to developing cancers. In this context, lead with its effects may have a great concern. The aim of this study is to compare the lead levels in blood of healthy subjects and patients with gastrointestinal cancers.

Methods: In a case-control study between March 2015 to February 2016 blood levels of Lead (Pb) were assessed. Patients with gastrointestinal cancers were enrolled in this study. Patients were matched for sex and age with healthy subjects as control group. The plasma of each subject was used. A classic Flame Atomic Absorption Spectroscopy (FAAS) method was applied in this study.

Results: One hundred patients were enrolled in our study with the mean age of 53.8 ± 10.6 years old Of them 51 were male (51%). We defined that the level of Pb in both group were lower than toxic levels .The medians of Pb concentration in the case and healthy groups group were not different significantly by gender age and history of smoking. Although among patients its concentration was significantly different among the types and the location of cancer (*P*-value 0.003 and 0.003 respectively). We didn't observe any significant differences in concentration of Pb between patients and healthy subjects regarding to gender, age and history of smoking.

Conclusion: Pb concentration has significant difference between types and location of cancers therefore tissue studies should be concern .Although the rote of exposure may not explain all events related to Pb.

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Code:3140100314

T-S-076

Category: 3.2 Pathogenesis: microbial factors

Genetic diversification of paired *H. pylori* isolates from patients after 4 years

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Introduction: Chronic infection of *H. pylori* could lead to different clinical outcomes ranging from gastritis to gastric cancer. One important determinant of the outcome of *H. pylori* infection is bacterial genetic content which exhibits a considerable diversity. In this study, *H. pylori* strains which were isolated from six patients with 4-year interval were examined for genetic diversification.

Methods: Paired *H. pylori* isolates were obtained from gastric biopsies of six patients with 4-year interval. Bacterial isolates were characterized by polymerase chain reaction genotyping of variable 3' region of the cagA gene and vacA alleles (s and m) using appropriate primers.

Results: All paired isolate were found to possess the cagA gene. Further examination revealed that 2 pairs of isolates display variation in 3' Region of the cagA as well as vacA alleles. One pair had variation only in 3' region of cagA and one pair in vacA alleles. No variation was found in remaining two pairs. (details were presented in figure1)

pair	isolate	sizes of the PCR product obtained from 3'region of *cagA* gene (bp)	vacA s and m alleles
1	A1	650	s2m2
	B1	650	s1m2
2	A2	650	s2m2
	B2	650	s2m2
3	A3	650	s1m1
	B3	756	s1m1
4	A4	650	s1m1
	B4	756	s2m2
5	A5	650	s1m1
	B5	756	s1m1/m2
6	A6	810	s1m1
	B6	810	s1m1

Conclusion: results of this study showed that over a period of time, *H. pylori* population with different genotypes may colonize in the stomach of single host. Further studies are needed to precise determination any possible correlation between *H. pylori* genetic diversity and clinical outcomes of *H. pylori*.

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Code:3140100316

T-S-077

Category: 3.5 Management strategies

Effective antimicrobial activity of rifabutin against Multi-drug resistant *Helicobacter pylori*

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Introduction: H. pylori resistance to more than one antibiotic is the main reason for failure in bacterial eradication in a considerable number of patients. Rifabutin (RFB) with a broad spectrum of antimicrobial therapy has been suggested for treatment of refractory multidrug resistant infections.

Methods: H. pylori isolates from 104 patients were examined for resistance to 5 currently used antibiotics and RFB, using agar dilution method. Two-fold serial dilutions of antibiotics were used and MICs (µg/ml) determined as metronidazole (MTZ 8), clarithromycin (CLR 2), amoxicillin (AMX 1), tetracycline (TET 0.5), furazolidone (FRZ 0.5) and RFB (0.06).

Results: Out of 104 H. pylori isolates, only 7 (6.7%) were sensitive to all the 6 antibiotics. However, 30 (28.8%) were resistant to one antibiotic, 28 (26.9%) to two, 19 (18.2%) to three, 14 (13.4%) to four and 6 (5.7%) to five currently used antibiotics. Overall, 67 (64.4%) of isolates were resistant to 2-5 currently used antibiotics and considered as multidrug resistant (MDR), with 59 (88.1%) showing sensitivity to RFB and 8 (11.9%) resistance ($p < 0.05$). Out of 33 isolates resistant to both MTZ and CLR, 25 (75.7%) were sensitive to RFB and 8 (24.3%) resistant ($p < 0.05$).

Conclusion: in vitro antimicrobial effectiveness of RFB on MDR H. pylori including those with resistance to both MTZ and CLR, was demonstrated. However, RFB efficacy decreased as the number of antibiotics responsible for MDR increased. Considering that RFB inhibits both extra- and intra-cellular H. pylori, it can be suggested as an effective antibiotic against of MDR H. pylori.

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Code:3140100352
T-S-078
Category: 3 H. PYLORI

بررسی روش های تعیین حساسیت آنتی بیوتیکی به منظور درمان H.pylori

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زمینه و هدف: ایجاد مقاومت در برابر آنتی بیوتیک ها دلیل اصلی ریشه کن نشدن هلیکوباکترپیلوری (*Helicobacter pylori,H. pylori*) در معده انسان می باشد. انتخاب یک روش دقیق به منظور بررسی حساسیت آنتی بیوتیکی *H. pylori*، یکی از نکات بسیار مهم در موفقیت درمان آن می باشد. هدف از انجام این مطالعه مقایسه روشهای بررسی حساسیت آنتی بیوتیکی *H.pylori* بود.

روش بررسی: در این مطالعه حساسیت آنتی بیوتیکی ۲۰ ایزوله *H.pylori* نسبت به آنتی بیوتیک های مترونیدازول ۸μg/mL، کلاریترومایسین ۲μg/mL، آموکسی سیلین ۱μg/mL، تتراسیکلین ۰/۵μg/mL، سیپروفلوکسازین ۱μg/mL، فورازولیدون ۰/۵μg/mL و ریفامپین ۴μg/mL بررسی شد. این مطالعه با سه روش دیسک دیفیوژن، آگار دایلوشن و محیط زرده تخم مرغ حاوی تترازولیوم (۴۰μg/mL) انجام شد.

یافته ها: بر اساس روش دیسک دیفیوژن همه ایزوله ها نسبت به آنتی بیوتیک های تتراسایکلین، ریفامپین، فورازولیدون و آموکسی سیلین حساسیت ۱۰۰٪ نشان دادند. اما در روش آگار دایلوشن، میزان مقاومت نسبت به هرکدام به ترتیب ۹۰٪، ۲۵٪، ۵٪ و ۰٪ و به روش تترازولیوم ۸۵٪، ۶۰٪، ۱۵٪ و ۵٪ بود. بیشترین میزان مقاومت به روش دیسک دیفیوژن نسبت به مترونیدازول (۳۵٪) مشاهده شد. در روش های آگار دایلوشن و تترازولیوم بیشترین میزان مقاومت نسبت به تتراسیکلین و به ترتیب ۹۰٪ و ۸۵٪ بود. نتایج هر سه روش نسبت به کلاریترومایسین مشابه بود و میزان مقاومت ۱۵٪ مشاهده شد.

نتیجه گیری: مشاهده هاله های عدم رشد ۲۰ تا ۶۰ سانتیمتر و یا عدم رشد *H.pylori* بر روی محیط های حاوی آنتی بیوتیک دلیل بر کشته شدن باکتری و مهار کامل همه فعالیت های آن نمی باشد. به نظر می رسد که متوقف شدن رشد باکتری یک مکانیسم سازگاری برای مقابله با استرس مواجهه آنتی بیوتیک می باشد. استفاده از محیط زرده تخم مرغ حاوی تترازولیوم و آنتی بیوتیک های انتخابی روش بهتری برای تعیین حساسیت *H.pylori* نسبت به آنتی بیوتیک ها می باشد زیرا مشاهده کلنی های قرمزرنگ نشان دهنده وجود باکتری های زنده و مقاوم است. بنظر می رسد که با این روش می توان مقاومت *H.pylori* را در مقابل غلظت های مختلف آنتی بیوتیک ها بطور دقیق مشخص نمود و باکتری را با موفقیت بیشتری ریشه کن کرد.

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Code:3140100313
T-S-079
Category: 3 H. PYLORI

The Effects of Curcumin on the Eradication Rate of *Helicobacter Pylori* Infection: A Double Blind Randomized Clinical Trial

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Introduction: Curcumin is a key polyphenolic yellow pigment found in turmeric root, which includes it's anti-oxidant, anti-inflammatory and anti-microbial properties and has

been proved to be effective in inhibition of *H.pylori* infection, in vitro. Therefore we aim to investigate whether addition of Curcumin to the standard triple therapy will increase the eradication rate of *H.pylori* infection.

