



**Abstracts Submitted for
Iranian Congress of Gastroenterology
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December 27-30, 2022
Tehran - Iran**

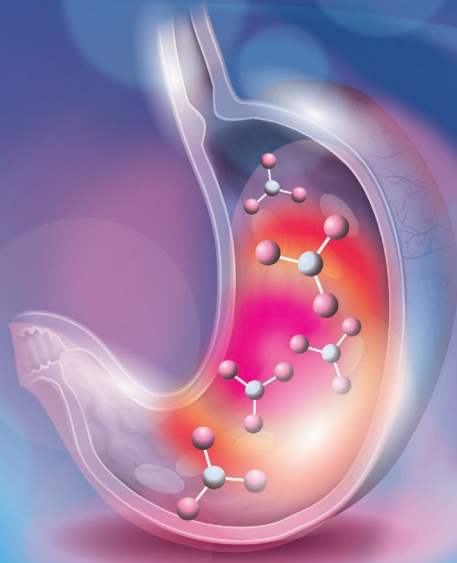
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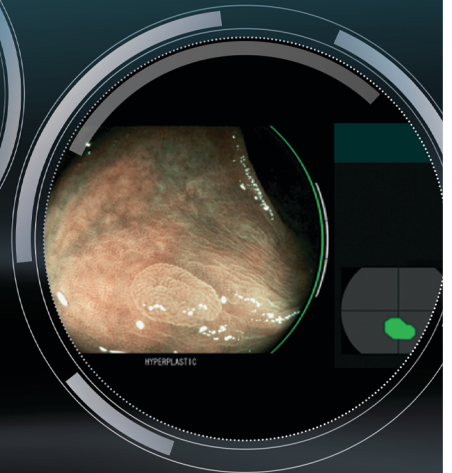
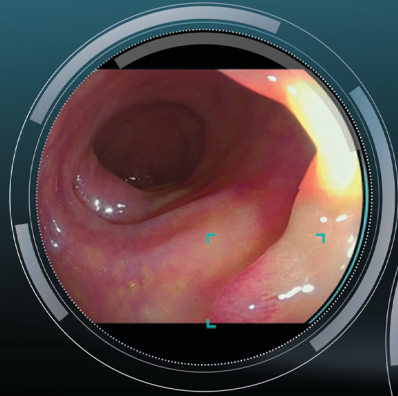
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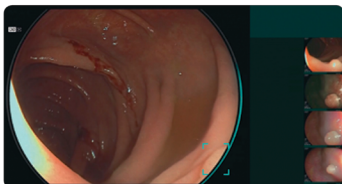
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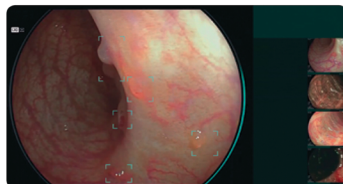
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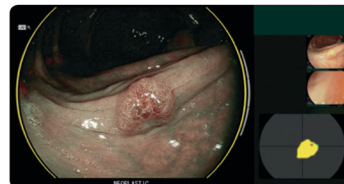


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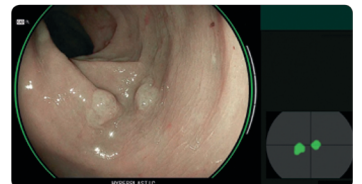


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In The name of God

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ICGH2022-01

گروه: ۲۰۱۴ تشخیص بیماری‌های بدخیم
ثبت موارد سرطان های پولیپوز: ابزاری موثر در پیشگیری از سرطان
در جمعیت پرخطر

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۲ بخش جراحی کلورکتال، دانشگاه علوم پزشکی و خدمات بهداشتی درمانی ایران،
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امام خمینی

معرفی: نخستین اقدام برنامه‌های جامع پیشگیری، طبقه‌بندی ریسک است. هدف اصلی طبقه‌بندی ریسک یافتن جمعیت high-risk و اولویت بخشیدن به اقدامات پیشگیرانه در ایشان است. در این راستا، انجمن سرطان‌های ارثی-فامیلی یا FamCan (www.famcan.org) به‌عنوان یک رجیستری سندرم‌های ژنتیکی سرطان، با هدف پیشگیری‌های سه‌گانه، در نهایت بهبود پروگنوز به شناسایی و پایش فعال در افراد در معرض خطر می‌پردازد.

روش: در این بستر کوهورت، ابتدا افراد مبتلا به پولیپوز و یا سندرم‌های مستعدکننده سرطان‌های گوارشی یا حامل جهش‌های P و LP در ژن‌های شناخته‌شده شناسایی شدند. سپس بستگان در خطر ایشان شناسایی شده، ثبت شده و مورد پایش فعال (active surveillance) قرار گرفتند. نتایج ثبت شده و اطلاعات با اهداف پژوهشی مورد تحلیل واقع شدند.

نتایج: در مجموع تعداد ۱۲۱۴ نفر به فمکن ارجاع داده شدند که از این تعداد ۷۹۳ نفر وارد مرحله بررسی، ۲۳۶ نفر (۱۹.۴٪) وارد مرحله پیگیری و ۱۸۵ نفر خارج از بررسی قرار گرفتند. طبقه‌بندی باقی افراد ارجاع داده شده منوط به بررسی‌های پاراکلینیکی است. در افراد ارجاع شده، تعداد ۱۳۶ خانواده مبتلا به سندرم‌های مستعدکننده سرطان‌های گوارشی (Familial Adenoma-Polypoidosis Syndrome، Lynch Syndrome 16.6%، Peutz-Jeghers Syndrome 71.8%، Juvenile Polyposis Syndrome 2%، و Cowden Syndrome 6.2%) بودند. بیش از ۴۴٪ از موارد پروباند با ابتلا به سرطان کولورکتال ارجاع شدند. میانگین سن ابتلا در این افراد ۳۶.۹ سال بود. در بررسی خانواده‌های ثبت شده، گزارش موارد ابتلا به سرطان کولورکتال ۶۱٪، سندرم پولیپوز ارثی ۲۵.۲٪، و سرطان معده: ۸.۴٪ بود. همچنین در خانواده این افراد تعداد ۱۰۴۰ نفر در معرض خطر ابتلا به این موارد سرطان بودند که نیاز به پیشگیری دارند.

نتیجه‌گیری: در بین موارد رجیستر شده در فمکن، بیش از ۷۶٪ بیماران مبتلا به پولیپوز دارای سابقه فامیلی‌اند. بنابراین داشتن یک رجیستری با برنامه غربالگری می‌تواند راه عملی‌تری برای پیشگیری در افراد خانواده‌های پرخطر باشد. همچنین از بین موارد ارجاع شده، گزارش بیش از ۶۳.۵٪ ابتلا به سرطان‌های گوارشی، نشان می‌دهد که اجرای دقیق پروتکل‌های پایشی بیماران مبتلا به پولیپوز، می‌تواند به‌عنوان یک الزام در زیرساخت درمان مطرح شود.

تاریخ ارسال: ۲۰۲۲/۱۰/۰۱

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ICGH2022-02

تظاهرات کلینیکی B 8.7 هپاتیت

Is There any Role for Autophagy in Progression of Liver Fibrosis in Chronic Hepatitis B Patients on Antiviral Treatment

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¹Faculty of Medicine Shiraz University of Medical Sciences

Introduction: Despite antiviral treatment, there are patients with chronic hepatitis B (CHB) who progress to cirrhosis. Enhancement of autophagy has been implicated in the proliferation of hepatitis B in hepatocytes. This study was designed to evaluate the possible role of autophagy in the progression of liver fibrosis in patients on antiviral therapies and fully suppressed viral replication.

Methods: Patients on anti-hepatitis B nucleotide treatments for at least two years and who were not cirrhotic at baseline but later developed cirrhosis were identified. For the control group, patients who were on the nucleotide regimens and did not have cirrhosis at baseline and on follow-up were randomly selected from our registry. Serum Beclin-1 and LC3 measured by enzyme-linked immunosorbent tests were compared between two groups.

Results: Beclin-1 level was higher in those with cirrhosis, but no statistical difference was seen for the level of LC3.

Conclusion: Autophagy may have a role in progression to cirrhosis in patients with CHB. Future prospective larger studies are required to find the effect of blockage of autophagy on liver disease progression in this group.

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تشخیص 4.3

Improved method for detection of bacterial DNA from formalin-fixed paraffin embedded gastric biopsies

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¹ Tehran University of Medical Sciences, Digestive Diseases Research Institute, Shariati Hospital

² Shahid Beheshti University, Faculty of life sciences and biotechnology

Introduction: Extraction of bacterial DNA from Formalin-fixed and paraffin-embedded archived tissues is a robust procedure that is not always successful. Furthermore, Even after successful DNA recovery, obtaining good qual-

ity amplified products is a difficult task. In this study a modified methods was designed for DNA extraction from H. pylori-positive gastric biopsies that were archived 14-20 years ago. The quality of extracted DNA was assessed by amplifying H. pylori- specific 16S rRNA gene

Methods: 100 H. pylori-positive gastric biopsies which were obtained, fixed and embedded in paraffin blocks during 2002-2008 were recruited in this study. After paraffin removal, simultaneous proteinase K treatment and mechanical disruption using glass beads were used for digestion of gastric tissues. DNA extraction was performed by adding one step of phenol-treatment and two steps of incubation to conventional phenol- chloroform method. Quantity and quality of extracted DNAs were assessed and PCR was performed using primers for H. pylori -specific 16S rRNA.

Results: Electrophoresis showed that intact DNAs were recovered from all biopsy samples. Nanodrop Evaluation showed that all extracted DNAs were acceptable. Amplification of PCR products with the size of 519bp showed the presence of H. pylori-specific 16S rRNA gene in all the biopsies regardless of DNAs quality.

Conclusion: In this study, a 100% success rate for amplification of H. pylori –specific 16S rRNA gene was achieved from all the samples. In this regard, designed modified method resulted in effective removal of interfering contaminations and enhanced the quality of extracted bacterial DNA from archived tissues. These modifications may contribute to better extraction of intact DNA from different bacteria present in human tissues.

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Category: 14.2 Diagnosis of malignant disease

Concurrent mantle cell lymphoma in the stomach and colon; a case report

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Introduction: Mantle cell lymphoma (MCL) is a subtype of B-cell non-Hodgkin lymphoma, mainly affecting extranodal sites. The gastrointestinal system is the most affected site by MCL. Multiple lymphomatous polyposis in endoscopy are the most usual manifestation of MCL. Solitary lesions are less common; however, concurrent involvement of different organs is rarer

Case Report: A 52-year-old man with significant weight loss and intermittent fever was admitted to the emergency

department due to severe abdominal pain. He underwent a laparotomy that revealed duodenal ulcer perforation. Further evaluations were performed, including esophagogastroduodenal endoscopy (EGD) and colonoscopy. Diffuse prominence of gastric folds in EGD, multiple variable size polyps in the rectum and left colon, and a large fungated mass in the cecum extending to the proximal part of ascending colon in the colonoscopy were noted. Numerous biopsies were taken that revealed concurrent MCL. Chemotherapy was initiated, which led to the lesions' disappearance in re-endoscopy and re-colonoscopy. Multi-dimensional computed tomography (MDCT) turned to normal manifestations, as well

Discussion: Recognition of such atypical presentations for the concurrent involvement of different organs in MCL should be concisely considered, and future diagnostic and prognostic assessments are required

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Code: DA-22016

ICGH2022-05

Category: 2.5 اپیدمیولوژی/ علت شناسی

Economic Burden of Inflammatory Bowel Disease in Iran

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Introduction: The epidemiological burden of chronic diseases and their risk factors is increasing all over the world, especially in developing and low-income countries. Inflammatory bowel disease (IBD) is one of the chronic diseases which has imposed a great financial burden on individuals and society. Objectives: The current study aimed at estimating the economic burden of IBD among 90 patients with IBD who referred to Namazi hospital and Motahari clinic of Shiraz during year 2019 and costs of patients monitored for a year to detect their expenses.

Methods: This study is descriptive cross-sectional and from a social perspective. The cost-of-illness method, based on the human capital theory, has been used. Both direct and indirect costs have been estimated using a prevalence approach and bottom-up method. Hospital costs were extracted from patients' records and the accounting system of Namazi Hospital. Outpatient expenses were obtained according to the number of outpatient visits

and the average cost of visit were obtained by interviewing patients. Socio-economic status, medical expenses and number of days absent from work were extracted by using a valid and reliable questionnaire. The assessment of the cost of hospital care made on the basis of the average daily. Non-medical direct costs such as transportation and residence, etc. were also calculated.

Results: The total annual economic costs of IBD per patient were estimated 1229.74 USD. Finally, increased use of health care as well as lost productivity leads to increased disease costs.

Conclusion: IBD imposes a substantial economic burden on patients, families and the society. Establishing a correct diagnosis early, management of IBD worsening, and appropriate treatment can reduce the costs of treatment and lost production to some extent. Therefore, policymakers should take this into consideration and according to available health resources provide services and facilities for the prevention and treatment of the disease.

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Code: DA-22066

ICGH2022-06

Category: 2.5 اپیدمیولوژی/ علت شناسی

IBD presentation and characters in last 2 decades, a chronological multinational study

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Introduction: The aim of current study is to evaluate changes of behavior and presentation of IBD during last 2 decades.

Methods: During a 6 months period, the information of IBD patients who attend in IBD outpatient clinics of 11 referral centers in 6 countries collected and based on the first time of diagnosis with IBD, they allocated as group A (those who diagnosed more than 15 years ago), group B (those who involved with IBD between 5 and 15 years ago) and group C (IBD cases who diagnosed in recent 5 years). Then the most prevalent subtypes and characters of disease evaluated and compared.

Results: Overall 1430 IBD patients including 1207 UC patients (84.5%), 205 CD patients (14.3%) and 18 cases with indeterminate colitis (1.3%) from 6 countries (Egypt, India,

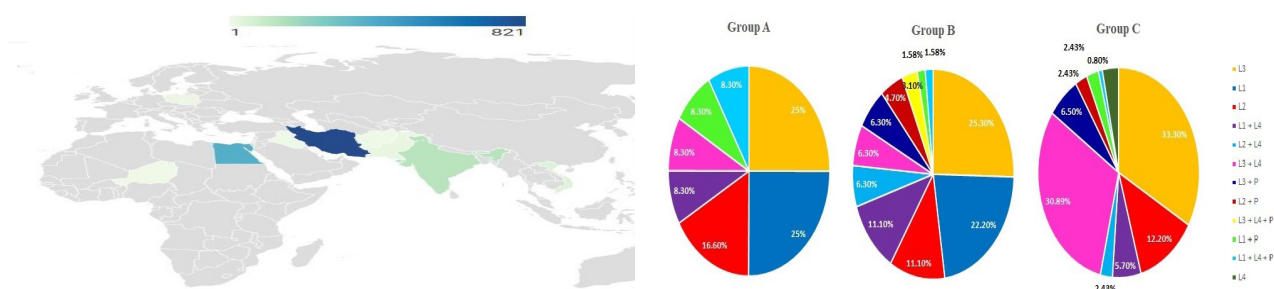


Figure 1

Iran, Pakistan, Poland, Vietnam) included. The participants were originally citizens of 9 countries (figure 1) and 48.1% of them (687 cases) were male. Average age was 37.2 year (range 3 to 83) and 45.8% of them were Caucasian in descent. Average age of participants at the first time of diagnosis with IBD was between 30 and 31 years (range 2 - 84). The extra-intestinal involvement of IBD in groups A and B was more prevalent in comparison with group C (19.6% and 19.2% vs. 13.7%) ($P = 0.08$ & 0.009 respectively). Relative prevalence of UC subtypes based on anatomic involvement was similar among groups A and B (extensive colitis as the most prevalent subtype, 48.73% and 48.47% respectively) but among those who involved in recent 5 years (group C), the most prevalent subtype is left side colitis (38.17%). The most prevalent subtype of CD in group A and B was ileocolic involvement (L3, 25% and 26% respectively) while among those who involved during last 5 years (group C), upper GI involvement (L3+L4) is significantly increased (31% vs. 8% in group A and 6% in group B; $P = 0.09$ & 0.0009 respectively). The relative prevalence of patients who have not experienced disease flare raised among study groups with a steady slope (group A 15.9%, group B 22.9% and group C 42.38%, $P < 0.00001$). Relative prevalence of majority of presenting symptoms among UC patients in recent 5 years (group C) differs from those who diagnosed more than 15 years ago (group A) and the rate of symptoms such as abdominal pain (70.7% vs 54.1%, $P = 0.0003$), bloating (43.9% vs 20.8%, $P = 0.00001$) and fatigue (28.9% vs 13.3%, $P = 0.0003$) have increased and frequency of diarrhea (67.4% vs 80.8%, $P = 0.003$) has decreased. Among CD patients, the relative prevalence of presenting symptoms is almost similar between new cases in recent years (group C) and those who diagnosed earlier. **Conclusion:** in recent 5 years the pattern of UC presenta-

tion has changed and the rate of upper GI involvement by CD increased but the relative prevalence of IBD patients with no disease flare increased and rate of extra intestinal involvement decreased which means better understanding and management of disease.

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ICGH2022-07

Category: 1.5 پایه / پاتوژنز / آسیب شناسی

Coumaric acid protective effects in colon tissues of acetic acid-induced ulcerative colitis rat models

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Introduction: One of the subgroups of inflammatory bowel disease (IBD), ulcerative colitis is characterized by abnormal immune responses in the colon that cause the inflammatory cascades. The prevalence of ulcerative colitis is rising everywhere, including in Iran. Coumaric acid, a phenolic acid present in a variety of fruits, vegetables, and plants of the Gramineae family, offers a number of health benefits, including anti-inflammatory, anti-viral, anti-microbial, and anti-cancer properties. The aim of the present study is to examine the coumaric acid's anti-inflammatory properties on the colon tissues of the acetic acid-induced colitis model.

Methods: In this study, 40 Wistar rats were grouped into 5 groups ($n = 8$) and colitis was induced with 1 ml of 4% acetic acid. groups of rats were as follows: Normal control without induction of colitis, ulcerative colitis group without treatment, and the other group was ulcerative colitis rats which treated orally with a single dose of dexamethasone (2 mg/kg per day) and the last 2 groups were ulcerative colitis rats which treated orally with two different doses (100 and 150 mg/kg per day) of coumaric acid as experiment group. Rats were administered the desired treatments for 4 consecutive days after colitis was induced. To evalu-

ate the protective mechanism of coumaric acid, the tissue level of *il1b*, was examined using the Enzyme-Linked Immunosorbent Assay (ELISA).

Results: Colitis causes an increase in inflammatory cytokines in the colon. Our research revealed that coumaric acid alleviated the adverse effects of colitis induced by acetic acid.

Conclusion: coumaric acid through reducing the inflammatory response had protective effects on rats with colitis induced by acetic acid.

