



**Abstracts Submitted for
Iranian Congress of Gastroenterology
and Hepatology - ICGH 2019
November 5-8, 2019
Tehran - Iran**

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In The name of God

Abstract Submitted for
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Code: D-0044176

W-F-001

Category: 3 هلیکوباکتر پیلوری

PPIs interact with *H. pylori* cell membraneFarideh Siavoshi², Sara Kadkhodaei^{2*}, Hoda Ebrahimi², Abdolfatah Sarafnejad¹¹Department of Immunology, Tehran university²Department of Microbiology, Tehran university

Introduction: Proton pump inhibitors (PPIs) have been used with antibiotic for treatment of *H. pylori* infection. PPIs have negative effects on *H. pylori* growth. Target molecules of these drugs have not been identified. PPIs with lipophilic nature probably interact with components of *H. pylori* cell membrane. The aim of this study was examine the effect of PPIs on *H. pylori* growth and viability by LIVE/DEAD kit emphasis on cell membrane.

Methods: One *H. pylori* isolate from dyspeptic patients was cultivated in brain heart infusion (BHI) broth supplemented with 2.5% horse serum and pantoprazole (PAN 128 µg/mL). After 24 h, 1 mL of bacterial culture washed twice with PBS 1X and was resuspended in 300 µL of PBS. A 50- µL of harvested cells was cultured on Brucella blood agar (BBA), incubated in microaerophilic condition at 37^o C to examine culturability up to 7 days. A 200-µL were stained with LIVE/DEAD kit to check the viability of treated bacteria. Also pure PPI was stained. Stained samples were examined by fluoresce microscopy. Untreated sample was used as control.

Results: Control *H. pylori* growth confluent on BBA. PPI-treated *H. pylori* showed inhibition of growth. fluorescence microscopic results showed green curved bacilli in control sample. Pure PPI stained showing fluorescence green spots with variable size. PPI-treated *H. pylori* appeared as red bacilli with embedded PPI.

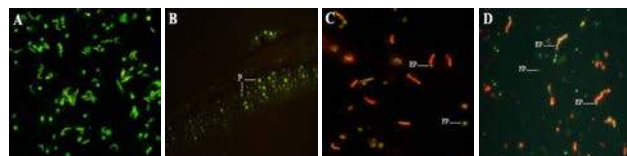


Fig.1: Fluorescent microscopy of PPI-treated *H. pylori*. A) Control *H. pylori* appeared as green curved bacilli. B) Pure PPI stained with LIVE-DEAD kit, showing fluorescence green spots with variable size. C) 1X PPI-treated *H. pylori* appeared as red bacilli with embedded PPI. D) 2X PPI-treated *H. pylori* appeared as red bacilli decorated with PPI embedded at several points at the surface. P: PPI, FP: Free PPI, EP: Embedded PPI. (Original magnification X1000)

Conclusion: Green curved bacilli in control sample represented intact cell membrane. However, PPI-treated *H. pylori* observation as red cells showed cell membrane damaging. Green fluorescent spots on the surface of red cells indicated

interaction of PPIs with components of bacterial cell envelope. PPIs interaction with cell membrane may be cluster of lipid components, lead to pores formation and leakage. Bacterial growth inhibition could due to cell membrane damages.

Send Date: 2019/09/06

Code: D-0044123

W-F-002

Category: 5 بیماریهای التهابی روده

Curcumin improves clinical outcomes and inflammatory markers in ulcerative colitis patients: a randomized, double-blind, controlled trialNarges Sadeghi^{2*}, Anahita Mansoori², Abazar Parsi¹, Seyed Jalal Hashemi¹, Aliakbar Shayesteh¹¹ Alimentary Tract Research Center, Ahvaz Jundishapur University of Medical Sciences² Nutrition and Metabolic Disease Research Center, School of Allied Medical Sciences, Ahvaz Jundishapur University of Medical Sciences

Introduction: Curcumin has anti-inflammatory properties. The aim of this study was to evaluate the effect of the curcumin on the improvement of the disease activity and inflammatory markers in ulcerative colitis (UC).

Methods: In this randomized double-blind clinical trial, 70 patients with UC were randomly divided into two groups. The intervention group consumed three capsules of curcumin daily (each containing 500 mg of curcumin, n = 35) and the control group took the placebo (daily 3 capsules, n = 35) for 2 months. Disease clinical activity (via Simple Clinical Colitis Activity Index questionnaire), serum levels of high-sensitivity C-reactive protein (hs-CRP) and erythrocyte sedimentation rate (ESR) values were measured before and after the trial.

Results: The Simple Clinical Colitis Activity Index (SCCAI) score decreased significantly in both intervention ($p = 0.001$) and control ($p = 0.001$) groups. However, changes in SCCAI were significantly higher in the curcumin than the placebo group (-5.9 ± 2.08 vs. -2.1 ± 2.6 ; $p = 0.001$). Furthermore, the curcumin supplementation reduced the serum hs-CRP concentration (-6.3 ± 13.6 vs. 3.7 ± 11.6 ; $p = 0.01$) and ESR levels significantly (-1.6 ± 2.7 vs. -0.09 ± 2.4 ; $p = 0.02$).

Conclusion: Consumption of the curcumin supplement, along with drug therapy, is associated with significant improvement of the clinical outcomes, quality of life, hs-CRP, and ESR in patients with mild-to-moderate ulcerative colitis.

Send Date: 2019/08/24

Code: D-0044146

W-F-003

Category: 7 LIVER

Melatonin level among patients with NAFLD compare to normal subjectsMasoudreza Sohrabi^{1,*}, Mohsen Nasiri Toosi², Ali Gholami³, Bahareh Amirkalali¹, Fahimeh Safarnejad Tameshkel¹, Sheida Aghili¹¹ Gastrointestinal and liver diseases research center, IUMS² Liver Transplantation Research Center, Tehran University of medical sciences³ Noncommunicable Diseases Research Center, Neyshabur University of Medical Sciences

Introduction: Non-alcoholic fatty liver disease (NAFLD) is one of the most common diseases worldwide. Studies have shown that melatonin, as a regulatory hormone, is effective in different cell protective pathways. The aim of this study is to compare serum melatonin level of NAFLD patients with different stages of fibrosis and a healthy control group.

Methods: In this cross-sectional study patients aged more than 20 years old with elevated serum liver enzymes and transthoracic sonographic diagnosis of fatty liver who met the exclusion criteria for NAFLD were included. The participants were categorized into the three following groups" 1) Severe fibrosis suspected of having Steatohepatitis with steatosis >285 dbm and fibrosis > 9.1kp. 2) Mild to moderate fibrosis (fibrosis: 6-9.0 KP and steatosis 240-285) and 3) control group with fibrosis < 6 KP and steatosis < 240 dbm according to fibroscan evaluation. Five ml of fasting vein blood was taken from each patient and control subject for laboratory assessment and a questionnaire including demographic, anthropometric, laboratories (serum ALT, AST, triglyceride, total cholesterol and melatonin level) and clinical data was completed for each one of them.

Results: A total 97 persons included. The mean age was 42.21 ± 11 years old. 59 patients (60.0%) were female. According to fibrosis in three groups we observed that the melatonin levels were increased significantly. Indeed, based on CAP results the melatonin levels has significantly difference between healthy group and patients with severe steatosis. There was a direct association between increasing melatonin levels with liver enzymes.

Conclusion: Melatonin as a regulatory hormone may associate directly with liver cell injuries. Hence, considered regulatory substances such as melatonin either diagnostic or therapeutic can improve the patients' outcome.

Send Date: 2019/09/03

Code: D-0044019

W-F-004

Category: 3 هلیکوباکترپیلوری

Efficacy and tolerability of fourteen-day sequential quadruple regimen: pantoprazole, bismuth, amoxicillin, metronidazole and or furazolidone as first-line therapy for eradication of *Helicobacter pylori*: a randomized, double-blind clinical trialFariborz Mansour-Ghanaei^{1,*}, Alireza Samadi¹, Farahnaz Joukar¹, Hafez Tirgar Fakheri¹, Soheil Hassanipour¹, Mohammad Taghi Ashoobi¹, Ahmad Alizadeh¹, Gholamreza Rezamand¹, Mohammad Fathalipour¹¹ Gastrointestinal and Liver Diseases Research Center of Guilan, Guilan University of Medical Science

Introduction: The optimal pharmacological regimen for eradication of *Helicobacter pylori* (*H. pylori*) has been investigated for many years. This study aimed to evaluate the efficacy and tolerability of bismuth-based quadruple therapy (B-QT) and a modified sequential therapy (ST) regimens in eradication of *H. pylori*.

Methods: A randomized, double-blind trial conducted on 344 patients. Patients with *H. pylori* infection and without a history of previous treatment were randomized to receive 14-day B-QT (bismuth subcitrate 240 mg, pantoprazole 40 mg, amoxicillin 1000 mg, and clarithromycin 500 mg twice daily) or 14-day ST (bismuth subcitrate 240 mg, pantoprazole 40 mg, amoxicillin 1000 mg, and metronidazole 500 mg twice daily for seven days followed by bismuth subcitrate 240 mg, pantoprazole 40 mg, amoxicillin 1000 mg, and furazolidone 100 mg twice daily for additional seven days). Drug adverse effects were assessed during the study. *H. pylori* eradication was determined eight weeks after the end of treatment using 14C-urea breath test.

Results: Based on per-protocol and intention-to-treat, the eradication rate was significantly higher ($p < 0.05$) in the B-QT regimen 91.9% (95% CI; 88.1-94.0) and 90.2% (95% CI; 86.3-92.9), respectively compared to the ST regimen 80.8% (95% CI; 76.6-84.9) and 78.1% (95% CI; 73.7-82.4), respectively. The severity of vomiting and loss of appetite were significantly higher in ST regimen ($p < 0.05$).

Conclusion: The B-QT regimen was more effective and safe than the ST regimen. Conclusively, it is suggested to assess the efficacy and safety of this regimen in longer studies, larger population, and in other communities.

Send Date: 2019/07/08

Code: D-0044178

W-F-005

Category: 1 .14 مری / معده / دژودنوم

The number of infiltrated inflammatory cells is associated with the expression levels of embryonic stem cells factors in the gastric tissue of patients with gastritis

Farshad Shekhesmaeili^{1,*}, Shadi Lotfi², Shohreh Fakhari^{1,2}, Ali Jalili^{1,2}, Hedayatollah Shirzad³, Nader Bagheri³

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³ Cellular and Molecular Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran

Introduction: Accumulating evidence indicate that pluripotency-associated transcription factors Sox2, Nanog and Oct 4 that known as embryonic stem cell factors play a crucial role in the development and progression of various types of malignancies including gastric cancer. However, their expression and possible role gastritis has not been elucidated. As *helicobacter (H) pylori* infection has been known as a risk factor for gastric cancer and is the main cause of gastritis, in the current study we sought to determine the expression of these factors in gastric samples of patients with *H. pylori*-induced gastritis.

Methods: In this study we infected the gastric epithelial cells (AGS) with *H. pylori* and evaluated the expression levels of Sox2, Nanog, and Oct4 in these cells with RT-PCR. In addition, the expression levels of these genes at mRNA levels were analyzed in biopsies of 49 *H. pylori*-infected with gastritis and 12 *H. pylori*-negative normal samples by qRT-PCR.

Results: Our data showed that *H. pylori* infection upregulates all three genes in AGS cells. However, biopsy samples from patients with *H. pylori* infection showed only slightly upregulation of these genes. More importantly, we observed that the levels of Sox2, Oct4 and Nanog is associated with the number of infiltrated inflammatory cells in gastric tissue of *H. pylori* positive patients, indicating that the expression of these factors is somehow depends on the levels of inflammation.

Conclusion: we demonstrate for the first time that infiltration of inflammatory cells is associated with the expression levels of embryonic stem cells factors in *H. pylori* infected tissues.

Send Date: 2019/09/06

Code: D-0044095

W-F-006

Category: 5.7 Management

Cause of hospital death in IBD patients years 2012-2018, Shiraz

Kamran Bagheri Lankarani^{1,*}, Sulmaz Ghahramani¹

¹ Health policy Research Center, Institute of Health, Shiraz University of Medical Sciences, Shiraz Iran

Introduction: Increasing rates of hospitalization among patients with inflammatory bowel disease (IBD) including Crohn's disease (CD) and ulcerative colitis (UC) have been documented. To elucidate in-hospital mortality of IBD patients due to lack of information, we aimed to establish the in-hospital cause of death for IBD in Shiraz from 2012 to 2018.

Methods: The settings of this cross sectional study was the two Shiraz' university affiliated referral hospitals of IBD patients. Shiraz is the center of Fars province in south east of Iran. The Records of administrative inpatient and mortality data of IBD hospitalized patient for ≥ 1 day during 2012 to 2018 were reviewed. The main outcome measure was in-hospital mortality. Significant P value was set 0.05.

Results: Out of the 438 admitted IBD patients, 14 (3%) died during 7 years (2 CD and 12 UC patients). Overall in-hospital Mortality was 0.4% for CD, and 2.7% for UC. Mean age of deceased IBD patients was 50.8 ± 23 and was not significantly higher than alive IBD patients (p value 0.22) and 9 (64.3%) patients were female. Both CD patients died due to pulmonary thromboembolism (PTE). Causes of death for 2 UC patients were stroke and sinus venous thrombosis, 5 of UC patients died due to PTE, 5 died due to sepsis and one due to multi-organ failure. No death was occurred in last two years of study.

Conclusion: Most of IBD patients in this setting died due to TE events. Compared other study, deceased IBD patients were younger. Clinicians' alertness of the risk of TE events in IBD patients, and their ability to prompt detection and manage thromboembolic complications are of utmost significance. Further population based cohort studies for assessment of standard mortality rate of IBD patients as well as factors affect on investment in decreased in-hospital IBD mortality rate is also recommended.

Send Date: 2019/08/21

Code: D-0044009

W-F-007

Category: 1.4 Outcome studies

Evaluation of gluten free regimen efficacy for improvement of quality of life among patients with Celiac disease

Pezhman Alavinejad^{1*}, Yosra Shafiolleh Talokdar¹

¹ Alimentary Tract Research Center, Ahvaz Jundishapur University of Medical Sciences

Introduction: to evaluate efficacy of gluten free regimen for improvement of quality of life (QOL) among patients with Celiac Disease (CD).

Methods: in this cross sectional study, the QOL of CD patients who have registered in celiac society of Khuzestan province, evaluated and compared before and after at least 1 year since commencing gluten free regimen by using QOL SF-36 questionnaire.

Results: Overall, 200 CD patients (66 male, 134 female) evaluated. Average age of male and female participants were 26.3 & 30.34 y respectively (61% between 20 and 60 y old). After gluten free regimen, Complains such as bloating ($p = 0.001$), abdominal pain ($p = 0.001$), diarrhea ($p = 0.001$), nausea ($p = 0.001$), vomiting ($p = 0.03$), reflux and regurgitation ($p = 0.025$), anorexia ($p = 0.001$), fatigue ($p = 0.001$), headache ($p = 0.008$), oral aphthous lesions ($p = 0.014$), weight loss ($p = 0.001$) and bone pain ($p = 0.005$) significantly improved while other symptoms such as muscular pain ($p = 0.157$), dermatitis ($p = 0.083$) and numbness ($p = 0.317$) did not show any major improvement. Average score of QOL before and after gluten free regimen were 0.74 & 3.41 respectively which demonstrated significant improvement ($p = 0.001$). This improvement was even seen among cases with sub optimal compliance (average QOL score 3.28, $p = 0.001$).

Conclusion: gluten free regimen could significantly improve QOL of patients with celiac disease and they should encouraged to as much as possible be committed to this regimen.

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Code: D-0044148

W-F-008

Category: 3 هلیکوباکتر پیلوری

Presence of *Helicobacter pylori* isolates with different cagA copy numbers in a single host

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Introduction: Infection with cagA-positive *H. pylori*

strains is linked to an increased risk for gastric diseases, including gastric cancer. Recent evidence indicates that dynamic expansion of cagA copy numbers may serve as a novel mechanism to enhance disease development. In this study, presence of *H. pylori* strains carrying multiple copies of cagA gene were assessed in isolates from individual patients using PCR method.

Methods: In 12 *H. pylori* positive patients, four single colonies were isolated from the primary *H. pylori* culture plates. In each isolate, cagA status was determined by PCR amplification of a 298 bp fragment. Next, in all cagA-positive *H. pylori* isolates, the possibility of the presence of adjacent multiple cagA copies was examined by PCR using appropriate primers.

Results: In two patients, all isolates were cagA negative. Five out of ten patients carried *H. pylori* isolates with more than one cagA copy number; In two patients, one isolate had multiple cagA copy number and three isolates had single copy, in two patients, two isolates had multiple copy of and two isolates had single copy and in one patient, three isolates had multiple copy and one isolate had single copy.

Conclusion: It has been demonstrated that isolates harboring more cagA copies produced more CagA, thus enhancing toxicity to host cells. Results of this study showed that *H. pylori* isolates with single and multiple cagA copy numbers could be simultaneously present in a single host. co-existence of *H. pylori* isolates with different cagA copy number in a same stomach is an important phenomenon which must assessed in large number of patients to draw a correlation with clinical outcomes.

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Code: D-0044115

W-F-009

Category: 4 مطالعات پیامد 1

Regression of Nonalcoholic Fatty Liver Disease is not Out of Reach: Results of a Four Years Prospective Adult Population-Based Study in Shiraz, Iran

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Introduction: Literature evidences about regression of

nonalcoholic fatty liver disease (NAFLD) are not as high as its development or progression. Therefore this cohort study was conducted to reveal the factors influencing the regression of the NAFLD.

Methods: Through a multistage randomized sampling, 844 adults older than 18 years from population of Shiraz, Iran were participated in this study in 2010-2011, while 554 of them were recruited in the study in 2015. Demographic, anthropometric, nutrition and medical characteristics of each interviewee was entered into a valid and reliable questionnaire. Interviewees were categorized into three groups according to the changing of their NAFLD status between two stages of this study; no change, regressed and progressed. Kruskal-Wallis test, chi-squared test and multi-nominal logistic regression analysis were used for data analysis in SPSS.

Results: Of the 537 participants, 163 (30.3%) showed regression of their NAFLD compared to 93 (17.3%) that developed NAFLD or their NAFLD was progressed. Significant differences were observed among regressed, progressed and no change groups regarding their daily calories intake ($p = 0.026$), carbohydrate intake ($p = 0.011$), Body Mass Index (BMI) ($p < 0.001$) and waist circumference (WC) ($p < 0.001$) in univariate analysis. Logistic regression showed that each unit decreasing in BMI ($\Delta \text{BMI} = -1 \text{ kg/m}^2$) augmented the odds of improvement of NAFLD by 11.5% (OR: 0.885; 95% CI: 0.793-0.987; $p = 0.028$) and reduced the chances of NAFLD deterioration by 14.5% (OR: 1.145; 95% CI: 1.015-1.291; $p = 0.027$).

The reduction in BMI increased the regression of NAFLD and conversely. However, increasing BMI had a bit more effect on increasing chances of progression (OR = 1.12) of NAFLD than reduction of BMI in increasing chances of its regression (OR = 1.14).

Conclusion: A significant portion of patients showed regression of their NAFLD by decreasing their BMI. Therefore, BMI as a modifiable factor should be regarded in the management of NAFLD patients.

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Code: D-0044030

W-F-010

Category: 19.2 Endoscopy-Colon

Comparison of the Effects of Diltiazem Gel with Lidocaine Gel on reducing pain and discomfort in Patients Undergoing Rectosigmoidoscopy: A Randomized double-blinded Clinical Trial

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Introduction: The current study aimed at comparing the effects of diltiazem gel, an antispasmodic drug with local pain-reducing effects, with lidocaine gel in patients undergoing flexible rectosigmoidoscopy.

Methods: This double-blinded, randomized, clinical trial was performed on 80 patients who were potential candidates for rectosigmoidoscopy. After obtaining the informed consent, the patients randomly assigned to one of the lidocaine gel (2 mL) or diltiazem gel (2 mL) group, 10 minutes prior to rectosigmoidoscopy. The level of pain in the patients during the procedure was measured using the visual analogue scale (VAS) and the results were recorded. The data were analyzed using paired samples t-test and independent t-test as well as analysis of covariance (ANOVA) with SPSS version 18.

Results: Of 80 patients, 35 (43.75%) were male and 45 (56.25%) female with a mean age of 51.45 ± 15.21 years. The most frequent indications for rectosigmoidoscopy were abdominal pain (46.3%) and rectorrhagia (31.3%). The mean VAS score for pain reported by the patients in the lidocaine and diltiazem groups were 3.97 ± 2.89 and 2.60 ± 2.36 , respectively. The VAS score for pain in the diltiazem group was significantly lower than of the lidocaine group ($p = 0.023$).

Conclusion: The application of local diltiazem gel around the anus, in spite of no side effects, can effectively reduce the pain and discomfort in patients during rectosigmoidoscopy.

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Code: D-0044155

W-F-011

Category: 1.7 بیولوژی سلولی و مولکولی

استفاده از miRNA برای تشخیص کبدچرب غیرالکلی و مراحل آن با استفاده از روش متانالیز

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زمینه و هدف: بیماری کبد چرب غیرالکلی (NAFLD) در اثر تجمع چربی در بافت کبد فرد بدون سابقه مصرف الکل ایجاد می شود. میزان افراد مبتلا به این بیماری در سرتاسر جهان به سرعت در حال افزایش است. از طرفی MicroRNA ها در سال های اخیر به دلیل تشخیص راحت و پایداری در مایعات بدن به عنوان بیومارکر های تشخیصی مناسب در حال ورود به عرصه کلینیک هستند. هدف اولیه این پژوهش بررسی تغییرات بیان MicroRNA ها در مراحل مختلف بیماری به کمک روشهای متانالیز است.

روش بررسی: در ابتدا کلیه مقالات مرتبط به NAFLD جمع آوری شدند و miRNA هایی را که تغییر بیان آن ها گزارش شده بود را با دو روش مهم متانالیزی vote counting و robust Rank مورد انالیز قرار گرفتند تا بتوان miRNA هایی که بیشترین اختصاصیت و حساسیت را در مراحل مختلف بیماری دارند به عنوان miRNA کلیدی انتخاب کردند. برای تایید و اطمینان بیشتر از miRNA های انتخاب شده، enrichment analysis بر روی آنها با استفاده از نرم افزار miRsystem انجام گردید.

یافته ها: با استفاده از هر دو روش متانالیزی ذکر شده یک پنل پنج تایی از miRNA ها شامل، miR-۲۲۱-۳p، miR-۲۰۰b-۳p، miR-۳۴a-۵p، miR-۱۲۲ و miR-۲۰۰a-۳p به دست آمد که دارای بیشترین امتیاز افزایش بیان در بیماران NAFLD بودند. Enrichment analysis هم وجود ژن های هدف این miRNA ها را در مسیرهای سیگنالی درگیر در NAFLD تایید کرد.

نتیجه گیری: می توان این miRNA ها را در نمونه هایی دارای کبد چرب در مراحل مختلف هستند، مورد سنجش و بررسی قرار داد و از آنها به عنوان بیومارکرهای NAFLD برای تشخیص سریع و غیرتهاجمی در مراحل اولیه بیماری استفاده کرد.

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Code: D-0044125

W-F-012

Category: 5.3 استراتژی مدیریت

Study of probiotic and simvastatin additive effect on helicobacter pylori eradication rate

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Introduction: *Helicobacter Pylori* (*H. pylori*) infection is a major cause of chronic gastritis, peptic, MALT lymphoma and gastric cancer. The eradication rate of *Helicobacter pylori* with standard treatments are decreasing worldwide. The aim of this study was to determine the efficacy of adding simvastatin or probiotic as adjuvant to quadruple therapy on the eradication of *H. Pylori*.

Methods: This randomized clinical trial study was conducted on 160 patients with *H. Pylori*. The patients were randomly divided in to 4 groups. The group 1: standard quadruple eradication regimen consisting of two antibiotics (clarithromycin 500 mg and amoxicillin 1 g, all twice per day), a proton pump inhibitor (pantoprazole 40 mg twice daily), Bismuth (120 mg twice daily) with placebo (daily),

group 2: standard regimen plus probiotic (daily east 250 mg), group 3: standard regimen supplemented with simvastatin (10 mg daily) and group 4: standard regimen plus simvastatin (20 mg daily) for 14 days was given. The Eradication was determined by Stool antigen tests (SATs) test at least 1 month after treatment.

Results: The eradication rate was 80% in placebo group, 77.5% in probiotic, 92.5% and 87.5% in simvastatin 10 mg and 20 mg groups respectively. Although eradication rates were higher with simvastatin than placebo and probiotic, but no significant differences were demonstrated between the 4 groups concerning eradication rate ($p = 0.229$).

Conclusion: Due to the high efficacy of simvastatin in *H. pylori* eradication, further studies are needed to evaluate the use of statins as adjunctive to improve the eradication rate.

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Code: D-0044107

W-F-013

Category: 4.3 تشخیص هلیکوباکترپیلوری

تداخل باکتری های اوره آز مثبت در شناسایی

Helicobacter pylori

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زمینه و هدف: عفونت های غیر هلیکوباکتر پیلوری می توانند منجر به نتایج مثبت کاذب در شناسایی *H. pylori* شوند. در این میان، باکتری های اوره آز مثبت اهمیت زیادی دارند. در این مطالعه باکتری جدا شده از بیماری که UBT او مثبت بود، مورد شناسایی قرار گرفت. مقاومت آن به آنتی بیوتیک های رایج در درمان *H. pylori* بررسی شد.