Methods: In this randomized double-blind, placebo-controlled, patients that will undergo esophagogastroscopy and will be positive for *H.pylori* according to Rapid urease test were assigned to standard *H. pylori* eradication triple therapy with clarithromycin, amoxicillin and pantoprazole, and randomized to receive either curcumin (500 mg/day) or placebo as adjunct to standard treatment. Eradication of *H. pylori* infection was assessed using the urea breath test (UBT) at 8 weeks following the end of treatment.

Results: the results of UBT test showed Eradication Rate of *Helicobacter pylori* was 68% and 65% in the curcumin and placebo groups, respectively and there was no significant difference between two groups.

Conclusion: Addition of curcumin on top of the standard anti-*helicobacter* regimen is safe but has no enhancing effect on the eradication of *H. pylori* infection.

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Code:3140100244
T-S-080
Category: 3 H. PYLORI

Diagnostic value of *Helicobacter pylori* antibody and stool antigen for detecting active *Helicobacter pylori* infection in dyspepsia

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Introduction: Helicobacter pylori (*H.pylori*) is one of the common organism in human and it is a main agents to cause peptic ulcer and gastric cancer, *H.pylori* is a probable reasons of dyspepsia .The diagnosis of *H. Pylori* is based on two method's: invasive such as endoscopy and biopsy and noninvasive methods such as unease breath test, serology and stool antigen test.This study aimed to investigation of 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 cross sectional study with simple sampling method, the stool antigen and serology tests for *Helicobacter pylori* of all dyspeptic patients who referred to Khatamolanbia 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 ver17 software.

Results: 340 cases were included; 212 patients were woman (62.4%) and 128 patients were man (37.6%). Average age was 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, noninvasive, inexpensive test.

Send Date: 2018/07/02

Code:3140100351
T-S-081
Category: 3 H. PYLORI

مشاهده هلیکوباکترهای غیر قابل رشد زنده در حضور مهارکننده های پمپ پروتون

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زمینه و هدف: مهارکننده‌های پمپ پروتون (Proton pomp inhibitors, PPIs) در همه رژیم های درمانی هلیکوباکترپیلوری (*Helicobacter pylori, H. pylori*) مورد استفاده قرار می گیرند. PPIs علاوه بر تعدیل اسید معده دارای اثرات ضد میکروبی بر علیه *H.pylori* می باشند. هدف از انجام این مطالعه بررسی تاثیر PPIs بر رشد و حیات *H.pylori* با استفاده از محیط زرده تخم مرغ حاوی تترازولیوم بود.

روش بررسی: در این مطالعه قابلیت کشت پذیری و زنده ماندن ۲۰ ایزوله *H.pylori* در حضور PPIs (MICs: Omeprazole 32µg/mL, Lansoprazole 8µg/mL, Pantoprazole 128µg/mL) بررسی شد. حساسیت باکتری ها نسبت به PPIs با سه روش دیسک دیفیوژن، آگار دایلوشن و تلقیح بر روی محیط زرده تخم مرغ حاوی تترازولیوم (40mg/mL) و PPIs بررسی شد. از آنتی بیوتیک کلاریترومایسین (MIC: 2 µg/Ml) به عنوان داروی کنترل استفاده شد.

یافته ها: به روش دیسک دیفیوژن قطر هاله های عدم رشد هر (۱۰۰ ٪) ۲۰ ایزوله در حضور ۲۰ PPIs تا ۶۰ میلی متر محاسبه شد. بر اساس روش آگار دایلوشن نیز رشد همه ایزوله ها مهار شد. با این وجود، در تمام ایزوله ها بر روی محیط های زرده تخم مرغ حاوی تترازولیوم و PPIs کلنی های قرمزرنگ مشاهده شد. در بررسی نتایج کشت باکتری ها در حضور کلاریترومایسین مشاهده شد که در هر ۳ روش (۸۵ ٪) ۱۷ ایزوله کاملا حساس بودند. آنها دارای قطر هاله عدم رشد ۵۰ تا ۷۰ میلیمتر بوده و بر روی محیط حاوی آنتی بیوتیک رشد نکردند. بر روی محیط حاوی تترازولیوم و کلاریترومایسین نیز کلنی های قرمز رنگ مشاهده نشد.

نتیجه گیری: از دست دادن قابلیت کشت پذیری *H.pylori* در حضور PPIs (با حداقل غلظت مهارکنندگی) دلیل بر اکشته شدن باکتری نمی باشد. در مقایسه نتایج حاصل از کشت *H.pylori* در حضور PPIs و کلاریترومایسین میتوان نتیجه گرفت که مکانیسم اثر PPIs با آنتی بیوتیک ها متفاوت است. به نظر می رسد که PPIs با تاثیر بر انولوپ از رشد و تقسیم اجزاء ساختار خارجی باکتری جلوگیری می کند و باکتری را بطورکامل از بین نمی برد.

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Conclusion: According to our results, both sensitive and resistance *H. pylori* isolates may be simultaneously present in the same stomach. Co-existence of *H. pylori* strains with different antibiotic resistance pattern could be a pitfall in all antibiogram-based studies and must be considered to design eradication treatment strategies.

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Category: 3.5 Management strategies

Variation in antibiotic resistance pattern of *H. pylori* isolates from individual patients

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Introduction: It has been known that *H. pylori* isolates obtained from different individuals show substantial genetic and phenotypic diversity. Strain variation also has been observed within a single patient. In this study, diversity of *H. pylori* antibiotics resistance pattern within 10 dyspeptic patients was evaluated by agar dilution method.

Methods: Gastric biopsies from 10 patients were cultured on selective brucella blood agar and incubated microaerobically for 5-7 days. Four single colonies per patient were picked from the primary *H. pylori* culture plates and subcultured to obtain pure *H. pylori* isolates. Antibiotic susceptibility of primary culture and pure *H. pylori* isolates to metronidazole (MTZ), clarithromycin (CLR), amoxicillin (AMX), tetracycline (TET) and furazolidone (FRZ) was assessed by agar dilution method.

Results: In all ten patients, results of susceptibility test to TET, AMX and CLR for primary *H. pylori* culture and related four pure isolates were consistent. However in three patients there was difference between primary and pure cultures of *H. pylori* in respect to resistance/sensitivity to MTZ and FRZ. In patient one, primary culture was resistant to MTZ and sensitive to FRZ, however two single colonies were sensitive to MTZ and two colonies were resistant to FRZ. In patient two, primary culture was resistant to MTZ, however, one single colony was sensitive. In patient three, primary culture was sensitive to MTZ and FRZ, however two colonies were resistance to MTZ and one colony was resistant to FRZ.

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T-S-083
Category: 3 H. PYLORI

بررسی فراوانی عفونت هلیکوباکترپیلوری به روش شناسایی آنتی بادی های سرم در نمونه ای از جمعیت مشهد و عوامل مرتبط با آن

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زمینه و هدف: حداقل نیمی از جمعیت جهان آلوده به عفونت هلیکوباکتر پیلوری میباشند و این عفونت را میتوان گسترده ترین عفونت در جهان نامید. در ایران مطالعات متعددی برای بررسی شیوع هلیکوباکترپیلوری انجام شده است که نتایج آنها حاکی از شیوع بالای این عفونت در مناطق مختلف ایران است. با این حال تاکنون مطالعه ای در مشهد برای تعیین فراوانی این باکتری انجام نشده است.

روش بررسی: در مطالعه مقطعی حاضر ١٠٢٦ فرد به عنوان نمونه ای از شهر مشهد انتخاب شدند. نمونه سرم این افراد با استفاده از نمونه های ذخیره شده در طرح مشهد استادی (MASHAD Study) در اختیار پژوهشگران قرار گرفت. این نمونه ها مربوط به افراد سالم بوده و به گونه ای جمع آوری شدند که نمایانگر جمعیت مشهد باشند. اطلاعات دموگرافیک و همینطور اطلاعات آزمایشگاهی و سابقه بیماریها در این افراد نیز از طریق بانک اطلاعاتی طرح فوق الذکر جمع آوری شد. در انتها نمونه ها به روش شناسایی آنتی بادی سرم از نظر وجود یا عدم وجود آنتی بادی ضد هلیکوباکترپیلوری مورد بررسی قرار گرفتند.