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ICGH2022-08

Category: 5.7 Management

Hospital cost of inflammatory bowel disease and its determinants in a multicenter study from Iran

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Introduction: In era in which the cost of IBD patients is monitored, it seems that there is a change in pattern of healthcare costs. In the current study we aimed to assess the in-hospital costs of IBD over a period (2015- 2021) and identify predictors of higher patient payment and total hospital costs in hospitalized IBD patients.

Methods: This cross sectional study was accomplished in three hospitals of Iran. For the study purpose, the IBD admitted patients' demographic and clinical information as well as cost data were determined. Two non-parametric statistical procedures, classification and regression trees (CART) and quantile regression forests (QRF), were employed to identify the main factors related to hospital costs of IBD (dependent variable).

Results: during 7 years 930 admissions were occurred in these three hospitals. 22.3 percent of patients (138 of 619) were readmitted and 306 patients (49.4%) were male. The mean of age was 33 (SD=18.9) years. 454 patients (73.3%) had UC, and 165 patients (26.7%) had CD. Length of hospital stay was the most important variables related to hospital costs of IBD in models followed by age.

Conclusion: this study showed that there may be differences in hospital cost of IBD patients based on Hospital they are admitted. LOS and age were predictors of hospital cost in IBD in this study group.

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Code: DA-22014

ICGH2022-09

Category: 7.5 اداره بیماری

Development and pilot testing of an online calculation tool for relapse risk prediction in ulcerative colitis

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Introduction: Ulcerative colitis (UC) is a relapsing gastrointestinal disease. Identifying patients at high risk of UC relapse and initiating preventive treatment can reduce the risk of UC recurrence and its dangerous side effects. The present study was performed to design and pilot-test an online calculation tool for relapse risk prediction in UC.

Methods: This study is based on our previous prospective study on 157 in-remission UC patients. We designed an online website rooted in our pre-developed equation for calculating relapse risk scores. Then, 280 UC patients who were not in relapse were randomly selected from our database, and required information was filled in on the website, accordingly. Finally, the indicators were manually calculated using the formula and compared with online-calculated data.

Results: The developed bilingual website is available at <http://www.ucrelapserrisk.com>. Of 280 UC patients, 151 (53.9%) were male, and the mean age of the total participants was 44.6 years. The median (interquartile range) of the UC relapse risk score and probability of relapse in one year was 5.00 (3-7) and 70% (23-95%), respectively. Thirty-five percent of patients were at high risk of relapse in the following year. There were no differences between the manually and online calculated Seo index, UC risk score, and probability of relapse in one year.

Conclusion: This online tool is now available for patients and clinicians and provides an accurate relapse risk prediction for UC patients.

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Code: DA-22085

ICGH2022-10

Category: 5.5 Treatment

Umbrella review of systematic reviews and meta-analyses: Efficacy of fecal microbiota transplantation in inflammatory bowel disease

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Introduction: The study summarizes the evidence on fecal microbiota transplantation (FMT) as a treatment for inflammatory bowel disease (IBD). For umbrella review of systematic review and meta-analysis of observational studies and clinical trials until February 13, 2021, data sources such as PubMed, Scopus, Web of Science, EMBASE, and PROQUEST were searched. Previous systematic reviews and meta-analyses investigating the efficacy of FMT treatment of IBD, including ulcerative colitis (UC) and Crohn's disease (CD), were used as eligibility criteria. There were 17 reviews included; all of them were published within the last six years. The odds ratio (OR) of clinical remission after FMT in UC patients ranged from 2.29 to 3.67 compared to placebo; however, the OR for CD was unavailable in these studies. Clinical remission rates among FMT-treated CD patients were between 47.5 and 60.5 percent. While the current meta-analyses are inconclusive for the optimal route, dose, and frequency of FMT treatment in IBD patients, there is evidence for its efficacy in a subset of UC and CD patients. Long-term efficacy and interactions of FMT with other therapies should be studied in future studies.

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ICGH2022-11

Category: 5.15 اختلالات عملکردی دستگاه گوارش

Efficacy of melatonin in Irritable Bowel Syndrome (IBS)

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Introduction: Irritable Bowel Syndrome (IBS) is one of the most common luminal GI tract disorder. Multiple class of drugs and even psychotherapy modalities have been suggested for IBS treatment. Melatonin suggested in few studies for IBS treatment. The aim of this study was to determine the efficacy of oral melatonin on irritable bowel syndrome (IBS).

Methods: Forty patients with documented moderate to severe IBS diagnosis (Rom III) were randomized to receive either melatonin 3 mg or identically appearing placebo daily at bedtime for 8 weeks. A validated questionnaire, IBS-Severity Scoring System (IBS-SSS), was used to assess symptom severity and comparing the IBS symptoms

before and after treatment, in both groups.

Results: Improvements in IBS-SSS total scores were significantly greater after treatment with melatonin than with placebo ($p=0.018$). There was statistically significance decreased in bloating ($p=0.023$) and dissatisfaction of bowel habits ($p=0.034$) in melatonin than placebo. No significant side effects were seen in both groups.

Conclusion: We suggested that melatonin is a promising therapeutic agent for IBS.

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Code: DA-22112

ICGH2022-12

Category: 1.1 Epidemiology

Gastrointestinal Cancers in East Azerbaijan: Recent 5-years Results of Population based Cancer Registry (EA-PBCR)

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Introduction: According to last National cancer registry reports, north and northwest areas of Iran had the highest incidence and mortality of GI cancers. Located in the northwest of Iran, East Azerbaijan is the largest and most populated province, and has a high incidence of gastrointestinal tract cancers, including stomach and colorectal cancers. Higher prevalence of some well-known risk factors including H. pylori infection, smoking, opium use, higher usage of biomass and so exposure to polycyclic aromatic hydrocarbons (PAH), and dietary factors may explain higher incidence of GI cancers in North/Northwest of Iran.

Latest results of the East Azerbaijan Population-Based Cancer Registry program indicate that gastrointestinal cancers remain common, with significant increasing trends in their ASRs in East Azerbaijan.

Methods: During the 5 years of study (2015 to 2019) all cases with confirmed primary and newly diagnosed with cancer for each year were collected, recorded and registered. Well-trained health information technology staff (the EA-PBCR team) collected data from 20 counties, 62 cities, and 44 districts about newly diagnosed cancers. The registered data were all population-based and obtained from different sources included 33 pathology laboratories (including their pathology and cytology reports); the medical records from 20 educational and private hospitals, radiotherapy, and hematology centers; and 35 imaging centers. Data for can-

cer-related deaths were obtained from the causes of death registry of Tabriz University of Medical Sciences. Data collection was performed using active and passive methods. After completing data entry, quality control, consistency checks and basic analysis, manual quality controls and computerized validity checks of the cancer registry system were performed based on the IARC criteria, in the cancer registry office of East Azerbaijan province. This involved assessing factors which influence comparability, validity, timeliness, and completeness.

Results: As the most common cancer incidence among males, stomach cancer had ASR of 28.83 in 2015 which decreased to 22.13 in 2019 (per 100,000 male). In 2015 the ASR of stomach cancer was 13.93 in female, which decreased to 11.49 (per 100,000 female). Colorectal cancer was the second most common cancer in both sexes, with an ASR of 17.51 in male and 14.15 in female during 2015 that decreased to 21.34 in male but increased to 17.08 in female in 2019. Esophageal cancer had an ASR of 4.65 in male and 7.36 in female in 2015 which was increased to 8.58 in male, but slightly decreased to 6.41 in female in 2019. Liver cancer with an ASR of 5.85 in male and 3.84 in female was another common cancer in 2015, that the ASRs was obviously decreased to 1.96 in male and 1.02 in female in 2019.

Conclusion: Comparing with previous reported results in East Azerbaijan we faced with some different trends in ASRs of GI cancer in East Azerbaijan. While the incidences of stomach cancer was decreased in both sexes, colorectal cancer had an increased ASR in female. However liver cancer obviously decreased in both sexes, esophageal cancer incidence increased in male but decreased in female during 5 years of study.

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Code: DA-22019

ICGH2022-13

Category: 14.1 Malignant disease - epidemiology - screening and prevention

Opium use and gastrointestinal cancers: a systematic review and meta-analysis study

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Introduction: Gastrointestinal (GI) malignancies are a global public health issue and are associated with many risk factors including genetic and lifestyle factors. The current systematic review and meta-analysis was conducted on analytical observational studies (case-control and cohort studies) to assess the association between main GI cancers and opium use. Methods: Three databases (PubMed, Web of Science, and Scopus) and the Google Scholar search engine were searched using relevant keywords. The quality assessment of the included studies was conducted with the ROBINS-E assessment tool. The frequencies of fixed effect and random effects (RE), and also Bayesian meta-analysis were conducted to evaluate the relationship between GI cancers and opium use based on the adjusted odds ratio (OR) estimates and their standard errors (or confidence interval in their absence) using the R software. Results: Of the 570 studies that were found in the primary search, 13 papers met our inclusion criteria and were analyzed in the meta-analysis. The results of fixed effect (OR:1.90; 95%CI:1.68-2.10) and random effect (OR:2.31; 95%CI:1.77-3.0) models showed a significant association between all types of GI cancer and opium use. This association was also observed in subgroup analyses that were based on the GI cancer type and study design.

Conclusion: Our meta-analysis showed that opium use an increase the risk of GI cancers.

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Code: DA-22077

ICGH2022-14

Category: 13.2 Molecular biology/genetics/pathology

A novel antitumor immuno-RNase targeting EGFR-positive colorectal adenocarcinoma

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Introduction: The receptor for an epidermal growth factor

(EGFR) is an attractive target for cancer immunotherapy, as it is a tyrosine kinase receptor overexpressed on tumor cells with a key role in the development of malignancy. Cetuximab (Cet) is an EGFR inhibitor medication used for metastatic colorectal cancer (CRC); however, its therapeutic efficacy is limited due to resistance mechanisms in some patients. The current study aimed to provide a novel immune-RNase based on the conjugation of Cet with RNase enzyme as an anti-EGFR biosystem against CRC.

Methods: A novel immune-RNase, called anti-EGFR antibody-RNase A (Cet-RNaseA), is produced from the conjugation of anti-EGFR antibody Cet and bovine pancreatic RNase (RNase A). After synthesizing Cet-RNaseA, the physicochemical properties of Cet-RNaseA were characterized by SDS-PAGE, BCA kit, and UV-vis spectrum. Furthermore, its biological impacts, including cell viability, apoptosis, and ERK1, ERK2, Bax, and Bcl2 gene expression, were evaluated in the KRAS mutant SW-480 cells.

Results: Cet-RNaseA retained the enzymatic activity of RNase A and was specifically bound to EGFR-positive cells with an affinity comparable with the free RNase A and Cet. In addition, the maximum anti-apoptosis effect was obtained after treating cells with an IC50 dose of Cet-RNase A compared to free RNase A and Cet. Based on real-time PCR data, in the treated KRAS mutant SW-480 cells with the Cet-RNase A, the expression level of Bax, ERK1, and ERK2 were significantly increased, while the expression of Bcl2 was significantly decreased compared to the untreated control cells.

Conclusion: The novel immune-RNase showed an effective and targeted antiproliferative activity against EGFR-positive CRC cells, which was more potent than the free RNase A and Cet alone. In conclusion, Cet-RNase A could be considered a promising candidate for the immunotherapy of EGFR-positive tumors.

Send Date: 2022/09/07

Code: DA-22120

ICGH2022-15

Category: 6.2 Malignant disease - diagnosis/histopathology

Whole exome sequencing reveals novel mutations genes in patients with colon polyposis.

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Introduction: Hereditary factors play a major role in the development of colorectal cancer (CRC). Identification of germline predisposition can have implications on treatment and cancer prevention. Next Generation Sequencing promises new insight into the role of genetic interactions in shaping the complexity of cancer. This study aimed to determine phenotype and novel germline variants or novel rare pathogenic variants of patients with colon polyposis in Iran.

Methods: We recruited 38 participants who has colon polyps more than 20 in clinic-based setting in three major university hospitals in Mashhad, Tehran, Isfahan were eligible for the study then sequenced Blood DNA. Whole Exome Sequencing data was performed in FastQC, Burrows-Wheeler Aligner (BWA-MEM algorithm), GATK Best Practices were used for SNV. Finally, for variant annotation, we used the ANNOVAR tool. We searched for novel germ-line mutations, SNIP and deletion in genes. We used the Gene ontology to further analyze the results of genes obtained from (WES of CRC patient). 22 gene candidate in polyposis. Networks of GO terms and pathways illustrated by, ClueGo (2.5.8), a Cytoscape application (version 3.9.1) ClueGO was used to recognize the main cellular compound (CC), molecular function (MF) and biological process (BP).

Results: In this cohort 38 patient with a mean age of 45.8 (range, 21-74 years) with a majority of men (60.5% (n = 23) and 63.2% (n = 24) were diagnosed ≤ 50. Patient with more than 100 adenomas have 52.6% (n = 20). Personal history of CRC was reported in 31.6% (n = 12) of patients. The highest location of the tumor in the rectum was 33.3% (n = 4). family history of one or more CRC in a first-degree relative was reported in 42.11% (n=16) of participants.. Twenty-six participant carried 1 or more pathogenic mutation including (n=23) with high penetrance mutation and 2 proband with moderate penetrance. The majority of mutation were Frameshift (42.1%) and nine germ line VUS were detected among 38 patients. Two precipitant carried VUS mutation APC genes that one of them had colon polyposis over 100 and another one had 20 colon polyps however both of them had family history of CRC in first-degree relative. Three participants with colon polyposis over 100 had VUS mutation in MLH3, BRCA1/BRCA2, FGFR4 mutation. This evidence suggests possible pathogenicity to this variant. The PPI network for high risk polyposis patient in-

cluded 21 nodes and 49 edges and MLH1, MSH6, POLE, BRCA1/2, MLH3, MSH3, MUTYH, BLM have dens and strong connection and high score (p-value < 1.0e-16)

Conclusion: this study demonstrate novel germline mutation in colon polyposis, whole exome sequencing or panel genetic helps identifying a variety of novel genes in patients with colon polyposis syndrome. larger and more robust studies are needed to discover the genetics behind the initial development of colon polyps and CRC, and provide additional insight.

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Code: DA-22095

ICGH2022-16

Category: 2.1 Cell/molecular biology/pathology

fgf7 Gene Expression in Gastric Antral Epithelial Cells of Gastric cancer

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Introduction: Helicobacter pylori as the causative agent of the common chronic bacterial infectious diseases in human still has a range of clinical challenging unsolved complications. In this meantime, the survey of the interaction between H. pylori virulence genes expression and its consequences in gastric antral epithelial cells is vindicable. This study surveyed correlation between H. pylori cag pathogenicity island and surface proteins, genotypes with Fgf7 gene expression as an angiogenic factor in developing gastric cancer in gastric antral epithelial cells of patients with H. pylori infection.

Methods: All samples were collected from passed exclusion criteria including patients with consumption of tobacco, alcohol and anti-H. pylori drugs and categorized into two group of gastric cancer (case group) and gastritis (control group) with and without H. pylori infection. Total RNA extracted from gastric biopsy samples was used to synthesize cDNA for real time PCR. The cDNA of Cag and surface proteins, genes were detected by using specific primers and simple PCR.

Results: Fgf7 gene expression showed a significantly increase in gastric cancer and H. pylori-positive patients in contrast with gastritis and H. pylori-negative patients (p<0.05). In the meanwhile, cag pathogenicity island and hopQ genotypes had a positive correlation with Fgf7 gene expression in gastric antral epithelial cells (p<0.05).

Conclusion: This study revealed an obvious correlation between cDNA of Fgf7 gene expression in gastric antral

epithelial cells of patients with H. pylori carcinogenic genotypes and host factors including age.

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Code: DA-22093

ICGH2022-17

Category: 1.1 اپیدمیولوژی

Colorectal cancer incidence trends in Golestan province, Northern Iran, 2004-2018

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Introduction: Colorectal cancer (CRC) is the third most common cancers worldwide. Golestan province in North-east of Iran was known as a high risk area for upper gastrointestinal cancers since 1970s. Recent reports suggested increasing trends in incidence of CRC in this region during last decades. We aimed to assess the incidence trends of CRC in Golestan province during 15 years, 2004-2018.

Methods: Data on cancer incidence in Golestan province during 2004-2018 were obtained from the Golestan population-based Cancer Registry (GPCR). The GPCR is a high-quality cancer registry and is a voting member of the international association of cancer registries (IACR). We calculated age standardized incidence rates (ASR) of CRC using the World standard population. The rates were calculated per 100,000 person-year. Estimated annual percent changes (EAPC) and 95% confidence intervals (95%CI) of the ASR were calculated for assessing time trends in the incidence rates of CRC.

Results: Between 2004 and 2018, a total number of 32764 cancer cases were registered in the GPCR, of which 2794 (8.52% of all cancer) and were CRC. The mean (SD) age of CRC cases were 57.75 (16.41) years and of which 1556 (55.69 %) were male. The ASR (95%CI) of CRC was 13.72 (13.19-14.25) per 100000 person-year. The ASR of CRC in male and female were 15.59 and 11.9 per 100000 person-year, respectively. Our findings suggested significant

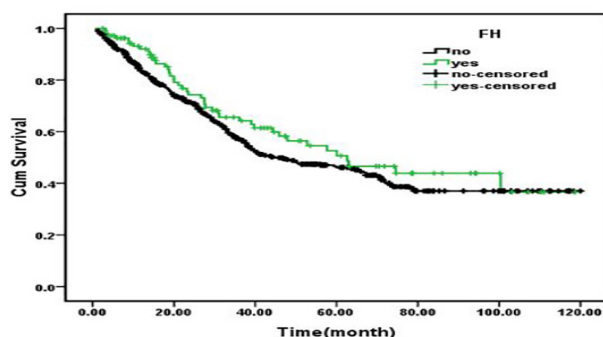


Fig1-Overall survival curves were constructed via Kaplan–Meier analysis of rectal cancer and Family

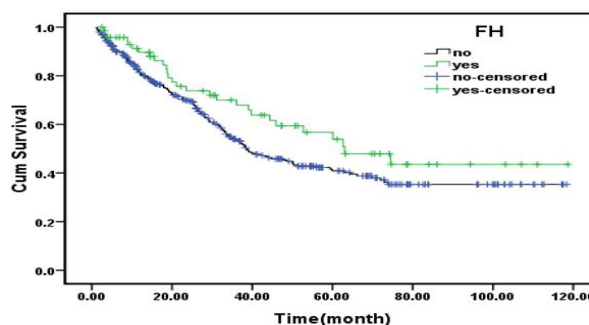


Fig 2-Overall survival curves were constructed via Kaplan–Meier analysis of patients with Ag>50 rectal cancer and Family history

increasing trends in incidence rates of CRC in total population (EAPC= 3.75; 95%CI: 0.44 to 7.14) as well as in male (EAPC= 3.91; 95%CI: 0.81 to 7.11) and female (EAPC= 3.65; 95%CI: 0.12 to 7.31).

Conclusion: Our findings suggested increasing trends the ASR of CRC in total population of Golestan as well as in male and female during 2004-2018. Further studies are warranted to clarify the role of risk factors in increasing trends of CRC incidence in Golestan, population.