روش بررسی: بیوپسی معده بیماری که تست RUT آن مثبت بود، بر روی محیط بروسلاگار خوندار جهت جداسازی *H. pylori* کشت داده شد. کلنیهای رشد یافته بر روی پلیت خالص سازی و با استفاده از تست های بیوشیمیایی و بر اساس مراجع باکتری شناسی پزشکی جدایه باکتریایی شناسایی گردید. حساسیت آنتی بیوتیکی این جدایه با استفاده از ۲۰ آنتی بیوتیک مختلف و به روش دیسک دیفیوژن مورد ارزیابی قرار گرفت. **یافته ها:** نتیجه کشت *H. pylori* منفی بود. ۵ نوع کلنی متفاوت باکتریایی مشاهده شد. کلنیها خالص و هر کدام بر روی محیط اوره آگار کشت داده شدند. جدایی های که اوره را تجزیه کرده بود، با استفاده از تستهای بیوشیمیایی شناسایی گردید. این باکتری گرم منفی، میله ای، متحرک و فاقد اسپور، با کلنی های دایره ای و موکوتید بود. نتایج تست بیوشیمیایی نشان داد که این جدایه اوره آز، کاتالاز، اکسیداز، ژلاتیناز و سیمون سترات مثبت است. بر این اساس باکتری مورد نظر *Pseudomonas pseudomallei* شناسایی شد. از ۹ آنتی بیوتیک رایج در درمان عفونت *H. pylori*، *P. pseudomallei* تنها به سیپروفلوکسین حساس بود. به علاوه از ۱۱ آنتی بیوتیک دیگر تنها به توبرامایسین و

اکسی تتراسایکلین حساس بود.
نتیجه گیری: وجود باکتری های اوره آز مثبت در معده انسان مثل *Pseudomonas pseudomallei* میتواند منجر به اشتباه در تشخیص *Pseudomonas pseudomallei* و انتخاب روش درمان شود. *H. pylori* در آب و خاک و در بدن حیوانات زندگی میکند. این باکتری از اعضا مختلف بدن انسان مانند طحال، کلیه و کبد جداسازی شده و عامل بیماری ملیوئیدوزیس در انسان است. راه انتقال از طریق زخم، استنشاق و بلع است.
 Send Date: 2019/08/22

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W-F-014

کبدی صفراوی/ پانکراس/ طحال 14. 3

The effect of Propolis on liver functional indexes in patients with Non-Alcoholic Fatty Liver Disease: A Double Blind Randomized Clinical Trial

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Introduction: Anti-inflammatory and anti-oxidant properties of Propolis have been proven in many in-vivo and in-vitro studies. The aim of the present study was to investigate the effect of Propolis in comparison to placebo on liver functional indexes in patients with non-alcoholic Fatty liver disease (NAFLD).

Methods: This study was a double-blind clinical trial study in which 60 patients with NAFLD were randomly divided into intervention and control groups. The first group received 500 mg of propolis two times a day and healthy life style education for 3 months and the second group received placebo along with the education in the same way. ultrasound and liver function tests were measured at baseline and at the end of intervention.

Results: The results showed that patients who received Propolis showed a significant reduction in AST ($p = 0.03$) and GGT ($p = 0.005$) compared to its baseline level but the placebo group didn't ($p > 0.05$). Also, After three months, the level of AST in Propolis and control groups decreased by 22% and 4%, respectively and this difference was statistically significant ($p = 0.04$).

Conclusion: Propolis seemed to have an effect on improvement of liver functional indexes and it probably prevented the progression of NAFLD.

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Code: D-0044060

W-F-015

تظاهرات کلینیکی C: هیپاتیت 7. 9

Seroprevalence and risk factors of hepatitis C virus infection in Azar Cohort population

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Introduction: Hepatitis C is a disease that causes inflammation and infection of the liver. Hepatitis C can be either acute or chronic and is a major cause of liver cancer. The purpose of this research was to report the seroprevalence and risk factors of HCV infection based on the data Azar cohort, East Azerbaijan, Iran.

Methods: In this cross sectional study, the data of 4949 subjects in the age range of 35-70 years from 2015 to 2016 who participated in Azar cohort, were analyzed. Based on cluster sampling, subjects were invited to complete the questionnaire and perform the tests. Ten milliliters (10 mL) of blood samples was taken from each participants and checked the presence of antibodies against HCV using enzyme immunoassay (ELISA) Kit. All data were analyzed using SPSS 19.0.

Results: In the present study, the mean age of the participants was 49.15 ± 9.02 years. Of these participants, 54.3% ($n = 2686$) were females. Seven people (0.14%) were detected as HCV positive. In males, the highest frequency of anti HCV was seen in the age group less than 40 years (0.23%). The history of hospitalization ($p = 0.02$) and abnormal urine ($p = 0.01$) was a statistical significant association with the frequency of HCV infection.

Conclusion: The prevalence of hepatitis C in Azar cohort study was 0.14%, which was lower rate than other reports from Iran.

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Code: D-0044047

W-F-016

کبد 7

The association between fatty liver index and risk of type 2 diabetes mellitus: a systematic review and dose-response meta-analysis of cohort studies

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Introduction: Diabetes mellitus (DM) is one of the common problems in the global public health and its incidence is increasing rapidly worldwide each year. It is estimated that the prevalence of DM will dramatically increase from 425 million people in 2017 to 629 million in 2045. Studies have demonstrated that Non Alcoholic Fatty Liver Disease (NAFLD) is associated with metabolic syndrome, T2DM, atherosclerosis and cardio-vascular disease. NAFLD is a strong risk factor for T2DM and insulin resistance. NAFLD is the hepatic manifestation of metabolic syndrome. Fatty Liver Index (FLI) is an assessment index to diagnose Fatty Liver Disease (FLD). Furthermore, FLI may be used as a surrogate marker of FLD that may predict the risk of diabetes mellitus and coronary heart disease independent from other metabolic syndrome traits. We performed a dose-response meta-analysis to investigate the relationship between FLI and diabetes incidence in prospective cohort studies.

Methods: We conducted a systematic search of articles up to November 2018 in PubMed, SCOPUS, Cochrane library, and Embase. Hazard Ratios (HRs) with corresponding 95% confidence intervals (CIs) of studies were evaluated using meta-analysis with DerSimonian and Laird random-effects models to find combined HRs. Dose-response effect of this relationship was also assessed.

Results: Twenty-one studies providing 62,445 participants were included in the meta-analysis. Pooled results showed a significant association between FLI and risk of diabetes incidence [HR: 3.21, 95% CI: 2.53-4.8; P for heterogeneity: 0.001]. Subgroup analysis based on a gender, continent, and the quality of study could not identify the source of heterogeneity. The pooled HR from the random-effects dose-response model indicated a significant association between FLI level and risk of diabetes incidence (Cof = 0.024184, $p = 0.001$).

Conclusion: Our dose-response meta-analysis revealed that a direct relationship between FLI and HR of diabetes incidence.

Send Date: 2019/08/06

Code: D-0044179

W-F-017

Category: 3 هلیکوباکترپیلوری

Mucoid-cocoid *H. pylori* and antibiotic resistance

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Introduction: In this study one *H. pylori* isolate from gastric biopsy of a dyspeptic patient that turned into mucoid-cocoid (MC) form upon consecutive subcultures, was identified. The culturability, antibiotic resistance and lipid contents of MC were compared with those of non-mucoid (NM) spiral *H. pylori*.

Methods: MC and NM *H. pylori* were subcultured on Brucella blood agar (BBA) and incubated under aerobic and microaerobic atmospheres at 37° C. Cultures were examined for colony characteristics and bacterial morphology after 1-3 days. The isolates were identified by biochemical tests and detection of *H. pylori*-16S rDNA. Antibigram was performed with currently used antibiotics for *H. pylori* eradication. Cellular lipid contents were extracted and analyzed by gas chromatography.

Results: Compared with pin-pointed and glistening colonies of NM *H. pylori* that appeared under microaerobic conditions, MC *H. pylori* grew well in consecutive subcultures under aerobic and microaerobic atmospheres and produced white patches of mucoid colonies. MC exhibited coccooid and NM spiral morphology. Both isolates were catalase, oxidase and urease positive and contained 16S rDNA. Compared with NM that was susceptible to almost all the antibiotics, MC was resistant to all the antibiotics. Lipid analyses showed high frequency of unsaturated fatty acids and cholesterol in MC.

Conclusion: Coccooid forms with high fatty acid and cholesterol contents that show resistance to antibiotics might resist against other stressful conditions such as gastric acidity and immune response. Moreover, mucoid property may enhance resistance of coccooids to stresses. With mucoid-coccooid life style, *H. pylori* may establish a chronic infection refractory to antimicrobial therapy.

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Code: D-0044168

W-F-018

Category: 5 بیماریهای التهابی روده

Cecal patch among patients with ulcerative colitis

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Introduction: Ulcerative colitis (UC) is characterized by inflammation of the mucosal layer of the colon that usually involves the rectum and extends proximally toward the cecum. Discontinuous peri-appendiceal lesion named cecal patch has been described recently in UC patients, but its clinical significance is not clear. Here we report the frequency and clinical characteristics of isolated cecal patch in patients diagnosed with UC.

Methods: We evaluated the medical records of 548 patients (301, 54.9% male and 247, 45.1% female) with UC who referred to an outpatient clinic from 2009 to 2019. For all patients with cecal patch, the disease progression, duration of follow-up, type and dosage of medications, and the need for colectomy were recorded.

Results: Fourteen (2.55%) patients with UC (8 female) with the mean age of presentation of 51.21 (43.84-58.58) years had isolated cecal patch during their endoscopic procedure. Seven patients had involvement limited to the recto-sigmoid and 5 patients were diagnosed with characteristic findings up to splenic flexure. In two patients, there was mild inflammation up to hepatic flexure. The mean follow-up duration was 53.42 (32.40-74.45) months. Among these patients, 12 were on mesalamine, 4 on azathioprine and eight on sulfasalazine. During follow up, the proximal extension of the disease did not occur in any of the patients.

Conclusion: Although cecal patch is not rare endoscopic finding in patients with UC, there were no clear correlations between cecal patch and disease extension in this mean follow-up duration.

Send Date: 2019/09/06

Code: D-0044166

W-F-019

Category: 7 کبد

Liver and biliary tract cancers: 10-years experience in Golestan province, Northeast of Iran

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Introduction: Liver and gallbladder are important origins for raising cancer and also common areas of metastasis from other sources. Liver cancer is among the highly lethal malignant neoplasm all around the world, and in both sexes. A four times increased rate is reported for liver cancer age standardized mortality rate in Iran from 1.18 deaths per 100,000 persons in 1990 to 5.66 in 2015. Golestan province, located in Northeast of Iran has a unique position on the Asian belt of upper gastrointestinal cancers. In this study we aimed to report the incidence rate of hepato-pancreato-biliary cancers during the 10 years establishment of the Golestan population-based cancer registry.

Methods: This cross-sectional study was conducted on data of hepato-biliary cancer cases obtained from the Golestan Population-based Based Cancer Registry (GPCR) during 10-years (2004-2013) in Golestan province. Age-Standardized Incidence Rates (ASR) per 100,000 person-year were calculated using CanReg5 software.

Results: Overall, 568 cases of primary liver and biliary tract cancers were registered in the GPCR during the study period. They included 421 liver cancers and 147 cases of biliary tract cancers. More than half the cases were occurred in men. The ASR of liver and biliary tract cancers in men was 4.7 and 1.0 per 100000 person-year, respectively. The incidence rates of these cancers in women were 2.4 (liver), 1.6 (biliary tract). The ASRs of liver cancer changed from 10.02 and 3.97 in 2004 to 6.27 and 1.09 in 2013 in male and female, respectively. The ASRs of biliary tract cancer changed from 0.83 and 2.3 in 2004 to 1.32 and 2.07 in 2013 in male and female, respectively.

Conclusion: Liver cancer is more common among men and the biliary tract cancer among women. Environmental factors could be the reasons of the differences which are needed to be considered.

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Code: D-0044150

W-F-020

Category: 2.1 Cell/molecular biology/pathology

Signaling Pathway Of NFκB and FOXP3 Factors in Patients with Non-Alcoholic Fatty Liver

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Introduction: Inflammation and gene regulations had a grand impact on developing and progression of Non-alcoholic fatty liver disease. The aim of present study is to investigate the signaling pathway based on NFkB and FOXP3 factors in patients with fatty liver disease compare to healthy subjects according to liver fibrosis.

Methods: Patients with fatty liver in ultrasonography evaluation who did not suffer from other liver problem, liver surgery, diabetes melitus, or using medications that has effects on liver function were enrolled. The eligible patients underwent liver fibroscan. According to liver fibrosis the patients divided in two groups, who had fibrosis less or more than 7.1 kPa. Of them 5cc fasting blood samples were taken. The samples allocated in central lab of our center. The coagulum samples were centrifuged and the serum was removed and kept at -70 °C. Then NFkB and FOXP3 levels were measured by using ELISA kits.

Results: The results showed that the levels of NFkB and FOXP3 in patients non-alcoholic fatty liver with fibrosis greater than 7.1 were significantly increased (p -VALUE < 0.05) compared to patients non-alcoholic fatty liver disease with fibrosis less than 7.1 (p -value > 0.05).

Conclusion: The present study showed that there is a direct relationship between NFkB and FOXP3 and non-alcohol fatty liver disease progression. Therefore understanding the signaling pathways in this regard may help us to advancing investigations for NAFLD treatment.

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Code: D-0044149

W-F-021

Category: 8.3 Malignant hepato-biliary diseases

Cholangiocarcinoma ;The role of imaging in pre-operation diagnosis

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Introduction: cholangiocarcinoma is a challenging disease in terms of both diagnosis and treatment. a definitive diagnosis

of cholangiocarcinoma should be supported by imaging techniques. Recently we face to increasing and advancing of diagnostic tools in country. But we have not compare them to a gold standard.

Methods: Of patients referred to our center, the patients suspected for Cholangiocarcinoma enrolled. They underwent abdominal CT scanning, MRI/MRCP, ERCP and EUS. The patients that the disease confirmed with two modalities and there was no contraindication for surgery referred to surgery resection. The imaging results of these patients compare with surgery results.

Results: 37 patients had confirmation via imaging techniques. Of them 32 patients the disease was confirmed in surgery. The mean age was 60.3 ± 10.2 . The accuracy of US, CT-scanning, MRCP, EUS and ERCP with cytology exam were 65.36%, 78.1%, 87.5%, 96.6% and 37.5%. The main complain of patients was abdominal pain and purities.

Conclusion: In suspected patients EUS and MRCP must be requested. EUS can give the most accuracy for diagnosis of presence of cholangiocarcinoma and beside main artery and vein involvement the give the best clue for consequence therapeutic strategy.

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Code: D-0044117

W-F-022

Category: 5.7 سیروز و عوارض آن: تظاهرات بالینی

بررسی وجود ارتباط بین نمره Child-Pugh و MELD بعنوان فاکتورهای پیش بینی کننده شدت بیماری و مورثالیتی در بیماران سیروتیک با میزان درجه واریس مری

سید جواد حسینی متعظ

زمینه و هدف: واریس مری و خونریزی ناشی از آن یکی از عوارض مهم و کشنده سیروز کبدی می باشد. مطالعه حاضر با هدف بررسی وجود ارتباط بین نمره Child-pugh و MELD به عنوان فاکتورهای پیش‌بینی کننده شدت بیماری و مورثالیتی در بیماران سیروتیک با میزان درجه واریس مری انجام شد.

روش بررسی: مطالعه حاضر بر روی ۶۳ نفر از بیماران مبتلا به سیروز کبدی که با سیروز و یا عوارض آن به اورژانس و یا کلینیک ویژه بیمارستان قائم (عج) و امام رضا (ع) شهر مشهد در سال ۱۳۹۶_۱۳۹۷ مراجعه نمودند؛ انجام شد. یافته های دموگرافیک، کلینیکال و پاراکلینیک بیماران ثبت شده و نمره Child-pugh و MELD بیماران محاسبه گردید. داده ها پس از جمع آوری وارد نرم افزار SPSS شدند و با استفاده از جداول، توصیف و از تست ANOVA Way One برای مقایسه میانگین نمرات در سه گروه استفاده شد. سطح معنی داری در تمام آزمون ها کمتر از ۰/۰۵ می باشد. یافته ها: نتایج مطالعه حاکی از آن بود که میانگین نمره Child-pugh، Alb، cr، bil T، bil D، MELD، WBC، HB، HTC، PLT، INR، AST

ALT) بیماران مورد مطالعه بر اساس درجات واریس مری در بین افراد شرکت کننده تفاوت معنی داری ندارد. اما میانگین نمره ALP بیماران براساس درجات واریس مری در بین افراد شرکت کننده، تفاوت معنی داری داشت (با افزایش درجات واریس مری، میانگین نمره ALP بیماران کاهش یافت). نتایج آزمون همبستگی نیز نشان داد میان نمره MELD و Child و میزان درجه واریس مری رابطه معنی داری وجود ندارد. نتیجه گیری: در مجموع به نظر می رسد، میان نمره MELD و Child-pugh و میزان درجه واریس مری در بیماران سیروتیک ارتباطی وجود ندارد.

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Code: D-0044034

W-F-023

Category: 7.8 Viral hepatitis B: clinical aspects

Effects Of Atorvastatin Alongside Conventional Medical Treatment On Liver Fibrosis And Dysfunction In Patients With Chronic Hepatitis B: A Double-Blinded Clinical Trial

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Introduction: Liver fibrosis and related hepatic dysfunction are among major medical issues in patients with chronic hepatitis B (CHB). It finally may lead to cirrhosis, hepatocellular carcinoma (HCC), and liver-related death. Objectives: This study aimed to investigate the effects of adding atorvastatin to the standard antiviral therapy on the hepatic fibrosis and progression of cirrhosis in CHB patients.

Methods: In this double-blinded clinical trial, 77 CHB patients referring to the gastroenterology and hepatology clinics in Qom, Iran, were selected by simple random sampling from 2016 to 2017. The participants were randomly divided into an intervention group that received tenofovir (300 mg) with atorvastatin (20 mg) daily and a control group that received tenofovir (300 mg) and placebo of atorvastatin daily.

Results: According to the findings, changes in the aspartate aminotransferase (AST) level were not significant in the control ($p = 0.771$) and intervention ($p = 0.266$) groups. Changes in the alanine aminotransferase (ALT) level were non-significant in the control group ($p = 0.893$) but significant in the intervention group ($p = 0.018$). Changes in the liver fibrosis were significant in the intervention group ($p = 0.001$) and between the two groups ($p < 0.001$).

Conclusion: According to the study results, adding atorvastatin to the standard antiviral regimen improves the liver function and reduces liver fibrosis in CHB patients. Therefore, it is suggested that atorvastatin be used as complementary therapy.

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Code: D-0044029

W-F-024

Category: 7 LIVER

Effect of phlebotomy on improvement of liver function and steatosis in patients with non-alcoholic fatty liver disease

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Introduction: Considering the potential role of liver iron overload in the pathogenesis of Non-alcoholic fatty liver disease (NAFLD), the current study aimed at investigating the efficacy of phlebotomy versus lifestyle modification alone in patients with NAFLD.

Methods: This randomized, single-blind, clinical trial performed on 40 patients with NAFLD. Patients were randomly assigned into two intervention groups including 20 patients who underwent a six-month lifestyle modification, daily intake of 800 IU vitamin E. The other group received the same treatment in combination with two times phlebotomy each 400 mL in the months 0 and 5. Liver transaminases, hemoglobin and ferritin levels, and liver stiffness were measured using transient elastography (TE) before and after the intervention. Data were analyzed using Chi-square and paired t-test with SPSS version 18.

Results: Of 20 patients in each group, 14 were male and 6 were female. Demographic characteristics had no significant difference between the two groups. The mean of liver stiffness in the control group before and after the intervention was 14.28 ± 9.85 and 14.94 ± 13.21 kPa, respectively; the difference between the means was not significant ($p = 0.598$). The liver stiffness was 17.04 ± 18.77 kPa in the intervention group before treatment, which reduced to 14.75 ± 14.28 kPa after treatment; however, the difference between pre- and post-treatment values was statistically significant ($p = 0.017$). Changes in liver enzymes were not significant between the two groups before and after treatment.

Conclusion: phlebotomy can effectively reduce liver stiffness in patients with NAFLD.

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Code: D-0044164

W-F-025

Category: 3.5 Management strategies

Comparing the effect of standard triple therapy protocol and standard triple therapy plus saccharomyces boulardii on eliminating *heliobacter pylori*

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Introduction: The present research was a double-blinded, randomized clinical trial and its population consisted of all patients afflicted with proven *heliobacter pylori* who visited the digestive clinic of Bandar Abbas in 2016-17. The subjects were randomly divided into two groups of 70. The control group underwent a triple therapy of pantoprazole 20mg, clarithromycin 500 mg and amoxicillin 1000 mg all taken twice a day plus a placebo for 14 days. The case group not only received the triple therapy but also Yomogi capsules (of dried *S.boulardii* 250 mg) twice a day. After 4 weeks of treatment, patients' clinical symptoms were examined and UBT was used to assess the elimination of the disease.

Methods: The present research was a double-blinded, randomized clinical trial and its population consisted of all patients afflicted with proven *heliobacter pylori* who visited the digestive clinic of Bandar Abbas in 2016-17. The subjects were randomly divided into two groups of 70. The control group underwent a triple therapy of pantoprazole 20mg, clarithromycin 500 mg and amoxicillin 1000 mg all taken twice a day plus a placebo for 14 days. The case group not only received the triple therapy but also Yomogi capsules (of dried *S.boulardii* 250 mg) twice a day. After 4 weeks of treatment, patients' clinical symptoms were examined and UBT was used to assess the elimination of the disease.

Results: The proportion of male to female subjects in the control and case groups was respectively 39 to 31 and 41 to 29 (p -value = 0.733). The mean age of the subjects in the control and case groups was respectively 35.21 ± 9.69 and 33.79 ± 10.32 years (p = 0.400). The elimination rate assessed by UBT in the control group was 70% and in the case group was 77.1% (p = 0.338).

Conclusion: The use of *S.boulardii* in the standard triple therapy not only managed to better control the patient's clinical

symptoms but also raised the elimination rate for about 7%.

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Code: D-0044094

W-F-026

Category: 2 .16 تشخیص بیماریهای بدخیم

Evaluation of cyclooxygenase -2 gene expression in benign and malignant ascites

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Introduction: This study aims to evaluate the mRNA expression of cyclooxygenase-2 (Cox-2) in ascites caused by various diseases and its usefulness in differential diagnosis between malignant and benign ascites.

Methods: A total of 52 ascitic fluid samples collected from patients in Ghaem Hospital of Mashhad University of Medical Sciences and divided into two experimental groups: benign ascites group (n = 26) and malignant ascites group (n = 26). Reverse transcriptase polymerase chain reaction (RT-PCR) was used for determining the presence of Cox-2 mRNA in samples.

Results: There was a male predominance (1.88 to 1) and the mean age of patients was 56.94 ± 12.04 years (range 30 to 80 years). There was no significant difference between the two groups with respect to age and sex. Cox-2 mRNA was detected in 4 of 26 benign ascites (15.4%) and 15 of 26 malignant ascites (57.7%) (p = 0.003). The sensitivity, specificity, positive and negative predictive values of Cox2 for differentiating malignant from benign ascites were 57.7%, 84.6%, 78.9% and 66.7%, respectively.

Conclusion: Cox2 mRNA expression assessed by RT-PCR could be a useful method in the differential diagnosis and screening of malignant ascites.

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Code: D-0044057

W-F-027

Category: 5 .7 سیروز و عوارض آن: تظاهرات بالینی

Evaluation of survival and related factors in cirrhotic

patients in Kurdistan province

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Introduction: Liver cirrhosis is the final stage of chronic liver disease that disrupts the normal functioning of the liver, causing various complications in the patient. The aim of this study was to estimate the survival rate in patients with liver cirrhosis using MELD and Child-pugh scoring methods and its related factors on liver cirrhosis survival in Kurdistan province.

Methods: In this retrospective cohort study, all subjects with diagnosed liver cirrhosis referred to digestive and liver ward of Tohid Hospital in Sanandaj in Kurdistan province in 2011-2017 were evaluated. To analyze survival rate, Kaplan-Meier method and log-rank test and univariate regression and hazard ratio calculation were performed using Cox relative risk model.

Results: In this study, 187 people with liver cirrhosis were studied, The mean (standard deviation) age was 56.1 (17.6) years, of which 115 (61.5%) were male, 90 (48.1%) were over 60 years, and 37 (17.8%) were less than 40 years old. In this study, 85 (45.5%) had died, the cause of death in 48 patients (57.8%) is liver cirrhosis were reported. Survival rates of patients with cirrhosis were 1, 3 and 5 years, respectively, 94.3%, 66.7%, 41%, and median survival was 52 months. Univariate regression analysis showed that individuals younger than 40 years of age had higher mortality (HR 2.10, 95% CI 1.26-3.50, $p = 0.004$) But in the age group of 40-59 years, there was no significant difference ($p = 0.178$). In patients with liver cirrhosis, patients with Child pugh had stage B (HR 1.19, 95% CI 0.78-1.81, $p = 0.397$) and stage C (HR 1.27, 95% CI 0.65-2.48, $p = 0.482$).

Conclusion: Due to the high mortality risk and severity of the disease at an early age, it requires the diagnosis of liver cirrhosis, rapid follow-up of patients, further interventions and the development of a diagnostic surveillance system.

Send Date: 2019/08/15

Code: D-0044023

W-F-028

Category: 5 .17 اختلالات عملکردی دستگاه گوارش

Investigation the association between Irritable bowel syndrome and adenovirus infection

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Introduction: Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder with recurrent abdominal pain and associated with defecation or change in bowel habits (constipation, diarrhea or a mix of constipation and diarrhea). All symptoms occur in the absence of metabolic or organic causes; The causes of IBS aren't fully understood. such factors as the impairment of gastrointestinal motility or autonomic nerves system, altered gastrointestinal sensitivity or gut microbiota, stress and genetic are mentioned. Although the development of IBS is reported after viral gastroenteritis, the association of IBS with viral infection is not clear. Since Adenoviruses are common causes of human gastroenteritis, we decided to investigate the association of IBS with Adenoviruses.

Methods: 80 subjects (40 patients with IBS and 40 healthy subjects) were recruited and studied after obtaining informed consent. In all subjects, a blood sample was taken for determination of Adenoviruses antibody IgG and IgM (Elisa-method), as well as a stool sample for adenovirus DNA. Viruses DNA was extracted with phenol-chloroform-isoamyl alcohol and evaluated with Real-time PCR based on SYBR-Green.

Results: According to data analysis, there was no significant difference between IBS group and control group. Adenoviruses antibody IgG, IgM and DNA load didn't show any significant raise in IBS group.

Conclusion: We didn't observe any significant association between IBS and Adenoviruses. However, additional studies are recommended to investigate the role of other viruses in development of IBS.

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Code: D-0044020

W-F-029

Category: 13 .7 سایر موارد

The role of anthropometric indices in the prediction of non-alcoholic fatty liver disease in the PERSIAN Guilan Cohort study (PGCS)

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is an obesity-associated health problem that causes other liver diseases for the patient. Four anthropometric indices: body mass index (BMI), waist circumference (WC), waist-to-hip ratio (WHR) and waist-to-height ratio (WHtR) were analyzed as NAFLD predictors in the present study.

Methods: From the total number of individuals who referred to the PERSIAN Guilan Cohort study (PGCS) located in the north of Iran during the period of study, a total of 960 people were enrolled in the present study. NAFLD was diagnosed using through an abdominal ultrasound exam. Height, weight, WC, BMI, WHR and WHtR were later calculated. Chi-square, ANOVA and logistic regression analyses were used to analyze the risk factors.