یافته ها: میانگین سن افراد مورد مطالعه ٤٥ سال بود. ٥٤/٨ درصد افراد مونث و ٤٥/٢ درصد مذکر بودند. نتایج مطالعه ی حاضر بیانگر فراوانی ٨٥/٢ درصدی آلودگی با هلیکوباکتر پیلوری در جمعیت مورد مطالعه داشت. افراد بر اساس آلودگی به هلیکوباکترپیلوری به دو گروه آلوده و غیر آلوده تقسیم شدند متغیر های کمی شامل سن، شاخص توده ی بدنی، هموگلوبین، پلاکت خون، کلسیم سرم، منیزیم سرم، فسفر سرم، ویتامین دی، AST، ALT و CRP بین دو گروه مورد مقایسه قرار گرفت که در هیچ یک از متغیرهای ذکر شده تفاوت معناداری بین این دو گروه مشاهده نشد. همچنین متغیرهایی مانند جنسیت، مدرک تحصیلی، تاهل، شغل، مصرف

سیگار، سابقه دیابت، پرفشاری خون، دیس لیپیدمی و استئوپروز نیز بین دو گروه مقایسه شد که در هیچ یک از متغیرهای ذکر شده تفاوت معناداری بین دو گروه مشاهده نشد.

نتیجه گیری: مطالعه حاضر بیانگر فراوانی بسیار بالای عفونت هلیکوباکتر پیلوری در نمونه ای از جمعیت شهر مشهد بوده که این امر اهمیت بررسی این باکتری را به عنوان یکی از عوامل ایجاد انواع مشکلات گوارشی روشن میسازد.

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T-S-084

Category: 1 CLINICAL PRACTICE

IHC screening for lynch syndrome in patients with early onset colorectal polyps

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Introduction: colorectal polyps occur at younger age and have a greater appetency for being malignant in patients with Lynch syndrome. However, some studies suggest that miss match repair (MMR) proteins mutation in colorectal polyps in patients younger than 50 play role in progression to colorectal cancer, but also other studies do not suggest miss match repair proteins mutation screening. Our goal was to specify the incidence of MMR proteins mutation in patients with adenomatous polyps under age 50 to find high risk group for lynch syndrome.

Methods: We found patients between 18 to 50 years who removed colorectal polyps endoscopically from three referral pathology laboratory in Mashhad, Iran between 2014 and 2017. Familial history was taken with telephone interview. We performed IHC for four miss match repair proteins (MLH1, MSH6,MSH2 and PMS2) in adenomas.

Results: 50 patients were identified with colorectal polyps. Out of 50 patients 27 (54%) were male and mean age was 41. 24 ± 6.5.None of our patients had family history of colorectal cancer but 7 (14%)had lynch syndrome related cancers in their family. Of 50 examined polyps 26 (52%) were tubular, 20 (40%)were tubulovillous and 3 (6%) were serrated.84% of polyps were located in distal colon. 34 (68%) of adenomatous polyps were diagnosed with high grade dysplasia and 35 (70%) were advance polyps (> 1cm, high grade dysplasia, villous adenoma). Among 50 polyps which tested for MSI, none demonstrated MLH1, MSH2,

MSH6 and PMS2 expression.

Conclusion: According to our findings IHC screening of adenomatous polyps in patients younger than 50 for MMR defect is not an effective tool for identifying HNPCC.

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T-S-085

Category: 5 IBD

بررسی هزینه های مستقیم بیماری های التهابی روده در شهر اصفهان در سال۱۳۹۶

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زمینه و هدف: با توجه به افزایش شیوع بیماری التهابی روده (IBD) در سطح جامعه لزوم بررسی هزینه های مترتب بر این بیماری در نظام سلامت برای طراحی و اجرای برنامه های کنترلی و اقتصاد درمان لازم می باشد. در این مطالعه با استخراج داده های بیماران ثبت شده در برنامه ی سورویلانس بیماری های التهابی روده اصفهان تخمین اولیه از هزینه های مستقیم بیماری ارایه می شود.

روش بررسی: در این پژوهش ۵۰ نفر بیمار التهابی روده شامل ۳۲ نفر مبتلا به کولیت السراتیو و ۱۸ نفر مبتلا به کرون شرکت داده شده‌اند. هزینه‌های مستقیم این بیماری شامل آزمایش‌ها، کلونوسکوپی، آندوسکوپی، بستری در بیمارستان، جراحی، تست‌های تشخیصی، داروها و ویزیت‌های متخصص مورد ارزیابی قرار گرفت. هزینه ها بر اساس قیمت روز خدمات در سال ۱۳۹۶ محاسبه شده است.

یافته ها: میانگین هزینه‌های مستقیم سالانه در بیماران کرون ۲٬۱۲۰٬۴۵۹ تومان برای هر نفر در سال ۱۳۹۶و در بیماران کولیت السراتیو نیز ۱٬۱۱۹٬۸۰۰ تومان برای هر نفر در سال ۱۳۹۷ محاسبه شد. حدود یک سوم بیماران در گروه کنترل شده بودند که داروهای کمتری استفاده می کردند.

نتیجه گیری: به نظر می رسد با افزایش تمایل و جهت درمان به استفاده از داروهای بیولوژیک و نیز افزایش هزینه های خدمات تشخیصی و درمانی هزینه های این بیماری در سالهای آتی به مراتب بالاتر باشد. لذا لازم است با اتخاذ سیاستهای آموزشی و کنترلی از موارد کنترل نشده بیماری و عوارض آن پیشگیری کرد. همچنین پیشنهاد می شود مطالعه حاضر در سطح وسیعتر و به صورت چند مرکزی در سطح جامعه ایرانی اجرا شود.

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Code:3140100267

T-S- 086

Category: 1.4 Outcome studies

efficacy of PPI + ASA versus PPI alone on the course of advanced gastritis: a prospective 5 years follow up study

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Introduction: to evaluate efficacy of ASA + PPI in comparison with PPI alone on the course of advanced gastritis.

Methods: during 5y period, every case of advanced gastritis including intestinal metaplasia (IM), mucosal atrophy or low grade dysplasia in a referral center included. All of the positive *H Pylori* cases got eradication then participants allocated to each groups of ASA 80mg + Pantoprazole 40mg or Pantoprazole alone. The participants followed by every 6months to 1 year endoscopy and gastric mapping. The histologic changes among two groups and any potential progression toward more advanced stages determined and compared.

Results: overall 61 cases included. Average duration of follow up was 19.2 months (8 To 60). 26 cases reported as incomplete IM, 23 cases as complete IM, 9 cases as mild atrophy, 2 cases as moderate atrophy and one case as mild dysplasia. 54% of patients were *H Pylori* positive which received eradication. 22 cases allocated to group A (ASA + PPI) and rest of participants treated with PPI alone (group B). During follow up, overall 19 cases got improve based on pathology report, defined as complete resolution of IM or changing from sever to mild. 15 cases belonged to group B (PPI alone) and 4 cases in group A (PPI + ASA) ($P = 0.09$). During this period, 3 cases encountered deterioration as changing from mild to sever or recurrence of IM after previous resolution (2 in group A, 1 in group B). None of the cases evolved to gastric cancer or sever dysplasia during follow up.

Conclusion: long term acid suppression with PPI could be effective for prevention of IM aggravation but adding ASA have not any statistically significant positive effect.

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Code:3140100349

T-S-087

Category: 5.4 Diagnosis and monitoring

An Investigation into the Diagnostic Role of RDW as a New Marker of Inflammation in Distinguishing between the active and inactive forms of Inflammatory Bowel Disease among Patients Referring to Imam Khomeini Hospital

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Introduction: Inflammatory bowel disease (IBD) is a group of chronic gastrointestinal diseases with unknown cause and is characterized by frequent recurrence and recovery. A number of studies have recently referred to RDW as a marker of IBD. The present study was aimed at examining the diagnostic role of RDW as a new marker of inflammation to evaluate disease activity in patients with IBD.

Methods: A total of 100 patients with IBD including 29 patients with Crohn's disease (CD) and 71 patients with ulcerative colitis (UC) as the experimental group and 50 healthy individuals who were homogeneous with regard to age and gender as the control group participated in the present study. The index of inflammatory disease activity among patients with CD and UC was determined through Crohn's Disease Activity Index (CDAI) and Mayo Score, respectively. CD patients with CDAI $\geq$ 150 and UC patients with Mayo Score $\geq$ 3 were considered as active. Laboratory parameters such as RDW, ESR, PLAT, CRP, and WBC were measured for the patients with IBD, and compared in the active and inactive groups based on the type of the disease and presence of anemia.