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Code: DA-22087

ICGH2022-18

Category: 3.6 مدیریت بیماریهای بدخیم

Rectal cancer survival rate and prognostic factors among Iranian population

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Introduction: Colon cancer (CC) and rectal cancer (RC) together are the second and fourth most typical cancer in Iranian women and men respectively. About 30% of colorectal cancers are found in the rectum. CRC survival differences have long existed among different regions of the globe.

To drive change, researchers, clinicians, etc. Seek to elucidate cancer survival differences between countries. Due to the differences in clinical presentations, incidence, expansion patterns, treatment outcome, and survival rates between CC and RC, it's been suggested that RC be reported separately. Therefore, this study aimed to see the survival rate and factors affecting it in rectal cancer patients employing a retrospective cohort.

Methods: The data in 593 cases of Rectal Cancer from

2007 to 2017 were collected retrospectively. We used the clinical TNM stage by the AJCC Cancer Staging Manual. Survival rates were calculated and analyzed by non-parametric Kaplan–Meier and Wilcoxon tests, respectively. P-value <0.05 was Statistical significance. Data were analyzed using SPSS version 18.0 software.

Results: The study evaluated 593 rectal cancer patients, 57.3% males, median age at diagnosis 59±14.26 years, the foremost frequent stage, localized, Surgery common treatment modality (78.6%). 44.4% underwent neoadjuvant therapy. Overall survival rates within the 1st, 3rd, 5th, and 10th years were 85%, 59%, 47% and 36% respectively. The results of univariate analysis suggested age, education, occupation, surgery, residence, and stage were positive prognostic factors (P < 0.05). The gender, smoker, DM, and tumor grade did not have any significant effects on the survival rate of patients.

Conclusion: The prognosis of rectal cancer within the study area is extremely poor, therefore, early detection can improve survival in such patients.

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Code: DA-22088

ICGH2022-19

Category: 3.6 مدیریت بیماریهای بدخیم

Impact of family history on survival in patients with rectal cancer

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Introduction: A family history of colorectal cancer (CRC) is well established to be a risk factor for developing CRC, however, the impact of family history on patient survival is unclear.

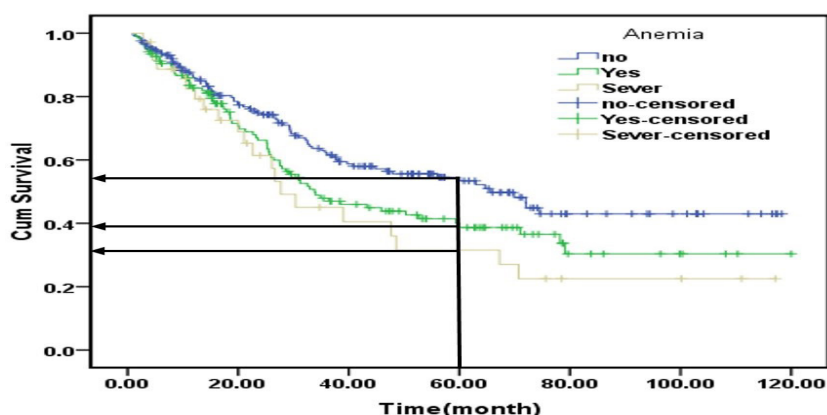


Figure 1

Methods: From February 2007 to February 2017, 580 patients with rectal cancer (RC) were enrolled and their data, including FH and clinic pathological characteristics of the tumor were retrospectively analyzed. The survival of RC patients with and without a first-degree family history of CRC and/or cancer-related Lynch syndrome were compared.

Results: We found no association between family history and overall survival rate (Fig 1). However, age was found to modify the impact of family history on prognosis. Patients over 50 years of age with a positive family history had better survival than patients without a family history (Fig 2).

Conclusion: Among patients with colorectal cancer, a family history did not have a significant effect on prognosis. However, in CRC with age >50 years, FH is associated with improved survival.

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Code: DA-22105

ICGH2022-20

Category: 1.6 بیماری‌های بدخیم - پاتوژنز

The effect of hemoglobin levels in rectal cancer survivalSeyed Kazem Mirinezhad^{1*}, Mostafa Akbarzadeh Khiavi¹,Mohammad Hossein Somi¹¹ Liver and Gastrointestinal Diseases Research Center, Tabriz University of Medical Sciences

Introduction: About 30% of patients with rectal cancer (RC) present with anemia. Intraluminal bleeding from a friable end luminal tumor surface may result in substantial blood loss and so the degree of anemia is usually severe in gastrointestinal tumors compared with anemia as a paraneoplastic phenomenon in other malignancies. The presence of anemia is expounded to aggressive tumor behavior and

poor prognosis through exacerbating tumor hypoxia. Pre-treatment anemia has shown significant prognostic value in solid cancers, including tumors of the rectum, stomach, esophagus, uterine cervix, and bladder. The aim of this study was to research the effect of hemoglobin levels on the survival rate of rectal cancer.

Methods: In this retrospective cohort study, 378 cases of RC were recorded from medical centers. Patients were divided into three groups based on hemoglobin levels, Anemia was Hb < 13 g/dL in men, and less than 12 g/dL in women. Severe anemia was Hb below 10 g/dL. Data were analyzed using the Kaplan-Meier method and log-rank test for the univariate analysis of survival in various groups and p value < 0.05 was set as statistically significant.

Results: Of the 378 patients analyzed, 223 (59 %) were males. The mean age was 57.7 ± 14.4 , ranging from 15 to 86 years. The most common presenting was hematochezia (75.9%). The median Hb level was 12.50 g/dL, minimum 5.3 and maximum 19.9. The Pretreatment Hb value was inversely related to the pretreatment T stage of the tumor ($P = 0.01$). The median survival for mild anemia and severe anemia with local stage and highly stage were 50.33 Vs, 27.7 and 26.4Vs, 26.67 months respectively ($p < 0.05$). The five-year survival rate among RC patients without anemia was 55%, compared to 39% for mild anemia and 32% for severe anemia ($p < 0.05$) [Figure 1].

Conclusion: Pre-treatment Hb level may be used as a biomarker to determine the prognosis of rectal cancer.

Send Date: 2022/09/10

Code: DA-22111

ICGH2022-21

Category: 4.6 سایر اختلالات کولون و آنورکتال

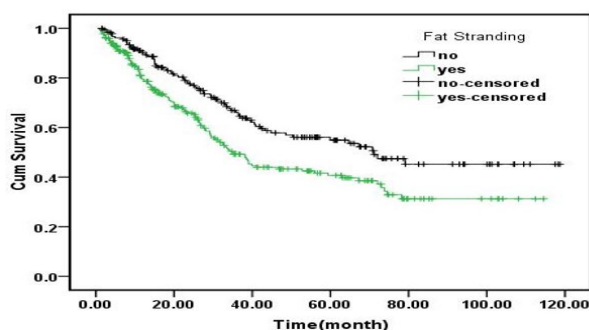


Figure 1 Kaplan-Meier estimates show better survival rates with rectal cancer without fat stranding ($p < 0.001$).

Impact of pericolic fat stranding on survival of Rectal cancer patients

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Introduction: Rectal cancer is the second reason for cancer-related death worldwide and, can present with a variety of complications. An accurate preoperative diagnosis of these conditions is critical to ensure that prompt, proper, treatment is administered and the outcome will be effective. Fat stranding refers to an abnormally increased attenuation in fat and, is a very helpful signpost for intra-abdominal pathology. The pericolic fat stranding identified on computed tomography (CT) scans of rectal cancer has a significant relationship with the depth of invasion. The aim of this study was to investigate the impact of Pericolic fat stranding on the survival of rectal cancer patients.

Methods: Overall, 453 patients with rectal cancer lesions were retrospectively evaluated for pericolic fat stranding in the CT report before any therapeutic intervention. Data were analyzed with SPSS version 18.0 software, Potential prognostic factors were evaluated by univariate Kaplan-Meier survival analysis and p -value < 0.05 was set as a statistically significant

Results: The study evaluated 453 rectal cancer patients, from 2007 to 2017, approximately 59.2% were males. The mean age at diagnosis was 58.25 ± 14.65 years. The median survival time was 45 months 95% CI (29.97-59.56). Pericolic fat stranding was identified in 268 lesions (59.2%). The 1,3,5 and 10 years survival rate among RC patients without Pericolic fat stranding were 90%, 66%, 55%, and 45%, respectively, which was higher compared to patients with Pericolic fat stranding ($p < 0.001$) [Figure 1].

Conclusion: Pericolic fat stranding detected in CT images of rectal cancer can be a predictive indicator of survival.

Send Date: 2022/09/20

Code: DA-22073

ICGH2022-22

Category: 2.13 بیولوژی مولکولی / ژنتیک / پاتولوژی

Impacts of targeted nanostructures on cellular oxidative stress genes expression in colorectal cancer

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Introduction: Oxidative stress, including reactive oxygen species (ROS), has been known main cause of malignant disorders such as colorectal cancer (CRC). The nuclear factor erythroid 2-related factor 2 (Nrf2)/Kelch-like ECH-related protein 1 (KEAP1) pathway is well known to protect cells from oxidative stress and inflammation. The current study introduced an effective nanomedicine composed of PEGylated super magnetic nanoparticles (SPIONs -PEG) conjugated with Cetuximab (Cet) that can induce ROSs mediating apoptosis pathways for CRC treatment.

Methods: The SPIONs are synthesized, stabilized by polyethylene glycol (PEG), functionalized, and covalently conjugated with Cet. The physicochemical properties of engineered nanomedicine (SPIONs -PEG-Cet) were characterized by UV-vis spectrum. Then, the impact of SPIONs

-PEG-Cet on cell viability, ROS production, and oxidative stress gene expression (Keap1- Nrf2) were evaluated in the CRC cell line.

Results: The engineered nanomedicine effectively induced apoptosis in SW-480 cells and significantly reduced cancer cell viability. In addition, the maximum production of ROS was obtained after the treatment of cells with an IC50 dose of SPIONs-PEG-Cet. Based on real-time PCR data, in the treated SW-480 cells with the SPIONs -PEG-Cet, the expression level of Keap1 was significantly increased, while the expression of Nrf2, were found to be significantly decreased as compared to the untreated control cells.

Conclusion: In the current study, we introduced a nanof ormulation of Cet with a high apoptosis effect on CRC cells compared to the free Cet.

Send Date: 2022/09/06

Code: DA-22121

ICGH2022-23

Category: 3.8 بیماری های بدخیم کبدی صفراوی

Biliary microbiota dysbiosis in Cholangiocarcinoma

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Introduction: Cholangiocarcinoma remain as a fetal gastrointestinal cancer .Environmental factors including microbiota may influence on its development. by the way there is no confirmatory study in this regard.In present study We try to characterizing the biliary microbiota in CCA patients in order to identify a specific CCA-related dysbiosis.

Methods: In a prospective study, the biliary effluents were collected through an endoscopic retrograde pancreatic cholangiography (ERCP) examination. involving 28 CCA and 47 patients with gallstones, herein considered as controls. The clinical and lab data gathering by a questionnaire .The collected specimens were frozen in -80c and transfer to a research lab in France .The biliary effluents were submitted to bacterial DNA extraction and 16S rRNA sequencing, using Illumina technology.

Results:Principal coordinate analysis (PCoA) detected a significant disparity of biliary microbiota composition between CCA patients and controls without an associated disease. Amongst the most abundant phyla, Proteobacteria did

not significantly differ between CCA patients and controls, whereas Firmicutes levels were lower and Bacteroidetes higher in CCAs' biliary microbiota than in the controls' microbiota. The most abundant genera were Enterococcus, Streptococcus, Bacteroides, Klebsiella, and Pyramidobacter in CCA's biliary microbiota. Additionally, levels of Bacteroides, Geobacillus, Meiothermus, and Anoxybacillus genera were significantly higher in CCA patients' biliary microbiota, without an associated disease, in comparison with controls

Conclusion: A specific CCA-related dysbiosis was identified as compared to controls independently from associated diseases. This suggests that a microorganism community may be involved in CCA pathogenesis

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Code: DA-22092

ICGH2022-24

Category: 1.1 اپیدمیولوژی

Time trends in incidence rates of esophageal and gastric cancers in Golestan province, a high-risk area in Northern Iran, 2004-2018

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Introduction: Esophageal cancer (EC) and Gastric cancer (GC) are the eighth and fifth most common cancers worldwide. Golestan province in Northeast of Iran was known as a high risk area for upper gastrointestinal cancers including EC and GC since 1970s. Recent reports suggested decreasing trends in incidence of EC in this region during last decades. We aimed to assess the incidence trends of EC and GC in Golestan province during 15 years, 2004-2018.

Methods: Data on cancer incidence if Golestan province during 2004-2018 were obtained from the Golestan population-based Cancer Registry (GPCR). The GPCR is

a high-quality cancer registry and is a voting member of the international association of cancer registries (IACR). We calculated age standardized incidence rates (ASR) of EC and GC using the World standard population. The rates were calculated per 100,000 person-year. Estimated annual percent changes (EAPC) and 95% confidence intervals (95%CI) of the ASR were calculated for assessing time trends in the incidence of EC and GC. We also assessed the incidence trends in high- and low-risk regions of esophageal cancer in Golestan province.

Results: Between 2004 and 2018, a total number of 32764 cancer cases were registered in the GPCR, of which 3004 (9.7% of all cancer) and 3553 (10.54%) cases were EC and GC, respectively. The mean (SD) age of EC cases were 65.4 (12.99) years and of which 1688 (56.19 %) were male. The mean (SD) age of GC cases was 64.69 (13.75) years, of which 2438 (68.61%) were male. The ASR (95%CI) of EC and GC were 15.70 (15.13-16.27) and 18.3 (17.67-18.93) per 100000 person-year. The ASR of EC in male and female were 17.84 and 13.62 and those of GC were 25.68 and 11.15 per 100000 person-year, respectively. The ASR of EC in high- and low risk regions were 27.67 and 11.95 per 100000 person-year, respectively. Our findings suggested significant decreasing trends in incidence rates of EC in total population (EAPC= -5.03; 95%CI: -7.78 to -2.19) as well as in male (EAPC=-5.06; 95%CI: -7.65 to -2.40) and female (EAPC= -4.88; 95%CI: -7.83 to -1.83), while there was no significant trend in the incidence rate of GC (EAPC= -1.37; 95%CI: -4.03 to 1.35). We also found significant decreasing trends in the ASR of EC in high- (EAPC=-5.93; 95%CI: -8.00 to -3.82) and low-risk (EAPC= -4.32; 95%CI: -7.49,-1.03) regions with considerably greater changes in the ASR in male population in high-risk region (EAPC=-7.21; 95%CI: -9.11 to -5.27).

Conclusion: Our findings suggested significant decreasing trends for EC rates in total population of Golestan as well as in male and female. We also found significant decreasing trends in the ASR of EC in high- and low-risk regions, with greater decline in high-risk region, especially in male population. Our results showed no significant trend in the ASR of GC. Further studies are warranted to investigate the reasons for time trends in incidence of upper gastrointestinal cancers in this high-risk population.

Send Date: 2022/09/15

Code: DA-22041

ICGH2022-25

Category: 1.2 سلول / بیولوژی مولکولی / پاتولوژی

Applications of resveratrol in the treatment of gastrointestinal cancer

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Introduction: Abstract Natural product compounds have lately attracted interest in the scientific community as a possible treatment for gastrointestinal (GI) cancer, due to their anti-inflammatory and anticancer properties. There are many preclinical, clinical, and epidemiological studies, suggesting that the consumption of polyphenol compounds, which are abundant in vegetables, grains, fruits, and pulses, may help to prevent various illnesses and disorders from developing, including several GI cancers. The development of GI malignancies follows a well-known path, in which normal gastrointestinal cells acquire abnormalities in their genetic composition, causing the cells to continuously proliferate, and metastasize to other sites, especially the brain and liver. Natural compounds with the ability to affect oncogenic pathways might be possible treatments for GI malignancies, and could easily be tested in clinical trials. Resveratrol is a non-flavonoid polyphenol and a natural stilbene, acting as a phytoestrogen with anti-cancer, cardioprotective, anti-oxidant, and anti-inflammatory properties. Resveratrol has been shown to overcome resistance mechanisms in cancer cells, and when combined with conventional anticancer drugs, could sensitize cancer cells to chemotherapy. Several new resveratrol analogs and nano-structured delivery vehicles with improved anti-GI cancer efficacy, absorption, and pharmacokinetic profiles have already been developed.

Conclusion: This present review focuses on the in vitro and in vivo effects of resveratrol on GI cancers, as well as the underlying molecular mechanisms of action.

Send Date: 2022/08/29

Code: DA-22011

ICGH2022-26

Category: 3.8 بیماری‌های بدخیم کبدی صفراوی

Cholangiocarcinoma and liver transplantation: What we know so far?

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Introduction: Cholangiocarcinoma (CCA) is a type of cancer with increasing prevalence around the world that originates from cholangiocytes, the epithelial cells of the bile duct. The tumor begins insidiously and is distinguished by high grade neoplasm, poor outcome, and high risk for recurrence. Liver transplantation has become broadly accepted as a treatment option for CCA. Liver transplantation is expected to play a crucial role as palliative and curative therapy for unresectable hilar CCA and intrahepatic CCA. The purpose of this study was to determine which cases with CCA should be subjected to liver transplantation instead of resection, although reported post-transplant recurrence rate averages approximately 20%.

Conclusion: This review also aims to highlight the molecular current frontiers of CCA and directions of liver transplantation for CCA.

Send Date: 2022/08/04

Code: DA-22029

ICGH2022-27

Category: 14.1 Malignant disease - epidemiology - screening and prevention

Identification of thematic developments in Hepatocellular carcinoma: A scientometric analysis

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Introduction: Hepatocellular carcinoma (HCC) is the most frequent primary histological type of liver malignancy that develops in the background of chronic liver. According to

a recent epidemiologic estimation, HCC is ranked seventh among cancer incidences and the fourth leading cause of death caused by cancer in the world with a higher incidence rate in developing countries. Scientometrics is the quantitative analysis of scientific methods and findings, scientific communication, and science policy. As a scientific study, it seeks to review the literature in a particular field and detect how various topics are connected. This study aims to presents a scientometric review of the HCC literature. The findings can be used to control the problems created by the HCC in the global social network.

Methods: The present study was conducted as a descriptive survey using scientometric analysis. The bibliographic data were collected from the web of science (WoS) database to identify the core of documents including the research topics relevant to this field.

Results: In the past decades, a large bulk of studies have addressed HCC with various methods. Thus, this study reviewed HCC-related literature to identify collaborative networks and main academic communities. The results indicated that in the first decade, HBV and related topics including HBS Ag, and hepatocytes had the highest centrality and density associated with HCC. In the second decade, there was a shift from these topics to HBV-induced cirrhosis, HCV, and host cellular immune response. Finally, the studies conducted in the last decade have focused mainly on the impact of virus genotypes and personalized epigenetics. The preeminence of the basic or pre-clinical studies compared to the clinical investigations in recent decades, and the unsatisfactory survival of HCC patients highlight the need for conducting more potential preclinical and clinical studies to find new opportunities for the treatment of HCC.