Results: Out of the 960 individuals who were enrolled in the study, 597 (62.2%) were male and 363 (37.8%) were female (with an average age of 47.21 ± 7.29 years). There was a significant relationship between weight and NAFLD ($p < 0.001$). There was also a significant relationship between BMI (OR = 8.41; 95% CI = 5.59–12.75), WC (OR = 2.67; 95% CI = 2.05–3.48), WHR (OR = 3.84; 95% CI = 2.26–6.52), WHtR (OR = 28.53; 95% CI = 6.94–117.31) and NAFLD ($p < 0.001$). The results of the logistic regression analysis showed that WHtR, BMI and WC were effective predictors for the risk of NAFLD while WHtR played a more important role in the prediction of NAFLD.

Conclusion: Anthropometric indices, especially WHtR, as a simple screening tool, seem to be an important criterion for the detection of NAFLD.

Send Date: 2019/07/08

Code: D-0044017

W-F-030

Category: 2.4 بیماری سلیاک/ سندرم های سوء جذب و انتروپاتی های غذایی

Seroprevalence study of celiac disease in patients with IBS symptoms referred to Razi Hospital Clinic in Rasht, 2017

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Introduction: Celiac disease is a common cause of

malabsorption and this disease definitely diagnosed with abnormalities of narrow gastrointestinal biopsy and response to symptoms and histological changes of gluten removal. One of the serologic studies of celiac is Anti TTG study. Since IBS symptoms are common in the community and given the fact that the main food of the people of Gilan is rice and a number of patients with celiac are unknown and mistakenly diagnosed as IBS, a study was conducted to evaluate the prevalence of celiac disease in this group of patients (IBS).

Methods: In a cross-sectional study, 475 patients aged 20-70 years with IBS symptoms (according to ROME IV criteria) referred to Razi Hospital's Clinic of Rasht in the year 96 were selected. Blood samples were collected from all the patients. An upper endoscopy and Five samples of duodenal biopsy were collected from patients with positive serum sample. Statistical analyzes were performed.

Results: In our study 475 people participated. (225 male and 250 female) The mean age of participants was 25.12 ± 42.40 . Anti TTG was positive in 31 patients (6.5%), Anti TTG IgA in 14 (2.9%) and Anti TTG IgG in 19 (4%) patients were positive. Of the patients with serum positive test, 6 cases had positive celiac disease in pathological endoscopy.

Conclusion: It is better to perform the required celiac examinations for all patients referring with IBS symptoms even those patients without Diarrhea and celiac symptoms. our study showed that the seroprevalence of celiac disease in patients with IBS symptoms is equal to 6.5 % and definitive diagnosis of this disease in seropositive people is 31.6 %.

Send Date: 2019/07/08

Code: D-0044108

W-F-031

Category: 3 هلیکوباکتر پیلوری

Shorter durations of concomitant regimens have comparable efficacy to 14-day concomitant therapy for *Helicobacter pylori* eradication: A randomized clinical trial

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Introduction: *Helicobacter pylori* (*H. pylori*) is one of the most common bacterial infections in the world, associated with peptic ulcer disease and gastric cancer. We designed a study to compare the efficacy of 10-day vs. 12-day concomitant

therapies for first-line *H. pylori* eradication in Iran.

Methods: Two hundred and eighteen patients with naïve *H. pylori* infection, were randomly divided into 2 groups to receive either 10-day or 12-day concomitant regimens, composed of Pantoprazole 40 mg, Amoxicillin 1 gr, Clarithromycin 500 mg and Metronidazole 500 mg, all given twice daily. Eight weeks after therapy, *H. pylori* eradication was assessed by 14C- Urea breath test.

Results: Two hundred and twelve patients completed the study. According to intention to treat analysis, the eradication rates were 83.6% (95% confidence interval = 76.6 – 90.5) and 88.8% (95% CI = 82.8 – 94.7) in 10-day and 12-day concomitant groups, respectively ($p = 0.24$). Per-protocol eradication rates were 85.9% (95% CI = 79.3 – 92.4) and 92.6% (95% CI = 87.6 – 97.5), respectively ($p = 0.19$). The rates of severe side effects were not statistically different between the two groups (3.6% vs. 8.1%).

Conclusion: Twelve-day concomitant therapy could achieve ideal eradication rates by both intention to treat and per-protocol analyses. In order to reduce the cost of drugs and the rate of adverse effects of therapy and simultaneously to obtain ideal eradication rates, 12-day concomitant regimen seems to be a good alternative to previously suggested 14-day concomitant therapy.

Send Date: 2019/08/22

Code: D-0044102

W-F-032

Category: 4 INTESTINAL

Disease- specific alteration of the human gut virome in association with irritable bowel syndrome

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Introduction: Recent studies demonstrated that alteration in the enteric bacterial populations contributes to gastrointestinal disease, including irritable bowel syndrome (IBS). However, less is known about the viral populations and their potential association with IBS.

Methods: Fresh fecal samples from 42 individuals were collected in a cohort of patients with IBS and healthy controls. We applied next generation-based metagenomics sequencing

to characterize the enteric virome and assess the potential viral variation between healthy controls and IBS subjects. Sequencing completed on an Illumina Nextseq platform with a 2×150 paired-end read length and then several bioinformatics analyses were used to filter, trim and taxonomically assigned the raw read files. The final results were statically analyzed using R program.

Results: The result indicated that bacteriophages of Caudovirales order were the most abundant viral taxa across the studied subgroups. Indeed, the diversity and richness of bacteriophages of Caudovirales and eukaryotic viruses of Megavirales were decreased in patients with IBS compared to healthy control. The specific alteration of enteric viruses also observed in association with different IBS subtypes.

Conclusion: The current finding suggests an alteration in the enteric virome might contribute to the pathophysiology of IBS. In addition, based on the unique viral species that have been observed in association with specific IBS-subtypes in this study, a new hypothesis could be proposed that enteric viral species have potential to be used as a biomarker for detecting IBS.

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Code: D-0044084

W-F-033

Category: 3 هلیکوباکتر بیپیلوری

Variation of the EPIYA motifs of cagA gene in *Helicobacter pylori* isolates from individual patients

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Introduction: Biological activity of *Helicobacter pylori* oncoprotein CagA is determined by the diversity in the EPIYA motif sites which may be repeated within the variable region. CagA proteins possessing greater number of EPIYA repeats are more likely to be associated with gastric cancer development. In the present study, types of the *H. pylori* CagA EPIYA motifs were studied in *H. pylori* isolates from individual patients.

Methods: In 14 *H. pylori*- positive patients, four single colonies were isolated from the primary *H. pylori* culture plates. In each isolate, cagA status, genotype of variable 3'-region and patterns of EPIYA motifs were determined by PCR amplification using appropriate primers.

Results: In 11/14 patients, all four isolates were cag A+. Out of 11 patients, EPIYA motif pattern of ABC was observed in all isolates of one patient and ABCC was observed in seven patients. Mixed pattern of EPIYA motifs were observed in 3/11 patients; in patient one, three isolates were ABCC and one isolate was ABC, in patient 2, three isolates were ABC and one BC, in patient 3, three isolates were ABC and one AB. In 2/14 patients, two isolates were cagA+ with ABC pattern and 2 cagA-. In 1/14 patient, two isolates were cagA+ with AB and ABC patterns and two isolates were cagA-.

Conclusion: Results of this study showed that *H. pylori* isolates with different EPIYA motif types could be simultaneously present in the same stomach. Considering the key role of cagA gene in *H. pylori* pathogenesis, further studies is need to elucidate any correlation between cagA genetic diversity and clinical outcomes.

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Code: D-0044048

W-F-034

Category: 4. بیماری ریفلاکس 2.

اعتبار تشخیص ریفلاکس معدی-مرووی با امپدانس چندکاناله

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زمینه و هدف: مقایسه ضریب توافقی تشخیص دستگاه ها و نظر کارشناسان در تشخیص دوره های ریفلاکس معده به مری (GER) در امپدانس چند کاناله داخل لومنی (MII).

روش بررسی: این مطالعه مقطعی بر روی هشتاد و شش حادته های احتمالی ریفلاکس در MII ضبط شده از ۸ بیمار توسط دو متخصص گوارش مسلط در زمینه اختلالات حرکتی و عملکردی مری انجام شد. این دوره های متوالی توسط کارشناس نرم افزار انتخاب شدند. همه ی دوره ها توسط دو نفر متخصص به طور مستقل مورد بررسی قرار گرفتند. هر نوع اختلاف بین این دو متخصص گوارش، توسط متخصص گوارش ارشد دیگری بررسی و رفع شد. تجزیه و تحلیل همین دوره ها توسط نرم افزار MMS هم انجام شد.

یافته ها: توافقی مشاهده شده بین دو متخصص گوارش در تشخیص بودن یا نبودن حملات ریفلاکس ۸۴.۸ درصد بود و مقدار K برای متخصصان گوارش و تجزیه و تحلیل نرم افزار در مورد بودن یا نبودن ریفلاکس ۵۴ بود. ارزش پیش بینی کننده مثبت (PPV) برای تشخیص GER با استفاده از تجزیه و تحلیل ماشین ۹۲٪ بود. زمان شناسایی توسط نرم افزار حدود سی درصد کمتر از متخصصین بود. بعد از حذف موارد منفی کاذب و مثبت کاذب، زمان محاسبه شده توسط نرم افزار حدود ۱۴ درصد کمتر از متخصصین بود.

نتیجه گیری: برای تفسیر صحیح داده های ریفلاکس، باید معیارهای مناسب و یکسان توسط همه کارشناسان و دستگاه اعمال شود. در صورت اعمال معیارهای یکسان توافقی بین متخصصین بالاست اما حتی تفاوت

اندکی در معیارهای تفسیر MII ممکن است منجر به تفاوت معنی داری در نتایج نهایی و حتی تصمیم گیری های درمانی شود. تجزیه و تحلیل خودکار برای تشخیص GER در صورت اصلاح و ارتقا نرم افزار می تواند به تصمیم گیری و درمان مناسب کمک شایانی کند.

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W-F-035

Category: 3 *H. PYLORI*

Atorvastatin in combination with conventional antimicrobial treatment of *Helicobacter pylori* eradication: A randomized controlled clinical trial

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Introduction: *Helicobacter pylori* is one of the main causes of digestive diseases, which is difficult to treat and requires the administration of several antimicrobial agents. Considering the anti-inflammatory and antibacterial effect of atorvastatin, the present study aimed at adding this agent to a four-drug regimen in order to eradicate *H. pylori*.

Methods: A total of 220 patients with *H. pylori* infection were included in the current randomized, controlled clinical trial. In the current study, 110 patients in the control group received a 14-day regimen of amoxicillin, clarithromycin, bismuth, and esomeprazole, and 110 patients in the intervention group received 40 mg of atorvastatin daily plus the antibiotic regimen for 14 weeks. The treatment results were evaluated one month later using *H. pylori* stool antigen test. Data were collected using checklist and analyzed using Chi-square and the Fisher exact tests with SPSS version 18.

Results: *H. pylori* eradication rate in the intervention and control groups were 78.18% and 65.45%, respectively ($p = 0.025$), and there was a significant difference in terms of NUD between the groups ($p = 0.049$), but there was no significant difference in age, gender, and body mass index between two groups ($p < 0.05$).

Conclusion: The present study results showed that adding atorvastatin to the four-drug regimen of omeprazole, clarithromycin, bismuth, and amoxicillin is effective in the eradication of *H. pylori*. Also, the addition of atorvastatin to *H. pylori* eradication therapy is more effective in patients with non-ulcer dyspepsia (NUD).

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Code: D-0044064

W-F-036

Category: 2.4 بیماری سلیاک/ سندرم های سوء جذب و اتروپاتی های غذایی

Correlation between bone mineral density and PTH levels in Celiac patients

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Introduction: Celiac disease (CD) is a gluten sensitive enteropathy with intestinal and extra intestinal presentations in genetically predisposed cases. Musculoskeletal problems are one of the most common extra intestinal manifestations in adult Celiac disease. In present study we evaluated parathyroid hormone (PTH) levels in men and premenopausal women with CD who had osteoporosis and osteopenia.

Methods: This was a retrospective cross-sectional study of adult CD patients who were referred to the Mashhad Celiac Disease Center between 2012 and 2019. We excluded the bone loss confounding factors including cases with endocrine disorders, corticosteroid consumption, smoking, and women over the age of 50. Factors such as intestinal pathology, bone mineral density (BMD), serum level of anti-tTG, serum vitamin D, PTH and hemoglobin levels were also assessed at the time of diagnosis.

Results: High levels of PTH were detected in 72/193 (27.2%) of CD patients. There was a significant correlation between PTH levels in patients with osteopenia, osteoporosis, and normal BMD ($p = 0.0001$).

Conclusion: This study showed a correlation between low bone mineral density and PTH levels in CD patients which probably introduced the autoimmune hyperparathyroidism as a cause of osteopenia and osteoporosis.

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Code: D-0044014

W-F-037

Category: 11 اختلالات حاد کبدی

Biochemical markers and lipid profile in nonalcoholic fatty liver disease patients in the PERSIAN Guilan cohort study (PGCS), Iran

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Introduction: Nonalcoholic fatty liver disease (NAFLD) is a global epidemic that is often asymptomatic and silent, and progresses slowly. This study aimed to determine the biochemical markers and lipid profile among NAFLD patients and their possible relationship with degrees of fatty liver.

Methods: This is analytical cross-sectional study, in which, 950 individuals referred to the PERSIAN Guilan cohort study were included through sequential sampling method. The demographic information and blood pressure of the subjects were taken and the blood sample was prepared to investigate the biochemical markers and lipid profile.

Also, abdominal ultrasonography was performed to investigate NAFLD and its grades. For data analysis, independent sample t-test, one-way ANOVA, and logistic regression model were used, where $p < 0.05$ was considered significant.

Results: The systolic blood pressure (SBP) ($p < 0.001$), diastolic blood pressure (DBP) ($p < 0.001$), hepatic enzymes (aspartate aminotransferase [AST], $p < 0.001$, alanine aminotransferase [ALT], $p < 0.001$; gamma-glutamyl transferase [GGT], $p < 0.001$; AST/ALT ratio, $p < 0.001$), lipid profile (triglyceride [TG], $p < 0.001$; total cholesterol [TC], $p = 0.008$; high density lipoprotein [HDL], $p < 0.001$; LDL-C/HDL-C (ratio), $p = 0.003$; TC/HDL-C (ratio), $p < 0.001$); and fasting blood sugar [FBS], $p < 0.001$ correlated with NAFLD. However, there was no relationship between age ($p = 0.34$), alkaline phosphatase [ALP] ($p = 0.26$) and low-density lipoprotein [LDL] ($p = 0.72$). Further, a significant relationship was observed between AST ($p < 0.001$), ALT ($p < 0.001$), and GGT ($p = 0.004$) and NAFLD degrees based on the ultrasonography

Conclusion: Biochemical markers and lipid profile are associated with NAFLD. Thus, it is recommended to investigate NAFLD in clinical settings in cases in which their changes are observed in patients through ultrasonography.

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Code: D-0044007

W-F-038

Category: 6 بدخیمی های وابسته به هلیکوباکتر پیلوری

Overview of Persian medicine against *Helicobacter pylori*: A systematic review

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Introduction: *Helicobacter pylori*, a microaerophilic Gram-negative bacterium, is the most common chronic gastric bacterial infection that caused gastritis and gastric ulcer and increase the risk of gastric cancer. The estimated prevalence of *H. pylori* is 70% in developing countries and 30-40% in developed countries. Evaluation and treatment of *H. Pylori* is recommended in all patients with dyspepsia and also should be considered in Family history of gastric cancer. Despite numerous treatment regimen, overuse or misuse of antibiotics lead to increase resistance to antibiotics. Also, the administration of long term antibiotics produces many adverse effects. Several studies show the effects of herbal medicine on *H. pylori* eradication. The aim of this systematic review is to evaluate the efficacy of Persian herbal medicine in the treatment of *H. pylori* infection.

Methods: In this article, electronic databases including Pubmed, Scopus, Cochrain, Embase, Web of science and SID were searched to find clinical articles related to *H. pylori* infection from 1966 to 2019. We used the following search strategy: "Traditional medicine" or "Complementary and Alternative medicine" or "herb" or "plant" and "*H. pylori*". None randomized clinical trial, none relevant studies, supplement, vitamins, pre or probiotics and none Persian herbal drugs were excluded.

Results: We found 8 double blind randomized clinical trial articles. Many Persian herbal medicine such *Berberis vulgaris*, *Mentha piperata*, *Curcuma longa*, *Nigella sativa*, *Glycyrrhiza glabra*, *Pistacia atlantica*, Mastic gum and mix preparation of *Carum carvi* and *Mentha piparata* have anti-*H. pylori* activity and improve gastroduodenal symptoms.

Conclusion: Although, the mechanism of herbal medicine on *H. pylori* not fully understood, Several studies explored that addition of herbal medicine to the standard *H. pylori* regimen, raise the ulcer healing and *H. Pylori* eradication rate.

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Code: D-0044134

W-F-040

Category: 7.8 Viral hepatitis B: clinical aspects

Assessment and Followup of patient with with HBeAg-negative chronic HBV infection Via Fibrosan evaluation

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Introduction: Liver fibrosis is the main prognostic factor for chronic Hepatitis B. Convey of inactive hepatitis B to active one is usually done silently. In this setting accurate estimation of fibrosis is an important step in management of these patients. The aim of present study is to determine the impact of Fibrosan to evaluation of liver fibrosis in inactive chronic hepatitis B.

Methods: In a prospective study between Feb 2016- Jun 2018, we evaluated the liver fibrosis among patients with inactive CHB by Fibrosan assessment. The inclusion criteria include presence of serum HBsAg more than 6 months, persistence normal liver enzymes during last six months, HBV – DNA viral load < 20000 IU/ml. All other liver diseases were excluded. All patients underwent liver fibrosan .The factors influence on Fibrosan results such as sever obesity, cardiac and renal failure, decompensate cirrhosis and ascitis were excluded. The patients visited every six months. The eligible patients followed for one year.

Results: 210 patients have been enrolled in this study. The mean age was 37.49 ± 12.8 years old and of them 132 patients were male. Regarding the HBV DNA load ,48(22.9%), 84(40%) and 78(37.1%) patient have viral load undetectable, under and more than 2000IU/ml respectively .The mean TE value among these patients was 5.8 ± 1.26 kp. TE value more than 7.2kp was seen in 25(11.9%) patients with mean of 8.1 ± 1.4 kp. There was no significant association between TE results and viral load levels in general. Moreover, we did not observed a significant association between age and viral load and TE.

Conclusion: We illustrated that inactive hepatitis B is not a innocent and benign condition and need regular follow up by liver enzyme, Vial load and TE evaluations.

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Code: D-0044061

W-F-041

Category: 2.4 بیماری سلیاک/ سندرم های سوء جذب و اتروپاتی های غذایی

Bone mineral density in premenopausal women and men in adult Celiac patients

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Introduction: Celiac disease (CD) is a gluten sensitive enteropathy with intestinal and extra intestinal presentations in genetically predisposed cases. Musculoskeletal problems are one of the most common extra intestinal manifestations in adult Celiac disease. Most researches by now in bone loss in CD have limitation by not excluding age as most important confounding factor. In present study we evaluated bone mineral density (BMD) in men less than 55 years old and premenopausal women and men with CD.

Methods: This was a retrospective cross-sectional study of adult CD patients who were referred to the Mashhad Celiac Disease Center between 2008 and 2019. We excluded the bone loss confounding factors including cases with endocrine disorders, corticosteroid consumption, smoking, and women over the age of 50 or menopause. Factors such as intestinal pathology, bone mineral density (BMD), serum level of anti-tTG, serum vitamin D, and hemoglobin levels were also assessed at the time of diagnosis.

Results: BMD was observed in 421 out of 1000 patients. Femoral osteopenia was found in 155 (36.8%) patients, and osteoporosis was also observed in 46 (10.9%) of patients. Spinal osteopenia and osteoporosis were observed in 140 (33%) and 54 (12.9%) of patients, respectively. The D3 level was normal in 32.2%, low in 35.9%, and insufficient in 31.9% of cases and no association with TTG level ($p = 0.0001$). Male patients have more risk of osteoporosis than female, but female patients are at more risk for osteopenia in femoral. Generally, there was not any correlation between TTG levels, calcium, phosphorus and 25OH D3 in normal and low BMD patients, including those with osteopenia and osteoporosis.

Conclusion: Even after excluding most important confounding factor in bone loss, osteopenia and osteoporosis was common in celiac patients and we should screen and treat them.

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Code: D-0044018

W-F-042

Category: 11.7 اختلالات حاد کبدی

Prevalence of non-alcoholic fatty liver disease in patients with diabetes mellitus, hyperlipidemia, obesity and polycystic ovary syndrome: A cross-sectional study in north of Iran

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Introduction: The aim of this study was to describe the frequency of non-alcoholic fatty liver disease (NAFLD) in patients with diabetes mellitus (DM), hyperlipidemia, obesity and polycystic ovaries syndrome (PCOS).

Methods: In a cross-sectional study, 333 patients who had one of the certain diagnosis of DM, hyperlipidemia, obesity or PCOS were enrolled. Information about demographics, anthropometric, nutritional habitude, smoking history, medical history and physical activity were recorded. Liver ultrasound examination and routine biochemistry analysis were performed.

Results: Among 333 patients with one of the four above-mentioned diseases. 199 patients (59.8%) had NAFLD. Male were more likely to have NAFLD than female (72.8% vs. 50.8% respectively, $p < 0.001$). About, 80.7% of patients through 41-50 years age had NAFLD. The frequency of abnormal fasting blood glucose, alanine aminotransferase (ALT), triglyceride, and total cholesterol were significantly higher in patients with NAFLD ($p < 0.05$). Subjects with NAFLD had a higher body mass index than non-NAFLD ($33.6 \pm 7.9 \text{ kg/m}^2$ vs. $31.1 \pm 5.0 \text{ kg/m}^2$ respectively, $p = 0.002$). Patients with DM, hyperlipidemia, hypertension, and hypothyroidism were more likely to have NAFLD ($p < 0.05$). Patients with consumption of supper, high-fat diet, enjoy of eating and smoking were more likely to have NAFLD and patients with fruit and vegetable uptake and physical activity were less likely to have NAFLD ($p < 0.05$).

Conclusion: As most patients with NAFLD are asymptomatic, employed individuals with higher education levels, with a history of smoking and unhealthy diet along with DM, hyperlipidemia, PCOS and obesity seriously have to be followed and educated for lifestyle modification.

Send Date: 2019/07/08

Code: D-0044005

W-F-043

Category: 5.17 اختلالات عملکردی دستگاه گوارش

Persian herbal medicine in chronic constipation: a review article.

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Introduction: Constipation, by definition, is a disorder with predominate symptoms of difficult, infrequent or incomplete defecation. The mean prevalence rate of chronic constipation is estimated at around 14% in general population. Non-organic constipation is a multifactorial disorder related to lifestyle, genetics, colon transit time, visceral sensitivity and serotonin level. According to several studies, many herbal medicines are effective in patients with chronic constipation, specially functional constipation, irritable bowel syndrome constipation pre-dominant (IBS-C) and elderly constipation. Thereupon, we decided to review Persian herbal medicine in constipation.

Methods: We searched on electronic databases including Pubmed, Scopus, Cochrain, Embase, Science direct, Web of science and SID with the aim to find clinical articles related to constipation and herbal medicine since 2019. We used such keywords as traditional medicine, complementary and alternative medicine (CAM), herb, plant and constipation. Non-randomized clinical trial, non-relevant studies, supplement, vitamins, pre or probiotics and none Persian herbal drugs were excluded.

Results: Finally, we found 15 randomized control trial with 13 persian herbal medicine that potentially improve constipation without remarkable adverse effect. Carica Ficus, Descuriania Sophia, Rosa domascena, Cassia fistula, Kammiphora mukul, Prunus domestica, Testa triticum, Cannabis sativa, Malva sylvestris, Pimpinella anisum, Zyziphus jujuba, Cassia augastifolia and a remedy of Pimpinalla anisum, Foeniculum vulgare, Sambucus nigra, Cassia augastifolia.

Conclusion: Herbal medicines are acting with prokinetic effects, enhancing and coordinating the gastrointestinal motility. Although more studies are needed to completely explain their mechanism, it seems Persian herbal medicine can be recommended as a complementary therapy along with lifestyle modification.

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Code: D-0044121

W-F-044

Category: 1 .7 بیولوژی سلولی و مولکولی

Targeting WNT/ β -catenin pathway in Hepatocellular Carcinoma (HCC): from basic studies to clinical application

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Introduction: The hepatocellular carcinoma (HCC) is the second major reasons for death from cancer throughout the world. A subgroup of HCC occurs following WNT/ β -catenin signaling dysregulation. The incorrect activation of the WNT/ β -catenin pathway is seen in about 1/3 of the HCC. In HCC, the β -catenin nuclear and cellular accumulation is an indication of focally activating the signaling of WNT/FZ in 33-67% of tumors.

Methods: The corresponding published articles in English were search on a database of PubMed by keywords of HCC, WNT/ β -catenin pathway, anti-Wnt/ β -catenin, sorafenib-resistant, combination therapeutic, treatment.

Results: Upregulated Wnt/ β -catenin pathway in HCC affects tumor initiating cells, drug resistance, tumor progression, and metastasis. There are ongoing studied for finding selective anticancer drugs to target components of the β -catenin pathway, but limited research is in the phase I clinical trials. Previous studies have shown that sorafenib can reduce the activity of the Wnt/ β -catenin pathway in HCC cells. Sorafenib reduces the Wnt/ β -catenin signal in liver cancer cells by modulating transcriptional activity and reducing the level of β -catenin protein. Prospero-related homeobox 1 (PROX1) can increase β -catenin expression and nuclear energy transfer, activate the Wnt/ β -catenin pathway and make HCC cells more resistant to Sorafenib treatment.

Conclusion: Recent studies indicate the anti-tumor effects of anti-Wnt/ β -catenin inhibitors in combination with sorafenib in HCC cells. The Wnt/ β -catenin pathway suggest molecular target for treatment of HCC.

Send Date: 2019/08/22

Code: D-0044085

W-F-045

Category: 1.4 Outcome studies

Evaluation of Relation between Duodenal Diverticula and Therapeutic Results of Endoscopic Retrograde Cholangiopancreatography (ERCP)

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Introduction: The duodenum is the second most common site for diverticulum after colon. According to studies, the presence of diverticulum in the duodenum reduces the chances of ERCP success. The aim of this study was to evaluate the prevalence of duodenal diverticulum in candidates for ERCP and the effect of these diverticula on the treatment outcomes and success rate of ERCP.

Methods: This retrospective study performed by evaluation of archives of Ahvaz Imam Hospital as a referral tertiary center. During a 6-year period, the Data of all of the ERCP procedures extracted and the results and success rate of ERCP compared based on presence or absence of duodenal diverticulum.