Results: RDW values were significantly higher in the patients with inflammatory bowel disease (CD, UC) compared to the control group ($p = 0.001$). In the present study, based on the area under ROC curve, ESR is the best single marker of inflammation for the active form of IBD ($P = 0.01$, AUC = 0.842). Although the values related to RDW were not significant in order to distinguish the active and inactive forms of Crohn's disease ($P > 0.05$), these values were significant in the patients with the active form of ulcerative colitis ($P < 0.05$), which indicates that the diagnostic accuracy of RDW as an inflammatory marker in distinguishing between the active form of ulcerative colitis is 72% and with a confidence of 95% between 63 to 86%.

Conclusion: According to the results of the present study, RDW can be valuable as a new marker of inflammation in monitoring patients in recovery phase and evaluate the activity of inflammatory bowel disease, especially to determine the disease activity in UC and CD patients with anemia.

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Code:3140100346

T-S-088

Category: 13 ONCOLOGY - BASIC

Association of hOGG1 1245C > G (rs1052133) Polymorphism with Colorectal Cancer risk: a Meta-Analysis

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Introduction: The 1245C > G (rs1052133) polymorphism of human oxoguanine glycosylase 1 (hOGG1) gene has been indicated to be correlated with colorectal (CRC) susceptibility, but studies have yielded conflicting results. Thus, the present meta-analysis was performed to derive a more precise estimation between hOGG1 1245C > G polymorphism and CRC risk.

Methods: Data were collected from several electronic databases such as PubMed, EMBASE, and Google Scholar databases, with the last search up to June 30, 2018. The pooled odds ratio (OR) and its corresponding 95% confidence interval (CI) was assessed by the random or fixed effect model.

Results: A total of 7,021 CRC cases and 10,600 controls from 24 case-control studies were involved. The combined results showed that hOGG1 1245C > G polymorphism was significantly associated with CRC risk under three genetic models, i.e., homozygote (GG vs. CC: OR = 1.229, 95% CI 1.031-1.465, p = 0.022); heterozygote (GC vs. CC: OR = 1.142, 95% CI 1.008-1.294, p = 0.037); and dominant (GG+GC vs. CC: OR = 1.162, 95% CI 1.034-1.304, p = 0.011). Via stratified analysis by ethnicity, a significant association of the hOGG1 1245C > G polymorphism with susceptibility to CRC was found in the Caucasians, but not in Asians. Moreover, there were significant associations between hOGG1 1245C > G polymorphism and CRC by PCR-RFLP and hospital-based (HB) subgroup.

Conclusion: This meta-analysis result, inconsistence with the previous meta-analysis, suggests that the hOGG1 1245C > G polymorphism might be associated with an increased CRC risk, especially in Caucasians.

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Code:3140100256
T-S-089
Category: 8.2 Gallstones

Efficacy of Common Bile Duct Stenting for Large Stones

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Introduction: Common bile duct (CBD) stones exist among 12% of patients with cholelithiasis. They may result in some complications including pancreatitis and cholangitis. The common therapeutical method is endoscopic sphincterotomy during ERCP(Endoscopic Retrograde Cholangio-Pancreatography) and stones removal. This method does not have a reasonable success rate for stones with a diameter larger than 15 mm and may cause serious complications. The aim of this study was to evaluate the CBD stenting method in the treatment of large CBD stones.

Methods: This study was performed on 32 patients who presented to the ERCP unit of Shahid Beheshti hospital in Qom with large CBD stones. Success rate in CBD clearing and rate of some complications including rupture of CBD, pancreatitis, and cholangitis were evaluated after the first ERCP for stent replacement, and the second for its removal.

Results: The success rate in complete CBD clearing was 93.8%. A reduction in size and number of stones was seen during a 2-month period, which was statistically significant. No case of CBD rupture and cholangitis was detected and the incidence of pancreatitis was 18.8%.

Conclusion: CBD stenting has a reasonable success rate for reducing the size and number of CBD stones.

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Code:3140100270
T-S-090
Category: 5.4 Diagnosis and monitoring

Diagnostic accuracy of ultrasonography in comparison with colonoscopy for diagnosing of ulcerative colitis

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Introduction: To evaluate diagnostic accuracy of ultrasonography in comparison with colonoscopy as gold standard for diagnosing of ulcerative colitis (UC).

Methods: In this prospective study, 114 participants who attended in Ahvaz Imam Hospital during March 2014 to February 2015 included. The participants divided into 2 groups: group A as 64 UC patients (flare or new case) and 50 participants as control group who attend for colorectal cancer screening or evaluation of rectorrhagia. All of the participants obtained a Trans abdominal ultrasonography

after 8 hours fasting and evaluated for colonic thickness in any involved region, loss of compressibility, peristaltic movement, mesenteric lymph nodes enlargement and presence or absence of ascites, fat stranding or stratification.

Results: Ultrasonography sensitivity for diagnosing of moderate to severe UC in comparison with colonoscopy was between 52.56 to 86.36% based on different factors such as new onset or active disease, BMI, gender and region of involvement. In all of the situations the specificity was 100%. The sensitivity for diagnosing new cases of UC and pancolitis were 86.36% and 76.67% respectively and these figures were less among cases with BMI more than 25. The colonic wall thickness in new cases of UC (6.4 ± 1.3mm) was significantly more than wall thickness among disease flare up (5.5 ± 1.7mm) (*P* = 0.02) and also average colon thickness in UC group (average 5.9mm , range 2-9mm) was significantly more than control group (average 3.3mm, range 3-4 mm).

Conclusion: The findings of current study prove that ultrasonography is not an ideal tool for evaluation of UC patients because its results could affect by several factors such as BMI and region of involvement.

Send Date: 2018/07/27

of documented polypectomies and polyp biopsies that were assessed by three referral pathology clinic in Mashhad, Iran between 2012 and 2017.

Results: A total of 738 patients regarding sex 405 (54.9 %) were male. The mean age of our patients was 54.61 ± 14.52. adenomatous polyps were the most common pathological finding (n = 552,74.8 %), hyperplastic polyps were 93 (12.6%) and serrated polyps were 18 (2.4%). Adenomatous polyps were documented as below: tubular type (391,53%), tubulovillous (144,19.5%) and Villous (17,2. 3%). of 738 polyps, the exact location of 661 polyps were specified and within 661 polyps 520 (78.7%) were in distal colon. The mean age of patients with adenomatous polyps was 56.37 ± 13.81, and 184 (25.4%) were under age 50. among adenomatous polyps 152 (20.6%)were detected with high grade dysplasia. advance polyps were diagnosed in 234 (31.7%) and they mostly located in distal colon (82.4%).

Conclusion: Distal colon was site of most of the polyps. The measurement of advance polyps is increased. This high prevalence of advance polyps in our patients implies the urgent need for screening plans to prevent colorectal cancer in our region.

Send Date: 2018/08/11

Code:3140100284
T-S-091
Category: 1.1 Epidemiology

characteristics of colorectal polyps in north-east of Iran: a cross sectional study

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Introduction: Colorectal cancer is among the most important cause of death worldwide. It is widely accepted that most of CRC are arise from colorectal polyps. In recent years there is a specific rise in incidence of adenomatous polyps in Iran. Unlike high prevalence of colorectal cancer in east and north-east of Iran; unfortunately, there is no obvious demographic data of colorectal polyps in this region. In current paper we aimed to measure histological and clinical characteristics of colorectal polyps in east and north east of Iran.

Methods: This study is a cross sectional retrospective review

Code:3140100277
T-S-092
Category: 2.13 Gastroduodenal malignancies

Stage Association of Preoperative Serum Carcinoembryonic Antigen with Gastric Adenocarcinoma in Iranian Patients

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Introduction: Gastric cancer is the second leading cause of cancer-related mortality and the fourth most common cancer globally. Tumor markers are needed for appropriate management and monitoring of treatment to improve quality of life. Recently, carcinoembryonic antigen (CEA) has been widely used as a tumor marker in the diagnosis and follow-up of some malignancies. The aim of this study was to evaluate the significance of CEA detection in the course of disease in gastric cancer patients at different stages.

Methods: Seventy six cases of gastric adenocarcinoma

from the Rasht Razi Hospital were studied between January 2016 and December 2016, along with a control group of 152 people. Serum CEA was measured by ELISA reader. Statistical analysis was performed using SPSS 14.0 for Windows (SPSS Inc., Chicago, USA). The two groups were also compared by cross-table analysis using Pearson's chi-square test, with P-values < 0.05 considered significant.