Conclusion: The findings of the current study revealed how the main research themes and trends in the HCC literature have developed over time. The data also indicated how researchers reacted to different milestones in the evolution of HCC. The insights from this review study can be used to find out the most effective treatment methods with the lowest prescribed dose and the greatest therapeutic effects.

Send Date: 2022/08/22

Code: DA-22102

ICGH2022-28

Category: 16.3 Gastrointestinal infections

Alterations of the Gut Dominant Bacterial phyla in Patients with Metabolic Syndrome

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Introduction: Metabolic syndrome (MetS) is a complex of threatening conditions (such as hypertension, abdominal obesity and insulin resistance) for the occurrence of critical diseases. MetS has the potential to become an epidemiological challenge in terms of global development. The proven vital activity of gut microbiota alongside other underlying factors in most of the current disorders, promoted us to investigate the relationship between dominant Firmicutes and Bacteroidetes phyla with MetS.

Methods: In this case-control study that lasted for 5 months in Tabriz, the medication and physiological records of 60 Middle-aged participants (30 targets with MetS, 30 healthy controls) were considered. Then, in the continuation of the anthropometric and biochemical tests of individuals, the frequency of the mentioned phyla was determined by analyzing the DNA extracted from the stool sample by quantitative PCR method.

Results: Results of statistical tests for frequency data with a non-significant difference, reported a high number of Firmicutes and a low concentration of Bacteroidetes in the MetS group than healthy individuals respectively. The distinctiveness of some clinical metabolism pathways in the MetS group compared to the controls is another confirmed hypothesis of this study. The existence of a significant difference ($P_v < 0.05$) in body mass index, fasting glucose plasma, triglyceride and waist circumference was the reason for this conclusion.

Conclusion: The outcomes of this study confirmed the parallelism of maladaptation in the composition of the gut microbiota and the increased risk of MetS. Hence, it is possible to prevent the subsequent damage of MetS by balancing the gut microbiota as a therapeutic approach.

Send Date: 2022/09/19

Code: DA-22069

ICGH2022-29

Category: 4.3 تشخیص

Transmission electron microscopy study of the intracellular *Helicobacter pylori* in *Candida* and non-*Candida* gastric yeasts

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Introduction: In our previous studies *Candida* yeast that occurs in human gastrointestinal tract as well as in nature

and variety of food materials was suggested as the environmental reservoir of *H. pylori* and a vehicle for its transmission. Here, we used transmission electron microscopy (TEM) as a powerful tool for the detailed visualization of the interior of yeast cell to confirm the intracellular location of *H. pylori* that had not been conducted before.

Methods: Two phylogenetically different gastric yeasts were selected for this experiment, including a *Candida* and a non-*Candida* yeast (a species of the genus *Coniochaeta*). *H. pylori*-specific 16S rDNA was detected in both yeasts' total genomic DNA in previous molecular analyses. A major challenge for visualization of intracellular bacteria inside yeast by TEM, is the presence of a thick cell wall as well as cell density that act as a barrier against many fixatives and resins. We examined different established methods for specimen preparation to achieve proper preservation of intracellular bacteria in yeast including various Lyticase concentrations treatment and incubation processes for cell wall degradation and protoplast formation.

Results: Protoplast formation and preserved intracellular bacterial structures in yeast were achieved by using higher enzyme concentrations and longer digestion time in *Candida* compared to non-*Candida* yeast referring to a thicker cell wall structure of *Candida*. Electron micrograph showed intracellular bacteria surrounded by a membrane in both *Candida* and non-*Candida* yeast which confirmed our results from previous light and fluorescence microscopic studies. In addition to intravacuolar bacteria, bacterial structures were also found in yeast cytoplasm. Interestingly, when inspected under TEM, some intracellular bacteria with budding membrane vesicles were observed. Furthermore, several small vesicles detached from bacteria were found in the vacuolar compartment.

Conclusion: In this study, observation of intracellular *H. pylori* in two phylogenetically different yeasts by electron microscopy provides a broader perspective of intracellular bacterial existence among yeasts and indicates that *H. pylori* can be transmitted to humans by diverse range of fungal genera. Furthermore, observation of bacteria-derived vesicles inside vacuolar compartment may reveal that intracellular bacteria have the ability to secrete their own bioactive molecules including virulence factors during the intracellular phase inside yeast. These findings also refer to non-random association between *H. pylori* and yeasts which could have evolved along the evolutionary history of both microorganisms.

Send Date: 2022/09/06

Code: DA-22074
ICGH2022-30

گروه ۲.۳: پاتوژن: عوامل میکروبی

هلیکوباکتر پیلوری با جذب کلسترول و استروئیدها به فرم موکوتیدی مقاوم به آنتی بیوتیک تبدیل می‌شود
الهام گودینی^۱، فریده سیاوشی^۱

^۱ دانشگاه تهران

زمینه و هدف: هلیکوباکتر پیلوری کلسترول را جذب و پس از گلوکوزیله کردن، آنرا در غشای سلولی خود جای می‌دهد. هلیکوباکتر همچنین دارای ویژگی جذب استروئیدها، که از کلسترول مشتق می‌شوند، می‌باشد. بعلاوه، آنزیم‌های بیوسنتز و فعالسازی هورمون‌های استروئیدی در معده انسان تولید می‌شوند. بدین ترتیب، هلیکو در زیستگاه اختصاصی خودش یعنی معده انسان به کلسترول و هورمون‌های استروئیدی دسترسی کافی دارد. در این مطالعه، کلسترول یا هورمون استروئیدی به محیط کشت اضافه شدند و تغییرات رشد و مورفولوژی هلیکوباکتر و مقاومت آنتی بیوتیکی آن بررسی شد.

روش بررسی: از یک سویه هلیکوباکتر، سوسپانسیونی با کدورت ۲ مک فارلند تهیه شد. میزان ۵۰ میکرولیتر از این سوسپانسیون به لوله‌های حاوی بروسلا برات دارای ۵۰، ۳۰، ۱۰۰ و ۲۰۰ میکرومولار کلسترول یا استرادیول تلقیح شد. یک لوله حاوی بروسلا برات و ۵٪ سرم به عنوان کنترل تلقیح شد. لوله‌ها در انکوباتور CO₂ در 37°C گرمخانه گذاری شدند. پس از ۷۲ ساعت، ۲۵ میکرولیتر از هر لوله بر روی پلیت‌های بروسلا بلاگ آگار حاوی و فاقد غلظت‌های مشابه کلسترول یا استرادیول تلقیح گردید. پس از انکوباسیون، پلیت‌ها برای رشد باکتری‌ها بررسی و رنگ‌آمیزی گرم انجام شد. از آنجا که هلیکوباکتر در پلیت کنترل کلنی‌های سروزنی و براق داشت ولی در معرض غلظت‌های ۱۰۰ و ۲۰۰ میکرومولار کلسترول و استرادیول بصورت توده چسبیده و غلیظ (موکوتید) رشد کرد، برای تایید هویت آن وجود ژن 16S rRNA هلیکوباکتر پیلوری بررسی شد. سوسپانسیونی با کدورت ۲ مک فارلند از سویه غیر موکوتید و موکوتید تهیه و حساسیت آنها به مترونیدازول (8µg/ml)، کلاریترومایسین (۲)، آموکسی سیلین (۱)، و تتراسایکلین (۰.۵) به روش آگار دایلویشن بررسی شد. حساسیت باکتری‌ها نسبت به سیمواستاتین، بعنوان یک کاهش‌دهنده کلسترول، نیز با غلظت‌های 10، 20، 40µg/ml با روش مشابه بررسی شد.

یافته‌ها: هلیکوباکتر پیلوری که در محیط کشت کنترل کلنی‌های تیپیک تشکیل داد، در حضور غلظت‌های بالای کلسترول و استرادیول توده‌های موکوتید تشکیل داد. بررسی میکروسکوپی نشان داد که در مقایسه با هلیکو کنترل اسپیرال، باکتری‌های موکوتید به صورت باسیل‌های کوتاه دیده شدند. الکتروفورز محصولات PCR و تشکیل باند های 521bp، وجود ژن 16SrRNA هلیکوباکتر پیلوری را در هر دو سویه کنترل و موکوتید نشان داد. بدین ترتیب هویت باکتری موکوتید مشابه سویه کنترل تایید شد. سویه کنترل به تمام آنتی بیوتیک‌ها بجز مترونیدازول و غلظت 40µg/ml سیمواستاتین حساس بود ولی فرم موکوتید به تمام آنتی بیوتیک‌ها و نیز سیمواستاتین مقاوم بود.

نتیجه گیری: هلیکو باکتر پیلوری در غلظت‌های بالای کلسترول و استروئید با جذب و گلیکوزیله کردن آنها دچار تغییراتی در ساختار سطحی خود از جمله LPS می‌شود که نتیجه آن تشکیل توده‌های موکوتیدی است. مشاهده باکتری‌های موکوتید بشکل باسیل‌های کوتاه می‌تواند نشان‌دهنده تکثیر سریع باکتری‌ها باشد که قبل از طویل و خمیده شدن، تقسیم می‌شوند. این تکثیر سریع می‌تواند تشکیل توده موکوتید با حجم بیشتر نسبت به سویه کنترل را توجیه کند. وجود این پوشش موکوتیدی احتمالاً از نفوذ ترکیبات ضد میکروبی

ممانعت می‌کند و در نتیجه ریشه‌کنی باکتری از معده موفق نخواهد بود.
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استراتژی‌های مدیریت 5.3

High Dose Amoxicillin and Pantoprazole Regimen for Helicobacter Pylori Eradication: A multi-centric multi-national randomized controlled trial

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Introduction: to compare the efficacy of the high dose amoxicillin and pantoprazole dual therapy for Helicobacter Pylori (HP) eradication in comparison with clarithromycin base quadruple regimen

Methods: The present study designed as a double blind, randomized controlled trial (RCT) on patients with confirmed HP infection referring to eight medical centers in three countries of Iran, Egypt, and Vietnam during October 2021 to March 2022. After obtaining written consent, the participants randomly divided into two groups to receive either high dose amoxicillin and pantoprazole dual therapy (group A) or clarithromycin base quadruple regimen (group B) for 2 weeks and followed by 4 weeks of therapy with pantoprazole. Then the rate of HP eradication in each group determined and compared

Results: Finally, 619 patients with confirmed HP infection included and randomly divided into two groups. Eradication rates in groups A and B were 68.3% and 85.6%, respectively, based on intention-to-treat (ITT) analysis, and 72.2% and 89.8% according to per-protocol (PP) analysis

($P < 0.0001$). Group A had a lower rate of adverse events than group B (22.0% vs. 40.1%, $P < 0.0001$). There was no significant difference between the complete compliance rate among groups A and B (90.7% vs. 89.0% respectively, $P = 0.718$).

Conclusion: the results of current study shows that for treating HP infection, high-dose amoxicillin-PPI dual therapy failed to achieve high eradication rates compared with a clarithromycin-based quadruple regimen. Clarithromycin-based quadruple therapy for H. pylori eradication has a higher eradication rate despite more side effects, and similar compliance compared to high-dose dual therapy.

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Category: 5.3 استراتژی‌های مدیریت

Comparison of furazolidon based quadruple diet and levofloxacin-based three drug regimen in H. pylori infection treatment rate in patients with dyspepsia referred to zahedan ali ebn-abitaleb hospital nt rate in patients with dyspepsia referred to zahedan ali ebn-abitaleb hospital

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Introduction: Helicobacter pylori is a bacterium with a high prevalence and has been associated with malignancy that its effective eradication without medical complications is challenging. Therefore, the aim of this study was to compare the four-drug regimen with furazolidone and the three-drug regimen with levofloxacin in the treatment of Helicobacter pylori infection in patients with indigestion.

Methods: This study was performed on 96 patients (48 in the furazolidone-based four-drug regimen group and 48 in the levofloxacin-based three-drug regimen group). The rate of bacterial colonization after treatment was calculated in two groups. Chi-square and Fisher's exact test were used to analyze the data.

Results: There was no significant difference between the four-drug diet based on furazolidone and the three-drug diet based on levofloxacin as a result of treatment, drug compliance and complications (except nausea) between the two treatment groups. Findings of our study showed that the frequency of postoperative nausea in the four-drug diet group based on furazolidone was significantly higher than

the three-drug diet group based on levofloxacin (41.7% vs. 20.8%).

Conclusion: Considering the similar therapeutic effects of both treatment regimens, it seems that levofloxacin-based three-drug regimen with less side effects is preferable to four-drug regimen, although more studies with higher sample size and evaluation of required antibiogram results. To achieve more accurate results.

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گروه: ۳.۱۶ عفونت‌های دستگاه گوارش

اهمیت تجزیه اوره توسط مخمر و باکتری‌های درون همزیست آن در

دستگاه گوارش انسان

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^۱ دانشگاه تهران

زمینه و هدف: یک مخمرکه از کشت بیوپسی معده برای جداسازی هلیکوباکتریپیلوری جدا شده بود، به دلیل داشتن خاصیت اوره‌آزی (تجزیه اوره)، رنگدانه صورتی و ترادف نوکلئوتیدی اختصاصی ژن 28S rRNA رودوتورولا شناسایی شد. بر اساس مطالعات قبلی مبنی بر وجود باکتری‌های درون همزیست در مخمرها که اغلب دارای خصوصیت اوره‌آزی بودند، از جمله هلیکوباکتر پیلوری، این سوال مطرح شد که آیا خاصیت اوره‌آزی مخمر می‌تواند مربوط به باکتری‌های درون همزیست آن باشد؟

روش بررسی: برای مشاهده باکتری‌ها درون مخمر، گسترش خیس از کشت مخمر تهیه و با میکروسکوپ نوری بررسی شد. DNA کل مخمر استخراج شد و با استفاده از پرایمرهای اختصاصی، برای بررسی وجود ژن‌های 16S rRNA و اوره‌آزی ureAB هلیکوباکتر پیلوری و جنس Staphylococcus، Nocardia، coccus و Cyanobacteria، PCR انجام شد. باکتری‌های ذکر شده، در مطالعات قبلی در مخمرهای دیگر شناسایی شده بودند و همگی خاصیت اوره‌آزی داشتند.

یافته‌ها: مطالعه میکروسکوپی، وجود باکتری‌ها را درون واکوئول مخمر نشان داد. الکتروفورز محصول PCR ژن‌های اختصاصی 16S rRNA و ureAB هلیکوباکتر پیلوری، بترتیب قطعاتی به طول 521bp و 406bp را نشان داد. الکتروفورز محصولات PCR ژن‌های 16S rRNA جنس‌های Staphylococcus، Nocardia، coccus، Cyanobacteria، بترتیب باندهایی به طول 750، 606 و 450bp نشان داد. بدین ترتیب، هویت باکتری‌های درون واکوئول مخمر مشخص شد و خاصیت اوره‌آزی آنها با اطلاعات موجود تایید شد.

نتیجه‌گیری: اوره عمده‌ترین محصول متابولیسم نیتروژن‌دار موجودات زنده است. اوره عمدتاً در کبد ساخته می‌شود و به میزان قابل توجهی در بخش‌های مختلف دستگاه گوارش انسان ترشح می‌گردد. غلظت این ماده در بزاق انسان 3-5mM و در شیر معده 1-5mM است. همچنین ۲۰-۱۵٪ از اوره سنتز شده با جریان خون به روده می‌رسد. مطالعات نشان داده که ۱۵٪ تا ۳۰٪ اوره سنتز شده در بدن یک فرد سالم به طور پیوسته توسط اوره‌آزی میکروبی هیدرولیز می‌شود. آمونیم حاصل از تجزیه اوره منبع نیتروژن مهمی برای باکتری‌های ساکن در بدن انسان است. در این مطالعه، خصوصیت اوره‌آزی مشترک بین باکتری‌های درون مخمر و خود مخمر نشان می‌دهد که منشا

خاصیت اوره آزی مخمر می تواند مربوط به باکتری های درون همزیست آن باشد. زندگی باکتری ها، درون سلول های دیگر پدیده ای پیچیده است که مطالعه آن بدلیل عدم کشت پذیری اغلب باکتری های درون سلولی بسیار دشوار است. مخمر رودوتورولا می تواند از طریق خوردن مواد غذایی وارد معده (دستگاه گوارش) انسان شود، جایی که میزان قابل توجهی اوره در دسترس هست، بنابراین داشتن قدرت بالای تجزیه اوره شاید مزیتی برای دسترسی به منبع نیتروژن و شانس بیشتری برای بقا باشد. بر این اساس، خاصیت اوره آزی مخمر و باکتری های درون همزیست آن و وجود میزان بالای اوره در معده انسان شاید دلیل تمایل مخمرها را برای استقرار در دستگاه گوارش نشان می دهد. و اینکه مخمر با داشتن باکتری های اوره آزی مثبت متعدد، دسترسی به منبع نیتروژن برای بقا را تضمین می کند. اهمیت این موضوع و فایده آن برای میزان انسانی مشخص نیست و می تواند موضوع تحقیقات آینده باشد. تاریخ ارسال: ۲۰۲۲/۰۹/۰۶

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Category: 5.3 استراتژی های مدیریت

Helicobacter pylori Eradication and Metabolic Profile changes: An International, Multicenter, Case-Control Study

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Introduction: As a gram-negative and microaerophilic bacterium, *Helicobacter pylori* (HP) is the main cause of chronic gastritis. Therefore, considering the high prevalence of HP infection worldwide, as well as the increasing prevalence of metabolic disorders, the present study aimed to investigate the relationship between HP infection eradication and metabolic profile.

and metabolic profile.

Methods: This prospective case-control study was performed on patients with HP infection whom referred to 8 medical centers in 3 countries (Iran, Egypt, and Vietnam) in 2020 – 2021. The metabolic profile of all of the participants evaluated before starting of treatment for HP eradication and 3 months after the treatment. Then changes of metabolic profile compared between those with successful HP eradication (group A) and subjects who failed to eradicate (group B).

Results: Overall 199 patients included (46.7% male, average age 44.6 y, range 14-93). Racially 86.9% of participants were Caucasian. 177 cases (88.9%) diagnosed as non-ulcer dyspepsia (NUD). The most prevalent therapeutic regimens include high dose amoxicillin dual therapy (44.7%) and clarithromycin base (27.1%). After treatment, 164 cases (82.4%) achieved successful HP eradication and allocated as group A. Rest of participant who failed eradication, assigned as group B (35 cases). Baseline demographic characters of 2 groups were equal. Average changes of BMI after treatment in groups A and B were -0.1 and -0.4 respectively (P= 0.258). Except mild and non-significant increase of average HDL and LDL cholesterol in group A (+1 and +2.5 mg/dL respectively), versus no change in of these items in group B, other parameters of metabolic profile did not showed any changes after HP infection treatment regardless of successful eradication or treatment failure (P>0.05).

Conclusion: HP infection treatment in individuals without significant metabolic disorders does not affect metabolic parameters up to 3 months after eradication.