Results: during this period, overall 892 ERCP have performed. 60% of participants were female (536 cases) and the mean age of subjects was 56.8 years. During ERCP, duodenal diverticula was seen in 82 patients (9.2%), and ERCP was successful in 75.8% of patients. Patients with duodenal diverticulum had more ERCP failure compared with others (39% vs 22.7%, $p = 0.02$). The mean age (64 vs 56 years, $p = 0.004$) and prevalence of biliary stones (56.8% vs 56.1%, $p = 0.529$) was higher in patients with duodenal diverticulum in comparison with other patients.

Conclusion: According to the results of this study, the rate of ERCP failure in patients with diverticulum is higher. Considering the prevalence of biliary stones in these patients and its possible complications, it is advisable to performing ERCP in such patients by experienced operator.

Send Date: 2019/08/18

Code: D-0044016

W-F-046

Category: 5.7 سیروز و عوارض آن: تظاهرات بالینی

Gastrointestinal symptoms in patients with diabetes mellitus and non-diabetic: A cross-sectional study in

north of Iran

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Introduction: Gastrointestinal (GI) symptoms are common in patients with diabetes mellitus (DM), which involved in high cost of health care and low quality of life. The aim of this study to investigate the prevalence of GI symptoms in diabetic patients referred to the Gastrointestinal and Liver Diseases Research Center (GLDRC), Guilan University of Medical Sciences (Rasht, Iran) using a validated questionnaire.

Methods: In this descriptive, cross-sectional study, 255 diabetic patients and 255 non-diabetic subjects were recruited. Participants were randomly selected. The questionnaire recorded GI symptoms among the study population.

Results: GI symptoms were reported in 91.4% of diabetic patients, and 42.1% of them were male. The common GI symptoms in diabetic patients were flatulence (33.0%), followed by retrosternal pain (14.9%), belching (13.7%), postprandial fullness (12.5%), and constipation (11.4%). Retrosternal pain, constipation, flatulence, loss of appetite, and abdominal distention were more prevalent in diabetic women than men.

Conclusion: DM is associated with high prevalence rate of upper and lower GI symptoms. This effect may be linked to gender and poor glycemic control in diabetic patients, but not to type and duration of diabetes.

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Code: D-0044015

W-F-047

Category: 11.7 اختلالات حاد کبدی

Comparison evaluation between non alcoholic fatty liver Disease Scoring Panels with Fibroscan

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Introduction: According to the high prevalence of non alcoholic fatty liver disease (NAFLD) and its procedures complications, it is necessary to have a non invasive, cost-benefit, convenient way to evaluate these patients. In this way, the aim of this study was to evaluate 11 scoring systems in NAFLD patients and the comparison with fibroscan's results. It helps physicians to have better clinical decision, diagnosis

and treatment of these patients. In this study, 122 patient with sonography determined NAFLD were undergone fibroscan.

Methods: 11 NAFLD scoring system were calculated in these patients. The results of 11 scoring system, by using spss 22 compared with fibroscan's results.

Results: comparison scoring systems with fibroscan's results, express that , 2 panel (APRI, FIB4) in segregation between group with and without advanced fibrosis were desirable (*p* value 0.03,0.005 sequencally).

Conclusion: According to being non invase and cost benefit and available of these scoring systems, we suggest to use these panels to evaluate fibrosis in NAFLD patients.

Send Date: 2019/07/08

Code: D-0044180

W-F-048

Category: 3.7 متابولیک/اختلالات ژنتیکی

A Novel LIPA Mutation Found Using Exome Sequencing in Siblings with NAFLD/NASH

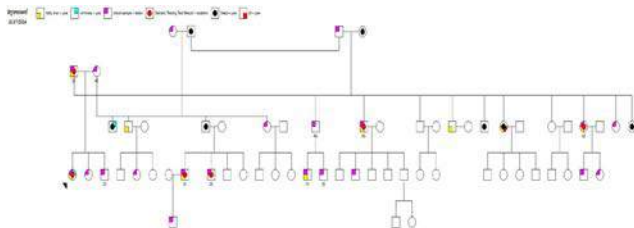
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Introduction: During the last 2 decades, an epidemiologic transition has happened across the world, which is especially noticeable in developing countries, and has resulted in an obvious shift from communicable infectious diseases to chronic non-communicable diseases. Little is known about the heritability of hepatic fibrosis, and the heritability of hepatic steatosis has not been assessed systematically in adults. Recent studies have suggested that there is a significant genetic association with the presence of hepatic steatosis. Lysosomal acid lipase (LAL) deficiency is a rare autosomal lysosomal storage disease. We described a novel mutation in the LIPA gene where the proband had liver cirrhosis without even noticing any symptoms, presenting only with low platelet counts.

Case Report: A 28-year-old girl presented to our clinic with a complaint of progressive low platelet count during



the last 2 years. Her BMI was 21.09 kg/m² and her spleen was palpable. Blood and tissue samples were collected from the family members with informed consent. Fatty liver was also present in one of her cousins (31 years old) and her father (51 years old) along with 2 uncles and 2 aunts. We performed genome-wide mapping to isolate candidate loci. We sequenced 7 members of this family all of whom are reported to have either fatty liver and/or liver cirrhosis.

Discussion: There are three variants that they all share, but they are common in other populations, predicted benign by in silico methods (I.e. Poly Phen2/SIFT), and/or are not well conserved across species. We presented a family with six members having a novel mutation in the LIPA gene whom presented with fatty liver or cirrhosis.

Send Date: 2019/09/06

Code: D-0044116

W-F-049

Category: 2.14 روده باریک/کولورکتال و آنال

Effectiveness of aromatherapy inhalation of Rose essence in clinical symptoms of patients with Irritable bowel syndrome

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Introduction: Irritable bowel syndrome (IBS) is a functional intestinal disorder with abdominal pain and disturbance in bowel movements. Although the pathophysiology of IBS is not fully understood, it has been suggested that genetic and social factors, diet, intestinal microbiota, intestinal low-grade inflammation, and abnormal gastrointestinal endocrine cells play a major role in its pathogenesis. In this study, we aim to investigate the effects of Rosa Damascena aromatherapy on the clinical manifestations of patients with IBS.

Methods: In this double blind randomized controlled trial, we included 60 IBS patients that studied the effect of therapeutic touch on anxiety. The study participants filled a questionnaire with two parts. In the first part they were asked about their bowel habits frequency of defecation, appearance of stool and experiencing abdominal pain or bloating, and in the second part they were asked to fill a twenty items questionnaire to assess the level of hidden and apparent anxiety.

Results: There were no significant difference between groups before intervention in demographic characteristics.

The level of anxiety in the aromatherapy and control groups before and after the intervention has been changed significantly ($p < 0.05$).

Conclusion: The findings of our study suggests that except anxiety, Rosa Damascena essence was not effective on any other manifestations of IBS. To our knowledge, no similar study investigating the effect of Rosa Damascena essence on the clinical symptoms of IBS patients has been performed. However, the effect of this essence on other diseases has been proved. The lack of significant effect of Rosa Damascena on the symptoms of IBS patients can be the result of relatively short duration of our study and the small number of participants, which highlights the importance of performing more precise and controlled studies in the future.

Send Date: 2019/08/22

Code: D-0044099

W-F-050

Category: 4 INTESTINAL

Characterization of the Intestinal Microbiota: A Signature in Fecal Samples from Patients with Irritable Bowel Syndrome

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Introduction: Irritable bowel syndrome (IBS) is a common bowel disorder which is usually diagnosed through the abdominal pain, fecal irregularities and bloating. Alteration in the intestinal microbial composition is implicating to inflammatory and functional bowel disorders which is recently also noted as an IBS feature. Owing to the potential importance of microbiota implication in both efficiencies of the treatment and prevention of the diseases, we examined the association between the intestinal microbiota and different bowel patterns in a cohort of subjects with IBS and healthy controls.

Methods: Fresh fecal samples were collected from a total of 50 subjects, 30 of whom met the Rome IV criteria for IBS and 20 Healthy control. Total DNA was extracted and library preparation was conducted following the standard protocol for small whole-genome sequencing. The pooled libraries sequenced on an Illumina Nextseq platform with a 2×150 paired-end read length. The obtained raw read

files were filtered, trimmed, and analyzed using several bioinformatics programs. The R program was then used to statically analyze the final results.

Results: The analysis revealed that the majority of obtained sequences were assigned to bacterial taxa. However, our finding highlighted the noticeable microbial taxa variation among the studied groups. The result, therefore, suggests a significant association of the microbiota with symptoms and bowel characteristics in patients with IBS.

Conclusion: These alterations in fecal microbiota could be exploited as a biomarker for IBS or its subtypes and suggest the modification of the microbiota might be integrated into prevention and treatment strategies for IBS.

Send Date: 2019/08/21

Code: D-0044087

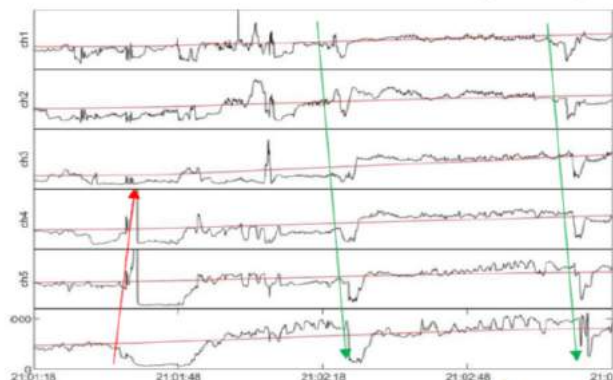
W-F-051

Category: 4. بیماری ریفلکس

بررسی انواع اختلالات سنجش و عدم توافق بین آنالیز دستگاه و گاستروانترولوژیست در PH متری و امیدانس

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زمینه و هدف: PH متری و امیدانس چند کاناله (MII-PH) به عنوان روش استاندارد برای تشخیص انواع ریفلکس به کار می رود ولی به نظر می رسد اشکالاتی در شناسایی و تحلیل وقایع رفلاکس و بلع منجر به عدم توافق بین گاستروانترولوژیست و نتایج دستگاه می شود.
روش بررسی: تعداد ۹ بیمار (۴ خانم و ۵ آقا - متوسط سن ۴۸ سال) با شرح حال منطبق با ریفلکس با MII-PH (مدل ۱-G۲) مانیتور شدند و تعداد ۱۰۰ مقطع مشکوک به ریفلکس توسط کارشناس نرم افزار انتخاب شد؛ این مقاطع و یک دنباله کامل ۲۴ ساعته توسط سه گاستروانترولوژیست متبحر در این زمینه به صورت دستی (manual) مورد بررسی قرار گرفت.



شکل ۱: عدم شناسایی یک رخداد ریفلکس توسط دستگاه (بیکان قرمز یک اپیزود ریفلکس را نشان میدهد که توسط دستگاه شناسایی نشده است)

ابتدا توافق بین سه گاستروانترولوژیست در مورد تعریف یک رخداد ریفلاکس و بلع، ریفلاکس مایع، ریفلاکس مخلوط، خط پایه، حداقل زمان ریفلاکس و حداقل فاصله دو ریفلاکس متوالی و غیره صورت گرفت. با روش تحلیل ریشه‌ای علت RCA موارد بررسی شد و در جلسه Focus Group با شیوه مورد بحرانی CIT عوامل استخراج گردید.

یافته‌ها: بیشترین میزان عدم توافق بین گاستروانترولوژیست و دستگاه در مورد نقطه شروع و پایان ریفلاکس و تعریف خط پایه بود. سایر موارد عدم توافق، شناسایی وقوع یا عدم وقوع یک رخداد ریفلاکس (شکل ۱) تعریف ریفلاکس مخلوط (mix)، افتراق بلع از ریفلاکس و گسترش پروکسیمال ریفلاکس بود. **نتیجه گیری:** اعمال تعاریف دقیق تر و گسترده تر در مورد شناسایی وقایع ریفلاکس برای دستگاه بویژه در موارد عدم توافق بین گاستروانترولوژیست و دستگاه می تواند به ارتقای تجزیه و تحلیل نهایی کمک کند تا تصمیم مناسب تری برای بیمار گرفته شود.

Send Date: 2019/08/19

Code: D-0044051

W-F-052

Category: 6.7 سیروز و عوارض آن: تظاهرات کلینیکی

Assessment of Hepatic Fibrosis by Transient Elastography in Rheumatoid Arthritis Patients Receiving Methotrexate

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Introduction: Methotrexate (MTX) is mainly used in the treatment of diseases such as rheumatoid arthritis (RA) but, it's hepatotoxicity potential, always has been a major concern.

Methods: In this cross-sectional study patients with RA who had been on MTX treatment for more than 6 months were included. Hepatic fibrosis was determined by TE (measuring the liver stiffness). The patients were divided into 2 groups based on liver stiffness measurement and demographic, clinical and biochemical parameters compared between them. Correlation of the cumulative dose of MTX and duration of MTX treatment with the liver stiffness was assessed.

Results: 51 patients were included, 44 women (86.3%), with a mean age of $52.53 \pm (9.95)$ years. The cumulative dose of MTX in 17 (33.3%) patients was less than 1500 mg, 28 (54.9%) patients in the range of 1500 to 4000 mg, and in 6 (11.8%) patients it was more than 4000 mg, with a mean treatment duration of $54.14 \pm (40.94)$ months. The

median (IQR) value of liver stiffness was 4.70 (3.60 – 5.50) kPa. The presence of liver fibrosis was detected in 11 (21.6%) patients. There were no differences in liver stiffness depending on cumulative dose ($r = 0.06$, $p = 0.67$) of MTX and duration of MTX treatment ($r = -0.05$, $p = 0.71$). The multivariate analysis demonstrated that only ALT were associated with presence of liver fibrosis (OR = 1.07; 95% CI: 1.01 to 1.13; $p = 0.01$).

Conclusion: severe hepatic fibrosis is not common in patients treated with methotrexate. Increasing the duration of methotrexate administration and the cumulative dose of the drug have no effect on hepatic fibrosis incidence. Liver stiffness was not significantly correlated with cumulative dose and duration of methotrexate treatment, but increased serum ALT levels in RA patients increased liver stiffness and chance of hepatic fibrosis.

Send Date: 2019/08/15

Code: D-0044041

W-F-053

Category: 1.1 Epidemiology

Prevalence of nonalcoholic fatty liver disease in kidney transplantation candidates

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Introduction: There are few published articles about the prevalence of nonalcoholic fatty liver disease (NAFLD) in kidney transplantation candidates. The recent researches suggest a possible association between NAFLD and chronic kidney disease.

Methods: Sonographic findings of consecutive candidate patients for renal transplantation were evaluated for detection of NAFLD. The different types of NAFLD were categorized based on severity of NAFLD in solography (grade 1 to 3) and were also compared with each other. Comparisons between the groups were analyzed by the chi-square test for categorical variables. p values < 0.05 were considered statistically significant. Statistical analyses were performed with SPSS Version 25.

Results: 291 (111 female and 180 male) kidney transplantation candidates were conducted in this study. The mean age (SD; minimum; maximum) of patients was 47.33 (14.152; 18; 81) years. The ethnicities of patients (N ;%) were Fars (230; 79.04%), Lurs (53; 18.21%), Baloch (6; 2.06%), and Azerbaijanis (2; 0.69%). 206 (70.8%) of patients did not have

NAFLD and 85 (29.2%) had NAFLD. The mean age (SD) of patients with and without NAFLD were 55.57 (16.79%) and 42.65 (17.12%) years, respectively. Grade 1 and 2 of NAFLD were detected in 81 and 4 patients with NAFLD, respectively. There was not any patient with grade 3 fatty liver. There was not any significant relationship in the prevalence of NAFLD between two different sex groups ($p = 0.342$).

Conclusion: Based on our results the prevalence of in NAFLD is considerable in kidney transplantation candidates, so management of fatty liver and related risk factor may be useful in these patients. On the other hand, the severe type of NAFLD was not seen in this population. Because of several limitation of our study, we propose well designed studies to detection of possible correlation.

Send Date: 2019/07/21

Code: D-0044008

W-F-054

Category: 5.17 اختلالات عملکردی دستگاه گوارش

Persian herbal medicine in functional dyspepsia: a review article

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Introduction: Dyspepsia has been defined as every unpleasant sensation in epigastrium associated with gastroduodenal disorders. According to Rome IV, functional dyspepsia (FD) is diagnosed with presence of one or more of four symptoms (i.e. postprandial fullness, early satiation, epigastric pain, epigastric burning) in the absence of organic or metabolic causes. FD is also divide into two subgroups; postprandial distress syndrome (PDS) and epigastric pain syndrome (EPS) that usually overlap. The prevalence rate of FD is estimated up to 40% of general population. FD caused by several factors such as impaired gastric accommodation, hypersensitivity to gastric distention, altered duodenal sensitivity to lipid or acid, abnormal intestinal motility, and central nervous system (CNS) dysfunction. Several studies have reported effectiveness of herbal medicine on FD. This article, thus, reviews Persian herbal medicine in FD.

Methods: Electronic databases including Pubmed, Scopus, Cochrain, Embase, Science direct, Web of science and SID were searched so as to find clinical articles related to Functional dyspepsia and herbal medicine since 2019. Our keywords were

traditional medicine, complementary and alternative medicine (CAM), herb, plant, and dyspepsia. Non-randomized clinical trial, non-relevant studies, supplement, vitamins, pre or probiotics and non-persian herbal drugs were excluded.

Results: We found 14 randomized clinical trials with 14 Persian herbal medicine, affecting patients with FD. According to the results, several herbs like Asparagus racemosus, Ocimum basilicum, Mentha longifolia, Mentha pulegium, Pimpinella anisum, Nigella sativa, Mentha spicata and Zingiber officinale can improve the symptoms of patients with PDS. Also Mastic gum, Curcuma longa, Pistatio atlantica, Glycyrrhiza glabra and remedies of Rosa damascene & Crocus sativus and Trachyspermum copticom & Apium graveolence are effective in both EPS and PDS.

Conclusion: There are several studies which have focused on the mechanism of herbal effects in gastrointestinal (GI) system. It seems herbal medicine can modulate GI motility and secretions. nevertheless, more studies are needed to prove them.

Send Date: 2019/06/17

Code: D-0044004

W-F-055

Category: 4.2 بیماری ریفلاکس

Effects of Ramadan Fasting on the Symptoms of Gastroesophageal Reflux Disease

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Introduction: The effects of Ramadan fasting on gastroesophageal reflux disease (GERD) remains unknown, and few studies have been conducted in this regard. The nutritional, physiological, psychological, and behavioral changes in fasting individuals during Ramadan may affect the status of GERD. The present study aimed to evaluate the effects of these changes on the symptoms of GERD using a meticulous method.

Methods: This study was conducted on patients with clinically diagnosed GERD by a gastroenterologist, who was followed-up for three consecutive months (from one month before to after Ramadan). Data were collected using GERD health-related quality of life (GERD-HRQL). For ethical considerations; antisecretory drugs were prescribed for all the patients. After data collection, the subjects were divided into two groups of fasting and non-fasting. Data analysis and comparison were performed in SPSS.

Results: total, 69 patients with GERD completed the follow-up, including 33 fasting and 36 nonfasting subjects.

No significant differences were observed in the changes of the Total, Heartburn and Regurgitation scores between the Fasting and Non-fasting groups from before Ramadan to Ramadan, Ramadan to after Ramadan and also before to after Ramadan ($p > 0.05$).

Conclusion: According to the results, Ramadan fasting has no effects on the symptoms of GERD in the patients using antisecretory drugs during this month.

Send Date: 2019/06/13

Code: D-0044058

W-F-056

Category: 20 خونریزی های دستگاه گوارش

A Case-control Study on the Risk of Upper Gastrointestinal Bleeding in Patients Taking Non-steroidal Anti-inflammatory Drugs (NSAIDs) in Mashhad, Iran

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Introduction: Gastrointestinal bleeding is one of the most common causes of patient admissions at emergency wards. Despite considering nonsteroidal antiinflammatory drugs (NSAIDs), aspirin and Helicobacter pylori as the leading causes, mortality from gastrointestinal (GI) bleeding is still high. So pattern of NSAID consumption and related conditions may help in preventative behavior.

Methods: This case-control study was conducted on 300 patients. Patients were divided into two groups: with and without GI bleeding. Patient's information was extracted using their hospital records and the data eventually was statistically analyzed.

Results: The results of this study showed no significant difference between the two groups in terms of age, gender, marital status, distribution of weight, and education level ($p > 0.05$). The frequency of NSAIDs use was significantly higher in patients with gastrointestinal bleeding ($p = 0.016$) with the most NSAID use as aspirin (32.66%). The prevalence of smoking, using drugs and alcohol consumption was significantly higher in the study group ($p < 0.05$).

Conclusion: A history of consuming NSAIDs increases the

risk of GI bleeding. The frequency of cigarette, drug, and alcohol consumption in the case study group was significantly higher than that of the control group.

Send Date: 2019/09/06

Code: D-0044162

W-F-057

Category: 3 هلیکوباکتر پیلوری

هلیکوباکتر پیلوری یک باکتری چند چهره

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زمینه و هدف: هلیکوباکتر پیلوری میکروارگانیزمی است که توانسته به صورت موفقیت آمیز در معده انسان مستقر شود. مشخص شده که ساختار سطح سلول هلیکوتحرک کننده ضعیف سیستم ایمنی است و باکتری را در مقابل پاسخ های ایمنی و آنتی بیوتیک ها حفظ می کند. مطالعات نشان می دهد که هلیکومی تواند در محیط معده با تغییر خصوصیات ساختاری خود به اشکال مختلف و مقاوم در بیاید که نتیجه پایداری عفونت باکتری است. در این مطالعه تنوع مورفولوژیک هلیکودر کشت خالص باکتری و در نمونه های بیوپسی بررسی شد.

روش بررسی: در این مطالعه ۱۶ سوبه هلیکوباکتر جدا شده از بیوپسی معده بیماران مبتلا به گاستریت، بر روی محیط بروسلا بلاک آگار کشت داده شدند و تغییرات مورفولوژیک آنها در فواصل زمانی ۴ ساعت تا ۷۲ ساعت بررسی شد. اسلاید های تهیه شده رنگ آمیزی شدند و عکسبرداری میکروسکوپی انجام شد. همچنین اسلاید های بیوپسی از معده ۵۰ بیمار متفرقه بررسی و تصاویر میکروسکوپی تهیه شد.

یافته ها: بررسی اسلاید های تهیه شده از کشت خالص هلیکو و بیوپسی های معده نشان داد هلیکو می تواند به چند شکل وجود داشته باشد. در بعضی از نمونه ها هلیکو به شکل خمیده - مارپیچی و در بعضی دیگر به شکل گرد (کوکوئید) مشاهده شد که شناخته ترین اشکال باکتری هستند. نکته مهم مشاهده مخلوط اشکال مارپیچی و کوکوئید در بیوپسی ها و وجود اشکال دیگر شامل کوکوباسیل یا رشته ای در کشت های خالص بود. **نتیجه گیری:** تقسیم دوتایی در هلیکو، مانند آنچه در باکتری های دیگر اتفاق می افتد، دیده نشده است. بنابراین ظاهر شدن هلیکو بصورت اشکال مختلف، خمیده، کوکوباسیل، کوکوئید و رشته ای ممکن است نشانگر نحوه تقسیم باکتری باشد. تقسیم هلیکو ممکن است در نقاط انحنای اتفاق بیفتد یا یک سلول رشته ای به چند سلول کوکوئید یا کوکوباسیل تقسیم شود. این ویژگی هلیکو را به یک میکروارگانیزم چند چهره تبدیل کرده است.

Send Date: 2019/09/05

Code: D-0044127

W-F-058

Category: 13 سایر موارد

A Simple Risk-Based Strategy for Identifying People with Hepatitis C Virus Infection

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Introduction: Globally, hepatitis C virus (HCV) is among the highest priority diseases in custodial settings; however, the diagnosis remains suboptimal among people in custody. In resource-limited countries, inexpensive methods are needed to increase HCV case finding and linkage to care.

Methods: Between July and December 2018, in Gorgan central prison, residents and newly admitted inmates completed a short questionnaire, including data on history of HCV testing, drug use, injecting drug use, sharing injecting equipment, and imprisonment (newly admitted inmates only). All participants received rapid HCV antibody testing, followed by venepuncture for HCV RNA testing (antibody-positive only). Each enrollment questionnaire (yes/no) was compared with the results of the HCV antibody (positive/negative) and RNA testing (positive/negative).

Results: Among 1,892 participants, 96% were male and 71% had ever used drugs. Overall, 72% had a history of drug use and 9% had a history of injecting drug use; 56% (91 of 163) had ever shared injecting equipment, respectively. Among newly admitted inmates, 69% had a history of imprisonment. The majority of participants (88%) had no history of HCV testing. Prevalence of HCV antibody was 6.7% (n = 127), and HCV RNA was detected in 75% (87 of 116) of those who received venepuncture. Among all participants, history of drug use was the most accurate predictor of having positive HCV antibody and RNA tests (sensitivity: 95.2%, negative predictive value: 98.9%) and (sensitivity: 96.6%, negative predictive value: 99.5%), respectively. We found no combination of self-reported risk factors that would be reliable enough to skip the HCV RNA testing.

Table 1: Sensitivity, specificity, positive predictive value and negative predictive value of risk behaviors for identifying people with HCV antibody-positive test results in Gorgan Central Prison, 2018, n = 1,892.

| | Sensitivity (%) | Specificity (%) | PPV (%) | NPV (%) |
|------------------------|-----------------|-----------------|---------|---------|
| History of Drug Use | 95 | 31 | 9 | 99 |
| History of Injection | 54 | 94 | 39 | 97 |
| History of Sharing | 34 | 97 | 46 | 95 |
| History of testing | 55 | 94 | 50 | 95 |
| Drug Use and injection | 54 | 31 | 39 | 99 |
| Drug Use and sharing | 34 | 31 | 46 | 99 |
| Injection and sharing | 34 | 95 | 46 | 99 |

Conclusion: Screening for HCV infection based on the self-reported history of drug use could replace population-based screening to reduce costs. In resource-limited settings, developing tailored screening strategies is crucial for pursuing HCV elimination targets and further cost-effectiveness analysis is needed to confirm the optimal strategies.

Send Date: 2019/08/27

Code: D-0044100

W-F-059

Category: 3 هلیکوباکتر پیلوری

Helicobacter pylori in celiac disease in mashhad

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Introduction: Whether *Helicobacter pylori* triggers celiac disease (CD) or protects against CD is under question and need more research. There are epidemiologic studies that have reported conflicting results regarding the association between *H. pylori* and CD. increasing prevalence of CD disease had led to the consideration of a number of environmental risk factors that may trigger autoimmunity. *Helicobacter pylori* is one of the rare infectious agents (along with Epstein-Barr virus) that have been suggested to be involved in several autoimmune disorders.

Methods: This was a retrospective cross-sectional study of adult CD patients who were referred to the Mashhad Celiac Disease Center between 2015 and 2019. In 115 confirmed

celiac patients who had positive serology and pathology in whom was evaluated *helicobacter pylori* by RUT at the time of first endoscopy included in our study. patients who had history of PPI use in last 2 weeks and antibiotic in last 4 weeks were excluded from study. prevalence of HP in 150 patients who had dyspepsia and gastric biopsy was done, was 75% which we except to be more common from GP without dyspepsia .Data was gathered and analyzing was done by SPSS.