Results: CEA was positive in 61.8 % of patients versus 2.6% of the control group ($P = 0.0001$). Some 21% of patients at stages I and II (initial disease) and 40.8% at stages III and IV (advanced disease) demonstrated positive CEA. which was significantly correlated with higher N stage and poor differentiation.

Conclusion: Our study showed that a high preoperative CEA level was not prevalent in early stage gastric cancer patients. We recommend to design other prospective studies and meta-analyses for elucidation of claims for diagnostic efficacy.

Send Date: 2018/07/29

Code:3140100372
T-S-093
Category: 19.2 Endoscopy - Colon

Incidence of colonoscopy complications requiring hospitalization in Shariati Hospital from 2013 to 2017

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Introduction: Colonoscopy as a common diagnostic and therapeutic procedure is generally safe and the incidence of adverse events is rare. We respectively assessed the frequency of adverse events requiring hospitalization within 30 days after colonoscopy

Methods: In this retrospective cohort study, we reviewed the report of colonoscopy that were performed from 1392 to 1396 in university--affiliated hospital. Demographic factors, including age, race, gender, colonoscopy indication, findings including polyp detection rate and early complications were recorded. patient health records reviewed for serious complications requiring hospitalization within 30 days after index colonoscopy.

Results: A total of 9928 individuals underwent colonoscopies. The mean age of the individuals was 53 ± 15.9 years. Seventeen (0.2 %) patients with serious complication requiring hospitalization were identified. The most common adverse event was bleeding (7 patients, 0.1%) and five

patients (0.1%) experienced cardiopulmonary events, four patient (0.04%) experienced colon perforation and one patient experienced sepsis. Two deaths were reported. Out of 1396 (14.1%) of the colonoscopies that were performed for screening purpose, 314 (22.5%) individuals had one or more polyp (PDR = 22.5%).

Conclusion: Although the incidence of serious complications after colonoscopy is rare, worldwide use of this procedure leads to an increased rate of complications. Early recognition and treatment of adverse events are essential to improve patients' outcome.

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Code:3140100322
T-S-094
Category: 5.5 Treatment

Efficacy of Vitamin B6 Supplementation for treatment of Ulcerative Colitis

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Introduction: To evaluate the efficacy of vitamin B6 supplementation on laboratory and clinical outcomes in patients with ulcerative colitis.

Methods: in this double-blind placebo-controlled randomized trial ulcerative colitis Patients were randomly divided into two groups, intervention (usual treatment plus vitamin B6 40 mg/day) and placebo group (usual treatment plus placebo). The serum levels of inflammatory markers measured and compared at the beginning and the end of intervention.

Results: overall forty patients were randomly selected to participate in this trial. Age range of participants was between 25-65 years and 3.43% of patients (13 cases) were male. Baseline characteristics of two groups were equal. The mean serum level of homocysteine after intervention in placebo and Vitamin B6 groups were 9.05 ± 3.45 and 16.31 ± 20.52 respectively ($P = 0.205$). There were no significant differences between serum levels of homocysteine, CRP ($P = 0.328$), ESR ($P = 0.329$), Calprotectin ($P = 0.683$) and frequency of defecation after 6 months intervention in univariate analysis. In multivariate analysis frequency of defecation was significantly greater in vitamin B6 group in comparison with placebo group ($P = 0.01$).

Conclusion: We couldn't find any significant effect of vitamin B6 supplementation on severity of ulcerative colitis and even defecation frequency in vitamin B6 group was greater.

Send Date: 2018/08/21

Code:3140100239

T-S-095

Category: 5 IBD

Differentiation of Crohn's disease and ulcerative colitis in comparison with healthy controls using Intestinal wall thickness of the colon: A Diagnostic Accuracy Study of Endoscopic Ultrasonography

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Introduction: The differentiation between Ulcerative Colitis (UC) and Crohn's Disease (CD) is an important issue for choosing the appropriate medical approach. Endoscopic Ultrasonography (EUS) has been used to distinguish different layers of the gastrointestinal wall. We performed this study to evaluate the accuracy of EUS compared to colonoscopy.

Methods: This is a prospective, single blinded diagnostic accuracy study, on 70 patients (UC, 30 CD and 10 healthy controls). After obtaining informed consent, patients underwent a complete work up and were referred to an endosonographist who was blind to the diagnosis. Thickness of mucosa, submucosa and whole wall (TWT) of mid sigmoid colon were measured.

Results: Our study revealed sensitivity of 100% and specificity of 92.3% for EUS to differentiate UC and CD comparing to standard diagnostic tests. Mean mucosal thickness in patients with UC was significantly greater than patients with CD, while, mean sub-mucosal thickness was significantly greater in patients with CD ($P < 0.001$). The sensitivity and Specificity of mean mucosal thickness for differentiating UC form CD and Controls were 92.3% and 88.6% with Cutoff point of 1.1 mm ($p < 0.001$). Moreover, Sensitivity and Specificity of mean submucosal thickness for differentiating CD from UC and Controls were 100% and 86.1% with Cutoff point of 1.08 mm ($P < 001$).

Conclusion: EUS can be used as an efficient and non-invasive modality with acceptable accuracy vs standard tests to differentiate Crohn's disease and Ulcerative Colitis. However, its accuracy is highly dependent on the experience of the technician.

Send Date: 2018/04/08

Code:3140100347

T-S-096

Category: 5.3 Genetics

Evaluation of Gene Expression of LncRNA CRNDE in Patients with Inflammatory Bowel Disease

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Introduction: Inflammatory bowel disease (IBD) is a multifactorial inflammatory disease that contains Crohn's disease (CD) and ulcerative colitis (UC). Incidence and prevalence of IBD are increasing geographically around the world. Long noncoding RNAs (lncRNAs) were recently identified to have a key role in regulating biological functions in human disease. Although the exact role of lncRNAs in IBD remains unknown, it is determined that the expression of some lncRNAs is changeable in IBD. We aimed to evaluate the expression of CRNDE lncRNA in patients with IBD CD and UC.

Methods: In this study, CRNDE lncRNA in intestinal blood and tissue samples were detected by quantitative real-time PCR. We performed this test in 53 patients including 20 people with ulcerative colitis (UC), 13 people with Crohn's disease (CD) and 20 normal people as the control.

Results: In this study, we identified a widespread dysregulation of lncRNA in both CD and UC patients compared to the normal controls. We found that lncRNA CRNDE expression was elevated in IBD patients. This upregulated of CRNDE lncRNA was different in UC and CD patients, UC patients showed significantly a higher expression of CRNDE in compared CD patients.

Conclusion: Our data present that lncRNA CRNDE is involved in inflammatory bowel disease patients, which provide a potential prognostic biomarker and therapeutic targets.

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Code:3140100250

T-S-097

Category: 2.13 Gastroduodenal malignancies

مقایسه نتایج Staging بیماران مبتلا به Gastric adenocarcinoma مراجعه کننده به بیمارستان امام خمینی (ره) با استفاده از دو روش سی تی اسکن و بیوپسی

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زمینه و هدف: مسئله پیش رو در این تحقیق این است که Staging بیماران مبتلا به Gastric adenocarcinoma با استفاده از سی تی اسکن تا چه میزان با این بیماران بعد از جراحی مطابقت خواهد داشت.

روش بررسی: این مطالعه به صورت گذشته نگر روی ٥٠ نفر از بیماران مبتلا به آدنوکارسینوم معده مراجعه کننده به بیمارستان امام مورد بررسی قرار گرفتند. بعد در نظر گرفتن شرایط استاندارد برای بیماران از دو روش سی تی اسکن و بیوپسی (جراحی) برای تعیین Staging استفاده شد و نتایج حاصل از این بررسی ها مورد مقایسه قرار گرفتند.

یافته ها: میانگین سنی بیماران ٦٥/٠٨ سال با انحراف معیار ٣٦/١٠ بوده است که ٦٦ درصد از آنها مرد بودند. نتایج حاصل از بیوپسی نشان داد که، ١٨ نئوپلاسم در مرحله pN0 (٣٣./) ؛ ١٨ مورد به عنوان pN1 ٧، (٣٣./) نئوپلاسم در مرحله pN2 (١٤./) و ٧ نئوپلاسم در مرحله pN3 (١٤./) قرار گرفت. در حالی که نتایج سی تی اسکن نشان می دهد، ١٠ نئوپلاسم در مرحله pN0 (٢٠./)؛ ١٨ مورد به عنوان pN1 ١٥، (٣٣./) نئوپلاسم در مرحله pN2 (٣٠./) و ٧ نئوپلاسم در مرحله pN3 (١٤./) قرار گرفتند. به طور کلی می توان گفت، تومورهای اولیه در روش جراحی قابل شناسایی نبوده است. از بین ١١ مورد سرطان معده که زود ایجاد شده و اولیه بودند، فقط ٣ مورد (١ مورد از نوع IA و ٢ مورد از نوع IB) با روش جراحی قابل تشخیص بودند.