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Category: 3.2 Pathogenesis: microbial factors

sirt3, 6, and 7 genes' expression in gastric cancer patients with Helicobacter pylori infection

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Introduction: Sirtuins, known as the intracellular acylation enzymes, play a major role in regulating the cell's physiological activities. The relevant studies have shown diversely sirtuin genes' expression in humans' various cancers. This study has surveyed the transcription of sirt3, 6, and 7 genes in gastric antral epithelial cells of gastritis and gastric adenocarcinoma patients with and without H. pylori

infection

Methods: First of all, a case-control study was conducted, including 50 and 53 gastric antral biopsy samples collected from gastritis and gastric adenocarcinoma patients with and without H. pylori infection referred to hospitals of Sanandaj city during 2018-2019. Total RNAs were extracted from biopsy samples, then cDNAs were synthesized by using Takara kits. Quality assay of H. pylori virulence genes expression and relative quantitative assay of sirt3, 6, and 7 genes expressions in gastric antral biopsy samples were performed using the Real-Time RT PCR method.

Results: The statistical analysis showed the significant correlations between H. pylori vacA s1m2 and sabA cDNAs with sirt3 genes expression in gastric antral epithelial cells [$p < 0.05$, 0.05 respectively]. In addition, sirt6 gene's expression decreased along increasing age in gastric adenocarcinoma patients [$p < 0.05$]. The samples of gastritis patients' gastric antral epithelial biopsy containing H. pylori hopQII, oipA, and sabB cDNA showed an increased amount of sirt7 genes expression [$p < 0.05$, 0.05, and 0.05 respectively].

Conclusion: The H. pylori virulence genes expression and increasing age of patients showed the significant correlations with sirt3, 6, and 7 genes expressions in gastric antral epithelial cells of gastric and gastric cancer patients.

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ICGH2022-36

Category: 5.3 استراتژی‌های مدیریت

Helicobacter pylori Eradication among those with comorbidity: An International, Multicenter, Case-Control Study

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Introduction: As a gram-negative and microaerophilic bacterium, Helicobacter pylori (HP) is the main cause of chronic gastritis. Therefore, considering the high prevalence of HP infection worldwide, as well as the increasing prevalence of metabolic disorders, the present study aimed to investigate the relationship between HP infection eradication and metabolic profile.

Methods: This prospective case-control study was performed on patients with HP infection whom referred to 8 medical centers in 3 countries (Iran, Egypt, and Vietnam) in 2020 – 2021. Then the prevalence of any comorbidity compared between those with successful HP eradication (group A) and subjects who failed to eradicate (group B).

Results: Overall 199 patients included (46.7% male, average age 44.6 y, range 14-93). Racially 86.9% of participants were Caucasian. 177 cases (88.9%) diagnosed as non-ulcer dyspepsia (NUD). The most prevalent therapeutic regimens include high dose amoxicillin dual therapy (44.7%) and clarithromycin base (27.1%). After treatment, 164 cases (82.4%) achieved successful HP eradication and allocated as group A. Rest of participant who failed eradication, assigned as group B (35 cases). Baseline demographic characters of 2 groups were equal. There was higher prevalence of comorbidities such as hypertension and hyperlipidemia among resistant cases who fail to achieve HP eradication ($P = 0.02$). This issue means higher probability of successful HP eradication among those without comorbidity (86.8% versus 68%, $P = 0.0031$).

Conclusion: HP eradication among subjects with several comorbidities mandates eradication protocol intensification to avoid treatment failure.

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ICGH2022-37

Category: 3.3 Pathogenesis: host factors/histo-pathology

ptk2 and mt2a Genes Expression in Patients with Helicobacter pylori infection

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Introduction: ptk2 and mt2a genes contribute at cell cycle during proliferation and apoptosis, respectively. Designing a case-control study including gastric adenocarcinoma and gastritis patients with and without Helicobacter pylori infection would lead to determinate of the correlations between ptk2 and mt2a genes expression with H. pylori infection in gastric antral epithelial cells

Methods: Overall, 50 and 30 gastric antral biopsy samples of gastric cancer (case group) and gastritis (control group) patients were included to study, respectively. All biopsy samples were collected considering the exclusion criteria including patients with a history of consumption of tobacco, alcohol and anti-H. pylori drugs. Each patients group divided into with and without H. pylori infection to detect cDNA fold changes of ptk2 and mt2a genes by using Real Time RT PCR. Furthermore, the presence of H. pylori virulence genes was detected directly by using specific primers and simple PCR on cDNA synthesized from total RNA of gastric antral biopsy samples

Results: A negative correlation revealed between age and clinical manifestations with ΔCt value of ptk2 gene ($P < 0.05$). The H. pylori iceA1/2 and cagE genes revealed positive and negative correlations with ΔCt value of the ptk2 gene ($P < 0.05$), respectively. Furthermore, a weak correlation was detectable between H. pylori babA2/B, oipA, and cagY genes and ΔCt value of mt2a gene in gastric antral epithelial cells of patients ($P < 0.1$)

Conclusion: The results of current study opened a view for more investigation on the stunning roles of H. pylori infection in clinical outcomes through mt2a and ptk2 genes expression in gastric antral epithelial cells

Send Date: 2022/09/19

Code: DA-22096

ICGH2022-38

Category: 3.2 Pathogenesis: microbial factors

Increasing prex2 genes expression in patients with H. pylori infection

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Introduction: The Prex2 protein is a member of the Rac family proteins that belongs to small G proteins with a critical role in cell migration, cell proliferation, and apoptosis through its effects on phosphatase activity of PTEN protein and PI3K cell signaling pathway. The effect of prex2 gene expression has been shown in some cancer cells. A survey

of prex2 gene expression in gastric antral epithelial cells of gastric cancer patients with Helicobacter pylori genotypes infection can conduct to better understanding H. pylori infection's carcinogenesis.

Methods: In a case-control study, prex2 gene expression was evaluated in gastric antral biopsy samples on four groups of patients referred to Sanandaj hospitals, including gastritis with (n 23) and without H. pylori infection (n 27) and gastric cancer with (n 21) and without (n 32) H. pylori infection. Each gastric biopsy sample's total RNA was used for cDNA synthesis by Kits (Takara Company), prex2 gene expression was measured using the relative quantitative Real-Time RT PCR method and $\Delta\Delta Ct$ formula.

Results: prex2 gene expression increased in gastric antral biopsy samples of gastritis and gastric cancer patients with H. pylori infection (case groups) than without H. pylori infection (control groups 2.3848 and 2.2761 times, respectively).

Conclusion: H. pylori infection can affect inflammation and carcinogenesis by increasing prex2 gene expression in gastric antral epithelial cells.

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Code: DA-22049

ICGH2022-39

Category: 5.3 استراتژی‌های مدیریت

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

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^۱ دانشگاه علوم پزشکی قم

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 1 month later using H. pylori stool antigen test. Data were collected using checklist and analyzed using chi-

squared and Fisher's exact tests with spss version 18.

Results: Helicobacter pylori eradication rate in the intervention and control groups was 78.18% and 65.45%, respectively ($P = 0.025$), and there was a significant difference in terms of non-ulcer dyspepsia between the groups ($P = 0.049$), but there was no significant difference in age, gender, and body mass index between the 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.

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Code: DA-22021

ICGH2022-40

Category: 3.5 Management strategies

Effect of Statins on Helicobacter pylori Eradication Rate: A Systematic Review and Meta-Analysis

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Introduction: Statins have been used as adjuvants to the standard treatment in order to increase Helicobacter pylori eradication rates. The aim of this study was to summarize the results of the efficacy of adding statins to the standard treatment on H. pylori infection eradication.

Methods: We conducted a systematic search using comprehensive combinations of keywords in PubMed/MEDLINE, Web of Science and Scopus to retrieve rel-

evant studies from 1990 to 2020. The estimate of pooled relative risk (RR), as effect measure, was calculated using fixed and random effect meta-analyses in Stata 14.

Results: The meta-analysis of data showed that pooled RR and its corresponding 95% confidence interval (CI) was 1.06 (95% CI 0.91-1.25) and 1.03 (95% CI 0.64-1.68) in fixed and random effect model, respectively, which are not statistically significant. In other words, based on our meta-analysis, the use of statins does not have a significant effect on increasing the H. pylori eradication rate.

Conclusion: According to our findings, the addition of statins as an adjuvant therapy to the standard treatment regimen does not increase the rate of H. pylori eradication. However, further evidence is needed to confirm this result as the number of available studies is small.

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Code: DA-22082

ICGH2022-41

Category: 1.7 بیولوژی سلولی و مولکولی - فیبروز

Level of Anptl8 and its association with profile of lipid in non-alcoholic fatty liver disease (NAFLD)

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Introduction: Nonalcoholic fatty liver disease (NAFLD) is the most common chronic disease worldwide, affecting approximately 25% of the population, and is an independent risk factor for cardiac mortality. The pathophysiology and risk factors for the development of NAFLD in non-obese individuals are not fully understood, but appear to be closely related to insulin resistance, atherogenic dyslipidemia, and combination changes, with some genetic polymorphisms predisposing individuals. ANGPTL8 (also known as RIFL, liposin, and betatrophin) is an insulin-regulated cytokine and inhibitor of lipoprotein lipase (LPL) that is mainly expressed by the liver and adipose tissue. Its expression and secretion are influenced by the nutritional or metabolic state of the body and can regulate glucose and lipid metabolism to different degrees. In this research, we investigate the serum level of ANGPTL8 and lipid profile in NAFLD patients.

Methods: This case control study included 227 control, 227 NAFLD patients who were diagnosed by standard criteria. serum levels of Angptl8 were elevated using ELISA kits. Triglyceride (TG), cholesterol, low density lipoproteins (LDL) and high density lipoproteins (HDL)

were assessed by enzymatic methods.

Results: Our results demonstrated serum level of Angptl8 in NAFLD patients significantly higher than healthy individuals and related to high levels of LDL and TG in serum of patients.

Conclusion: In conclusion, this study for the first time revealed that the circulating ANGPTL8 levels play the main role in NAFLD patients and are associated with TG and cholesterol.

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Code: DA-22068

ICGH2022-42

Category: 1 .10 چاقی

Association between Gamma-glutamyl Transferase and cardiometabolic phenotype among healthcare workers :Healthcare worker cohort study

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Introduction: Gamma-glutamyl transferase (GGT) is indirectly correlated with chronic inflammation and increased oxidative stress, which are closely connected to metabolic disorders. Moreover, the high ranges of GGT are correlated with cardiovascular diseases, atherosclerosis, type 2 diabetes, chronic kidney disease (CKD), and metabolic syndrome (MetS). Some evidence demonstrates that the normal ranges of GGT are connected with increased cardiovascular diseases and all-cause mortality. Although

various studies have assessed the correlation between GGT and cardiometabolic risk factors in obesity, no research has differentiated among metabolically-healthy obese (MHO) and metabolically unhealthy obese. Accordingly, this study evaluated the correlation between GGT and cardiometabolic phenotypes among healthcare workers.

Methods: In this study, there were anthropometric measurements as well as the measurements of fasting blood sugar (FBS), GGT, cholesterol, triglyceride (TG), high lipoprotein density (HDL), and blood pressure in 1403 healthcare workers enrolled in the Azar Cohort Study. Metabolic syndrome (MetS) was defined according to the National Cholesterol Education Program Adult Treatment Panel III (ATP III). Accordingly, the participants were divided into two cardiometabolic phenotypes. Two groups of cardiometabolic phenotypes were determined based on the BMI cutoff point (25kg/m²) and the presence of MetS. Then the participants were classified into three groups of metabolically-healthy lean (MHL) (BMI<25 kg/m² and no MetS), MHO (BMI≥ 25 KG/M² and no MetS) , and MUHO (BMI≥ 25 KG/M² and MetS present). The participants were also divided into the following serum GGT tertiles: Tertile 1: ≤14 U/l; Tertile 2: 15–23 U/l; and Tertile 3: ≥24 U/l. The multinomial logistic regression analysis was used to estimate the relationship between the cardiometabolic phenotype and the serum GGT tertile

Results: In this cross-sectional study, there was a significant difference in the prevalence of cardiometabolic phenotypes regarding the GGT tertiles (P ≤ 0.001). The highest prevalence of MHO was observed in the third GGT tertile. The mean waist circumference, TG, FBS, HDL, and systolic and diastolic blood pressure levels increased in the MHO and MUHO groups in a dose dependent manner with an increase in the GGT tertiles (P < 0.05). In comparing the highest and lowest GGT tertile, the risk of MHO and MUHO increased by 2.84 (95%CI 2.01 - 4.01) and 9.12 (95%CI 5.54 - 15), respectively. The ROC curve shows the cutoff value of 18.5 U/L for GGT, which allowed us to distinguish between the MUHO and MHO individuals.

Conclusion: The findings revealed that GGT can indicate the risk of MetS as such, it can be used to detect at-risk MHO individuals and administer proper interventions.

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Code: DA-22007

ICGH2022-43

Category: 10 تغذیه

The association between dietary selenium intake and risk of suspected non-alcoholic fatty liver disease; a cross-sectional study on the baseline data of prospective PERSIAN Kavar cohort study

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Introduction: There is limited and conflicting evidence on the association between selenium and non-alcoholic fatty liver disease (NAFLD). Therefore, the present population-based cross-sectional study was aimed to explore the relationship between dietary selenium intake and the risk of suspected NAFLD.

Methods: A total of 3373 subjects from the PERSIAN (Prospective Epidemiological Research Studies in IrAN) Kavar cohort study were included in the analysis. The daily selenium intakes were evaluated using a semi-quantitative food frequency questionnaire, and energy-adjusted quintiles of selenium intake ($\mu\text{g}/\text{day}$) were calculated. NAFLD was suspected using a cutoff value for fatty liver index (FLI) and hepatic steatosis index (HSI) markers.

Results: The prevalence of suspected NAFLD was 57.5% and 82.8% based on the FLI and HSI markers, respectively. Multivariate logistic regression analysis revealed that the odds ratio of NAFLD was elevated significantly with increasing selenium intakes after adjustment for sociodemographic variables, smoking status, dietary factors, and physical activity (p for trend < 0.001). Nonetheless, the association was not significant anymore after adjusting for metabolic-related variables, including body mass index, serum triglyceride, high-density lipoprotein cholesterol, fasting plasma glucose, and blood pressure.

Conclusion: In this large sample study, we observe no significant association between dietary selenium intake and risk of suspected NAFLD.

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Code: DA-22042

ICGH2022-44

Category: 13.7 سایر موارد

The Association Between Sleep Disturbance and Liver Stiffness in Patients with Non-alcoholic Fatty Liver Disease

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is a common disorder leading to severe medical conditions such as liver failure or malignancy. Given the potential relation between sleep disturbance and NAFLD, we aimed to investigate the association between the deterioration of sleep and liver stiffness with NAFLD.

Methods: In this cross-sectional study, 134 patients who were proven to have NAFLD were included. Liver stiffness was determined by transient elastography, and sleep patterns were evaluated using Pittsburg Sleep Quality Index (PSQI).

Results: The results showed that sleep disorder was more prevalent in women ($P = 0.007$), and they had higher liver stiffness than men ($P = 0.001$). Habitual Sleep Efficiency: The adequate sleep time was worsened in patients with more severe liver stiffness ($P = 0.037$). Also, Subjective Sleep Quality that is the self-estimation of patients about sleep quality, was reversely related to liver stiffness ($P = 0.003$). Categorized liver stiffness groups had a negative association between sleep quality and liver stiffness ($P = 0.001$), but there was no significant association between liver stiffness and sleep latency, sleep duration, and daytime dysfunction or using sleeping pills.

Conclusion: The present study indicates that bad sleep habits and poor sleep quality correlate with increased liver stiffness in patients with NAFLD, suggesting that patients' lifestyle modification can improve the quality of their lives and prevent more severe disorders caused by sleep dysfunction.

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Code: DA-22008

ICGH2022-45

Category: 10 تغذیه

Sodium in relation with nonalcoholic fatty liver disease: A systematic review and meta-analysis of observational studies

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Introduction: Findings on the association of sodium with

nonalcoholic fatty liver disease (NAFLD) are conflicting. The present systematic review and meta-analysis study aimed to assess the association between salt or sodium intake or serum sodium levels and NAFLD risk.

Methods: Relevant articles were identified by searching PubMed, Web of Knowledge, Scopus, Proquest, and Embase databases through May 1, 2021, without language restriction. The pooled odds ratio (OR) and 95% confidence interval (CI) were estimated using Der-Simonian and Laird method and random-effects meta-analysis.

Results: The certainty of the evidence was rated using the GRADE method. Out of 6470 documents, 7 epidemiological/observational (1 cohort, 1 case-control, and 5 cross-sectional) studies on the relationship between dietary salt/sodium intakes and NAFLD risk met our inclusion criteria. The meta-analysis of all studies showed a significant positive association between the highest salt/sodium intake and NAFLD risk (OR = 1.60, 95% CI: 1.19–2.15) with a meaningful heterogeneity among studies ($I^2 = 96.70\%$, p -value $< .001$). The NAFLD risk was greater in the studies with higher quality (OR = 1.81, 95% CI: 1.24–2.65) or using the equation-based methods for NAFLD ascertainment (OR = 2.02, 95% CI: 1.29–3.17) or urinary sodium collection as a sodium intake assessment (OR = 2.48, 95% CI: 1.52–4.06). The overall certainty of the evidence was very low.

Conclusion: In conclusion, high sodium intake seems to be related to increased NAFLD risk. Further well-designed studies are needed to clarify this association and shed light on the underlying mechanisms.
Send Date: 2022/07/31

Code: DA-22122

ICGH2022-46

Category: 1.7 بیولوژی سلولی و مولکولی - فیبروز

Association between serum NFKB and FOXP3 with liver fibrosis among patients with NAFLD

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Introduction: Fatty liver is going to be the first liver disease worldwide. The etiology of this situation remain unclear. Inflammation pathways may involved in its pathogenesis. By the way immune modulators including FOXP3 and NFKB have strong influence in this way.

Methods: In a prospective study, the patients suspicious of having fatty liver without other pathology of liver or whom affected on liver performances were enrolled. The

participants underwent liver fibroscan. According to liver fibrosis, the patients were divided into two groups; 1) fibrosis less than 7.2 KP, 2) advanced NAFLD, fibrosis ≥ 7.3 KP. A 10cc fasting blood sample was taken from each patient for laboratory assessments.

Results: Totally 90 patients were enrolled. The mean age was 42.21 ± 11 years. Of them, 50 and 47 participants were allocated to groups 1 and 2, respectively. There was a significant difference between the levels of NFKB and FOXP3 in group one compared with group two of the participants, as FOXP3 (9.17 ± 10.0 vs. 18.63 ± 12.9 ; $p < 0.001$) and NFKB (1.70 ± 1.70 ; $p < 0.01$). After excluding the confounding factors, we observed a significant association between fibrosis level and cytokine levels in logistic regression.

Conclusion: Serum levels of NFKB and FOXP3 increased by advancing liver fibrosis in patients with NAFLD. This is an independent association.