Results: in 115 patients who had RUT, 64 was positive (59%) and in 45 patients (39%) had negative HP and in 6 patient RUT was not done.

Conclusion: there was difference between HP in celiac disease and dyspeptic patients.

Send Date: 2019/08/21

Code: D-0044045

W-F-060

Category: 4 .6 سایر بیماریهای روده بزرگ و آنورکتال

Prevalence, symptoms, and distribution pattern of colonic diverticulosis, case series and literature review

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Introduction: Colonic diverticular disease is common among industrialized societies. The prevalence, anatomical location, and symptoms of diverticular disease have different characteristics among patients. The aim of this study was to evaluate the prevalence, symptoms, and distribution pattern of diverticulosis in our hospital.

Methods: A prospective descriptive study of the cases of diverticular disease was conducted between April 2017 and July 2019 at Yas Hospital. We analyzed the demographic characteristics, colonoscopy findings and gastrointestinal symptoms of the patients with a diagnosis of diverticulosis among the patients who referred for screening colonoscopy to our hospital.

Results: About 880 patients who underwent screening colonoscopy during 27 months period were evaluated. 14.5% (n = 128) of the patients had diverticular disease. The patients were aged 40-75 years with a median age of 56 years. There were 72.7% (n = 93) female and 27.3% (n = 35) male with an average female to male ratio of 3:1. The most common finding was asymptomatic diverticulosis in 54% (n = 69) then 40% (n = 51) had symptomatic uncomplicated diverticulosis, and 6% (n = 8) had segmental colitis associated with diverticulosis. Most of the diverticula was localized to the sigmoid in 69.5% (n = 89) then 21% (n = 27) had left

diverticulosis and 9.5 % (n = 12) had pancolonic diverticulosis. Spasticity and rigidity of bowel were noted more in women than men. The most common symptom was flatulence in 65.6% (n = 84) patients. 36% (n = 46) patients presented with recurring abdominal pain, whereas and 3.1% (n = 4) patient had a history of massive rectal bleeding. 4.7% (n = 6) had a history of diverticulitis attack.

Conclusion: Our cases showed the asymptomatic diverticular disease is a common disease among middle and elderly patients. Diverticula were predominantly in left colon and female sex.

Send Date: 2019/07/31

Code: D-0044011

W-F-061

Category: 2 .2 دیس پپسی

Comparison of Dialectical Behavior Therapy and Anti-Anxiety Medication on Anxiety and Digestive Symptoms in Patients with Functional Dyspepsia

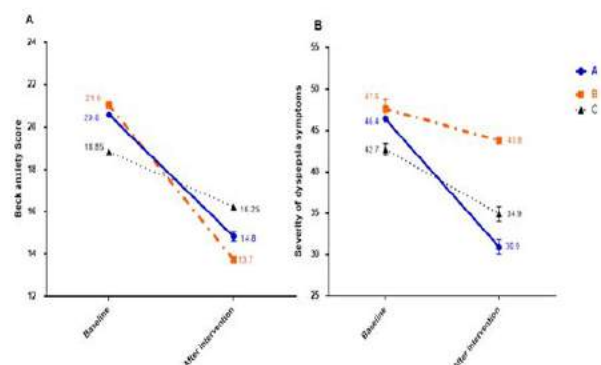
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Introduction: Functional dyspepsia is a common chronic digestive disorder. The purpose of this study was comparing the effectiveness of dialectical behavior therapy and anti-anxiety medication on anxiety and digestive symptoms of patients with functional dyspepsia.

Methods: The present study was a randomized, controlled clinical trial with 60 patients suffering from functional dyspepsia that referred to the gastroenterology clinic of Valiasr Hospital of Birjand from September 2016 to April 2017 and were identified by ROME III criteria. These patients



were divided in three groups with 20 patients in each of them including: A (dialectal treatment & pantoprazole), B (anxiolytic drug treatment & pantoprazole), and C (no intervention, only pantoprazole were used) by using pretest-posttest design.

Results: The results showed that there was no significant difference between the mean of severity of dyspepsia symptoms ($p = 0.6$) and Beck anxiety score ($p = 0.6$) in three groups before intervention. But after intervention, significant difference was observed between the severity of dyspepsia symptoms ($p = 0.001$) and Beck anxiety score ($p = 0.001$) in the three groups. After intervention, severity of dyspeptic symptoms and Beck anxiety score were improved in dialectical behavioral therapy and anti-anxiety drug treatment groups. Also, there was a significant difference between the mean score of severity of dyspeptic symptoms in the dialectic behavior therapy group ($p = 0.01$) and anti-anxiety treatment ($p = 0.01$) at the beginning and the end of the study, but there was no significant differences between mean score of severity in dyspepsia symptoms in the control group at baseline and in the outcome of the study ($p = 0.2$).

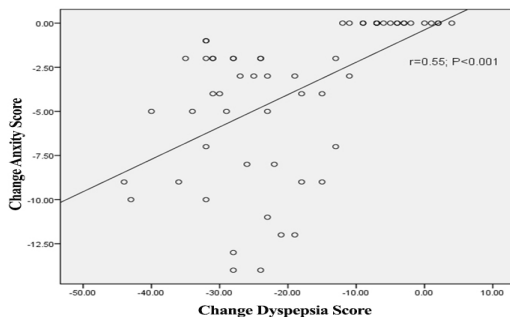


Fig.2: Correlation between change in dyspepsia score and change in anxiety score across different intervention groups ($r = 0.55$; $p < 0.001$)

Conclusion: Dialectic behavioral therapy can be effective in reducing anxiety and improving the dyspepsia symptoms in patients with functional dyspepsia.

Send Date: 2019/06/29

Code: D-0044037

W-F-062

Category: 2 ESOPHAGEAL - GASTRIC AND DUODENAL DISORDERS

Acquired double pylorus, due to penetrating gastric ulcer to second part of duodenum: a case report

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Introduction: Double pylorus (DP) or duplication of the pylorus is an unusual endoscopic finding due to a gastroduodenal extending from the gastric antrum to the duodenal bulb and can be either congenital or acquired. Congenital DP occurs due to gastrointestinal duplication but acquired DP is usually a complication of peptic ulcer disease.

Case Report: In this article we describe a case of an 85 years old woman presented with hematochezia. Colonoscopy revealed three 10 mm ulcers in the rectum suggesting of solitary ulcer rectal syndrome (SURS). Endoscopy findings indicated a gastroduodenal fistula between the pre-pyloric antrum and second part of duodenum as a double pylorus. This finding was probably the result of an untreated pre-pyloric ulcer. Treatment with proton pump inhibitors (PPIs) started and *H.pylori* eradication regimen was prescribed. She discharged with good general condition and one month follow up did not reveal any complications.

Discussion: Spontaneous closure of the fistula occurs in some cases. There is no necessity for surgical treatment unless occurring complications or refractory symptoms.

Send Date: 2019/07/20

Code: D-0044175

W-F-064

Category: 1.1 اپیدمیولوژی

بررسی خصوصیات اپیدمیولوژیک و بالینی مبتلایان به

کلانژیوکارسینوم در استان خوزستان در سالهای ۱۳۹۳ لغایت ۱۳۹۶

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زمینه و هدف: کلانژیوکارسینوم از جمله تومورهای شایع نمی باشد ولی میزان مرگ و میر بالایی دارد. با توجه به پیش آگهی بد و سیر کشنده کلانژیوکارسینوم، این مطالعه بر آن شد تا میزان شیوع آن و ریسک فاکتور های موثر بر آن را در منطقه بررسی کند.

روش بررسی: در این مطالعه اپیدمیولوژیک مقطعی - توصیفی مبتنی بر اطلاعات بیمارستانی پرونده های بیماران بالای ۱۸ سال مبتلا به سرطان کلانژیوکارسینوم مراجعه کننده به کلینیک های گوارشی و بیمارستان شفا اهواز در سالهای ۱۳۹۳ لغایت ۱۳۹۶ مورد بررسی قرار گرفتند. داده ها با استفاده از نرم افزار spss نسخه ی ۲۲ آنالیز و به صورت فراوانی، میانگین،

انحراف معیار گزارش می شوند.

یافته ها: میزان شیوع بیماری کلاژیوکارسینوم در بین بیماران مراجعه کننده به کلینیک های گوارش تابع دانشگاه جندی شاپور اهواز به طور کلی ۶.۸ در هر ۱۰۰۰ نفر بوده است. در این مطالعه ۸۸ بیمار مبتلا به کلاژیوکارسینوم بررسی شدند که از این تعداد ۵۴ نفر مرد (۶۱٪) و ۳۴ نفر زن (۳۹٪) زن بودند. حداقل سن بیماران ۲۱ و حداکثر آن ۹۵ سال با میانگین سنی ۶۴.۷ سال بود میزان مراجعه بیماران مبتلا به کلاژیوکارسینوم با زردی - درد شکم - کاهش وزن و خارش به طور کلی به ترتیب ۷۷.۲ درصد - ۶۱.۳٪ - ۵۲.۲٪ و ۴۶.۵٪ بوده است. از نظر ریسک فاکتور ها ۲۵٪ بیماران سیگار مصرف می کردند ۹٪ بیماران سوء مصرف مواد مخدر داشتند و هیچ کدام از بیماران شرح حال مصرف الکل را نمی دادند. ۲۹.۵٪ بیماران سابقه دیابت را داشتند و ۱۵ بیمار (۱۷٪) سابقه سنگ صفراوی را می دادند.

نتیجه گیری: میزان شیوع در این منطقه و در رده های سنی مختلف متغییر است که این می تواند به علت های تفاوت در معرض قرار گرفتن عوامل خطر ساز به علت منطقه جغرافیایی خاص، عفونت های انگلی و عوامل ژنتیکی باشد.

Send Date: 2019/09/06

Code: D-0044128

W-F-065

روده باریک/کولورکتال و آنال 14. 2. Category:

Concurrent Ventral Rectopexy and Vaginal Suspension in the Treatment of Pelvic Organs Prolapse

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Introduction: Pelvic organ prolapse happens when the muscles and tissues supporting the pelvic organs (the uterus, bladder, or rectum) become weak or loose. This allows one or more of the pelvic organs to drop or press into or out of the vagina. This may cause much burden for females and affect their quality of life to a high extend.

Methods: Nine women with symptomatic pelvic organ prolapse entered the study. Inclusion criteria were signs and symptoms of obstructive defecatory syndrome including fecal incontinence, rectocele, rectal prolapse, enterocele, stress urinary incontinence, urinary urgency, distance of vaginal vault to sacro-pubic line. Patients underwent laparoscopic ventral rectopexy and colpopexy using mesh. We used specific Longo score to assess ODS and Wexner score to evaluate impairment of fecal incontinence before and after the operation. Data was analyzed using SPSS software version 22. *p* value less than 0.05 was considered as statistically significant.

Results: Mean age of patients was 42.20 ± 12.11. No were in menopause. One patient had hysterectomy done. Symptoms

of obstructed defecation were present in 7 patients (77.77 %), while 4 (44.44 %) had active fecal incontinence. Rectal prolapse found in 8 (88.88 %) patients during physical examination. Wexner and Longo scores before the operation were 14 ± 5.94 and 15.33 ± 5.07, which improved to 9.22 ± 5.52 and 8.89 ± 4.91 after the operation, respectively (Wilcoxon rank sum test; *p* = 0.086 and *p* = 0.030). Blood loss during the operations was almost null. There was a significant improvement in the descent of the perineum after the operation. **Conclusion:** Laparoscopic ventral rectopexy concurrent with Colpopexy can be relatively effective in the treatment of patients with ODS syndrome. It provides an appropriate surgical approach for patients with pelvic organ prolapse.

Send Date: 2019/08/28

Code: D-0044181

T-S-070

بیولوژی سلولی و مولکولی 7. 1. Category:

Evaluation of invasion and migration ability of HCC model (SK-Hep-1) after treatment with linoleic acid as a natural ligand of HNF4α

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Introduction: Nowadays considering the growing number of liver neoplasia and lack of failure in effective treatment, differentiation therapy is considered as a promising strategy for inhibition of recurrence. Numerous efforts have been made to promote differentiation in cancerous cells. HNF4a as a curtail transcription factor in hepatocytes, emerge to be a key conductor in differentiation by mediating EMT-MET process. Enhancement of HNF4a expression appeared to decrease invasion in carcinoma cells by suppressing Snail and decreasing EMT markers. Conjugated Linoleic acid (CLA) is an essential fatty acid has been identified as a potential anti-obesogenic and anti-carcinogenic agent. It is also known as a natural ligand of HNF4a.

Methods: The Sk-Hep-1 cells treated by CLA and BIM5078, antagonist of HNF4a, as a negative control. The effects of CLA on cellular behavior were measured by assessing cell viability and proliferation rate at different time points using Orangu test. The expression level of HNF4a, invasiveness and EMT marker genes were assessed by quantitative real

time polymerase chain reaction (qRT-PCR). Moreover, migration and colony formation ability were assessed by scratch and colony formation assay.

Results: MTT results showed that CLA and BIM5078 and their vehicle at applied concentration had no cytotoxic effect on cell survival rate. Orangu test results demonstrated that CLA significantly decreased the cell proliferation whereas BIM5078 increased it. qRT-PCR results showed CLA enhances the expression of HNF4a and decrease EMT marker genes also induced the level of ALB, E-CAD and CYP3-A4 but BIM5078 acted in opposite direction. Furthermore, Migration and colony formation ability significantly had decreased by CLA whereas BIM5078 increased them.

Conclusion: Finally, all of our data showed that CLA promote well-differentiation in hepatocarcinoma cell especially in its migration ability by HNF4a induction via EMT inhibition.

Send Date: 2019/09/06

Code: D-0044114

T-S-071

Category: 4 .1. مطالعات پیامد

Outcome of Patients on Waiting List of Liver

Transplantation: A Cohort Study in Shiraz, Iran

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Introduction: Due to demand-supply imbalance in liver transplantation (LT), LT candidates may die before transplantation. Objective Detection of prevalence and predictors of mortality in LT candidates.

Methods: In this 4 years cohort study, 544 adult LT candidates were followed in 3 months intervals. Data analysis was performed in Nutritionist, SPSS and R software using Kaplan-Meier, Cox proportional hazard (HRc) and LASSO Cox regression hazard (HRL) tests.

Results: Mean age of patients was 46.7 ± 13.7 years, mostly were male (336; 61.7%). Finally, 414 (76.1%) were alive and 130 (23.9%) dead, while 33.1%, 57.7% and 79.2% of

deaths were occurred in the first 3, 6 and 12 months of waiting period. Hepatopulmonary syndrome (HRC = 4.7, HRL = 1.8), myocardial infarction (MI) (HRC = 3.3, HRL = 1.6) and low carbohydrate (CHO) diet (HRC = 2.7, HRL = 1.5) showed strong association with mortality of patients. MELD score, CA 125, high PMN count, weight loss, high level of ALT, positive HBV markers, high MCV of RBCs, ascites, edema of gall bladder wall, high BUN and psychological problems showed also significant association with death in LT candidates.

Conclusion: About one fourth of LT candidates die before transplantation. Besides MELD score, HPS, MI, malnutrition and psychological problems of patients should also be managed in these patients.

Send Date: 2019/08/22

Code: D-0044044

T-S-072

Category: 13 .7 سایر موارد

Prevalence of Biliary System Abnormalities in Cirrhotic Patients

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Introduction: Biliary system abnormalities in cirrhotic patients have been reported in some radiologic studies, but most of the patients are asymptomatic. The modality of choice to diagnose portal biliopathy in these patients is magnetic resonance cholangiopancreatography (MRCP). In this study, we aimed to assess the prevalence of portal biliopathy and in its relationship with disease severity in cirrhotic patients.

Methods: This cross-sectional study was performed on 103 cirrhotic patients who referred to Gastroenterology ward of Ghaem hospital in Mashhad during the one-year study period and consented to participate in the study. Demographic and clinical data were extracted from patients' files to determine disease severity using Child-Turcotte-Pugh (CTP) and model for end-stage liver disease (MELD) criteria. MRCP was performed for all patients and portal biliopathy was reported by an expert radiologist.

Results: Overall, 103 patients with mean age of 58.85 ± 17.90 years were studied, of whom 67 (65%) were men. The prevalence of portal biliopathies in the population was 14.6% and 86.7% of those were dilative abnormalities. Cryptogenic cirrhosis was the most common cause of disease (73.3%). Right and left intrahepatic ducts were the most common sites of involvement (86.7%). The presence and

type of portal biliopathy was not significantly related with disease severity based on CTP criteria. The MELD score had no significant relationship with the presence and type of portal biliopathy. Serum ALP level was significantly associated with presence and type of portal biliopathy, MELD score and CTP class ($p < 0.05$). Platelet count was also significantly associated with the presence of portal biliopathy ($p = 0.032$). MELD score was significantly correlated with ALP and platelet count ($p < 0.05$).

Conclusion: Our results revealed a prevalence of 14.6% for portal biliopathies in cirrhotic patients, most of which were dilative abnormalities. ALP was significantly associated with portal biliopathy and cirrhosis severity and therefore can be a potential prognostic and diagnostic marker.

Send Date: 2019/07/24

Code: D-0044138

T-S-073

Category: 1.6 بیماریهای بدخیم

بررسی اثر ضد سرطانی عصاره هیدروالکلی گزنه بر علیه رده سلولی سرطانی کولون ۲۹-HT

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زمینه و هدف: استفاده از گیاهان دارویی در پزشکی و در مطالعات گذشته به عنوان درمان برای سرطان پیشنهاد شده است. از طرفی باتوجه به ترکیبات موجود در گزنه و کاربرد گسترده آن، اطلاعات اندکی در مورد تاثیر عصاره گزنه بر سرطان وجود دارد. لذا هدف از پژوهش حاضر بررسی اثر ضد سرطانی عصاره هیدروالکلی گزنه بر علیه رده سلولی سرطانی کولون ۲۹-HT می باشد.

روش بررسی: در این مطالعه رده سلولی سرطانی ۲۹-HT کشت شد و همزمان عصاره هیدروالکلی برگ گیاه گزنه در غلظتهای مختلف در دو گروه ۱۲ و ۲۴ ساعته تیمار گردید. اثرات سمیت عصاره توسط روش رنگ سنجی MTT و فلوسیتومتری ارزیابی گردید. در نهایت، میزان بیان ژن مرتبط با آپاپتوز (Bax، C۹، C۳، BCL۲) توسط روش PCR Real-Time مورد بررسی قرار گرفت.

یافته ها: با توجه به نتایج تست MTT و فلوسیتومتری مشخص شد که عصاره هیدروالکلی گزنه دارای اثر توکسیسیتی وابسته به دوز علیه رده سلولی سرطانی کولون ۲۹-HT می باشد. همچنین مشخص گردید غلظت ۰/۱ بیشترین مهار تکثیر سلولی را داشته که از لحاظ آماری معنی دار بوده است ($p < 0/05$). میزان بیان Bax، کاسپاز ۳ و ۹ در سلول های تیمار شده توسط غلظت ۰/۱ عصاره به مدت ۲۴ ساعت به ترتیب $0/1 \pm 2/52$ ، $0/1 \pm 2/67$ ، $0/18 \pm 0/1$ به ترتیب $3/22 \pm 0/16$ افزایش یافت و میزان BCL۲ نیز کاهش یافت.

نتیجه گیری: با توجه به نتایج می توان گفت که عصاره هیدروالکلی گزنه دارای قابلیت القای آپوپتوز در سلولهای سرطانی کولون ۲۹-HT می باشد و با مطالعات بیشتر میتوان عصاره هیدروالکلی گزنه را به عنوان ترکیب دارویی کاندید جهت اهداف دارویی استفاده کرد.

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Code: D-0044083

T-S-074

Category: 7 کبد

Registry of autoimmune liver diseases in Iran in three years

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Introduction: Population-based studies of the incidence and prevalence of autoimmune liver diseases in the world is scarce.

We conducted a nationwide study of the prevalence of these diseases in our country, Iran. The diseases we included were autoimmune hepatitis, primary sclerosing cholangitis (PSC), primary biliary cholangitis (PBC), variant (overlap) syndrome, autoimmune cholangiopathy and IgG4 related cholangiopathy.

Methods: We contacted all gastroenterologists and internists who were registered as members of Iranian association of gastroenterology and asked them to fill our questionnaire. We gathered some minimal data set to design a primary questionnaire including demographic data, national code, birth date, sex, race and final diagnosis including the date and physician who diagnosed the disease. The data were then entered into a data base and descriptive pooled information analyzed.

Results: We have registered 4,491 patients with autoimmune liver diseases from all around the country so far. Of these, 1334 (29.7%) were male. Mean age of the patients was 43.5 years (41.0 years among males and 44 years among females, $p = NS$). There were 2,525 (56.2%) autoimmune hepatitis cases (1938, 61.6% female), 836 (18.6%) PSC cases (493, 37% male), 557 (12.4%) PBC cases (14.7% female), 540 (12%) variant (overlap) syndrome (12.4% female), and 18 (0.4%) and 3 (0.1%) with as autoimmune cholangiopathy and IgG-4 related cholangiography respectively.

Conclusion: Autoimmune liver diseases are important causes of chronic liver disease in Iran. This is the first nation-wide report of autoimmune liver disease registry in Iran showing a picture of distribution and composition of various autoimmune liver diseases in the country. Completion of this registry will help to depict a better picture of the burden of disease in Iran as a and a base for regional and international comparisons as well as further research in the field.

Send Date: 2019/08/18

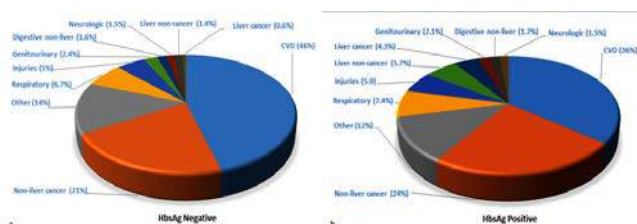


Fig.1: The top 10 death causes among participant of Golestan Cohort Study (GCS) according to HBsAg status of the participants
 a: HBsAg negative
 b: HBsAg positive

Table 1: All-cause and cause-specific mortality in participant of Golestan Cohort Study (n = 50,045) according to HBsAg status

| Causes of death | Number and mortality rate per 100,000 Person-Year | | | | | | Crude Hazard Ratio (HR) |
|-----------------|---|---------|---------|---------|-------|---------|-------------------------|
| | HBsAg+ | | HBsAg - | | Total | | |
| | n* | MR** | n | MR | n | MR | |
| All Causes | 613 | 1621.65 | 6741 | 1318.87 | 7354 | 1339.72 | 1.23 (1.13-1.33) |
| • liver | 58 | 153.43 | 122 | 23.87 | 180 | 32.79 | 6.43 (4.62-8.86) |
| Cancer | 25 | 66.14 | 36 | 7.04 | 61 | 11.11 | 9.39 (5.4-16.08) |
| Non-cancer | 33 | 87.3 | 86 | 16.83 | 119 | 21.68 | 5.19 (3.36-7.83) |
| • Non-liver | 522 | 1380.91 | 6164 | 1205.98 | 6686 | 1218.03 | 1.14 (1.04-1.25) |
| Cancer | 137 | 362.42 | 1318 | 257.87 | 1455 | 265.07 | 1.4 (1.17-1.68) |
| Non-cancer | 385 | 18.49 | 4846 | 948.12 | 5231 | 952.96 | 1.07 (0.96-1.19) |
| • CVD | 207 | 547.6 | 2872 | 561.91 | 3079 | 560.92 | 0.97 (0.84-1.12) |
| • Digestive | 10 | 26.45 | 104 | 20.35 | 114 | 20.77 | 1.3 (0.6-2.5) |
| • Respiratory | 48 | 126.98 | 451 | 88.24 | 499 | 90.91 | 1.44 (1.04-1.94) |
| • Genitourinary | 12 | 31.75 | 154 | 30.13 | 166 | 30.24 | 1.05 (0.53-1.89) |
| • Neurological | 9 | 23.81 | 96 | 18.78 | 105 | 19.13 | 1.27 (0.56-2.51) |
| • Injury | 34 | 89.94 | 314 | 61.43 | 348 | 63.4 | 1.46 (1-2.09) |
| • Other | 70 | 185.18 | 885 | 173.15 | 955 | 173.98 | 1.07 (0.83-1.36) |

*: Number
 **: Mortality rate

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 T-S-075

Category: 1.1 Epidemiology

All-cause and cause-specific mortality in chronic hepatitis B individuals: findings of Golestan Cohort Study

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Introduction: Chronic hepatitis B (CHB) is considered the most prevalent cause of cirrhosis in Iran; however, mortality rate and top death causes of CHB patients are not well-clarified. Therefore, this study aimed to investigate all-cause and

cause-specific mortality among CHB patients of a large population-based Iranian cohort.

Methods: Golestan Cohort Study population consisted of 50,045 individuals aged 50-75 years, who were recruited during 2004-2008 and followed annually ever since. The latest followup update was performed in February 2019. In the current study, CHB was defined as having positive HBsAg at baseline, while all-cause mortality was considered as the primary outcome. Mortality rates were evaluated using Cox proportional hazard regression models. Population Attributable Fraction was calculated for estimating the contribution of CHB to all-cause and cause-specific mortalities in total population.

Results: Overall, there were 7354 deaths during a median followup of 12 years, with 613 deaths in CHB patients. The top five causes of death were similar among HBsAg positive (CHB) and negative (healthy) individuals; however, liver cancer deaths and non-cancer liver deaths were more prevalent among CHB patients. In the univariate cox proportional hazard model, CHB patients had a significantly higher all-cause (adjusted Hazard ratio = 1.23, 95% CI: 1.13-1.33) and liver-related mortality (aHR = 6.43; 4.62-8.86) compared to healthy individuals. The full-adjusted model indicated significantly higher risk of liver cancer (aHR = 15.35; 8.11-29.05) mortality among male CHB patients, but not in female counterparts (*p* for interaction = 0.006). The risk of non-liver non-cancer mortalities were similar in both groups. Approximately, 27.3% of the overall liver mortality was attributed to the effect of CHB in the cohort population.

Conclusion: CHB is associated with a significant preventable risk of mortality in both genders. These findings signify the importance of diligent followup in HBsAg positive individuals, particularly male patients.

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Code: D-0044024
 T-S-076

Category: 2 ESOPHAGEAL - GASTRIC AND DUODENAL DISORDERS

Migraine and Gastric Disorders: Are They Associated?