نتیجه گیری: به طور کلی نتایج نشان می دهد، میزان شناسایی تومورهای اولیه در روش جراحی و روش CT Scan به ترتیب ٨٩ درصد و ٩٨ درصد بوده است. بعبارتی یک تومور اولیه، را نمی توان با استفاده از روش جراحی تشخیص داد ولی با استفاده از تصاویر مربوط به CT Scan می توان آن را شناسایی نمود.

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Code:3140100281

T-S-098

Category: 20.3 Interventional Radiology

مقایسه یافته های سی تی اسکن اسپایرال در فازهای فعال و خاموش بیماری کرون در مراجعین به بیمارستان امام خمینی(ره)

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زمینه و هدف: مطالعه حاضر به مقایسه یافته های سی تی اسکن اسپایرال در فازهای فعال و خاموش بیماری کرون در مراجعین به بیمارستان امام خمینی (ره) پرداخته است تا با یافتن نشانه های رادیولوژیکی بتواند مشخص کند بیمار کرون در فاز خاموش یا فعال بیماری است.

روش بررسی: این مطالعه به صورت گذشته نگر بر روی ٥٠ نفر از بیماران مبتلا به کرون مراجعه کننده به بیمارستان امام خمینی (ره) انجام شده

است. بیماران بر اساس ایندکس Crohn Disease Activity به دو گروه فاز فعال و گروه فاز خاموش تقسیم شدند. تفسیر عکس های Spiral CT Scan توسط رادیولوژیستی که از وضعیت بالینی و آزمایشگاهی بیمار آگاه نبود انجام شد. در نهایت تفسیر های رادیولوژی با وضعیت بالینی و آزمایشگاهی بیمار مقایسه و میزان تطابق آن سنجیده شد.

یافته ها: میانگین سنی بیماران مورد مطالعه ٥٢ سال با انحراف معیار ٣٤/٥ بوده است که ٣٦ درصد از آنها مرد بودند. بیشترین علائم بیماری کرون مربوط به درد شکمی و بیشترین عارضه دیده شده به ترتیب مربوط به ورم مفاصل (٣٣ درصد) و بعد از آن تب (٣٢ درصد) بوده است. ٧٦ درصد از آنها در فاز فعال بیماری و ٢٤ درصد در فاز خاموش بیماری قرار داشتند. نتایج مطالعه نشان دادکه بیماران فاز خاموش دارای علائم بالینی بیماری کرون نمی باشند در حالی که علائم آزمایشگاهی آن ها با بیماران فاز فعال نیز تفاوت چندانی ندارد. اما سی تی اسکن اسپایرال کارایی خوبی در زمینه تشخیص شدت بیماری و فازبندی آن نشان داد. برخی عوارض همچون سنگ کیسه صفرا نیز از طریق اسپایرال قابل تشخیص می باشد.

نتیجه گیری: نتایج مطالعه نشان داد که شاخص های آزمایشگاهی بیماری کرون در فاز فعال و خاموش تفاوت معنی داری با هم ندارند. اما نتایج یافته های سی تی اسکن اسپایرال نشان دهنده تفکیک بیماران کرون در فاز خاموش و فعال می باشد.

Send Date: 2018/07/30

Code:3140100355

T-S-099

Category: 5 IBD

The Evaluation of fra-1 and Nrf2 gene Expression in Ulcerative Colitis Patients

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Introduction: Ulcerative colitis is a chronic relapsing disorder of the colon that pathologically represents inflammation and epithelial injury. Reactive oxygen species play essential roles in the pathogenesis of UC. The Fra-1 and Nrf2 are transcription factors which regulate the antioxidant enzyme and intracellular signaling in oxidative stress condition. Our aim was to assess the expression of fra-1 and Nrf2 genes in histological tissues.

Methods: 20 patients with ulcerative colitis and 20 healthy subjects were enrolled in the study. The colonoscopy and histological manifests were analyzed in terms of the severity and extension indexes. The fra-1 and Nrf2 gene expression

in mucosal tissue were also evaluated by real time-PCR.

Results: 14 patients were considered as mild patients with score E2 and S1/S2. 6 patients were severe patients with score E3 and S3. Furthermore, the elevated level of fra-1 and Nrf2 were shown in both patient groups compared to control subjects.

Conclusion: The presence of oxidative stress in UC patients induces Fra-1 expression to promote subsequent antioxidant transcription factors. The Fra-1 factor is a key regulator for Nrf2 gene expression. It is suggested that Nrf2 act as a protective factor, which might be an element of research in the novel therapeutic approaches for IBD.

Send Date: 2018/08/28

Code:3140100279
T-S-100
Category: 5.2 Etiology/epidemiology

Exacerbation Causes among Inflammatory Bowel Disease Patients in Guilan Province North of Iran

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Introduction: Several factors may contribute as a trigger to exacerbate the condition of patients with inflammatory bowel disease (IBD).

Methods: In this retrospective cross-sectional study, we assessed the document of 109 patients with the positive history of IBD exacerbation between March 2016 and March 2017. The parameters were recruited from the software. The mentioned parameters were assessed in terms of type and sevirity of disease by chi-square test using SPSS ver.20. Also, $P \leq 0.05$ was considered as significant. Besids, binary logistic regression test was used to assess the associations between season of disease onset and IBD exacerbation, as odds ratios (OR) with confidence intervals (CI) 95%.

Results: Among 109 patients with the positive history of IBD exacerbation, 96 patients (88.1%) had UC.The mean age of patients with IBD exacerbation was 38.14 ± 14.66 years old. The disease duration in patients with UC and CD was 35.43 and 38.85 (mean of months), respectively. About 50% of these patients with infection, were strongyloides

stercoralis positive. The occurrence of mild IBD exacerbation was significantly observed in spring in comparison to the other seasons (OR, 3.58; 95% CI, 0.1–1.04). Most of the UC patients were just prescribed salicylates (53.12%). Most of the CD patients with mild and severe activity were not smoker ($p = 0.058$). It was marginally significant.

Conclusion: The evidences of distribution of strongyloides stercoralis infections among IBD patients with the history of exacerbation, considering this issue along with other environmental factors such as enhancing the nutritional quality and surface water is suggested to be studied in the future.

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Code:3140100264
T-S-101
Category: 18 GASTROINTESTINAL BLEEDING

مقایسه یافته‌های کولونوسکوپی در افراد زیر و بالای ۵۰ سال مبتلا به خونریزی گوارشی تحتاتی

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۱ بیمارستان شاه ولی، علوم پزشکی ازاد، یزد

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زمینه و هدف: (LOWER GASTROINTESTINAL BLEEDING) LGIB) خونریزی از کولون یا آنورکتوم است که معمولا با هماتوشزی بدون درد تظاهر می کند. بیشتر توجه در LGIB به بیماریهای خطرناک در افراد بالای ۵۰ سال معطوف است ما در این مطالعه به مقایسه علل LGIB در افراد بالا و زیر ۵۰ سال پرداخته ایم تا اهمیت بررسی زود هنگام بیماران جوان بیشتر روشن شود.

روش بررسی: این مطالعه تحلیلی به روش کهورت تاریخی انجام شد. اطلاعات بالینی و یافته‌های کولونوسکوپی از پرونده بیماران گردآوری شد.جهت تحلیل آماری از آزمونهای Chi-square و Fisher Exact استفاده گردید. مقدار ۰.۰۵ > P-Value معنی دار در نظر گرفته شد.