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Code: DA-22080

ICGH2022-47

Category: 2.10 تغذیه

Nutrient Density and Healthy Eating Index 2015 (HEI-2015): a predictor for Nonalcoholic Fatty Liver Disease (NAFLD) among Iranian adults of Amol Cohort Study (AmolCS)

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Introduction: Dietary modifications have been established as one of the most important strategies for population prevention of Nonalcoholic Fatty Liver Disease (NAFLD), a leading cause of chronic liver disease worldwide. Few studies have examined whether nutrient adequacy and diet quality could be associated with lower odds of risk for non-alcoholic fatty liver disease (NAFLD). The current study aimed to investigate the association of Nutrient Density and Healthy Eating Index 2015 with NAFLD in Iranian adults of the Amol Cohort Study (AmolCS).

Methods: In a cross-sectional analysis among 2956 adults (45.06% female), age ≥ 18 years (47.20 ± 14.56), we measured usual dietary intake with a validated food frequency

questionnaire (FFQ). Healthy Eating Index-2015 (HEI-2015) and nutrient-rich food index 9.3 (NRF9.3) were calculated to evaluate nutrient adequacy and diet quality. Sociodemographic and lifestyle factors were collected by a structured questionnaire. The presence and degree of NAFLD were also determined by abdominal sonography. Multiple regression models were used to estimate NAFLD odds across tertiles of NRF9.3 and HEI-2015 scores.

Results: The multivariable-adjusting odds ratio (95% confidence interval) for the highest (vs. lowest) tertile of NRF9.3 showed an inverse association of nutrient density with NAFLD (OR=0.68, 95%CI: 0.54-0.85, P_{trend}=0.001). Stratified results by gender and abdominal obesity revealed the greater nutrient adequacy was associated with lower odds of NAFLD risk in participants with abdominal obesity (OR = 0.62, 95% CI = 0.40-0.95, P_{trend} = 0.03) and without abdominal obesity (OR = 0.69, 95% CI = 0.52-0.90, P_{trend} = 0.007). Similar results were also obtained for nutrient adequacy and lower odds of NAFLD prevalence in both gender (in men: OR=0.68, 95%CI: 0.50-0.93, P_{trend}=0.01; in women, OR=0.64, 95%CI: 0.46-0.89, P_{trend}=0.01). The results of the fully adjusted multivariable model of HEI-2015, stratified by gender and abdominal obesity, revealed that the favorable association was more pronounced in participants with abdominal obesity (OR=0.63, 95%CI=0.41-0.98, P_{trend}=0.03).

Conclusion: The results of this study showed a favorable association between nutrient adequacy and reduced risk of NAFLD in Iranian adults. The favorable association between HEI and NAFLD was more pronounced in participants with abdominal obesity. Further prospective investigations are needed to confirm the integrity of our findings.

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ICGH2022-48

Category: 13.7 سایر موارد

The association between non-alcoholic fatty liver disease and kidney stones; a population-based cross-sectional study on the PERSIAN Kavar cohort study

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Introduction: Kidney stone is a common kidney disease resulting from various genetic, metabolic, dietary, and en-

vironmental factors. This cross-sectional population-based investigation aimed to evaluate if non-alcoholic fatty liver disease (NAFLD) is associated with kidney stones.

Methods: This study was performed on the baseline data of the PERSIAN (Prospective Epidemiological Research Studies in IrAN) Kavar cohort study (PKCS), and 4,909 individuals were included in the analysis. NAFLD and kidney stones were determined based on a structured questionnaire and confirmed with ultrasonographic findings. We used logistic regression to estimate the odds ratio (OR) and 95% confidence interval (CI) of the association between NAFLD and kidney stones.

Results: The prevalence of NAFLD and kidney stones in the study population were 14.75% and 28.52%, respectively. In this study, 24.43% of patients with a kidney stone and 10.89% of the other subjects suffered from NAFLD (P-value<0.001). Multivariate logistic regression analysis revealed a positive association between NAFLD and kidney stone disease (OR=2.58, 95% CI: 2.18-3.06, P-value<0.001) after adjusting for age, sex, education, smoking status, alcohol intake, diabetes, hypertension, body mass index, and physical activity. This association was significantly more prominent in alcohol drinkers (OR=8.33 vs. 2.46, P for interaction: 0.013) compared to the others.

Conclusion: The current research demonstrates a positive association between NAFLD and kidney stone disease.

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Code: DA-22064

ICGH2022-49

Category: 13.7 سایر موارد

Investigation of Epidemiological, Clinical and Para-clinical Findings of Non-alcoholic Fatty Liver in Khorramabad (Western Iran)

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is a serious liver disease which convert to a challenge for health system. the present study aimed to investigate the epidemiological, clinical and laboratory findings of NAFLD in Khorramabad city.

Methods: In this cross-sectional study, Patients referred to the gastroenterology clinic of Shahid Rahimi Hospital in Khorramabad city were selected by convenience sampling method .the study population was selected among patients with confirmed NAFLD by ultrasound. Demographic information, body mass index, ultrasound of NAFLD grades

and biochemical parameters (FBS, cholesterol, triglyceride, LDL, HDL, ALT and AST) were assessed in this study.

Results: 286 patients with NAFLD were included in this study. The mean age of patients was 49.1 ± 12.3 years. 158 patients (55.2%) were male and the rest were female. BMI of the majority of the subjects means 140 patients (49%) was between 25 and 29.9, i.e. were placed in overweight range, 56 patients (19.5%) had a BMI of ≥ 30 (had obesity) and BMI was normal in 90 patients (31.5%). The majority of patients (73.8%) had grade 1 (mild) fatty liver, 21.7% had grade 2 (moderate) fatty liver and 4.5% had grade 3 (severe) fatty liver. In 27.5% of patients, the level of total cholesterol was ≥ 240 mg/dl. Also, in 55.3% of patients, the level of triglyceride was ≥ 200 mg/dl. In 19.5% of patients, the level of LDL cholesterol was ≥ 160 mg/dl. HDL cholesterol level was below 40 mg/dl in 44.9% of men and below 50 mg/dl in 53.1% of women. Finally, based on the measurement of fasting blood sugar, 30.4% of the patients were pre-diabetic and 40.2% were diabetic

Conclusion: In general, it can be concluded that risk factors related to metabolic syndrome play a crucial role in the development of NAFLD.

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Code: DA-22020
ICGH2022-50

گروه: ۴.۱: مطالعات پیامد

مقایسه اثر درمانی امپاگلیفلوزین با پیوگلیتازون و ویتامین E بر کبد چرب غیر الکلی در بیماران مبتلا به دیابت تیپ ۲
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زمینه و هدف: بیماری کبد چرب غیر الکلی شایع‌ترین بیماری مزمن کبدی که به صورت اپیدمی خاموش سراسر جهان را درگیر کرده است با توجه به شیوع قابل توجه این بیماری در مبتلایان به دیابت تیپ ۲، درمان این بیماران از موضوعات داغ مورد بحث می‌باشد. این مطالعه با هدف مقایسه اثر درمانی امپاگلیفلوزین با پیوگلیتازون، ویتامین E بر کبد چرب غیر الکلی در بیماران مبتلا به دیابت تیپ ۲، طراحی شد.

روش بررسی: در این مطالعه کارآزمایی بالینی تصادفی open la- IR.TBZMED. bel (IRCT20190701044062N4) با کد اخلاق REC.1399.796 بر روی ۷۰ نفر از بیماران دیابتی مبتلا به کبد چرب در بیمارستان امام رضا تبریز در سال‌های ۱۴۰۰-۱۳۹۸ انجام شد. شرکت‌کنندگان به طور تصادفی در گروه مداخله امپاگلیفلوزین ۱۰ (۳۵ نفر) و گروه کنترل پیوگلیتازون ۳۰ و ویتامین E دریافت می‌کردند و گرید سونوگرافی و آزمایشات بیماران در ابتدا و ۲۴ هفته بعد از مصرف پیگیری شدند. تجزیه و تحلیل داده‌ها با نرم افزار SPSS 26 و آزمون‌های ANCOVA, paired T انجام شد.

یافته‌ها: ۴۸.۶٪ بیماران مونث و ۵۱.۴٪ مذکر بودند. میانگین سنی بیماران در گروه مداخله ۴۷.۵۱ و در گروه کنترل ۴۸.۱۴ سال بود. نتایج نشان داد بعد از ۲۴ هفته گرید سونوگرافی کبد چرب بیماران در گروه مداخله پایین تر از گروه کنترل می‌باشد (۰.۰۰۹). AST, ALT, HbA1C, FBS, TG, HDL, Choles- (P=0.31), ALP, terol و وزن بدن در گروه مداخله به طور قابل توجهی کاهش یافت در حالی که Cr (P=0.33) و LDL (P=0.83) اختلاف معنی دار نبود. در گروه کنترل AST, ALT, ALP به طور قابل توجه کاهش داشته اما وزن بدن (P=0.31), HDL (P=0.12), LDL (P=0.87), Cholesteol (P=0.97), G (P=0.50), FBS (P=0.50) و Cr (P=0.08) اختلاف معنی داری نداشتند.

نتیجه گیری: مقایسه اثر درمانی امپاگلیفلوزین با پیوگلیتازون و ویتامین E در بیماران دیابتی مبتلا به کبد چرب نشان از اثرات چشم گیر امپاگلیفلوزین در کنترل قند خون و کبد چرب بیماران دارد.

تاریخ ارسال: ۲۰۲۲/۰۸/۱۵

Code: DA-22081

ICGH2022-51

Category: 10 تغذیه

The effect of flaxseed supplementation on the serum levels of inflammatory factors and liver steatosis and fibrosis in patients with non-alcoholic fatty liver

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Introduction: Flaxseed with Latin name of *Linum usitatissimum*, meaning very useful, is a functional food due to its nutritional characteristics. Flaxseed is a rich plant source of polyunsaturated fatty acids especially a linolenic acid (ALA), soluble and insoluble dietary fibers, phytoestrogenic lignans, proteins with a high coefficient of digestibility and biological value and variety of antioxidants and phytoestrogens. we assumed that supplementation with flaxseed may act as a novel adjunctive therapeutic strategy for patients with non-alcoholic fatty liver disease.

Methods: A two-arm randomized open labeled controlled clinical trial was conducted on 50 patients with non-alcoholic fatty liver disease (NAFLD). Participants were assigned to take either a lifestyle modification, or modification +30 g/day brown milled flaxseed for 12 weeks.

Results: At the end of the treatment, the transient elastography results showed a significant improvement within and between both groups; the mean reduction in fibrosis score in the flaxseed group was significantly greater than in control group (1.26 versus 0.78; $p = 0.013$), similarly as steatosis score (47 versus 15.47; $p = 0.02$). In the flaxseed group, 46% had a 1-level and 12% had 2-level reduction in their steatosis score, but no grade reduction was seen in control group. Significantly improvements in serum liver enzymes

were observed in both groups of treatment compared with pre-treatment values, with a significantly greater reduction in flaxseed group in comparison to control group. Also, we found a significant reduction in serum levels of some inflammatory biomarkers in the intervention group.

Conclusion: In conclusion, this randomized controlled clinical trial found some evidence that flaxseed supplementation in combination with a lifestyle modification is more effective than lifestyle modification alone for treatment of NAFLD, at least partially through amelioration of insulin resistance, hyperlipidemia and inflammatory markers

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Code: DA-22083

ICGH2022-52

Category: 10.1 Obesity

Determining factors of Newly Onset versus Improved Metabolic Syndrome: Results of a Population-Based Cohort, Shiraz, Iran

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Introduction: The purpose of the present study was to specify the risk factors associated with the regression and progression of metabolic syndrome (MetS).

Methods: This study was a two-phase cohort study conducted over four years. The participants included a total of 540 individuals (aged ≥ 18 years) who completed both study phases. They were classified into three categories: regressed, progressed, and unchanged MetS. In both phases of the study, demographic, biochemical, and anthropometric parameters of every individual were evaluated. Differences (Δ) between the first and the second phases were computed in terms of the study variables. The unchanged MetS group was regarded as the reference category.

Results: According to the IDF criteria, in the second phase of the study, the regression and progression of MetS were reported in 42 (7.7%) and 112 (20.7%) individuals, respectively. According to the ATP III criteria, the regression and progression of MetS were reported in 42 (7.7%) and 117 (21.6%) individuals, respectively, in the second phase of the study. Results obtained from the multivariate analysis showed that raised age, positive Δ -TG, and Δ -FBS yielded a significant increase in the odds of MetS progression according to the IDF and ATP III criteria, whereas negative Δ -HDL and Δ -Neutrophil-to-lymphocyte ratio (Δ -NLR) led to an increase in the odds of MetS progression. In con-

trast, according to the IDF and ATP III criteria, positive Δ -HDL and negative Δ -TG yielded a significant increase in the odds of MetS regression.

Conclusion: Controlling hyperglycemia, hypertriglyceridemia, and HDL can be regarded as a crucial, non-invasive, and available technique for altering the trend of MetS.

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Code: DA-22060

ICGH2022-53

گروه: ۳.۷ متابولیک / اختلالات ژنتیکی

بررسی یافته‌های فیبرواسکن کبد در بیماران کبد چرب غیرالکلی مراجعه‌کننده به کلینیک فیبرواسکن ساری در سال ۱۳۹۶ و ۱۳۹۷

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زمینه و هدف: بیماری کبد چرب غیرالکلی شایعترین اختلال کبدی در سراسر جهان می‌باشد و تقریباً در ۲۵ درصد جمعیت جهان دیده می‌شود. یک بیماری مزمن کبدی با طیف وسیعی از اختلالات کبدی شامل استئاتوز ساده، استئاتوهپاتیت غیرالکلی (NASH) تا سیروز و هپاتوسلولار کارسینوما است. اخیراً از فیبرواسکن به‌عنوان روش غیرتهاجمی جهت ارزیابی میزان سفتی و فیروز کبدی استفاده می‌گردد. این مطالعه به منظور تعیین یافته‌های فیبرواسکن در مبتلایان به کبد چرب و بررسی ارتباط آن با سطح آنزیم‌های کبدی، تریگلیسرید، کلسترول و خصوصیات دموگرافیک بیماران انجام شده است. **روش بررسی:** این مطالعه بصورت مقطعی-توصیفی بوده و ۳۰۰ بیمار را که در سونوگرافی کبد چرب تشخیص داده شد بعد از رد بیماری‌های ویلسون، هموکروماتوز، هپاتیت‌های ویروسی و اتوایمیون وارد مطالعه شدند و تحت فیبرواسکن کبد قرار گرفتند شدت سفتی کبد را بر اساس سیستم امتیازبندی METAVIR مشخص شد، یافته‌های دموگرافیک شامل سن، جنس، شغل، میزان تحصیلات، شاخص توده بدنی، سابقه مصرف سیگار، سابقه بیماری زمینه‌ای و سطح آنزیم‌های کبدی مانند ALT، AST، ALP، GGT و پروفایل چربی در پرسشنامه‌ای که به این منظور طراحی شده بود، ثبت گردید. این مطالعه در کمیته اخلاق دانشگاه علوم پزشکی مازندران مورد بررسی قرار گرفت. تجزیه و تحلیل داده‌ها توسط نرم افزار SPSS نسخه ۱۶ مورد بررسی قرار گرفت.

یافته‌ها: میانگین سنی بیماران $01/13 \pm 10/48$ سال با حداقل سن ۱۸ و حداکثر سن ۸۳ سال بود. میانگین BMI افراد مورد مطالعه $۲۷/۵ \pm ۸۸/۳۰$ با حداقل مقدار $4/21 \text{ Kg/m}^2$ و حداکثر $2/78 \text{ Kg/m}^2$ بود. بر اساس نتایج این مطالعه سیگار و جنسیت ارتباطی با شدت فیروز و استئاتوز (اندازه‌گیری شده با فیبرواسکن) نداشتند. $۰۹/۵۶\%$ افراد، فیروز F1 و $۳/۵۸\%$ افراد، استئاتوز داشتند. BMI و تریگلیسرید با میزان استئاتوز کبدی ارتباط معناداری داشت ($P\text{-value} < 0.01$) به طوری که افزایش تریگلیسرید و BMI با میزان استئاتوز شدیدتر همراهی داشت. همچنین افزایش سن و ALT، AST، BMI، ALP، و TG با افزایش درجه فیروز کبدی ارتباطی معنی‌داری داشت. ($P\text{-value} < 0.01$)

نتیجه‌گیری: طبق این مطالعه اکثر افراد مبتلا به کبد چرب دچار فیروز درجه F1 (کمترین میزان فیروز) بودند و افزایش میزان TG و BMI با شدت فیروز کبدی ارتباط داشت. علاوه بر کنترل وزن و تریگلیسرید در مراحل اولیه تشخیص

کبد چرب، انجام دوره‌ای فیبرواسکن کبدی می‌تواند در تشخیص و پیگیری تغییرات فیبروز کبدی کمک‌کننده باشد.
تاریخ ارسال: ۲۰۲۲/۰۹/۰۵

Code: DA-22009

ICGH2022-54

Category: 10 تغذیه

Effects of garlic and its major bioactive components on non-alcoholic fatty liver disease: a systematic review and meta-analysis of animal studies

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Introduction: This systematic review and meta-analysis study was conducted to summarize the effects of garlic or its major components on hepatic triglyceride and cholesterol content, serum alanine transaminase (ALT) and aspartate transaminase (AST) levels, and liver weight.

Methods: We searched PubMed, Embase, Scopus, and Web of Knowledge databases. Data were pooled, and standardized mean difference (SMD) and 95% confidence intervals (CI) were estimated using the random-effect model.

Results: Out of 958 reports, 28 articles were eligible, of which 22 studies were included in the meta-analysis. Most of the included studies demonstrated the beneficial effects of garlic on hepatic histopathological features. The pooled results showed that garlic significantly decreased hepatic triglyceride and cholesterol, ALT, AST, and liver weight. The certainty of the estimates was very low to low according to GRADE.

Conclusion: In conclusion, our study demonstrated amelioration of hepatic histopathological characteristics, hepatic lipid content, serum liver enzymes, and liver weight following garlic administration.

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Code: DA-22038

ICGH2022-55

Category: 5.15 اختلالات عملکردی دستگاه گوارش

Evaluation and Comparison of Therapeutic Effects of Probiotics and Bismuth Subsalicylate on Abdominal Bloating

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Introduction: Functional abdominal bloating is one of the functional gastrointestinal disorders (FGIDs). Here, we aimed to investigate and compare the effects of probiotics and bismuth subsalicylate on abdominal bloating.

Methods: This is a double-blinded randomized clinical trial performed on 125 patients with functional abdominal bloating in Isfahan in 2020-2021. At the beginning of the study, information on the frequency of abdominal bloating, its severity, the occurrence of early satiety, frequency of borborygmus, frequency of belching, and the frequency of defecation per week was collected. Patients were divided into 3 groups receiving Familact Probiotic Pills that contained 9 bacterial strains every 12 hours, bismuth subsalicylate tablets, 120 mg every 12 hours, and placebo pills for 4 weeks. Afterward, the frequency and severity of abdominal bloating and other symptoms were evaluated and compared.