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Introduction: Migraine is a common disorder which affects

Table 2: Risk of all-cause and cause-specific mortalities according to gender

| Causes of death | Number and mortality rate per 100,000 Person-Year | | | | Total Population attributable fraction (PAF)* (%) |
|-----------------|---|--------------------|--------------------|--------------------|---|
| | Adjusted Model Ia | | Adjusted Model IIb | | |
| | Female | Male | Female | Male | |
| All Causes | 1.14 (0.99-1.31) | 1.25 (1.12-1.38) | 1.07 (0.93-1.23) | 1.22 (1.1-1.35) | 1.29 (0.06 to 1.98) |
| • liver | 3.58 (1.92-6.66) | 7.56 (5.17-11.04) | 3.55 (1.9-6.64) | 7.67 (5.23-11.24) | 27.35 (19.54 to 34.39) |
| Cancer | 0.87 (0.12-6.49) | 15.68 (8.32-29.53) | 0.83 (0.11-6.18) | 15.35 (8.11-29.05) | 36.71 (21.81 to 48.77) |
| Non-cancer | 5.00 (2.55-9.87) | 4.83 (2.92-8.01) | 5.06 (2.58-9.96) | 4.96 (2.98-8.26) | 22.56 (13.3 to 30.83) |
| • Non-liver | 1.09 (0.93-1.27) | 1.14 (1.02-1.27) | 1.02 (0.87-1.19) | 1.11 (0.99-1.24) | 0.69 (-0.02 to 1.4) |
| Cancer | 1.27 (0.93-1.73) | 1.41 (1.14-1.75) | 1.22 (0.89-1.66) | 1.33 (1.07-1.65) | 2.35 (0.69 to 4) |
| Non-cancer | 1.04 (0.87-1.24) | 1.06 (0.93-1.21) | 0.96 (0.8-1.15) | 1.05 (0.92-1.19) | 0.22 (-0.55 to 0.99) |
| o CVD | 1.03 (0.82-1.29) | 0.92 (0.76-1.09) | 0.96 (0.76-1.2) | 0.92 (0.77-1.1) | -0.36 (-1.3 to 0.6) |
| o Digestive | 1.74 (0.69-4.36) | 1.02 (0.41-2.55) | 1.66 (0.66-4.18) | 0.98 (0.39-2.45) | 1.43 (-4.36 to 6.9) |
| o Respiratory | 1.48 (0.89-2.46) | 1.42 (0.98-2.04) | 1.44 (0.86-2.4) | 1.32 (0.91-1.91) | 2.44 (-0.46 to 5.26) |
| o Genitourinary | 0.78 (0.28-2.12) | 1.4 (0.67-2.92) | 0.72 (0.26-1.96) | 1.41 (0.67-2.95) | 0.35 (-4 to 4.51) |
| o Neurological | 1.14 (0.35-3.66) | 1.42 (0.61-3.31) | 1.03 (0.32-3.32) | 1.38 (0.59-3.24) | 1.66 (-4.5 to 7.46) |
| o Injury | 1.16 (0.54-2.49) | 1.33 (0.89-1.98) | 0.99 (0.43-2.27) | 1.31 (0.87-1.95) | 2.28 (-1.19 to 5.64) |
| o Other | 0.85 (0.54-1.33) | 1.19 (0.89-1.59) | 0.78 (0.5-1.23) | 1.16 (0.87-1.55) | 0.23 (-1.58 to 0.2) |

a: Adjusted for age, and stratified by gender

b: Adjusted for Model I in addition to ethnicity, wealth score, marital status, education, residential area, alcohol consumption, smoking status, opium consumption, physical activity and BMI

*: PAF was calculated according to the Model II (full-adjusted model)

quality of life. There has been an increasing interest for discovering the association of gastrointestinal disorders with migraine during past years. This study aims to evaluate the association of *Helicobacter pylori* (*H. pylori*) contamination, gastroesophageal reflux disease (GERD), gastric ulcer (GU) and duodenal ulcer (DU) with migraine in patients who underwent upper gastrointestinal (GI) endoscopy due to refractory dyspepsia.

Methods: In this observational cross-sectional study, 341 dyspeptic patients who underwent upper GI endoscopy in Shahid Beheshti Hospital, Qom, Iran, included during 2016-2018. A checklist was used for collecting demographics, symptoms and results from endoscopy and *H.pylori* testing. Diagnosis of migraine made according to International Headache Society (HIS) criteria in patients who had headache. Data were analyzed using Chi square and independent samples T tests in SPSS 16 (SPSS Inc., Chicago, IL, USA) with a p -value < 0.05 significance level.

Results: Among 341 patients 141 (% 41.3) were male and 200 (% 58.7) were female. 149 patients (% 43.7) were diagnosed with migraine from which 48 (% 32.2) were male and 101 (% 67.8) were female. The observed difference in migraine prevalence among male and female was significant (0.003). 198 (% 58.06) patients were *H.pylori* contaminated among these 138 (%69.7) suffered from migraine. Among 143

H.pylori negative patients, there were 11 (%7.7) migraineurs. The difference in the prevalence of migraine among *H.pylori* positive and negative patients was significant. *H.pylori* and GERD were associated with migraine with a p -value < 0.001. Patients with a duodenal ulcer were more commonly suffering from migraine (p -value = 0.001). The association in patients with gastric ulcer was not significant (p -value = 0.863).

Conclusion: Migraine is associated with GERD, *H.pylori* infection and duodenal ulcer and treatment of the underlying GI disorder may control headaches.

Send Date: 2019/07/20

Code: D-0044010

T-S-077

Category: 7.6 Cirrhosis and complications: clinical aspects

The Effects of Infliximab therapy on Health-Related Quality of life among patients with cryptogenic cirrhosis

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Introduction: The Anti TNF- α medications are using increasingly for the treatment of many liver diseases. This pilot study assess effects of infliximab (anti-TNF-alpha)

as a novel therapy in patients with cryptogenic cirrhosis including MELD score and Health-related quality of life (HRQL) by using the chronic liver disease questionnaire (CLDQ) of all selected patients.

Methods: In this pilot study, we assigned eight cryptogenic cirrhosis patients to receive 3 infusions of infliximab (3 mg/kg) at weeks 0, 2, and 8 and 3 months after receiving the first dose of infliximab, we measured the biochemical characteristics and the MELD scores of participants calculated. We also assessed the CLDQ and HRQL of all treated patients.

Results: Before infliximab therapy of cryptogenic cirrhotics, we observed poor clinical and emotional features and abnormal biochemical tests in those patients. Treatment with infliximab led to a significant improvement in some of important biochemical characteristics like CRP, Bilirubin, Creatinine ($p < 0.05$), and consequently, the MELD scores of all selected patients were also improved ($p < 0.01$). Baseline CLDQ HRQOL scores demonstrated the substantial impairment in those scores, which correlated with the severity of liver disease. After treatment with infliximab, we observed a drastic improvement in CLDQ HRQOL scores ($p < 0.01$).

Conclusion: We suggest that Infliximab could be considered as a rescue therapy in patients with cryptogenic cirrhosis. Infliximab therapy might be an effective treatment for improvement of CLDQ, HRQOL and MELD scores or in other word, reduction in the severity of cryptogenic liver cirrhosis. However, more studies needed to be conducted in this context.

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Code: D-0044104

T-S-080

Category: 1.6 بیماریهای بدخیم

Family history and co-morbidity in gastrointestinal cancer patients of Golestan Cancer Biobank (GoCB)

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Introduction: The high incidence rate of gastrointestinal cancers (GI) has been reported in the northeast region of Iran, Golestan province. The Golestan Cancer Biobank (GoCB) was conducted to promote cancer research in this region. We aimed to present family history and co-morbidity in GI cancer patients registered in the GoCB.

Methods: The GoCB office was allocated in a referral cancer hospital in Gorgan, Iran. GoCB collected different types of biological samples including blood, urine, and tissue. We also collected demographic, risk factors and clinical data for cancer patients and used specific software for tracking and management of biological samples as well as demographic, risk factors and clinical data. We extracted and analyzed data on family history and co-morbidity in GoCB GI cancer cases.

Results: During the first two years of the GoCB activity, 963 cancer patients were registered of which, 277 (%28.76) were GI cancers, including 144 patients (%51.99) with colorectal cancer (CRC), 68 patients (%24.55) with stomach cancer and 65 patients (%23.46) with esophageal cancer. The number (percent) of positive family history of cancer was 51(%35.41), 13(%19.11) and 19(%29.23) in the colorectal, stomach and esophageal cancer cases. The most common co-morbidity in CRC patients was hypertension ($n = 50, %34.72$). Gastroesophageal reflux was the most common co-morbidity in esophageal ($n = 25, %38.46$) and stomach ($n = 25, %36.76$) cancers.

Conclusion: Our results suggested discrepancies in the frequency of family history of cancer and co-morbidities in GI cancer patients in our population. These variables should be considered in future studies on these cancers in this high-risk area.

Send Date: 2019/08/21

Code: D-0044092

T-S-081

Category: 1.1 اپیدمیولوژی

Temporal and geographical variations in colorectal cancer incidence in Northern Iran 2004-2016

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Introduction: Colorectal cancer (CRC) is one of the most common cancers in the Golestan province, Northern Iran. The purpose of this study is to describe colorectal cancer incidence patterns and trends in the province 2004 to 2016.

Methods: Data on CRC cases were obtained from the Golestan Population-based Cancer Registry (GPCR). The GPCR is a high-quality cancer registry that collects data on primary cancers according to internationally accepted standard protocols. Age-standardized Incidence rates (ASR) were calculated. Contributions of population aging, size and the risk to the changes in CRC incidence were also presented.

Results: Overall, the number of CRC patients during 2004-2016 was 2319 including 1301 (56.1%) men and 1018 (43.9%) women. The overall ASR of CRC was 14.07. The ASR of CRC was higher in men (15.8 per 100,000 person-years) and the urban populations (17.76), relative to women (12.32) and the rural populations (9.92), respectively. The ASR of CRC increased from 8.4 in 2004 to 17.12 in 2016. The number of new CRC cases increased by 169.89% during the study period (from 93 in 2004 to 251 in 2016). Population size, population aging and the risk contributed to 39.78%, 25.81% and 104.3% of observed changes in CRC incidence.

Conclusion: CRC incidence rates in Golestan have been rising during the most recent decade, with a higher incidence and more rapid increases among men and the urban populations. The underlying risk factors should be assessed in the context of developing CRC prevention interventions in Golestan.

Send Date: 2019/08/21

Code: D-0044091

T-S-082

Category: 14.1 Malignant disease - epidemiology - screening and prevention

Survival analysis and Prognostic factors of rectal cancer in east Azerbaijan province, Iran

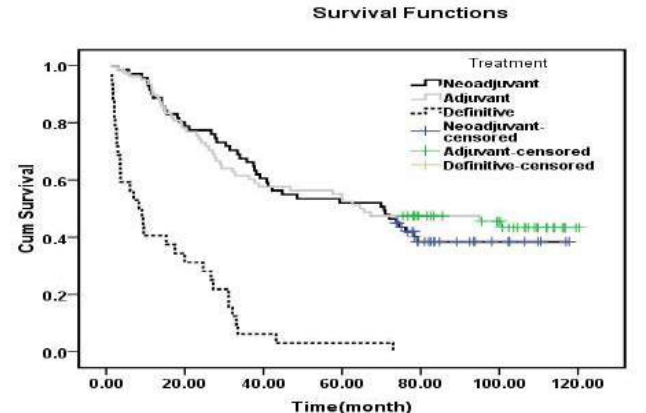
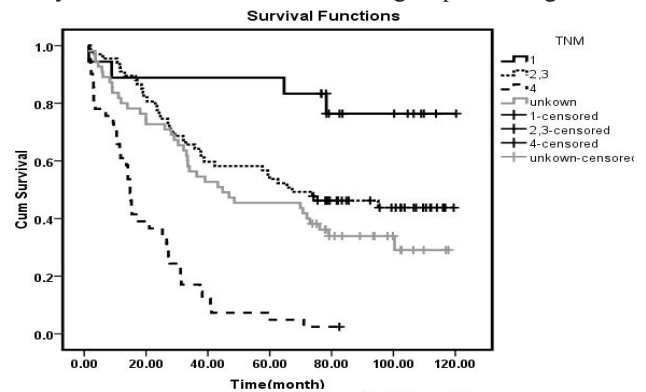
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Introduction: Colorectal cancer is a major cause of mortality in the worldwide. Rectal cancer (RC) accounts for approximately 30% of all colorectal cancer cases. The aim of this study was to determine the survival rates and define prognostic factors in RC patients.

Methods: In this retrospective cohort study, 181 cases of RC were recorded from March 21, 2006, to 2011, and follow-up to 2017(cutoff date). Data were analyzed using the Kaplan-Meier method and log-rank test for the univariate analysis of survival in various subgroups. All significant



factors that influenced the survival of patients were further analyzed in a multivariate analysis using Cox' regression and a value of $p < 0.05$ was set as statistically significant.

Results: Of the 181 patients analyzed, 114 (63%) were males. The mean age was 56.6 ± 15.2 , ranging from 15 to 88 years. The most common presenting was hematochezia (66.9%). The mean tumor distance from the anal verge was 8.4 (SD, 4.6; range, 1–20) cm and the mean hemoglobin was 12.3 ± 1.9 , (range, 6.6–15.8). 1, 3, 5 and 10-year survival rates were 81%, 54%, 44% and 33%, respectively and median survival time was 39.1 ± 9.2 (CI 95% = 21.1-57.1) months. In the univariate analysis, place of residence ($p = 0/009$), education ($p = 0/008$), clinical presentation ($p = 0/001$), rectal obstruction ($p = 0/006$), Type of surgery ($p = 0/001$), treatment strategy ($p = 0/001$) and tumor stage ($p = 0/001$) were significant prognostic factors. Sex, tumor distance from the anal verge, tumor differentiation did not show any significant effects on the survival rate. In multivariate analysis, tumor stage ($p = 0/001$) and treatment strategy ($p = 0/001$) were significant independent predictors of survival.

Conclusion: In summary, the prognosis of rectal cancer in the North West of Iran is poor. Therefore, treatment strategy and early detection should be emphasized to improve survival.

Send Date: 2019/08/20

Code: D-0044013

T-S-083

Category: 1. اندوسکوپی 21

چک لیست ارزیابی تبحر در رویه اندوسکوپی تشخیصی دستگاه گوارش فوقانی: طراحی و امکانپذیری

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زمینه و هدف: ارزیابی آموزش و صلاحیت در آندوسکوپی سیستم گوارش مهم است با این وجود، روش بهینه برای نظارت و ارزیابی آموزش افراد در آندوسکوپی به طور رسمی تعیین نشده است. این مطالعه با هدف طراحی چک لیست تبحر در رویه آندوسکوپی تشخیصی دستگاه گوارش فوقانی انجام گردید.

روش بررسی: پس از بررسی ابزارهای موجود در زمینه ارزیابی تبحر در رویه آندوسکوپی تشخیصی دستگاه گوارش فوقانی، مطالعه متون تخصصی گوارش (اعم از کتب و مقالات)، استفاده از نظرات اساتید دوره فوق تخصصی گوارش و کبد بالغین و متخصصین حوزه آموزش پزشکی و متعاقب انجام تحلیل وظیفه‌ی رویه‌ای، چک لیست ارزیابی تبحر در رویه آندوسکوپی تشخیصی دستگاه گوارش فوقانی طراحی شد. این چک لیست شامل ۱۵ آیت در زمینه عبور دادن و بررسی و اقدام در ناحیه آناٹومیک بوده که توانایی انجام فراگیر را با مقیاس کمی از ۰ تا ۱۰ می‌سنجد؛ هم‌چنین شامل نمره دهی گلوبال نیز می‌گردد. ون درولوتن و همکاران (۱۹۹۶) مدلی برای سودمندی ارائه دادند که بر اساس آن چک لیست تبحر در رویه آندوسکوپی تشخیصی دستگاه گوارش فوقانی مورد ارزیابی قرار گرفت. فرمول سودمندی عبارتست از:

سودمندی = پایایی × روایی × تاثیر آموزشی × هزینه × مقبولیت

یافته‌ها: روایی صوری و محتوایی ابزار توسط ۱۵ نفر از اساتید دوره فوق تخصصی گوارش و کبد بالغین به صورت کیفی به تایید رسید. قابلیت اجرای آن در محیط واقعی (بخش آندوسکوپی بیمارستان الزهرا شهر اصفهان) و با ارزیابی عملکرد ۴ نفر از فلوه‌های سال اول مورد تایید قرار گرفت. ارزیابی تکوینی مکرر و همراه با بازخورد موثر در طول دوره نیز انجام گردید. پایایی ابزار به روش توافق بین مشاهده‌گران ($r = 0/94$) به تایید رسید.

نتیجه‌گیری: چک لیست طراحی شده از میزان سودمندی قابل قبولی برخوردار است. هر چند نیاز به انجام مطالعه روانسنجی گسترده تری برای سنجش سودمندی ابزار طراحی شده احساس می‌گردد.

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T-S-084

Category: 2. اندوسکوپی 21

تدوین روش معیار آندوسکوپی تشخیصی دستگاه گوارش فوقانی به روش تحلیل وظیفه رویه‌ای

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زمینه و هدف: برای تدوین روش معیار و تعیین توانایی های روانی حرکتی مورد نیاز جهت انجام رویه های متفاوت، به تحلیل وظیفه نیاز است. این مطالعه با هدف تحلیل وظیفه ی رویه اندوسکوپی تشخیصی دستگاه گوارش فوقانی انجام گردید.

روش بررسی: تحلیل وظیفه رویه ای (Procedural Task Analysis) با استفاده از مشاهده فرد متخصص در حین انجام کار، ضبط ویدئویی و بررسی متون تخصصی گوارش انجام شد. مرحله ی آماده سازی این مطالعه (تهیه زیر گام ها/مراحل انجام رویه اندوسکوپی)، با شرکت ۱۲ نفر از اساتید دوره فوق تخصصی گوارش و کبد بالغین از هر یک از مراکز تربیت کننده دستیار فوق تخصصی کشور و مرحله ی تعیین توانایی های روانی حرکتی برای هر یک از مراحل رویه توسط ۳ نفر از متخصصین رشته های مرتبط با سنجش حوزه روانی حرکتی شامل کاردرمانی، تربیت بدنی و طب فیزیکی و ۳ نفر از اساتید دوره فوق تخصصی گوارش و کبد بالغین به صورت نمونه گیری هدفمند انجام گردید. ابزار مطالعه شامل فرم مشخصات فردی مشارکت کنندگان، دو چک لیست توانایی های روانی حرکتی و معیارهای ارزیابی تحلیل وظیفه رویه ای بود. یافته ها: مراحل اندوسکوپی به ۵ مرحله ی ورود اسکوپ، حرکت اسکوپ در مری، معده، دئودنوم و خروج اسکوپ تقسیم گردید. بر اساس تحلیل وظیفه ی رویه ای، توانایی های روانی حرکتی رویه اندوسکوپی در سه حیطة Stability (Arm-hand steadiness)، Manipulating (Multi-limb coordination، Manual dexterity، Finger dexterity، Hand-eye coordination) و (Perceptual (Visuospatial) مشخص گردید. در نهایت فلوجارت رویه اندوسکوپی طراحی شد.

نتیجه گیری: بر اساس تحلیل وظیفه ی رویه ای می توان زیر گام های

انجام رویه و توانایی های روانی حرکتی مورد نیاز را مشخص و فلوجارت رویه را طراحی نمود.

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Code: D-0044105

T-S-085

Category: 1. اپیدمیولوژی 1.

The trends in the incidence of stomach cancer in a high-risk area in Northern Iran, 2004-2016

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Introduction: We aimed to present the temporal and geographical trends in the incidence of stomach cancer in Golestan province, a high-risk area in Northern Iran.

Methods: This cross-sectional study was conducted on stomach cancer cases from Golestan province during 13-year (2004-2016). 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 Joinpoint regression analysis was used to assess the temporal trends in incidence rate of stomach cancer.

Results: Overall, 2964 new cases of stomach cancer were registered in the GPCR during the study period. The number of new cases of stomach cancer increased by 22.33% (from 215 in 2004 to 263 in 2016), of which 18.14%, 25.12% and -20.93% were due to population size, population aging and risk, respectively. The ASR of stomach cancer was significantly higher in men (26.93) than women (12.16) (p -value < 0.01). Our results showed decreasing trends in incidence of stomach cancer in Golestan men (from 31.99 in 2004 to 26.26 in 2016). The ASRs of stomach cancer in women were 11.36 and 12.18 in 2004 and 2016, respectively.

We found a higher ASR of stomach cancer in rural (21.38) than urban (18.14) (p -value = 0.03) population. Our findings suggested higher risk for stomach cancer in Eastern parts of Golestan province, especially Kalaleh city.

Conclusion: Our results emphasized high incidence rates of stomach cancer in Golestan province of Iran. We found temporal and geographical diversities in incidence rates of stomach cancer in this high-risk population. Further studies are warranted to determine the risk factors related to these trends.

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Code: D-0044103

T-S-086

Category: 13.2 Molecular biology/genetics/pathology

Oxidative stress-induced antiproliferative and apoptotic effects of nanoformulated RNase A in colorectal cancer cells

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Introduction: The current investigation introduces an advanced and effective passive targeted tumor therapeutic nano biomedicine composed of pegylated gold nanoparticles (PEG-GNPs) conjugated with bovine pancreatic ribonuclease (RNase A) that induced reactive oxygen species (ROSs) mediating apoptosis pathway as effective strategies for colorectal cancer treatment. RNase A represents a new class of cytotoxic and non-mutagenic enzymes, has gained more attention as a potential anti-cancer modality, however, the cytosolic ribonuclease inhibitors (RIs) restricted the clinical application of this enzyme.

Methods: The GNPs synthesized, stabilized by polyethylene glycol (PEG), functionalized, and covalently conjugated with RNase A. The physicochemical properties of engineered nano biomedicine (GNPs-PEG-RNase A) were characterized by scanning electron microscope (SEM), dynamic light scattering (DLS), and UV-vis spectrum. Then, its biological impacts including cell viability, apoptosis, and ROS production were evaluated in the colorectal cancer cell line.

Results: The engineered nano biomedicine was found to effectively induced apoptosis in SW-480 cells and resulted in a significant reduction in cancer cells viability. From the

flow cytometry results, this nanoscale showed a significant apoptotic effect on cells. In addition, the maximum production of ROS was obtained after the treatment of cells with IC50 dose of GNPs-PEG-RNase A.

Conclusion: Based on the efficient ROS-responsiveness and the anti-cancer activity of RNase A of the engineered nanomedicine, this nanoscaled biologics may be considered as a potential candidate for the treatment of colorectal cancer.

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Code: D-0044086

T-S-087

Category: 3.9 پانکراتیت

Evaluation of RDW value in predicting disease severity in acute pancreatitis patients in Mashhad

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^۲ علوم پزشکی مشهد

Introduction: AP can be categorized into mild AP (MAP) to severe AP (SAP) and is a cause of acute abdomen. AP can be complicated with systemic inflammatory response syndrome and multiple organ failure, Diagnosis of AP and prediction of its severity is important for early management of the patients in order to decrease the rates of morbidity and mortality. Several parameters and scoring systems, such as Ranson criteria and the Acute Physiology and Chronic Health Evaluation II (APACHE II) score have been used to predict the severity of AP and its mortality. In this study the prognostic value of RDW in predicting mortality and severity of AP patients will be assessed.

Methods: Referred to Emergency Department of Imam Reza Hospital in with the diagnosis of acute pancreatitis were included. Patients with a history of hemoglobinopathy or hemoglobin less than 12 were excluded from the study because of the possibility of disruption of RDW. A checklist was prepared based on patients' demographic characteristics, clinical symptoms, and initial tests indicating severity of disease at admission. SPSS 16 were used for analyzing data.

Results: Patients with acute pancreatitis were included in this study, including 64 men and 69 women (total 133). By using criteria of BICAP, 13 patient had severe AP and 120 patient with moderate AP. The final statistical analysis confirmed a significant relationship between the RDW value and severity of the disease. As well as patients with higher duration of hospital stay have greater RDW.

Conclusion: RDW is an easy to use and an inexpensive

marker with a moderate prognostic value to predict severity in AP patients. Clinicians should be more alert when a patient with AP has an increased RDW.

Send Date: 2019/08/19

Code: D-0044054

T-S-088

Category: 5 بیماریهای التهابی روده

Trace elements in patients with ulcerative colitis and their relationship with disease activity

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Introduction: Nutritional deficiencies and malnutrition are considered to be related to ulcerative colitis (UC); however, the association between serum levels of micronutrients and UC is not well known. This study aimed to evaluate the serum levels of micronutrients in UC patients and investigate their association with disease activity.

Methods: This cross-sectional study was conducted on UC patients visiting the Department of Gastroenterology at 3 different teaching hospitals between January 2016 and January 2017. UC activity was measured based on Truelove and Witts' severity index and guidelines for colonoscopy. A healthy gender- and age-matched group was also selected. Serum levels of zinc, copper, selenium, ceruloplasmin, albumin, and total protein were compared between the 2 groups of UC patients and healthy subjects using independent-samples t test. Also, the association between serum levels of micronutrients and UC activity was assessed by using Pearson and Spearman correlation coefficient tests. The data were analyzed by SPSS version 21, considering $p = 0.05$ as the statistical significance level.

Results: Overall, 112 (54 male and 58 female) individuals with the mean age of 34.6 years were studied in the 2 groups of UC patients ($n = 56$) and healthy subjects ($n = 56$). The 2 groups were homogeneous in terms of age, gender, marital status, place of residence, and educational level ($p > 0.05$). The serum levels of total protein (6.41 ± 1.1 vs 7.41 ± 0.4 g/dL; $p = 0.0001$), albumin (4.72 ± 1.1 vs 5.19 ± 0.28 g/dL; $p = 0.0001$), zinc (679

± 62 vs 1055 ± 156 mg/L; $p = 0.0001$), and selenium (81.85 ± 6.4 vs 108.4 ± 12.98 micg/L; $p = 0.0001$) were significantly lower in the UC patients. The serum level of copper did not differ significantly between the 2 groups ($p = 0.1$).

Conclusion: Considering the simultaneous reduction in nutritional criteria in the UC patient group, malnutrition appears to be a factor affecting micronutrient deficiency in patients with UC.

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T-S-089

Category: 1 .6 بیماریهای بدخیم

Quantitative study of vimentin gene methylation in stool samples for colorectal cancer screening

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Introduction: The aim of this study was to investigate the quantitative methylation of vimentin gene in stool, tumor tissue, and healthy tissue of patients with colorectal cancer (CRC) in comparison with healthy individuals.

Methods: The study was a case-control study on 79 patients that measures methylation of the vimentin in tumoral tissue, normal tissue and stool specimens were collected from forty-nine CRC patients as case group, and stool and normal tissue specimens were collected from thirty healthy individuals as control group. There was no statistically significant difference in methylation of vimentin in normal tissue ($p > 0.05$) between the two groups. Moreover, the status of methylated or unmethylated vimentin gene in tumor and stool tissues in the case group was not significantly correlated with their mean age and sex ($p > 0.05$).