یافته ها: ۲۴۰ بیمار با LGIB که در بیمارستان شهید صدوقی یزد در سالهای ۹۶-۹۳ کولونوسکوپی شده اند بررسی شدند. ۱۳۸ نفر(۵۷/۵ ./) مرد بودند. سن بیماران از ۵ تا ۸۸ سال بود. بیماران در دو گروه ۱۲۰ تایی زیر ۵۰ سال و بالای ۵۰ سال بررسی شدند. ۲۱۵ نفر (۹۰/۵ ./) با رکتوراژی، ۱۷ نفر (۷ ./) با خون مخفی، ۶ نفر (۵/۲ ./) با اسهال خونی مراجعه کرده بودند. برای ۹۴ نفر نمونه ی پاتولوژی ارسال شده بود که ۳۷ نفر (۳/۳۹ ./) کولیت اولسرو، ۳۴ نفر (۱/۳۶ ./) پولیپ، ۱۴ نفر(۹/۱۴ ./) کانسر و ۹ نفر(۶/۹ ./) زخم منفرد رکتوم داشتند. در کل ۹۶ نفر(۴۰ ./) هموروئید، ۳۷ بیمار، ۳۷ نفر (۴/۱۵ ./) کولیت اولسرو، ۳۷ نفر (۴/۱۵ ./) پولیپ، ۱۴ نفر (۵/۸ ./) فیشر، ۱۴ نفر (۵/۸ ./)کانسر، ۷ بیمار (۲/۹ ./) زخم منفرد رکتوم، ۴ نفر (۱/۷ ./) دیورتیکولوز داشتند. در ۳۱ نفر (۹/۱۲ ./) کولونوسکوپی نرمال بود.

نتیجه گیری: شیوع فیشر، کولیت اولسرو و زخم منفرد رکتوم در افراد زیر ۵۰ سال بیشتر بود ولی هموروئید، دیورتیکولوز و کانسر کولون در افراد بالای

۵۰ سال بیشتر بود (۰.۰۰۱ = P-Value). البته فراوانی کانسر کولورکتال در افراد زیر ۵۰ سال قابل توجه بود. شیوع پولیپ کولون در هر دو گروه سنی تقریبا یکسان بود.

Send Date: 2018/07/23

Code:3140100258

T-S-102

Category: 4 INTESTINAL

Relative Prevalence of Duodenal Diverticulum and its Association with Pancreatic Biliary Disease in ERCP Patients

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Introduction: The duodenum is the second most commonly occurring diverticulum in the gastrointestinal tract. Though, the diverticulum can induce various complications, no logical screening has been provided for them so far. In this study, the relative prevalence of duodenal diverticulum and their association with bile ducts in patients with pancreatic biliary disease were studied.

Methods: This cross-sectional study was performed on 310 patients who underwent ERCP for various reasons. The presence or absence of duodenal diverticulum and complications were also evaluated.

Results: Of 310 patients, 62 (20%) had duodenal diverticulum and the frequency of diverticulum in the order of prevalence was: type B (39%), type D (26%), type A (21%) and type C (14%). The prevalence of the biliary stones in diverticulum group was significantly higher. The biliary duct stenosis was lower in the group with diverticulum and the mean age was significantly higher. There was no significant difference between the two sexes.

Conclusion: The results of this study showed that the prevalence of duodenal diverticulum in patients was higher than the previous studies. There was a significant difference in the incidence of duodenal diverticulum among different age groups. It seems that the diverticulum increase the risk of biliary stones and reduce bile duct stenosis.

Send Date: 2018/07/21

Code:3140100364

T-S-103

Category: 5 IBD

بررسی سیر ذاتی و الگوی بیماری های التهابی روده در شهر اصفهان در سال۹۷-۱۳۹۶

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۱ مرکز تحقیقات بیماریهای گوارش پورسینا، علوم پزشکی اصفهان

۲ کمیته تحقیقات دانشجویی/ مرکز تحقیقات بیماریهای گوارش پورسینا، علوم پزشکی اصفهان

زمینه و هدف: تدوین سیر ذاتی بیماری های التهابی روده از ضروریات اپیدمیولوژیک در طراحی نظام جامع سلامت برای پیگیری و کنترل این بیماری در جامعه می باشد. با توجه به راه اندازی نظام جامع ثبت و پایش بیماریهای التهابی روده در مرکز تحقیقات بیماریهای گوارش پورسینا (اصفهان) این امکان به دست آمد تا با پیگیری موارد ثبت شده اطلاعات اولیه در مورد الگوی این بیماری در جامعه ترسیم شود.

روش بررسی: در این مطالعه پرونده‌های ۵۰ بیمار با سابقه ی ابتلای بالای ۱۰ سال مراجعه‌کننده به کلینیک پورسینای حکیم که اطلاعات آنها در سیستم سورویلانس مرکز پایش می گردد مورد بررسی قرار گرفت. الگوی بیماری آنها بر اساس شاخصهای پیشرفت و سیر بیماری (Natural History) در چهار گروه (A: remission or mild severity of intestinal symptoms after high activity, B: increase in severity of intestinal symptoms after initial low activity, C: chronic continuous symptoms, D: chronic intermittent symptoms) دسته بندی شد و داده ها مورد تحلیل قرار گرفت.

یافته ها: این ۵۰ نفر ۳۲ نفر از آنها مبتلا به کولیت السراتیو و ۱۸ نفر مبتلا به کرون بودند. بیشترین تظاهرات اولیه در بیماران کرون درد شکمی و اسهال بوده ولی در بیماران کولیت بیشترین علائم اولیه خونریزی مقعدی بوده است. کلانژیت اسکلروزان در ۷ درصد بیماران مشاهده شد. با بررسی های انجام شده در زمینه الگوی بیماری از ۵۰ بیمار موردنظر ۴۸ ٪ در گروه D و ۲۴ درصد در گروه C و ۲۲ درصد در گروه A و ۲ درصد در گروه B قرار گرفتند.

نتیجه گیری: با مقایسه الگوی بیماری در جامعه مورد بررسی تفاوت های معنی داری در الگوی بیماری و سیر ذاتی آن نسبت به جوامع غربی مشاهده می شود. لازم است مطالعه حاضر با حجم نمونه بیشتر و با همکاری سایر مراجع ثبت بیماریهای التهابی در ایران برای ارایه ی الگوی واقعی بیماری ترتیب داده شود. بررسی علل کنترل نبودن بالای این بیماری در جامعه مورد بررسی مستلزم مطالعات تکمیلی می باشد.

Send Date: 2018/08/31

Code:3140100278

T-S-104

Category: 5.4 Diagnosis and monitoring

Fecal Calprotectin Role in Diagnosis of Ulcerative Colitis and Treatment Follow-up

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[2] GI Cancer Screening and Prevention Research Center (GCSPRC), Rasht, Iran, Guilan University of Medical Sciences

Introduction: Ulcerative colitis (UC) is a type of inflammatory bowel disease that usually affects the rectum and progresses to the beginning of the colon to involve the whole. The use of noninvasive methods such as fecal calprotectin (FCP) measurement may be considered as a reliable and inexpensive approach to assess the disease severity or treatment change strategy.

Methods: In this retrospective cross-sectional study, records of 56 UC hospitalized patients with exacerbation between May 2016 and April 2017 were assessed based on IBD Data Bank Software in Gastrointestinal and Liver Diseases and Research Center (GLDRC), Guilan province, Iran between. A questionnaire of demographic characteristics, clinical findings and FCP level was completed. Montreal classification severity of ulcerative colitis in and Mayo disease activity index were scored. All data were entered into SPSS-21 software and analyzed for descriptive and analytical analysis.

Results: This study showed that FCP was significantly different in terms of disease severity based on both Mayo score ($P = 0.007$) and Montreal classification ($P = 0.001$). In patients with mild symptoms, no increase in FCP was observed, but in patients with moderate and severe elevations in FCP levels was significant. Also, there was a relation between C - reactive protein (CRP) surge and disease severity ($P = 0.02$). Furthermore, comparison of regression among high-chance patients based on FCP showed a significant relation to higher erythrocyte sedimentation rate (ESR) levels and smoking, $p = 0.01$ and $p = 0.05$, respectively.

Conclusion: it can be concluded that FCP levels are related to the disease severity. Non-invasive methods, such as FCP assay, may seem to be an alternative to aggressive, costly and time-consuming methods, such as colonoscopy and biopsy, to reduce the suffering of patients and ultimately help improve the quality of life of patients.

Send Date: 2018/07/29

Code:3140100353
T-S-105
Category: 2 ESOPHAGEAL - GASTRIC AND DUODE-NAL DISORDERS

Investigating the Correlation between Endoscopy and Histopathology Findings

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Introduction: During an upper endoscopy procedure, the gastroenterologists almosttry to make adiagnosis of gastric lesions using observational features via an endoscope.

Methods: In a prospective study on outpatients fromMay 2015 to March 2017, patients who were referred to endoscopy ward in a referral center were enrolled in study. The exclusion criteria were: contraindication for biopsy, definite diagnosis, needing for therapeutic procedure and follow-up endoscopy. The upper endoscopy was performed by two gastroenterologists. The stomach mapping was performed in various parts of the body includingfundus, body (lesser and greater curvatures) and antrum andtwo biopsy samples were taken from each area. Samples were then stored in separate bottles. Soon after,the specimens were transferredto the central pathology ward of the hospital. Associationbetween the endoscopy and pathology findings were assessed.