Results: After 2 weeks, patients in the probiotic group had a significantly lower frequency of abdominal bloating compared to other groups ($p=0.006$). After 4 and 8 weeks, patients in the probiotic group and bismuth group had a lower frequency of bloating compared to placebo ($P=0.001$ and $P=0.037$, respectively). During the study, patients in the probiotic and bismuth groups had a significantly lower bloating severity compared to placebo ($P<0.05$). The frequency of borborygmus was significantly lower in the probiotic group after 2 and 4 weeks during the study compared to other groups ($P=0.010$ and $P=0.013$, respectively), but there were no significant differences between placebo and bismuth groups ($P>0.05$).

Conclusion: According to our data, consumption of probiotics improves the frequency and severity of abdominal bloating and reduces borborygmus. Bismuth subsalicylate also has significant effects.

Send Date: 2022/08/26

Code: DA-22125

ICGH2022-56

Category: 2.10 تغذیه

Sexual dimorphism in the association between dietary fructose intake and metabolic syndrome. A cross-sectional study in north of Iran, Amol

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Introduction: Average daily intake of fructose has increased and converting this monosaccharide into fat is much easier than other carbohydrates in the body. However, findings regarding fructose's health effects are conflicting. The difference in the source of dietary fructose and the different metabolism of this nutrient in the two sexes may explain some of these differences. So this study investigated the effect of gender on the association between dietary fructose intake (from natural and industrial sources) and metabolic syndrome in northern Iran, Amol.

Methods: This population-based cross-sectional study was conducted in the second phase of the Amol cohort study. In the present study, adults between 18 and 65 years old who had informed consent and required information (including demographic, biochemical, anthropometric, medical, physical activity and dietary information) were included in the study according to the exclusion criteria. Food intake was evaluated using a semi-quantitative food frequency questionnaire (168 items) and the Rapid Assessment of Physical Activity (RAPA) form was used to evaluate physical activity level. Adult Treatment Panel III standard (ATP III) was used to diagnose metabolic syndrome. In each of the two genders, the amount of dietary fructose intakes (total amount and intake from natural and industrial sources) were divided into three groups based on the 33rd and 66th percentile values. Multivariate logistic tests (with adjustment of relationships based on confounding factors) were used for data analysis.

Results: This study included 2308 participants between 18 and 64 years old (49.17% male) with an average age of 43.17 ± 12.30 years. The prevalence of metabolic syndrome in the studied population was 25.64% (significantly more in women than men, $p < 0.001$). In men, those who were in the highest tertile of total fructose intake were 73% ($p = 0.02$) more exposed to the risk of diastolic blood pressure increase and those in the highest tertile of fructose intake from natural sources were

77% ($p = 0.02$) more at risk of systolic blood pressure increase and 60% ($p = 0.02$) more at risk of metabolic syndrome. There was no significant difference in the risk of metabolic syndrome and its components among tertiles of dietary fructose intake from industrial sources in men. In women, the risk of high systolic and diastolic blood pressure and high blood pressure increased by 58% ($p = 0.02$), 71% ($p = 0.04$) and 77% ($p < 0.01$), respectively, in the third tertile of dietary fructose from industrial sources. However, this association was not observed for fructose intake from natural sources.

Conclusion: Increasing dietary fructose intake, whether from natural or industrial sources, could be related to high blood pressure. Apparently, this association could be related to gender, and in men, high consumption of dietary fructose, even from natural sources, could be associated with high blood pressure and metabolic syndrome.

Send Date: 2022/10/02

Code: DA-22015

ICGH2022-57

Category: 2.4 بیماری سلیاک/ سندروم‌های سوء تغذیه و انتروپاتی‌های غذایی

Reliability, Validity, and Transcultural Adaptation of New-Persian Version of Celiac Disease Quality of Life Questionnaire

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Introduction: Health-related quality of life (HRQOL) assessment in patients with celiac disease (CD) leads to understanding the impact of the CD and interventions on the individual and society Aims: The aim of this study was the translation, trans-cultural adaptation, and evaluation of reliability and validity of the standardized questionnaire of celiac disease quality of life (CD-QOL) in the Persian language in the southwest of Iran

Methods: Settings and Design: Celiac clinic and Fars Celiac Registry, Cross-Sectional Methods and Material: The English version of the CD-QOL questionnaire was translated into Persian language using standard guidelines. Then, one hundred fifty CD adults were randomly selected from the celiac clinic and Fars Celiac Registry to complete the New-Persian version of the CD-QOL questionnaire

Statistical analysis used: The internal consistency of the CD-QOL subscales and convergent and discriminant valid-

ity were assessed using Cronbach's alpha coefficient and Spearman's correlation, respectively. Construct validity was evaluated by exploratory and confirmatory factor analysis.

Results: All domains of the CD-QOL questionnaire had acceptable internal consistency, showing excellent reliability. The scaling success rates for convergent and discriminant validity were also within an acceptable range (87-100%). In the factor analysis model, similar to the original English version, four factors were extracted characterizing the patients' answers (Limitations, dysphoria, health concerns and inadequate treatment).

Conclusions: Our Persian version of the CD-QOL questionnaire had high reliability and validity and is available for clinical practice assessing the CD-specific HRQOL in the Iranian population.

Send Date: 2022/08/05

Code: DA-22089

ICGH2022-58

Category: 5.15 اختلالات عملکردی دستگاه گوارش

Influence of a multispecies synbiotic supplement on functional constipation of Iranian Volunteers: A Randomized Controlled Trial

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Introduction: Intestinal microbial flora changing may cause occurring and intensifying functional constipation. Probiotics are currently being considered as alternative approaches for improving and/or treating constipation. The main goal of this study was to assess the effects of an Iranian multispecies synbiotic supplement on functional constipation.

Methods: In a randomized controlled trial (RCT) 113 adult patients were diagnosed with functional constipation according to Rome III criteria. 55 patients received daily psyllium, for 30 days. Other 58 patients were treated with 30-day psyllium + 45-day synbiotic. Treatment response was evaluated by the patients' stool consistency (regarding the Bristol scale), bloating severity, and constipation intensity (regarding the Wexner Constipation Scoring System).

Results: There were no significant differences in sex, age, and BMI between the two groups. Patients treated with synbiotic had more improved stool consistency, bloating as well as constipation intensity ($p < 0.0001$) than the other group ($p = 0.109$), with significant benefits beginning in the 2nd and/or 4th weeks, respectively. Treatment success was

74.1% in the synbiotic-containing group compared with 30.9% resulting from psyllium ($p < 0.001$).

Conclusion: These results may suggest the favorable effects of the multispecies probiotic supplementation for 6 weeks on functional constipation in adults due to improving the constipation severity indicators.

Send Date: 2022/09/12

Code: DA-22036

ICGH2022-59

Category: 5.15 اختلالات عملکردی دستگاه گوارش

Efficacy of herbal remedy of *Bunium persicum* in patients with functional dyspepsia: a pilot study

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Introduction: functional dyspepsia (FD), is one of the most prevalent functional gastrointestinal disorders, associated with a serious disturbance in the quality of life of patients. Several studies reported the efficacy of herbal materials in improvement of FD symptoms. We aimed to evaluate a common, and famous herbal remedy of Zireh in clinical symptom of FD

Methods: 40 patients 20 to 60 years old with FD (based on the Rome IV criteria), were enrolled to this double-blind randomized controlled clinical trial, with parallel groups allocation ratio of 1:1, mentally alert, and able to answer the questions; those with complications during intervention, pregnancy, lactation, and severe organic or psychiatric disorders were excluded. All participants received one 500 mg capsule contained herbal remedy (Zireh), or corn starch (placebo), three times a day, after meal, for 4 weeks. Severity, and frequency of symptoms were evaluated through Stangellini, and Rome IV questionnaires at baseline, after 2, 4, and 8 weeks. Chi-square test, Levene's test, and t-test were used to statistical analysis. This study was registered in Iranian Registry of clinical trial (IRCT20210602051471N1)

Results: There were no significant differences in demographic data, symptom severity, and symptoms frequency between groups at baseline. Total symptoms severity score was improved significantly ($P = 0.02$), as well as early satiety ($P = 0.003$), epigastric pain ($P = 0.023$), bloating ($P = 0.008$), epigastric burning ($P < 0.001$), and nausea ($P = 0.003$). no significant differences were observed in terms of symptoms frequency, as well as vomiting, belching, full-

ness.

Conclusion: this herbal remedy can alleviate the symptoms severity in patients with FD. It is recommended to continue recruiting participants with FD until a sufficient sample size is reached.

Send Date: 2022/08/23

Code: DA-22127

ICGH2022-60

Category: 2.2 دیس پپسی

Endoscopic Findings in Patients Presenting Dyspepsia: A population-based study in Mashhad, North East of Iran

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Introduction: Dyspepsia is relatively a high chief complaint among patients in Iran, reducing the quality of life in the community and imposing tremendous economic pressure on the health care system. Knowing the underlying cause of dyspepsia is very important in treating patients. The present study aimed to evaluate the endoscopic findings of patients with dyspepsia in Ghaem Hospital, Mashhad, Iran

Methods: In this cross-sectional study, endoscopic findings in patients with dyspepsia, including epigastric pain or heartburn, postprandial fullness, and early satiety, were collected from Ghaem hospital from 2019 to 2020. The study results fall into two general categories; Functional or Organic dyspepsia.

Results: Totally, 743 patients were studied, and 42.3% (n= 314) were male. The mean age was 46 years. Among par-

ticipants, 85.6% (n= 636) of all patients were included in the functional dyspepsia group, and the rest were included in the Organic dyspepsia group. In the organic dyspepsia group, the highest frequency was related to peptic ulcer disease with 7.2% (n= 53). Moreover, the most common complaint was epigastric pain and heartburn. No significant association was found between comorbidities (P = 0.083), smoking, and gender (P = 0.532) with the risk of organic dyspepsia.

Conclusion: Dyspepsia is not necessarily accompanied by other comorbidities. The most mentioned chief complaint was epigastric pain or heartburn. Functional dyspepsia was the most common diagnosis in patients with dyspepsia, and the peptic ulcer was the leading cause of organic dyspepsia. There was no difference in the underlying cause of dyspepsia in genders.

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ICGH2022-61

Category: 5.15 اختلالات عملکردی دستگاه گوارش

A Randomized Clinical Trial Evaluating Celery and Ajwain on Postprandial Distress Syndrome type of Functional Dyspepsia

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Introduction: Functional Dyspepsia (FD) is among of the most common gastrointestinal diseases with an extraordinary burden. In this study, we aimed to compare the effect of Celery and Ajwain with Domperidone in patients with postprandial distress syndrome.

Methods: This is a randomized double-blind active-control clinical trial, piloted at Kerman, Iran in 2020. The intervention group received the combination of Celery and Ajwain while the control group received Domperidone for 4 uninterrupted weeks. Primary outcome was symptoms severity and frequency, and quality of life (QoL) and safety were secondary outcomes.

Results: There were not any significant differences in symptoms frequency between groups, while differences in symptoms severity were available at the end of the follow-up on week 8 (P= 0.001). QoL in the treatment group was developed compared to the control group at the end of the study (P<0.001) and at the follow-up time (week 8; P<0.001). No health threatening side effects arose in both

groups.

Conclusion: The herbal combination of Celery and Ajwain could be effective and safe in reducing the symptoms severity and in improving QoL in patients with postprandial distress syndrome type of FD. Endorsement of these findings through high-grade multi-center clinical trials is greatly recommended.

Send Date: 2022/08/22

Code: DA-22039

ICGH2022-62

Category: 5.15 اختلالات عملکردی دستگاه گوارش

Prevalence and risk factors for post COVID-19 functional gastrointestinal disorders after one year

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Introduction: Due to the worldwide epidemic of COVID-19 and development functional and gastrointestinal disorders after recovery, this study was conducted to investigate the prevalence and risk factors for functional gastrointestinal disorders (FGIDs) after one year of recovery from COVID-19.

Methods: The present prospective study was performed on 357 patients with COVID-19 who have been recovered for one year. Using ROME questionnaire and the patient's clinical history of irritable bowel syndrome (IBS) and its type, functional dyspepsia (FD) and GI symptoms were recorded.

Results: One year after Covid-19, 15.4% of patients had IBS, 44.9% had GI symptoms, and 9.5% had FD. Women were more likely than men to develop these functional gastrointestinal disorders (P-value < 0.05). Anxiety has increased the chance of IBS by 1.910 times, the chance of GI symptoms by 2.225 times, and the chance of FD by 1.110 times. Depression increased the chance of developing IBS by 1.772 times and developing FD by 3.753 times (P-value < 0.05).

Conclusion: According to the results of the present study, coronavirus infection can provide long-term stability of gastrointestinal functional disorders such as GI, IBS, and FD. Anxiety and depression seem to be among the most relevant risk factors for these disorders, which is also more evident in women than men.

Send Date: 2022/08/26

Code: DA-22047

ICGH2022-63

Category: 1.1 اپیدمیولوژی

Outcomes of COVID-19 in Patients with Inflammatory Bowel Disease: Comparison with Household Members and the Role of IBD Medications

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Introduction: Most data on the effect of inflammatory bowel disease (IBD) and its treatments on coronavirus disease 2019 (COVID-19) outcomes have not had non-IBD comparators. Hence, we aimed to describe COVID-19 outcomes in IBD compared to non-IBD patients

Methods: We conducted a prospective cohort study of registered IBD patients with confirmed COVID-19 from six provinces in Iran from February to April 2020. Proven COVID-19 patients were followed up at four weeks and the frequency of outcomes was assessed. Multivariable logistic regression was used to assess associations between demographics, clinical characteristics and COVID-19 outcomes.

Results: Overall, 2159 IBD patients and 4721 household members were enrolled, with 84 (3.9%) and 49 (1.1%) participants having confirmed COVID-19, respectively. Household spread of COVID-19 was not common in this cohort (1.2%). While hospitalization was significantly more frequent in IBD patients compared with non-IBD household members (27.1% vs. 6.0%, P = 0.002), there was no significant difference in the frequency of severe cases. Age and presence of IBD were positively associated with hospitalization in IBD compared with non-IBD household members (OR: 1.06, 95% CI: 1.03-1.10; OR: 5.7, 95% CI: 2.02-16.07, respectively). Age, presence of new gastrointestinal symptoms, and 5-aminosalicylic acid (5-ASA) use were associated with higher hospitalization rate in IBD patients (OR: 1.13, 95% CI: 1.05-1.23; OR: 6.49, 95% CI: 1.87-22.54; OR: 6.22, 95% CI: 1.90-20.36, respectively). Anti-tumor necrosis factor (TNF) was not associated with more severe outcomes.

Conclusion: Age, presence of new gastrointestinal symptoms and use of 5-ASA were associated with increased hospitalization rate among IBD patients, while anti-TNF therapy had no statistical association.

Send Date: 2022/09/04

Code: DA-22044

ICGH2022-64

Category: 2 .10 تغذیه

Anorexia and Weight Loss during the Infection and Recovery Period of Patients with Coronavirus Disease 2019 (COVID-19)

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Introduction: Patients with coronavirus disease 2019 (COVID-19) can present anorexia and weight loss due to their symptoms and eating disorder which can lead to immune system weakness and increase the duration of recovery time. We aim to assess the severity and duration of anorexia and weight loss within the infection and recovery period in these patients.

Methods: We retrospectively identified 233 COVID-19 patients (older than 18 years) were admitted to the Rasoul-e Akram Hospital, from August to December 2020. Their medical records were reviewed by researchers. Then, patients who had inclusion criteria were asked about duration and severity of anorexia, and also weight alternation during the infection and after the recovery period.

Results: Analyzed data were collected from 233 COVID-19 patients showed the mean duration of anorexia was 7.08 ± 10.41 days with a significant loss of appetite (-75.55 ± 88.09 , P -value < 0.001) at the period of anorexia compare to appetite improvement. Long term anorexia was demonstrated in 42.5 % of patients and its RR was estimated 0.625. Also, males and severe illness patients was shown significantly weight lost ($-2.34 \text{ kg} \pm 4.90$ in 64.8% subjects) during the infection and recovery period (P -value < 0.001).

Conclusion: anorexia and weight loss occur in people infected with the coronavirus and may affect the recovery process of these patients by reducing their food intake. The underlying mechanisms of SARS-CoV-2 related to interaction to the gastrointestinal tract and development of anorexia in these patients need to clarify in future studies.

Send Date: 2022/09/03

Code: DA-22062

ICGH2022-65

Category: 18 Gastrointestinal bleeding

Investigating the etiology and risk factors of gastrointestinal bleeding in hospitalized patients with COVID-19: a case-control study

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Introduction: The number of gastrointestinal bleeding (GIB) cases in the Afzalipour Hospital is high. At the same time, this is the reference center for endoscopic treatment of GIB patients and the treatment center for patients with COVID-19 in Kerman province. Therefore, there is an increasing need to find the cause of GIB in COVID-19 patients, and the preferred method of investigation and timely treatment should be determined to improve the prognosis and prevent mortality. This study aimed to investigate the causes of GIB and its relationship with prognosis in patients with COVID-19 hospitalized in Afzalipour Hospital, Kerman.

Methods: In this case-control study, 127 patients with positive COVID-19 were examined. 64 cases had GIB and 63 cases were without GIB. In endoscopy department, the records of patients with COVID-19 who underwent upper endoscopy in the second half of 2020 were reviewed, and those who presented with hematomas and melena were included in the study. The patients' information and then their prognosis were recorded in the checklist. To analyze the data, descriptive statistics (prevalence, mean and standard deviation) and analytical (chi-square test, Pearson correlation coefficient) was used. If the data distribution is not normal, their equivalent non-parametric tests (Fisher's test and Spearman correlation coefficient) was used. Linear and logistic regression were used to determine the predictor variables of the desired main outcome.

Results: The mean age of cases with GIB was higher ($P=0.06$). There was no significant difference between two groups in terms of gender. The duration of hospitalization of patients with GIB in the ICU was higher ($p=0.03$). After

respiratory symptoms (47.2%); Coffee ground secretions and melena (25.2%) were the most frequent compared to other digestive symptoms ($P=0.001$). The frequency of intubation was higher in patients with GIB ($P=0.124$). Arterial blood oxygen saturation was lower in patients with GIB ($P=0.143$). The frequency of shortness of breath was higher in patients without GIB ($P=0.001$). In endoscopy findings, the highest frequency was related to normal findings (21%), then other findings were erosive gastritis (17.7%), gastric ulcer (9.7%), respectively. Most patients (67.2% in patients with GIB and 78% in patients without GIB) were discharged from the hospital, while 26.6% of patients with GIB and 18.9% of patients without GIB were died ($P=0.007$). Intravenous anticoagulant were risk factor of GIB in case group. But there was no significant relationship between the consumption of NSAID, oral anticoagulants and antiplatelet between the two groups. Previous history of GIB and chronic liver disease was a risk factor for GIB in patients with COVID-19. But there was no significant relationship with other diseases.