Results: The results showed that the specificity and sensitivity of vimentin methylation in stool of CRC patients are 100% and 60%, respectively. Furthermore, the methylation of vimentin in stool of CRC patients has a high-positive predictive value (100%).

Conclusion: The results of this study suggested that methylation of the vimentin gene in the stool can be used as a specific marker for the detection and screening of CRC.

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Code: D-0044106

T-S-090

Category: 1. بیماریهای بدخیم 6.

Designing and implementation of biological sample repository for cancer patient in Golestan province of

Iran: The Golestan Cancer Biobank (GoCB)

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Introduction: Establishment of biological sample repositories of cancer patients may. This paper aims to present the process of designing and implementation of Golestan Cancer Biobank (GoCB).

Methods: The GoCB office was allocated in a referral cancer hospital in Gorgan. Firstly, the GoCB project proposal was designed. Then, the standard operation procedures (SOP) were developed considering internationally accepted standards and protocols for different phases of the GoCB including sampling, sample processing, sample preservation as well as use of the samples. Collection of biological samples were started in early 2017. GoCB collects different types of biological samples including blood, urine and tissue (tumor and normal). We also collect demographic, risk factors and clinical data for cancer patients. GoCB uses specific software for tracking and management of biological samples as well as demographic, risk factors and clinical data.

Results: Overall, GoCB collected 2743 different types of biological samples from 12. sources including public and private hospitals as well as public and private outpatient centers, by the end of August 2019. These samples were collected from 915 cancer patients, most commonly cancers of colorectal (31%), stomach (18%), breast (20%) and

esophagus (10%). Totally, 25 physicians collaborated for collection of these samples including 7 surgeons, 6 gastroenterologists, 5 pathologists, 2 hematologists/oncologist and 5 physicians from other fields. The types of collected samples include blood and its derivatives (765), urine (581 samples), endoscopy biopsy (302 samples) and surgical resected tissues (495 samples).

Conclusion: The GoCB, as a research infrastructure, may play an important role in development of basic cancer research, especially in the field of cancer biology. The GoCB may also be considered as a model of designing and implementation of cancer biobanks in similar lower resources settings.

Send Date: 2019/08/21

Code: D-0044090

T-S-091

Category: 5. بیماریهای التهابی روده 5.

Rheumatologic clinical presentations in patients with Inflammatory Bowel Disease (IBD)

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Introduction: Axial and peripheral arthropathies are among the most prevalent extraintestinal manifestations in patients with Inflammatory Bowel Disease (IBD). This study has been designed to examine rheumatologic indices in patients registered in IBD bank of Golestan University of Medical Sciences (GOUMS).

Methods: In this cross-sectional study during September 2017 to December 2018, 101 patients with IBD (UC=81, Crohn's disease=18, and 2 were undifferentiated IBD; male to female ratio: 44 to 57; mean (SD) age, 38 ± 11 years) recruited from the IBD registry in Golestan Research Center of Gastroenterology and Hepatology, Golestan University of Medical Sciences, Golestan, Gorgan, Iran. The study has been approved by the Ethical committee of GOUMS. After taking the informed consent, all patients have been interviewed by a trained physician and a questionnaire has been completed. The rheumatologist examined the symptoms and signs of peripheral arthritis, sacroiliitis, enthesitis and inflammatory low back pain.

Schober's test was done in all patients (positive: lower than 5 cm). After entering data into the SPSS-16 software, analysis was done using X2 and non-parametric tests.

Results: Among 101 patients with IBD, 5 had positive Schober's test (5%), 5 (5%) inflammatory low back pain, and 6 (6%) enthesopathy. Inflammatory low back pain and positive Schober's test was seen in 3 males and 2 females, 3 patients with UC and 1 with CD (significant differences). Enthesopathy was seen in 3 males and 3 females, and in 3 UC and 2 CD (significant differences).

Conclusion: Low frequency of rheumatologic presentations was seen in the studied patients with IBD.

Send Date: 2019/08/20

Code: D-0044042

T-S-092

Category: 6.3. بدخیمی های وابسته به هلیکوباکتر پیلوری

Analysis of KRAS gene mutation associated with *Helicobacter pylori* infection in patients with gastric cancer

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Introduction: KRAS proto-oncogene mutation can be considered a diagnostic factor for treating various malignancies. *Helicobacter pylori* infection, a risk factor for stomach cancer, may cause DNA damage and genetic changes. The aim of the current study was to assess the association of gastric cancer and KRAS mutation, demographic factors, and *H. pylori* infection.

Methods: DNA was extracted from a total of 140 FFPE gastric cancer tissue samples. detection of KRAS mutation (codons 12 and 13) in tumors was performed by PCR amplification, followed by gel electrophoresis and DNA sequencing. PCR diagnosed any *H. pylori* infection.

Results: KRAS mutation was detected in 6 of the 140 (4.2%) gastric cancer tissue samples. 18 samples (12.8%), all of which were male ($p < 0.05$), tested positive for *H. pylori* infection. KRAS mutations were present in 22.2% (4/18) of the samples with *H. pylori* infection ($p < 0.05$). The mean age of patients was 62.25 ± 12.61 years (range: 30–93 years). A male predominance (2.5 to 1) was reported in the gastric cancers, and at diagnosis, women were significantly younger than men ($p = 0.004$). No association was observed between

age or gender and KRAS mutation. Neither was one found between age and *H. pylori* infection. Tumors from *H. pylori*+ subjects were significantly more likely to have KRAS mutation than tumors from *H. pylori*- subjects (OR = 17.1).

Conclusion: The data suggest that *H. pylori* infection when compared with the absence of *H. pylori* infection, is associated with a higher prevalence of KRAS mutation in gastric cancer.

Send Date: 2019/07/24

Code: D-0044188

T-S-094

Category: 1.1. اپیدمیولوژی

the causes of jaundice in hospitalized adult patients from 2008 to 2018. in Yazd

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Introduction: Icter has always been seen as a tangible finding that can be a sign of major illnesses,. The aim of this study was to investigate the causes of jaundice in hospitalized adult patients from 2008 to 2018.

Methods: This study was a descriptive-analytical study that was done in a retrospective and cross-sectional method between 2008-2018 in Shahid Sadoughi Hospital of Yazd. All patients over 18 years of age who had bilirubin over 2.5 years were evaluated by referring to the hospital archive and HIS center and the required information including age, sex, liver enzymes and bilirubin levels were extracted and recorded. Finally, the data were analyzed by SPSS software

Results: The results of this study showed that the mean age of patients was 56.44 years with the range of 19 to 93 years. The average alkaline phosphatase was 1136.1. Total bilirubin and direct mean were 11.77 and 5.54, respectively. The most common diagnoses were bile duct stones, intra hepatic bile duct carcinoma and cirrhosis with 27.3%, 17.2% and 14.6%, respectively. The least common diseases admitted to the ward were hemolytic anemia, viral hepatitis, and hepatitis B. The results also showed a significant relationship between the causes of jaundice and age, sex, mean liver enzymes and bilirubin levels ($p < 0.05$). At the age of 70 years, bile duct stones were the most common cause and at the age of above 70 years, intrahepatic bile duct carcinoma (25.5%) was the most common cause of jaundice. The most common cause of jaundice in men and women was bile duct stones with frequency of 30.8% and 24.3%, respectively. Most malignancies were more common in women.

Conclusion: The most common cause of jaundice in men

and women was bile duct stones with frequency of 30.8% and 24.3%, respectively. Most malignancies were more common in women.

Send Date: 2019/09/06

Code: D-0044120

T-S-095

Category: 3.5 ژنتیک

Identifying a Novel Pathogenic Mutation in Exon 3 of ARID1A Gene in Colon Cancer

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Introduction: ARID1A, a bona fide tumor suppressor, is the third most mutated gene in human colorectal cancer. However, so far no study has investigated this gene in Iranian patients. In this paper we report a novel mutation in the ARID1A gene in colon carcinoma from an Iranian patient. As far as we know, it also is the first report on the mutation of ARID1A gene in an Iranian patient. Furthermore, the impact of this mutation on ARID1A expression changes was examined by immunohistochemistry.

Methods: Twenty primary colorectal carcinomas were examined for identification of possible mutations of ARID1A. To do so, the exon 3 of the ARID1A gene were amplified by the PCR and analyzed by Sanger sequencing. The expression level of ARID1A protein in cancerous tissue sample, harboring ARID1A mutation and matched adjacent nontumorous tissue sample was detected by immunohistochemistry.

Results: Sanger sequencing revealed a novel heterozygous nonsense mutation of cytosin at nucleotide 1653 to guanine in ARID1A gene resulting in premature termination of the 2285 amino acid protein at the 551st codon. This novel mutation was predicted to be pathogenic by Mutation Taster. Immunohistochemical analysis revealed loss of ARID1A protein expression in colon cancer tissue.

Conclusion: Given that loss of ARID1A expression plays an important role in the development and progression of various cancers including colorectal cancer, it is likely that our novel mutation possesses high oncogenic activity. This mutation expands the spectrum of ARID1A gene pathogenic mutations among colorectal cancer patients.

Send Date: 2019/08/22

Code: D-0044069

T-S-096

Category: 5 بیماریهای التهابی روده

Adherence to treatment and disease outcome in inflammatory bowel disease patients: a Patient support programs as a case conference intervention.

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Introduction: The patients with a diagnosis of Inflammatory bowel disease (IBD) have sub-optimal adherence to treatment. Patient support programs (PSP) are known to be effective in improving adherence in IBD patients. The study aimed to measure the impact of a PSP on IBD patients' adherence to treatment and the disease outcome.

Methods: In this study IBD patients (n = 58) randomly assigned to the PSP arm attended a patient conference plus virtual interactive education through Telegram application on their mobile phones by a trained physician. IBD patients (n = 51) randomly assigned to the control group received standard routine patient educations by a physician. Primary outcomes were comparing adherence to treatment, rate of re-admission, and the disease flare-up within six months after the baseline.

Results: A total of 108 IBD patients were followed up, 57 in the intervention with the age mean of 44 (± 14) yrs. and 51 patients in the control group with the age mean of 40 (± 12) yrs. At follow-up, PSP significantly declined the disease flare up and re-admission in the intervention group (Ps < .001), however, the compliance remained relatively equal in both intervention and control groups.

Conclusion: This small study confirmed the efficaciousness of PSP in improving IBD disease outcome and remission. This PSP that involves trained physicians seems to be a feasible approach in Iran.

Send Date: 2019/08/17

Code: D-0044031

T-S-097

Category: 7.6 Cirrhosis and complications: clinical aspects

Efficacy of Atorvastatin plus ASA in comparison with Atorvastatin alone on liver function and degree of fibrosis among patients with cryptogenic cirrhosis: a randomized double blind clinical trial

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Introduction: to evaluate efficacy of combination of Aspirin and atorvastatin in comparison with atorvastatin alone for improvement of liver fibrosis and function among cases of cryptogenic cirrhosis.

Methods: in this randomized double blind clinical trail, 40 patients with cryptogenic liver cirrhosis randomly allocated to receive either atorvastatin plus ASA or atorvastatin alone for a six months period and compared for viewpoint of liver function and stiffness thereafter.

Results: Overall 33 cases with cryptogenic cirrhosis included. After randomization, 16 participants in group A and 17 in group B evaluated for final analysis. Average age of patients in group A & B were 50.3 ± 11.2 and 47.9 ± 10.6 and average BMI of participants in 2 groups were 30.7 ± 4.2 and 30.8 ± 3.1 respectively. 12 patients in group A (75%) and 14 cases in group B (82%) were male. The baseline demographic characters of 2 groups were similar. After 6 months of intervention, the decrease in average ALT level was not significant in group A (atorvastatin + ASA) while this item in group B (atorvastatin + placebo) was meaningful ($p = 0.009$). Average Child score of participants in both groups improved significantly ($p = 0.0001$ & 0.002 respectively) and also the liver stiffness measurement by Fibroscan proved a significant decrease (group A; $p < 0.001$ & group B; $p = 0.007$). Despite significant decrease in degree of liver stiffness and Child score, there was not any significant difference between 2 groups ($p = 0.982$ & 0.611 respectively).

Conclusion: while atorvastatin is efficacious in improvement of liver fibrosis and function among cryptogenic cirrhotics, adding aspirin is unable to potentiate its positive effects although this issue worth to further be clarified in future studies.

Send Date: 2019/07/20

Code: D-0044132

T-S-100

Category: 6.1 Malignant disease - pathogenesis

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

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Introduction: Heavy metals are considered as causative role to developing cancers. In this context, lead(Pb) 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 2016 to February 2017 blood levels of Lead were assessed. Patients with upper and lower 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 as well as control group were enrolled in our study. The mean age of patients was 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 two groups were not significantly different particularly by gender, age and history of smoking. Among patients its concentration was significantly different according to types of cancer (p -value = 0.003) as well as upper or lower location of lesions (p -value = 0.003).

Conclusion: It can be hypothesis that lead may influence on developing and advancing of gastrointestinal cancers in susceptible subjects hence tissue evaluation should be considered.

Send Date: 2019/08/31

Code: D-0044130

T-S-101

Category: 2.3 عوامل میکروبیال

Expression of Toll-like Receptors, in Relation to Gut Microbiota in Colon Cancer patients

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Introduction: Toll-like receptor (TLR) signaling has been implicated in the colon inflammatory responses. Such

inflammatory signals mediate complex interactions between commensal bacteria and TLRs and are required for immune response and homeostasis. Herein we have aimed to demonstrate immunomodulatory role of gut microbiota by regulation of intestinal TLRs expression.

Methods: Fecal and colonic tissue samples were collected from normal controls (NC) and colon cancerous (CRC) patients via colonoscopy for CRC screening during 2016 to 2018. Fecal samples were collected to analyze intestinal bacteria including *Streptococcus bovis*, *Enterococcus faecalis*, *Bacteroides fragilis*, enterotoxigenic *Bacteroides fragilis* (ETBF), *Fusobacterium nucleatum*, *Porphyromonas gingivalis*, *Porphyromonas* spp. and *Roseburia* spp. by real-time PCR. Gene expression of TLR2, TLR4 and TLR5 was examined in colonic tissues by qRT-PCR.

Results: Different abundant of gut bacteria were achieved in NC and CRC groups. The genes expression of TLR2, TLR4 and TLR5 were significantly different in CRC cases vs. normal group (p value < 0.05). There was a significant relationship between TLR2, TLR4, TLR5 genes expression and *Roseburia* spp., *P.gingivalis* and *ENTB* quantity in normal group. Also significant association between TLR2, TLR4 genes expression level and the quantity of *S.bovis*, *ENTB*, *Roseburia* spp. and *E.faecalis* in CRC cases were achieved.

Conclusion: Intestinal expression of TLR2, TLR4 and TLR5 is dynamic and depends on gut microbiota. Hence, altered immune activation in response to dysbiotic microbiota may promote intestinal inflammation in a subset of patients with CRC.

Send Date: 2019/08/31

Code: D-0044075

T-S-105

بیماریهای التهابی روده 5

The Association between Dietary Supplementation and Gastrointestinal Symptom-Rating Scale (GSRS) in Patients with Ulcerative Colitis

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Introduction: Inflammatory bowel disease (IBD) is a group

of immune-mediated chronic disorders that are divided into two major types of ulcerative colitis (UC) and Crohn's disease (CD). Dietary supplementation has beneficial effects in management of ulcerative colitis. In this study, we aimed to investigate the association between dietary supplementation and Gastrointestinal Symptom-Rating Scale (GSRS) in Patients with Ulcerative Colitis.

Methods: This cross-sectional study was conducted on patients with ulcerative colitis at the Alimentary Tract Research Center. A questionnaire about demographic and dietary supplementation information was filled for each patient. GSRS was measured by a standard questionnaire for each participant. Data were analyzed using SPSS version 17.0.

Results: Sixty patients were eligible for the study and completed it. Thirty nine participants was female (65 %). The mean age of participants was 36.4 ± 10.3 . Forty patients used dietary supplements including Calcium (25%), Vitamin D (48.3%), Folic acid (11.6%), Iron (18.3%), Multivitamin (0.5%) and twenty patients (33.3%) didn't use any supplements. Patients that used vitamin D supplement had lower GSRS (34.1 ± 11.3) significantly (p -value = 0.03).

Conclusion: The results of the study showed that vitamin D supplementation has related to lower gastrointestinal symptoms in patients with ulcerative colitis.

Send Date: 2019/08/18

Code: D-0044174

T-S-106

کبدی صفراوی / پانکراس / طحال 3 .14

Double cystic duct with a single Gallbladder: A case report

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Introduction: Single gallbladder with doubled cystic duct is a relatively rare congenital malformation. Up until late 2017, only 20 patients were reported with duplicated cystic duct. Misdiagnosis of this condition may lead to bile duct injury and more complications. Conducting a sensitive imaging test may help prevent damage in suspected patients.

Case Report: In the present study, we reported a 58-year-old female with doubled cystic duct who initially presented with a passed stone and pancreatitis concomitant with a gallbladder containing microlithiasis. Despite performing endoscopic ultrasonography preoperatively, there was no doubt about anomaly and doubled cystic duct was diagnosed incidentally during laparoscopic cholecystectomy. The patient

had no complications after the surgery and relieved uneventfully. Postoperative magnetic resonance cholangiography (MRCP) showed normal biliary tree structure.

Discussion: This study highlights the point that despite all recent advances in imaging techniques, still there are limitations in visualizing cystic duct anatomic variations. Therefore, it is important to keep a watchful eye on the anatomy during the surgery, even if preoperative imaging test revealed normal findings.

Send Date: 2019/09/06

Code: D-0044170

T-S-107

Category: سایر موارد 7. 13

Attitude, behavior, and barriers towards screening colonoscopy participation among physicians in Mashhad University of Medical Sciences, Iran

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Introduction: Colorectal cancer is one of the most common cancers among men and women worldwide. Patients who are diagnosed at early stages of the disease have a significantly better prognosis, lower mortality, and burden of disease. Thus, screening methods namely colonoscopy and fecal occult blood test are effective means of timely diagnosis. However, there are pearls and pitfalls among doctors in the decision to participate and implement these methods. This article aims to evaluate and discuss the attitude and behavior of physicians towards colonoscopy screening.

Methods: This cross-sectional study was performed on 81 physicians, working in academic hospitals of Mashhad University of Medical Sciences, Iran, between February and May 2019. Data were gathered via demographic information checklists and a researcher-developed checklist to evaluate the attitude of physicians towards the benefits and necessity of colonoscopy. Data were analyzed in SPSS v.23 and $p < 0.05$ was considered significant.

Results: 81 physicians with a mean age of 58.9 ± 6.6 years were studied. The majority of participants were male ($n = 60$, 74.1%), married ($n = 79$, 97.5%) and had fellowships in their specialty ($n = 44$, 54.3%). When asked about barriers against colonoscopy, most physicians mentioned unwillingness ($n = 24$, 29.6%) and lack of time ($n = 14$, 17.3%). There was no significant association between physicians' sex and their screening colonoscopy history ($p = 0.98$). Moreover, no significant association was detected between the physicians' level of education and undertaking colonoscopy ($p = 0.15$).

Conclusion: This study revealed that a large number of

physicians are not willing to undergo screening colonoscopy despite the fact that they have a positive attitude towards the method and are knowledgeable about the benefits it offers.

Send Date: 2019/09/06

Code: D-0044167

T-S-108

Category: پانکراس 9

Pancreas Cancer: 10-years experience in Golestan province, Northeast of Iran

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Introduction: According to GLOCOBAN 2018, pancreatic cancer (PC) is the 11th most common cancer with 458,918 new cases and the 7th cause of cancer-related death with causing 432,242 ones around the world in 2018. The global incidence rate for both sexes increases with age and it is more common in men (ASR: 5.5; 243,033 cases) than in women (ASR:4.0; 215,885 cases). Golestan province, located in Northeast of Iran has a unique position on the Asian belt of upper gastrointestinal cancers. In this study we aimed to report the incidence rate of PC during the 10 years establishment of the Golestan population-based cancer registry.

Methods: This cross-sectional study was conducted on data of hepato-pancreato-biliary cancer cases obtained from the Golestan Population-based Based Cancer Registry (GPCR) during 10-years (2004-2013) in Golestan province. Age-Standardized Incidence Rates (ASR) per 100,000 person-year were calculated using CanReg5 software.

Results: During the study period, 291 primary PC cases were registered in the GPCR. One hundred eighty registered cases were male and 111 one were female. The ASR of pancreas cancers in men was 3.1 per 100000 person-year and in women was 1.9. The ASRs of pancreas cancer changed from 1.81 and 1.11 in 2004 to 4.16 and 2.52 in 2013 in male and female, respectively.

Conclusion: Pancreas cancer is more prevalent among men than women. Environmental factors could be considered as the main reasons of different prevalence in sexes. Therefore, more studies needed to clarify the relationships between these factors and PC.

Send Date: 2019/09/05

Code: D-0044126

T-S-109

Category: 5 بیماریهای التهابی روده

The Association between Dietary Supplementation and Inflammatory Markers in Patients with Ulcerative Colitis

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Introduction: Inflammatory bowel disease (IBD) is a group of immune-mediated chronic disorders that are divided into two major types of ulcerative colitis (UC) and Crohn's disease (CD). Dietary supplementation has beneficial effects in management of ulcerative colitis. In this study, we aimed to investigate the association between dietary supplementation and inflammatory markers in patients with ulcerative colitis. **Methods:** This cross-sectional study was conducted on patients with ulcerative colitis at the Alimentary Tract Research Center. A questionnaire about demographic and dietary supplementation data was filled for each patient. Blood samples were taken after overnight fasting for measuring ESR, hs-CRP, and TNF- α . Data were analyzed using SPSS version 17.0.

Results: Sixty patients were eligible for the study and completed it. Thirty-nine participants were female (65 %). The mean age of participants was 36.4 ± 10.3 . Forty patients used dietary supplements including Calcium (25%), Vitamin D (48.3%), Folic acid (11.6%), Iron (18.3%), Multivitamin (0.5%) and twenty patients (33.3%) didn't use any supplements. Level of hs-CRP was significantly lower in patients that used vitamin D (p -value = 0.003) and iron supplement (p -value = 0.001).

Conclusion: The results of the study showed that dietary vitamin D and iron supplementation have related to lower hs-CRP levels in patients with ulcerative colitis.

Send Date: 2019/08/26

Code: D-0044122

T-S-110

Category: 4 بیماری ریفلکس

Prevalence and risk factors of gastroesophageal reflux

disease in urban population of Mashhad

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Introduction: Reflux disease, causes by imbalance between aggressive factors and defensive factors of the esophagus. In Iran the prevalence of disease ranges between 2.7 percent to 33 percent and is rising. Older age, female gender, obesity, low education level, smoking, certain medications and foods are among the risk factors for disease.

Methods: The questionnaire that was translated by modification of Mayo Clinic Foundation Questionnaire. It was distributed between 50 clusters with 50 member who were choosed by a random selection of the houses in the city of Mashhad. 1634 questionnaires were completed and analyzed.

Results: The prevalence of reflux symptoms in the week was 25.7%. For 46 percent of participants regurgitation was the main complaint and for 25 percent heartburn was. 77% of cases were mild to moderate in severity in which the symptoms do not affect daily life. 94% of patients seek medical attention. 47% of patients were using OTC medication and 52 percent had a history of herbal drug use. Known risk factors include: overeating, tea consumption, chronic diseases, taking non-steroidal anti inflammatory drugs, low levels of literacy and reflux in wife. Type of of water, food use of sausages at home, type of work and the coffee consumption were not significantly associated with reflux disease. The most common side effects associated with significance by symptoms including dysphagia, belching, hiccup, persistent cough, sleep disturbance, and absence from work.

Conclusion: Reflux disease prevalence in the population of residents of Mashhad is above the average in other cities of Iran. Disease risk factors in this population are similar to those reported in other studies.

Send Date: 2019/08/24

Code: D-0044111

T-S-111

Category: 1.7 بیولوژی سلولی و مولکولی

Scrutinizing the mechanism of anti-EGFR therapy resistance in patients with Hepatocellular carcinoma

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Introduction: Hepatocellular carcinoma (HCC) as the leading liver cancer occurs predominantly in the patients with liver cirrhosis, playing role as the second cause of death from the cancer. One of the widely used therapies in the HCC is molecular targeted drugs. The proliferation of HCC can be slowed down in S/G2/M phases of the cell cycle and the cells can be sensitized to apoptotic stimuli by Sorafenib whose targets are VEGFRs, PDGFRs and RAF kinases. Angiogenesis and vascular permeability might be influenced by Sorafenib and other VEGF inhibitors in HCC.

Methods: The search strategy was implemented on PubMed database in English using the keywords of Hepatocellular carcinoma, Anti-EGFR Therapies, Sorafeniband Drug resistance.

Results: The findings showed inconsistency for the sorafenib effectiveness in the patients with HCC using all the other antiangiogenic agents that were evaluated in the randomized Phase III trials. One of the possible mechanisms of action for the sorafenib is its anti-vascular effect. In liver-cancer cell lines, the sorafenib had preclinically antiproliferative activity and decreased tumor angiogenesis and tumor-cell signaling and elevated tumor-cell apoptosis in a mouse xenograft model of human HCC.

Conclusion: Inhibited VEGF signaling pathway might be an effective strategy in treating the patients with HCC. It is unclear the precise mechanism of action of sorafenib therapy in the patients with HCC. The definition of prognostic biomarkers providers targeted therapy for the sensitivity of Sorafenib to HCC given the important changes in the clinical advantages in the patients.

Send Date: 2019/08/22

Code: D-0044028

T-S-112

Category: 5 IBD

Predictive value of faecal calprotectin level in the diagnosis of Relapse in Moderate and Severe Ulcerative Colitis

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Introduction: Ulcerative colitis is a chronic and recurrent inflammatory disease characterized by the inflammation of the colon mucous membrane and causing abdominal pain, diarrhea, and hematochezia. Colonoscopy is considered as the method of choice for the diagnosis of this disease. Furthermore, the severity of this condition in the relapse periods is determined based clinical and laboratory criteria. Regarding this, the present study aimed to investigate the relationship between faecal calprotectin level, a cytosolic protein of neutrophils and macrophages, and the severity of disease in patients with ulcerative colitis relapse.

Methods: This cross-sectional study was conducted on 65 patients (i.e., 35 males and 30 females) with ulcerative colitis relapse. The results of clinical, laboratory, and colonoscopy examinations were collected using a checklist. Data analysis was performed in MED Cal statistical software (version 8).