Results: The mean age was 51 ± 6. 207 patients (59.1%) were male. Generally the majority of the lesions were located in the antrum. The sensitivity of endoscopy for fundus, body and antrum was 33.3%, 49.4% and 70.6%, respectively. Additionally, specificity of endoscopy for fundus, body and antrum was 97.5%, 93.5% and 90.6%, respectively. The endoscopy findingsfor atrophy and metaplasia in antrum had relatively low association with pathology findings.

Conclusion: These findings indicated that additional detailedendoscopy reports and histopathological studiesare required to be performed in order to achieve better outcome for accurate diagnosis.

Send Date: 2018/08/25

Code:3140100280
T-S-106
Category: 9.5 Malignant disease and endocrine tumors of the pancreas

<div dir="rtl">

بررسی میزان عود علایم انسدادی و کیفیت زندگی،بعد از تعبیه استنت فلزی Non cover داخل مجرای بیلیاری در بیماران مبتلا به کنسر پانکراس

سلمان روغنی حسن*،[1]، باغبانیان محمود[1]، اکبریان سمیرا[1]

[1] بیمارستان شهید صدوقی، علوم پزشکی شهید صدوقی

زمینه و هدف: در بیماران مبتلا به سرطان پانکراس زردی، خارش و بی اشتهایی از جمله مواردی است که در کیفیت زندگی تاثیر به سزایی دارد. لذا بر آن شدیم تا در بیماران مبتلا به سرطان پانکراس میزان تاثیر ERCP و تعبیه استنت فلزی را بر کیفیت زندگی و همچنین میزان عود علایم انسدادی مورد بررسی قرار دهیم.

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روش بررسی: در این مطالعه تحلیلی گذشته نگر ۸۱ بیمار مبتلا به سرطان پانکراس مراجعه کننده به بیمارستان شهید صدوقی و مرتاض یزد طی سال های ۱۳۹۱ تا ۱۳۹۵ مورد بررسی قرار گرفتند. اطلاعات بیماران شامل سن،جنس،میزان عود، مدت زمان بازگشت علایم و انجام کموتراپی از طریق پرونده های موجود در بایگانی ثبت شد. سپس جهت ارزیابی کیفیت زندگی از پرسشنامه FACT-Hep استفاده شد. داده ها پس از جمع آوری توسط نرم افزار SPSS ورژن ۱۸ مورد تحلیل قرار گرفتند.

یافته ها: از ۸۱ بیمار شرکت کننده در مطالعه، ۴۷ نفر (۵۵.۶ ٪) مرد و ۳۴ نفر (۴۰.۷ ٪) زن بودند با میانگین سنی ۱۲/۱۵ ± ۷۲ سال. از این بین ۱۲ نفر (۱۴.۸ ٪)عود داشته اند. همچنین نتایج نشان داد که میانگین زمان عود، در بیماران ۵/۰۳ ± ۶/۹ ماه بوده است که بین فراوانی عود و میانگین زمان عود با انجام کموتراپی رابطه آماری معناداری یافت نشد. درمورد نمره کیفیت زندگی بر اساس پرسشنامه FACT-Hep مشخص گردید که ۸/۵۴ درصد میانگین کمتر از میانه(> ۲۱) و ۲/۴۵ درصد میانگین بیشتر از میانه داشته اند.

نتیجه گیری: با توجه به نتایج می توان نتیجه گرفت که استفاده از استنت فلزی به طور مستقل (غیر وابسته به انجام کموتراپی) می تواند باعث بهبود علائم انسدادی و کیفیت زندگی در بیماران مبتلا به سرطان پانکراس شود.

Send Date: 2018/07/30

Code:3140100238
T-S-107

Category: 19.2 Endoscopy - Colon

Colonoscopy complication during 23 years

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Introduction: Colonoscopy is a widely used procedure and although colonoscopy is generally safe, it could have both gastrointestinal and non-gastrointestinal complications. The aim of this report is to assess the major complications of colonoscopies performed by one expert gastroenterologist.

Methods: We analyzed the rates of polyp detection, adenoma detection and adverse events in all the colonoscopies performed by one expert gastroenterologist during 23 years (1994-2017). Demographic factors, including age, race, gender, colonoscopy findings and patient comorbidities were recorded.

Results: During 23 years, nearly 9000 colonoscopies and about 1700 polypectomies were performed. The polyp detection rate (PDR) and adenoma detection rate (ADR) were about 18% and 14%, respectively. The number of serious complications was six (0.07%). Colonic perforation occurred in five patients (0.06%) that for three of them polypectomy was performed. One patient suffered from cardiac arrest just after colonoscopy in the recovery room and died 20 days after colonoscopy (0.01%).

Conclusion: Although the rate of adverse events after colonoscopy was low, it is still an important consideration in developing screening recommendations.

Send Date: 2018/04/05

Code:3140100251
T-S-108

Category: 6.3 Malignant disease - management

Prevalence and Clinicopathlogical Characteristics of Mismatch Repair-deficient Colorectal Carcinoma in Early-onset Cases as Compared with Late-onset Cases: A Retrospective Cross-sectional Study in northeastern Iran

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Introduction: Lynch Syndrome (LS), a genetically inherited autosomal disorder, increases the incidence of colorectal carcinoma (CRC). We aimed to perform universal strategy to assess the prevalence and clinicopathological characteristics of early-onset CRCs at high risk of LS vs. late-onset ones in the Iranian population.

Methods: Retrospectively, 321 patients with CRC were screened between 2013 and 2016 in Mashhad, Iran. Information regarding the clinical criteria was obtained by interviewing the patients or, their families. Amsterdam II criteria, revised Bethesda guideline, and universal strategy was performed to screen CRCs. Pathologists tested Tumors with IHC staining of four Mismatch repair (MMR) proteins (MLH1, MSH2, MSH6, and PMS2). Tumors with absent IHC staining of MLH1 were tested for BRAF mutations to exclude sporadic CRCs.

Results: Of 321 CRCs, (13/123 (10.57%) early-onset vs. 21/198 (10.6%) late-onset) were detected to be dMMR. Nine early-onset cases and 14 late-onset ones with a loss of MLH1 underwent testing for the BRAF mutation, none of the early-onset and four (2.02%) late-onset were recognized as sporadic. The difference in outcome of IHC-analysis between early- and late-onset CRCs at high risk of LS was not statistically significant (p-value = 0.34). Majority of the suspected LS tumors from early-onset patients had arisen

in distal part (8/11 (72.72%) vs. 8/14 (57.14%)), all of which were occurred in the rectum or sigmoid.

Conclusion: Clinically, these findings suggest that in case of limitation for BRAF testing, the practitioner in Iran may consider managing early-onset dMMR cases like LS until access to BRAF testing becomes available to them, before germline testing to accurately diagnose LS.

Send Date: 2018/07/15

Assessed for eligibility (n = 841)
All patients referred to three following centers between January 2013 and February 2016:
Imam Reza hospital laboratory center (n = 264)
Moayed pathobiology laboratory (n = 186)
Mashhad pathobiology laboratory (n = 391)

Excluded (n = 296)
Not available due to change in address and/or phone number (n = 170)
Refused to be interviewed (n = 126)

Cases included in the study (n = 545)

Excluded (n = 222)
Did not have access to:
Pathology block (n = 121)
Clinical features (n = 101)

Cases included for IHC screening of the MMR protein (n = 323) (~38%)

Age ≤50 (n = 123) | Not reported age (n = 2) | Age >50 (n = 198)

Diagnosed as a pMMR (n = 110)

Diagnosed as a pMMR (n = 177)

Diagnosed as dMMR (n = 13)

Diagnosed as dMMR (n = 21)

FCCTX (n = 3) | FCCTX (n = 1)

dMMR considering
MLH1+PMS2 (n = 9)
MSH2+MSH6 (n = 3)
MSH6 (n = 1)
PMS2 (n=0)

dMMR considering
MLH1+PMS2 (n = 14)
MSH2+MSH6 (n = 5)
MSH6 (n = 0)
PMS2 (n=2)

Eligible for BRAF mutation testing (n = 9)

Eligible for BRAF mutation testing (n = 14)

Diagnosed as a Positive BRAF (n = 4)

Diagnosed as a Positive BRAF (n = 0)

At high risk of LS (n = 13)

At high risk of LS (n = 17)

Author Index (English Abstracts)

Author Index (Persian Abstracts)