Results: According to the results, the mean age of the participants was 36.31 ± 14.19 years. Out of the 65 patients, 26 (40%), 21 (32.3%), and 18 (27.7%) subjects had mild, moderate, and severe types of the disease, respectively. White blood cell count and erythrocyte sedimentation rate showed a significant decrease by the enhancement of disease severity and hemoglobin level ($p < 0.001$). Furthermore, the mean level of faecal calprotectin demonstrated a significant elevation with the increase of the disease severity. The calprotectin level of $> 387 \mu\text{g/g}$ with the sensitivity and specificity of 76.9% and 92.3%, respectively, was considered as indicating moderate and severe involvements.

Conclusion: As the findings indicated, faecal calprotectin level can be used as a non-invasive and reliable method to evaluate the severity of ulcerative colitis relapse.

Send Date: 2019/07/20

Code: D-0044118

T-S-113

Category: 2 .15 بیولوژی مولکولی / ژنتیک / پاتولوژی

Clinicopathologic Investigation of ARID1A Expression in Colorectal Cancer

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Introduction: ARID1A has been described as a tumor suppressor gene, participating in the chromatin re-modeling.

We aimed to investigate the incidence of ARID1A expression loss and analyze the relationship between ARID1A status and both survival rates and clinicopathologic characteristics such as Microsatellite instability (MSI) in patients with colorectal cancer (CRC).

Methods: immunohistochemical analysis of the expression of ARID1A protein and MSI testing was performed on 27 and 18 paired CRC and adjacent normal tissues, respectively.

Results: Among the 27 CRC tumors studied, 9 tumors (33.3%) and 8 tumors (29.6%) showed negative or low ARID1A expression, respectively. No significant difference in ARID1A expression was observed concerning both overall survival and any of the examined clinicopathological parameters.

Conclusion: ARID1A expression is frequently downregulated in CRC tissues. This finding confirms the involvement of loss of expression of the ARID1A in CRC development. There was no significant association between the ARID1A expression loss and any clinicopathological characteristics examined. Future in vivo analysis required to establish this role.

Send Date: 2019/08/22

Code: D-0044074

T-S-114

Category: 1.5 پایه/پاتولوژی / پاتولوژی

Vitamin D downregulates CD40L in ulcerative colitis patients: A randomized double-blind placebo-controlled trial

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Introduction: Interaction of CD40L with CD40 triggers the induction of pro-inflammatory cytokines. It has been proposed that vitamin D deficiency might be an important factor which causes or aggregates autoimmune situations. The aim of the present study was to assess the effect of vitamin D on CD40L

gene expression in patients with ulcerative colitis.

Methods: Ninety mild to moderate UC patients were randomized to receive a single injection of 7.5 mg cholecalciferol or 1 ml normal saline. At baseline and 90 days following the intervention RNA samples from whole blood were taken. Fold changes in CD40L mRNA expression were determined for each patient using the 2- $\Delta\Delta Cq$ method. The data were analyzed using SPSS version 25.

Results: Serum levels of vitamin D and calcium raised only in the vitamin D group ($p < 0.05$). Relative to baselines, the CD40L gene expression fold change was significantly lower in the vitamin D group compared with the placebo group (Median \pm IQR: 0.34 ± 0.30 vs 0.43 ± 1.20 respectively, $p = 0.016$).

Conclusion: The results of this study show that vitamin D administration in mild to moderate ulcerative colitis patients leads to downregulation of the CD40L gene, which is an essential part of inflammatory pathways.

Send Date: 2019/08/18

Code: D-0044021

T-S-115

Category: 6 بیماریهای روده بزرگ و آنورکتال

The Role of Walking in the Level of Colonoscopy Preparation in Patients Referred to the Endoscopy Ward in Razi Hospital: The Single-Blinded Clinical Trial

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Introduction: Colon cleaning is essential for the safe and accurate inspection of mucosa and early diagnosis of lesions, but course of preparation is one of the most difficult aspects of colonoscopy. This study was conducted to compare the degree of colon preparations between walking and non walking groups in patients who referred to the colonoscopy department of Razi hospital.

Methods: This one-blind randomized clinical trial was conducted on eligible individuals who had colonoscopy procedures. The patient randomly allocated into two groups of intervention (walking) and non intervention (without walking). After completion of the colonoscopy, data were collected with a specific questionnaire, then the number of steps and distance traveled was registered using the smart wristband of the Xiaomi model of the Mi Band 2 model. Intestinal cleansing was determined using the

Boston criteria. The clinical trial code for this study is ISRCTN32724024.

Results: In this study, 262 patients were studied in two groups of intervention (walking) and non intervention (without walking). There was no meaningful relationship between walking and better bowel cleansing in these groups. But when we divided individuals regardless of our intervention, only on the basis of walking, the difference in bowel preparedness was significant in the two groups so that in the group of more than 6900 steps, intestinal clearing was better than the group under 6900 ($p < 0.005$). There was no relationship between sex, walking, body mass index, diarrhea, constipation, history of gastrointestinal surgery and history of gynecological surgery with intestinal cleansing. But there was a relationship between age, smoking and history of chronic diseases with intestinal cleansing ($p < 0.005$).

Conclusion: It seems that conducting such researches with greater volume and even different exercises would help to improve the conventional methods of bowel preparation for colonoscopy.

Send Date: 2019/07/09

Code: D-0044089

T-S-116

Category: مدیریت 7.5

Outcome and clinical trends in patients with Inflammatory Bowel Disease in Golestan Province, Northeast Iran

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Introduction: Inflammatory bowel disease (IBD) is a chronic debilitating illness entailing high costs through complications such as hospitalization and surgery. Accumulating evidences point to an increase in the incidence of IBD in developing countries. The aim of the present study was to investigate the outcome and clinical trends of IBD in Golestan province, Northeastern Iran.

Methods: In this cross-sectional study, we assessed 101 patients with IBD, registered in Golestan Research Center of Gastroenterology & Hepatology (GRCGH). After obtaining

informed consent, information regarding epidemiological characteristics, disease diagnosis, course of the disease, history of hospitalization and surgery related to IBD and its complications, prescribed drugs and changes in medications, and performed procedures was gathered. Data were analyzed using SPSS© software, version 16, with the significance level set at 0.05.

Results: In 81 out of 101 patients (80.2%), the diagnosis was ulcerative colitis (UC), and in 18 (17.8%), Crohn's disease (CD), 39 (38.6%) had a history of hospitalization due to IBD, and 14 (13.9%) had undergone surgery. The mean duration of the disease in those with a history of hospitalization was 8 (± 7) years, and in the patients without such a history, it was 5 (± 5) years ($p = 0.014$). Among CD patients, 9 (50%) had a history of hospitalization, while it was 28 (35%) in UC ($p = 0.283$). In total, 33 (32.7%) of the patients had switched drugs during their course of treatment.

Conclusion: Our findings emphasize the burden of IBD in the population under study by revealing the considerable rate of hospitalization and surgery among the patients.

Send Date: 2019/08/20

Code: D-0044081

T-S-117

Category: بیماریهای التهابی روده 5

The Association between Dietary Intakes and Inflammatory Markers in Patients with Ulcerative Colitis

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Introduction: Inflammatory bowel disease (IBD) is a group of immune-mediated chronic disorders that are divided into two major types of ulcerative colitis (UC) and Crohn's disease (CD). Dietary intakes have important role in disease management. In this study, we aimed to investigate the association between dietary intakes and inflammatory markers in patients with ulcerative colitis.

Methods: This cross-sectional study was conducted on patients with ulcerative colitis at the Alimentary Tract Research Center. Patients recorded their food intakes on three days. Food intakes were analyzed by Nutritionist IV software. Blood samples were

taken after overnight fasting for measuring ESR, hs-CRP, and TNF- α . Data were analyzed using SPSS version 17.0.

Results: Sixty patients were eligible for the study and completed it. Thirty-nine participants were female (65 %). The mean age of participants was 36.4 ± 10.3 . The mean dietary intake of monounsaturated fatty acids (MUFA) ($15.96 \pm 5.59\%$) was significantly lower in patients with higher level of hs-CRP (p -value = 0.04).

Conclusion: The results of the study showed that higher dietary intakes of MUFA have related to lower hs-CRP levels in patients with ulcerative colitis.

Send Date: 2019/08/18

Code: D-0044079

T-S-118

Category: 2.5 اتیولوژی/ اپیدمیولوژی

Vitamin D Status in Relation to Inflammatory Markers in Ulcerative Colitis Patients

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Introduction: Inflammatory bowel disease (IBD), Crohn's disease (CD), and ulcerative colitis (UC) are autoimmune inflammatory diseases of the alimentary tract, which seems to be caused by the interaction of environmental and genetic factors as well as diet and nutritional factors such as vitamin D. The aim of this study was to assess the vitamin D status and its associations with erythrocyte sedimentation rate (ESR), and high-sensitivity C-reactive protein (hs-CRP) as inflammatory markers in patients with UC.

Methods: In this analytical cross-sectional study 90 patients with mild to moderate UC who were resident of Tehran were assessed. 25(OH)D, parathyroid hormone (PTH), ESR and hs-CRP were measured. Dietary intake was assessed by 3-day 24h diet recall. Statistical analyses were

performed using STATA (Version 12).

Results: The average serum 25-OH-vitamin D3 was 33.1 ± 8.3 ng/mL and 38.9 % of the patients were vitamin D deficient or insufficient (37.3 % of men and 41% of women). No significant correlation between serum 25(OH)D and hs-CRP, ESR, body mass index (BMI), and disease duration was found. There were no significant differences in serum 25(OH)D between men and women. Mean daily dietary vitamin D and calcium intakes were 189.5 Iu (95% CI: 176.0-203.1) and 569.5 mg (95% CI: 538.8-600.2) respectively.

Conclusion: In this cross-sectional study 38.9% of the patients with mild to moderate UC were vitamin D deficient or insufficient and vitamin D level was not correlated to ESR and/or hs-CRP. More studies are needed to investigate the effect of vitamin D in the pathogenesis of UC or as a part of its treatment.

Send Date: 2019/08/18

Code: D-0044078

T-S-119

Category: 5 بیماریهای التهابی روده

The Association between Dietary Intakes and Sociodemographic Characteristics in Patients with Ulcerative Colitis

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Introduction: Inflammatory bowel disease (IBD) is a group of immune-mediated chronic disorders that are divided into two major types of ulcerative colitis (UC) and Crohn's disease (CD). Prevalence of ulcerative colitis has increased in Asia and Iran. In this study, we aimed to investigate the association between dietary intakes and demographic characteristics in Patients with Ulcerative Colitis.

Methods: This cross-sectional study was conducted on patients with ulcerative colitis at the Alimentary Tract Research Center. Researchers filled forms about patients' demographic data and participants recorded their food intakes on three days. Data were analyzed using SPSS version 17.0

Results: Sixty patients were eligible for the study and completed it. Thirty-nine participants were female (65 %).

The mean age of participants was 36.4 ± 10.3 . The ethnic groups were Persian (22.5%), Arab (37.5%), and Lur (40.0%). The educational levels of patients including illiterate, primary, middle, diploma, and upper were 5%, 15%, 15%, 42.5%, and 22.5% respectively. Patients with higher educational levels have significantly higher dietary MUFA and PUFA intakes than other (p -value < 0.05).

Conclusion: The results of the study showed that dietary MUFA and PUFA intakes associates with the educational level in patients with ulcerative colitis.

Send Date: 2019/08/18

Code: D-0044077

T-S-120

Category: 5 بیماریهای التهابی روده

The Association between Dietary Intakes and Gastrointestinal Symptom-Rating Scale (GSRS) in Patients with Ulcerative Colitis

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Introduction: Inflammatory bowel disease (IBD) is a group of immune-mediated chronic disorders that are divided into two major types of ulcerative colitis (UC) and Crohn's disease (CD). Dietary intakes is an important component of lifestyle that affect the severity of disease. In this study, we aimed to investigate the association between dietary intakes and Gastrointestinal Symptom-Rating Scale (GSRS) in Patients with Ulcerative Colitis.

Methods: This cross-sectional study was conducted on patients with ulcerative colitis at the Alimentary Tract Research Center. Patients recorded their food intakes on three days. Food intakes were analyzed by Nutritionist IV software. Data were analyzed using SPSS version 17.0.

Results: Sixty patients were eligible for the study and completed it. Thirty nine participants was female (65 %). The mean age of participants was 36.4 ± 10.3 . The dietary intakes of patients were Energy (1948.39 ± 686.02 kcal/day), Carbohydrate ($47.25 \pm 12.60\%$), Protein ($13.04 \pm 4.87\%$), Fat ($39.91 \pm 13.98\%$), SFA ($8.38 \pm 2.93\%$), MUFA ($15.96 \pm 5.59\%$), PUFA ($11.17 \pm 3.91\%$). Patients that intake

higher MUFA in their diet had lower GSRS (32.3 ± 4.3) significantly (p -value = 0.04).

Conclusion: The results of study showed that higher dietary intakes of MUFA have related to lower gastrointestinal symptoms in patients with ulcerative colitis.

Send Date: 2019/08/18

Code: D-0044071

T-S-121

Category: 5 درمان

Effect of vitamin D on immune cytokines in ulcerative colitis patients: a randomized placebo-controlled trial

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Introduction: Ulcerative Colitis (UC) is a chronic recurrent inflammation of the colon. It has been proposed that the UC pathogenesis may be related to vitamin D deficiency and/or vitamin D administration in UC patients may have an ameliorating effect on the intestinal inflammation. The aim of this study was to assess the effect of vitamin D on the serum levels of immune cytokines in UC patients.

Methods: In this double-blind randomized controlled trial 90 mild to moderate UC patients were assigned to get either a single muscular injection of 7.5 mg vitamin D3 or 1 ml normal saline as placebo. Three months later serum levels of IL-4, IL-10, IL-12p70, IFN- γ , and TNF- α were measured. Two group variables were compared using independent t-test and analysis of covariance (ANCOVA).

Results: There was a significant increase in vitamin D only in the vitamin D group. Compared to placebo, vitamin D had significant decreasing effects on serum TNF- α , IFN- γ , and IL12p70 levels, but it had no significant effect on serum levels of IL4 and IL10.

Conclusion: Vitamin D seems to inhibit Th1 immune responses, and have no effect on Th2 responses. The findings

of this study support several in vitro studies, which suggest a therapeutic immunomodulatory potential of vitamin D.

Send Date: 2019/08/18

Code: D-0044055

T-S-122

Category: 4 .3- تشخیص

Factors Associated With High Blood Lead Levels in 29 Patient with lead poisoning

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Introduction: Due to the industrialization process of cities, increasing pollution and opium use, lead poisoning is on the rise. Lead poisoning is one of the toxicities whose manifestations depend on the level of blood lead. The aim of this study was to investigate the factors associated with elevated serum lead level in patients with lead poisoning hospitalized in Tohid Hospital in Sanandaj.

Methods: In this descriptive-analytical study, the medical records of 29 patients hospitalized in Tohid Hospital, Sanandaj, between 2016 and 2017, were confirmed by detecting lead poisoning by measuring serum lead level. Was evaluated. Demographic and clinical data were collected by checklists and their relationship with serum lead level was assessed.

Results: The results showed that 96.6% of the subjects were male. And they had drug addiction (opium). The mean serum level of lead in the subjects was 85.48 mcg/dl, with a minimum and maximum of 59 mcg/dl and 213. Serum levels of lead were significantly higher in rural people (Median; IQR 85; 85 - 93) than in urban residents (Median; IQR 81; 68 - 85) ($p = 0.01$). Also, the level of lead in patients with neurologic symptoms was significantly higher than those with gastrointestinal symptoms (Median; IQR 156; 100 - .. vs 85; 69 - 85) ($p = 0.01$).

Conclusion: Due to the high fatality of lead poisoning in high doses and the irreversible effects of the resulting injuries, it is important to always consider lead poisoning in the differential diagnosis of opioid users with gastrointestinal and neurological symptoms.

Send Date: 2019/08/15

Code: D-0044033

T-S-123

Category: 7 LIVER

Success rate and Complications of Ultrasonography-Guided Liver Biopsy Compared with Blind Liver Biopsy

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Introduction: Liver biopsy is the gold standard method for assessment of liver fibrosis and diagnosis of different liver diseases. The most common method for liver biopsy is transdermal biopsy, which can be performed under the guide of ultrasonography (US) or blindly. The present study aimed to compare the success rate and complications of these two methods in patients undergoing liver biopsy.

Methods: This interventional study was performed on 102 patients who were candidate for liver biopsy and had no contraindications. Patients were divided in two groups randomly; one undergoing US-guided biopsy and the other undergoing blind biopsy. The patients' demographics, indication of biopsy, and complications were collected by a checklist. Data were analyzed by using Chi-square and independent samples t tests in SPSS software version 16.

Results: Of the 102 patients, 51 (25 men and 26 women) with the mean age of 39.69 ± 12.93 years underwent US-guided biopsy and 51 (29 men and 26 women) with the mean age of 39.65 ± 13.73 years underwent blind biopsy. Liver biopsy was successful in %88.2 of the participants in both groups. The most common complication was decrease in hemoglobin level, which was the same in both groups. Other complications included need to blood transfusion, platelet, or FFP, fever, and hemoptysis. There were no significant differences in complications among the 2 groups.

Conclusion: As blind liver biopsy does not increase the rate of complications, application of this method when there are no contraindications will decrease the cost of diagnosis and treatment.

Send Date: 2019/07/20

Code: D-0044152

T-S-124

Category: 5 بیماریهای التهابی روده

Global, regional, and national burden of inflammatory bowel disease in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

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Introduction: Here we report the global prevalence, mortality, and overall burden of IBD, based on data from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2017.

Methods: We modeled mortality due to IBD using a standard Cause of Death Ensemble model including data mainly from vital registrations. To estimate the non-fatal burden, we used data presented in primary studies, hospital discharges, and claims data from the United States. Mortality, prevalence, years of life lost (YLLs) due to premature death, years lived with disability (YLDs), and disability-adjusted life-years (DALYs) were estimated.

Results: Globally, there were 6.8 million cases of IBD in 2017 compared to 3.7 million in 1990. The age-standardised prevalence (ASPR) increased from 79.5 per 100 000 (75.9–83.5) in 1990 to 84.3 per 100 000 (79.2–89.9) in 2017.

The total number of deaths increased from 23 126 in 1990 to 38 628 in 2017, while the age-standardised death rate (ASDR) decreased from 0.61 per 100 000 (0.55–0.69) in 1990 to 0.51 per 100 000 (0.42–0.54) in 2017. IBD-related deaths comprised 0.07% (0.06–0.07) of total all-cause deaths in 2017. IBD was the fourth leading cause of YLDs among digestive diseases in 2017.

The highest ASPR in 2017 occurred in high-income North America (422.0 per 100 000). Locations with high Socio-demographic Index had the highest ASPR, while low SDI regions had the lowest rates, with values that were much higher and lower than global prevalence rates, respectively. At the national level, USA had the highest prevalence rate (464.4 per 100 000 [95% UI 438–490]), followed by the UK (449.6 per 100 000 [420–481]).

Conclusion: The prevalence of IBD increased substantially in many regions from 1990 to 2017, which may impose a substantial social and economic burden in the coming years.

Send Date: 2019/09/03

Code: D-0044101

T-S-125

Category: 6 بیماریهای روده بزرگ و آنورکتال

Complex interactions of heavy metals and gut microbiota in colorectal cancer

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Introduction: Heavy metals (HMs) in the environment have become an increasingly common health risk in the last several decades. Gut microbiota (GM) are critical for intestinal homeostasis and involved in the absorption, metabolism and excretion of HMs. Recently, some studies have revealed that HMs exposure could lead to gut microbiota dysbiosis. Gut dysbiosis might result in gastrointestinal and immunological disorders, as well as malignancies. In this review, we discuss the possible effects of heavy metals on the GM and their subsequent effects on the gut.

Methods: The more recently published studies (2009–2019) searched in Cochrane Library, EMBASE, and MEDLINE for the articles that examined interaction of HMs with gut microbiota in CRC.

Results: HMs exposure not only changes the GM community-level abundance but also at the function level, markedly disturbs its metabolic profiles. Furthermore, it may cause constant changes in the transport-related genes expression, the gut oxidative and inflammatory status and genotoxicity.

Conclusion: Review of evidence suggesting that while gut microbiome are a major element that must be considered for fully assessment the toxicity of heavy metals contaminants, yet underestimated factor in gut ecology. More researches are needed to realize the crosstalk between the environment, gut microbiota and gastrointestinal malignancies susceptibility.

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Code: D-0044076

T-S-126

Category: 1 پایه/پاتوزنز/پاتولوژی 5

Vitamin D upregulates CTLA-4 gene expression in mild to moderate ulcerative colitis patients

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Introduction: Ulcerative colitis (UC) is a chronic relapsing-remitting inflammatory disorder of the large intestine. CTLA-4 is a member of the immunoglobulin superfamily, which binds B7-1 and B7-2 on APCs, and induces an inhibitory signal to T cells. The aim of this study was to investigate the effect of vitamin D on CTLA-4 gene expression in UC patients.

Methods: In this double-blind randomized placebo-controlled trial 90 mild to moderate UC patients were randomized to receive either a single injection of 7.5 mg vitamin D3 or 1 ml normal saline as placebo. Three months following the intervention fold changes in CTLA-4 mRNA expression were determined and statistical comparisons between the two groups were performed.

Results: Forty patients in the placebo group and 46 patients in the vitamin D group completed the study. Three months after the intervention, serum vitamin D raised significantly only in the vitamin D group. Fold changes in the vitamin D group were significantly higher than the placebo group (Median \pm IQR: 1.21 ± 2.3 vs. 1.00 ± 1.5 respectively; $p = 0.007$).

Conclusion: The results of this study revealed that vitamin D administration in UC patients enhances the CTLA-4 gene expression.

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T-S-127

Category: 5 بیماریهای التهابی روده

Ulcerative colitis associated with chronic myelogenous leukemia, a case report and review of the literature

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Introduction: Patients involved by inflammatory bowel disease are prone to some malignancies such as large intestine and hepatobiliary and hematological malignancies like leukemia. Etiology of these complications is not clearly identified.

Case Report: A 22-year-old patient was presented several

years ago with Pancolitis type of ulcerative colitis was admitted to the gastroenterology unit because of flare up of ulcerative colitis associated with unexplained and marked uninterpretable leukocytosis. Medical prescription of the patient was mesalazine and ulcerative colitis was in remission for several years. Laboratory evaluation showed chronic myelogenous leukemia at the early stage. Laboratory evaluation results are reported below: HB = 11g/dl, WBC = 36,000/MM, Platelets = 35,000/MM Peripheral blood smear revealed increased and unregulated growth of myeloid cells in the bone marrow and the accumulation of these cells in the blood. Chronic myelogenous leukemia is a clonal bone marrow stem cell abnormality in which a proliferation of mature granulocytes and their precursors is found. It is a type of myeloproliferative neoplasm associated with a characteristic chromosomal translocation. Routine WBC test shows elevated leukocytes Confirmed with bone marrow biopsy that shows presence of Philadelphia Chromosome. Peripheral blood smear revealed mature and immature WBC and the characteristic "bone marrow appearance". In this case Philadelphia chromosome was positive the patient was started on no treatment and is currently been followed up as outpatient and she is in a stable state.

Discussion: This is the first case of ulcerative colitis associated with Chronic myeloid leukemia in our record of till to several years follow up of IBD patients Hematological malignancies have several types of leukemia and have been reported in patients with ulcerative colitis including chronic and acute myelocytic leukemia, chronic and acute lymphoblastic leukemia and rarely acute promyelocytic leukemia.

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T-S-128

Category: 1.9 بیولوژی سلولی / ترشح / آنزیم / فیزیولوژی

Mechanism of Oncogenic KRAS signaling and Therapeutic Target in Pancreatic Ductal Adenocarcinoma

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Introduction: Pancreatic ductal adenocarcinoma (PDAC) represents the most common malignant tumor of the pancreas. Researchers have discovered genetic aberrations that occur during PDAC development and progression.

Methods: The search was performed among recently published articles in English on PubMed database and findings presented at recent meetings using keywords of Pancreatic ductal adenocarcinoma; Oncogenic KRAS; KRAS inhibitors; Treatment.

Results: In most cases, the oncogenic mutant KRAS makes PDAC, which has been able to drive pancreatic neoplasia. In reality, nearly 95% of the PDAC harbor mutationally activated KRAS, but to date there are no effective treatments that target this mutant protein. The oncogenic KRAS plays a main role in controlling tumor metabolism by orchestrating multiple metabolic changes including stimulation of glucose uptake, differential channeling of glucose intermediates, increased autophagy, and macropinocytosis. However, all attempts to target KRAS have been directly failed and KRAS has been widely considered to be incurable. This has led to intense efforts to identify drug able critical downstream targets and nodes orchestrated by mutationally activated KRAS. In this review, we will discuss about the latest advances in oncogenic KRAS signalling and discuss how these could benefit PDAC treatment in the future.

Conclusion: Contrary to these findings, the full dependence of PDAC tumors on endogenous KRAS remains unknown, which is a requisite for the favorable clinical development of novel KRAS inhibitors.

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T-S-129

Category: 5.17 اختلالات عملکردی دستگاه گوارش

Survey of Gastroenterology and Hepatology Scientific Productions in Web of Science (WoS) Database (2001-2018)

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Introduction: Scientific productions especially medical achievements play an important role in development and progress of countries. This study aimed to analyze the Gastroenterology and Hepatology scientific Productions from 2001 to 2018 in worldwide, using the Web of Science (WoS) database.

Methods: In this scientometric study, scientific productions from departments/institutes of gastroenterology and hepatology were retrieved from the WoS database in July 2019. The time frame was 2001 to 2018. Therefore, the total number of documents related to the category of gastroenterology and hepatology were recovered and analyzed.

Results: In total, 508657 documents published from departments/institutes of gastroenterology and hepatology worldwide during 2001-2018. During these years, the number of gastroenterology and hepatology publications increased gradually. There were 56954 documents published during 2001-2003, 68530 documents during 2004-2006, 83437 documents during 2007-2009, 86503 documents during 2010-2012, 101366 documents during 2013-2015 and 111867 documents during 2016-2018. Most of those publications belong to the subject category gastroenterology and hepatology (100%), followed by surgery (11.684%) and Transplantation (2.355%). «Gastroenterology» published the most productions (15.937%), followed by «Hepatology» (8.792%) and «American Journal of Gastroenterology» (7.517%). «Mayo Clinic» and «Harvard University» were identified as the most productive centers in gastroenterology and hepatology with a contribution rate of 1.837% and 0.715%, respectively. Most scientific productions in this field were published in English (98.126%) language and in the form of Meeting Abstract (47.563%) and Article (34.235%). The countries with the largest research output in gastroenterology and hepatology are the USA, Japan and England. They produced 26.254%, 8.543% and 6.568% of all publications in this field in the period 2001-2018.

Conclusion: Scientific publications from departments/institutes of gastroenterology and hepatology increased gradually from 2001 to 2018. However, there were decreasing trends in the number of publications in some years.

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صاحب امتیاز

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مؤسس و مدیر مسئول

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