Conclusion: This study showed that GIB in COVID-19 patients mainly occurred in the elderly patients and was mostly due to erosive gastritis and gastric ulcer. The most common manifestations were melena and hemoglobin drop. Although the length of stay in the ICU was significantly higher in patients with GIB, most of the patients were discharged from the hospital, and GIB was not related to the threat of respiratory status of the patients.

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Code: DA-22056
ICGH2022-66

گروه: ۱.۱ اپیدمیولوژی

A Supporting System for Management of Patients with Inflammatory Bowel Disease during COVID-19 Outbreak: Iranian Experience-Study Protocol

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Introduction: The COVID-19 pandemic has affected the health care infrastructure dramatically with abundant resources necessarily being redirected to COVID-19 patients and their care. Also, patients with chronic diseases like inflammatory bowel disease (IBD) may be affected in several

ways during this pandemic

Methods: We used the Iranian registry of Crohn's and colitis (IRCC) infrastructure. We called and sent messages to follow-up and support the care of all registered patients. Besides, we prepared and distributed educational materials for these patients and physicians to reduce the risk of COVID-19 infection. We risk-stratified them and prepared outpatient clinics and hospitalization guidance for IBD patients.

Results: Of 13165 Iranian patients with IBD, 51 have been diagnosed as having COVID-19. IBD patients made 1920 hotline calls. Among the patients with suspicious presentations, 14 COVID-19 infections were diagnosed. Additionally, 1782 patients with IBD from five provinces actively phone-called among whom 28 definite cases were diagnosed.

Conclusion: IBD patients' follow-up could help in diagnosing the affected IBD patients with COVID-19. Additionally, the performance of protective actions and preparing the patients and physicians for decisive proceedings are the principles of protection of IBD patients.

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Code: DA-22059
ICGH2022-67

Category: 16.1 Host defence mechanisms - immune reactions

Association between lymphopenia and prognosis in patients with non-alcoholic fatty liver and covid-19

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Introduction: Lymphopenia is a decrease in the number of circulating lymphocytes. Often, the number of lymphocytes decreases in patients with Covid-19. Considering the high prevalence of covid-19 disease, this study aimed to investigate the relationship between lymphopenia and prognosis in patients with non-alcoholic fatty liver disease and covid-19.

Methods: This cross-sectional study was conducted on 90 patients with a positive PCR test or arterial blood oxygen less than 92% requiring oxygen who referred to the

emergency department of Afzalipur Hospital in Kerman in 2021. Patients were classified and matched into 3 groups based on the number of lymphocytes. The first group: severe lymphopenia ($ALC < 500/mm^3$), the second group: mild to moderate lymphopenia ($ALC 500-1000/mm^3$) and the third group without lymphopenia ($ALC > 1000/mm^3$). Demographic variables (age and gender), clinical information related to lymphocyte count, length of hospitalization, disease severity, need for ventilation, patient outcome, and arterial blood oxygen saturation were recorded using patient files. After data collection, SPSS software version 20 was used for analysis.

Results: The average age of patients with mild lymphopenia (57.33 years) was higher than the other groups. Patients with severe lymphopenia were mostly in the acute respiratory phase (42.9%). There was only one patient in the ICU who was in the severe category of lymphopenia. 173 patients needed ventilation and 174 patients (88.8%) were discharged. The mean arterial blood oxygen saturation in patients with severe lymphopenia (90.71) was higher than the other groups. The average duration of hospitalization in 8 patients with severe lymphopenia (10.14 days) was higher than the other groups. The average of HRCT in patients with severe lymphopenia (12.42) was higher than the other groups. Severity of lymphopenia was significant according to age, disease severity, hospitalization in ICU, disease outcome, arterial blood oxygen, duration of hospitalization and HRCT. But it was not significant according to gender.

Conclusion: The results of our study showed that lymphopenia can be an essential parameter. Therefore, it can be said that lymphopenia and its severity levels serve as reliable predictors for clinical outcomes in the management of patients with Covid-19.

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Code: DA-22072

ICGH2022-68

Category: 2.13 بیولوژی مولکولی / ژنتیک / پاتولوژی

Nanoformulated panitumumab combined with photothermal therapy: Strategy for overcoming anti-EGFR monoclonal antibody resistance

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Introduction: Panitumumab (Pan), a highly effective antibody targeting epidermal growth factor receptor (EGFR), has shown a crucial role in treating metastatic cancers. However, its therapeutic response is limited due to the multiple resistance mechanisms. The current study aimed to develop an effective tumor therapeutic nanomedicine based on PEGylated gold nanoparticles (PEG-GNPs) conjugated with panitumumab as an anti-EGFR monoclonal antibody.

Methods: PEG-GNP-Pan nanomedicine was synthesized, characterized, and evaluated for apoptosis induction on KRAS mutant SW-480 colorectal cancer cells combined with photothermal therapy (PTT) using near-infrared (NIR) laser irradiation.

Results: The PEG-GNP-Pan led to nuclear fragmentation and induced apoptosis in the SW480 cell line. The results of our study indicated that combinational therapy (PTT + PEG-GNP-Pan) induced an augmented impact on apoptosis of cancer cells. After 2 hours of exposure to 4 and 16 J/ (s. m²) light doses of NIR irradiation, the IC₅₀ value of PEG-GNP-Pan was significantly decreased compared to the cells treated with GNP-PEG-Pan without NIR laser irradiation or NIR laser irradiation alone.

Conclusion: We introduced an efficient panitumumab nanoformulation combinational therapy with a high capability to overcome resistance and induce apoptosis in colorectal cancer cells compared to free antibodies.

Send Date: 2022/09/06

Code: DA-22046

ICGH2022-69

Category: 2.8 سنگ صفراوی

Adding ursodeoxycholic acid to the endoscopic treatment and common bile duct stenting for large and multiple biliary stones: Will it improve the outcomes

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Introduction: The role of common bile duct (CBD) stenting in the establishment of bile stream in the elderly patients and the ones who are not good candidates for surgery due to not responding to treatments was well documented in previous studies. The current study aimed at investigating the effect of adding Ursodeoxycholic acid (UDCA) to CBD stenting alone in order to reduce the size of large and multiple CBD stones.

Methods: Clinical outcomes including success rates in CBD stones clearance, incidence of pancreatitis, perfora-

tion, bleeding, as well as, decrease in size of stones and liver enzymes after a two-month period were assessed in the UDCA + CBD stenting group.

Results: A total of 64 patients referring to Shahid Beheshti Hospital in Qom, Iran with multiple or large CBD stones (above three or larger than 15 mm) received standard endoscopic therapies and UDCA + CBD stenting (group B) and controls only received standard endoscopic therapies with only CBD stenting (group A). The mean reduction in the size of stones in group B was significantly higher than that of group A (3.22 ± 1.31 vs 4.09 ± 1.87 mm) ($p = 0.034$). There was no difference in the incidence rate of complications including pancreatitis, cholangitis, bleeding, and perforation between the two groups ($P > 0.05$).

Conclusion: Adding UDCA to CBD stenting, due to decrease in the stone size and subsequently facilitation of the stones outlet, can be considered as the first-line treatment for patients with large and multiple CBD stones. Also, in the cases with large or multi stones may be effective in reducing size and subsequently stone retrieval. Trial registry The study protocol was approved by the Ethics Committee of Qom University of Medical Sciences (ethical code: IR.MUQ.REC.1397.075); the study was also registered in the Iranian Registry of Clinical Trials (No. IRCT20161205031252N8). This study adheres to CONSORT guidelines.

Send Date: 2022/09/04

Code: DA-22022

ICGH2022-70

Category: 19.2 Endoscopy - Colon

Low Volume Polyethylene Glycol Combined with Senna Vs. High Volume Polyethylene glycol, Which Regimen is Better for Bowel Preparation for Colonoscopy? A Randomized, Controlled, and Single-Blinded Trial

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Introduction: Bowel preparation affects the quality of

colonoscopy. Reaching the optimal preparation has been a challenge for years. Polyethylene glycol (PEG) is the sole FDA-approved substance for this purpose. However, patients find it unpleasant and often complain about its adverse effects. In this study, we aimed to reduce these complaints by lowering the amount of PEG and adding senna which is an herbal stimulant laxative.

Methods: 486 patients were admitted for colonoscopy. Finally, 382 patients were enrolled in the study and we divided them into two groups; 186 patients were placed in which conventional high-volume PEG-alone regimen was consumed and 196 patients in which low volume PEG plus senna regimen was offered. The quality of colon preparation was compared between the two groups by independent two samples t-test (or its corresponding nonparametric test), Fisher's exact or chi-squared test in SPSS software version 22.

Results: The colon preparation quality was equally efficient in the two groups as 69.36% in the high volume PEG group and 71.94% in PEG plus senna group had adequate bowel preparation (p -value=0.58). Adverse effects, like nausea, bloating, headache, and sleeplessness were significantly less in the low volume PEG plus senna group.

Conclusion: Beside the fact that bowel preparation by low volume PEG plus senna combination was non-inferior to the conventional high volume PEG-alone regimen, the side effects were much less common with the low volume PEG plus senna regimen.

Send Date: 2022/08/20

Code: DA-22033

ICGH2022-71

Category: 7.8 Viral hepatitis B: clinical aspects

Mortality Trends of Gastrointestinal, Liver and Pancreaticobiliary Disease: A Hospital Prospective Base Study in the Southeast of Iran

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Introduction: Gastrointestinal (GI), liver, and pancreaticobiliary diseases, in addition to the high health care utilization and spending, account for a significant proportion of disability and death in Iran. We aimed to assess the incidence of in-hospital mortality for the total GI, liver, and pancreaticobiliary diseases in all hospitals in Kerman, IRAN.

Methods: In a cross-sectional study from May 2017 to April 2018, we collected daily in-hospital death records due to GI, liver, and pancreaticobiliary diseases in all hospitals in Kerman city. GI and liver diseases were classified into three main categories: 1. Nonmalignant gastrointestinal diseases 2. Nonmalignant Liver and Pancreatobiliary diseases 3. GI, liver, and pancreaticobiliary malignancies. All data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 22 (IBM).

Results: Of 3427 in-hospital mortality, 269 (7.84%) deaths were due to GI and liver and pancreaticobiliary diseases that 82 (30.48%) were related to nonmalignant GI disorders, 92 (34.20%) nonmalignant liver and pancreaticobiliary diseases, and 95 (35.31%) were associated with GI, liver and pancreaticobiliary malignancies. Most patients were male (62.08%) and the more common age was between 60-80 years (40.5%). GI bleeding occurred in 158 (58.73%) patients and variceal bleeding was the most common cause (28.48%). Additionally, cirrhosis was reported in 41 out of 92 (44.56%), and hepatitis B infection was the most common cause of cirrhosis among 17 out of 41 (41.46%).

Conclusion: Our results show that gastric, colorectal, and pancreatic cancers and cirrhosis due to HBV were the most common causes of mortality associated with gastrointestinal, liver, and pancreaticobiliary diseases in the hospitals of Kerman.

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Code: DA-22113

ICGH2022-72

Category: 14.1 Malignant disease - epidemiology - screen-

ing and prevention

Prevalence of intestinal metaplasia in the stomach and risk factors for its occurrence in patients with dyspepsia

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Introduction: Intestinal metaplasia in the stomach, which is defined as the replacement of the gastric mucosa by the epithelium of the intestinal morphology, is an important risk factor in the occurrence of gastric cancer. This study aimed to investigate the prevalence of intestinal metaplasia in the stomach and its risk factors in patients with dyspepsia.

Methods: This descriptive-cross-sectional study was conducted on all patients with dyspepsia who were referred to Afzalipour Hospital and Besat Clinic in Kerman from July 2020 to July 2021 and had intestinal metaplasia. Patients were selected by census method and their information was recorded in the data collection form. According to the number of patients with intestinal metaplasia, people who were similar in age and gender to the case group and without intestinal metaplasia were selected as the control group.

Results: In this study, the prevalence of intestinal metaplasia in the stomach in patients with dyspepsia was 26.3%. Forty six percent of patients with intestinal metaplasia in the stomach were men and 54% were women. The average age of the patients was 54.8 years (18-90 years). The most common indication for upper endoscopy in dyspepsia patients with intestinal metaplasia in the stomach was resistance to treatment and the most common results of gastric endoscopy was erogenous enteric mucosa (33%) and then erythema in the antrum (31%). 95 patients had limited intestinal metaplasia (95%), which was the most frequent site of involvement of the antrum. The prevalence of H. pylori infection in dyspepsia patients with intestinal metaplasia in the stomach was 57%. There was a significant relationship between intestinal metaplasia and smoking and hookah (P=0.032).

Conclusion: The results of this study showed that 26.3%

patients with dyspepsia had intestinal metaplasia in the stomach. On average, one out of every four people had intestinal metaplasia. Anyway, stomach mapping in patients with dyspepsia can lead to the diagnosis of precancerous lesions.

Send Date: 2022/09/21

Code: DA-22115

ICGH2022-73

Category: سایر بیماری‌های مری 2. 9

frequency of esophageal eosinophilia and eosinophilic esophagitis in endoscopy units patients; A cross-sectional study in Mashhad university of medicine in 2015-2016 yea

, Seyedeh Fatemeh Mousaviemadi^{2*}, Reza Farid Hoseyni¹, Hasan Vosoqinia¹, Kamran Qaffaradegan¹, Ali Beheshti¹, Azita Gangi¹, Omid Qanai¹, Mitra Ahadi¹

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Introduction: eosinophilic esophagitis is an increasing disease in the world. Prevalence of this disease is not determine in Iran

Methods: As a part of cross sectional study, from patients over 14 years old that undergo endoscopy for any cause; 2-3 esophageal biopsies were taken from 0.5 cm above Z line and 2-3 biopsies from proximal or middle esophagus and abnormal areas. After pathologic evaluation any eosinophil infiltration <15 in HPF of the epithelium was defined as esophageal eosinophilia. If eosinophil infiltration was ≥ 15 in HPF Eosinophilic esophagitis was defined

Results: In total 591 participants include in this study that 268(45.36 %) individuals were male and 323(54.65 %) were female. The average age was 65.5 years old in total and 62.3 in eosinophilic esophagitis group and 52/98 in Esophageal eosinophilia group. Prevalence of eosinophilic esophagitis was 2.37(n=14) and esophageal eosinophilia was 23.35 (n=138) per 100 individual. Prevalence of Eosinophilic esophagitis was more in males (10 (1.69 % in males and 4(0.68 % in females that was not significant

Conclusion: Frequency of Esophageal eosinophilia and eosinophilic esophagitis was 23.35% and 2.37% in our study that was the same as others therefore eosinophilic esophagitis is not rare in and should be considered in differential diagnosis of patient with esophageal symptoms. The age of eosinophilic esophagitis in this study is greater than other countries

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Code: DA-22091

ICGH2022-74

Category: 7.10 Immunology - autoimmune liver disease

Pregnancy and its course in women with autoimmune hepatitis who referred to a major hepatology clinic in Tehran from 2000 to 2020

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Introduction: Autoimmune hepatitis (AIH) is a chronic hepatocellular disorder that can result in liver cirrhosis. It frequently affects women of childbearing age and therefore may influence fertility and pregnancy; however the information on pregnancy outcome in women with AIH is scarce

Methods: We retrieved the files of all female autoimmune hepatitis patients who were in child-bearing age at presentation and had referred to a major hepatology center in Tehran, Iran from March 2000 to March 2020. All of them were contacted by phone and a questionnaire was filled in for them by an expert clinician. The questions included attempting pregnancies, successful conception(s), medication, complications related to the underlying disease and pregnancy, method of parturition, and the neonates' birth weight and condition at birth. The relation of maternal to various outcomes (abortions, disease flare, pregnancy related complications, and conception rate) were assessed using chi-square and Fisher's exact tests as appropriate.

Results: There were 79 females of child-bearing age diagnosed with AIH during the study period. Of these 64 responded to the telephone calls and consented to participate in the study. Of the 64 responding women, infertility rate was 4.1%. There were 32 conceptions in 23 women ending in 26 live births in 21 women. Five women had two pregnancies each. All babies were singleton. Mean age of the mothers was 28.8±5.7. There were 5 abortions (before week 14) and 1 still birth at week 36.

Conclusion: According to our study, among women with AIH, possibility of infertility and risk of abortion, low birth weight, preterm labor and pregnancy complications are not more than the general population. Previous studies on pregnancy in AIH have shown the same results.

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ICGH2022-75

Category: 6.7 سیروز و عوارض آن: تظاهرات کلینیکی

Prediction of esophageal varices by spleen stiffness in patients with cirrhosis

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Introduction: Esophageal varices are mainly caused by portal hypertension and are a common complication of chronic liver disease (CLD). In this study, we investigated the diagnostic relationship between liver stiffness (LS) and spleen stiffness (SS) measurement using elastography and their association with esophageal varices in cirrhotic patients.

Methods: One hundred twenty-five consecutive patients with liver cirrhosis were enrolled in this study between Sep 2017 and Aug 2019. All patients underwent upper gastrointestinal endoscopy to evaluate the presence and severity of esophageal varices. SS and LS measurements were performed for all liver and spleen elastography.

Results: Aspartate aminotransferase (AST), alanine aminotransferase (ALT), Platelet and AST-to-platelet ratio (APRI) levels were not significantly different between the two groups ($p > 0.05$). No significant difference was observed for LS in the two groups (p -value = 0.826). SS was significantly different in the two groups of patients with esophageal varices and those without 1 varices (p -value = 0.004).

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Code: DA-22128

ICGH2022-76

Category: 9.7 تظاهرات کلینیکی C: هیاتیت

Follow-Up of Treatment in HCV Infected Thalassaemia Major Patients

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Introduction: Hepatitis C virus (HCV) Treatment complications and liver malfunction in patients suffering from hereditary beta thalassaemia major is a concern. By introduction of direct-acting antivirals (DAAs) dramatically changing the landscape of hepatitis C. The aim of the present study was to evaluate treatment outcome of DAA therapy in thalassaemia major patients infected with HCV in a three-year follow-up.

Methods: Hepatitis C virus (HCV) Treatment complications and liver malfunction in patients suffering from hereditary beta thalassaemia major is a concern. By introduction of direct-acting antivirals (DAAs) dramatically changing the landscape of hepatitis C. The aim of the present study was to evaluate treatment outcome of DAA therapy in thalassaemia major patients infected with HCV in a three-year follow-up.

Results: From among 84 patients enrolled in the study, 53.6% were males, 36.9% had cirrhosis, 96.4% had a history of Desferal usage, and 78.6% had a history of splenectomy. Unfortunately, 7 participants (8.3%) died prior to the end of follow-up with nearly half of them having Iron overload and heart failure complications. Fibroscan score, ALT, AST, and ferritin were significantly lower compared with baseline evaluation, while Hb, creatinine, and direct bilirubin increased significantly in the third year after the treatment.

Conclusion: Safety and efficiency of Sofosbuvir and Dacatasvir in thalassaemia patients assessed previously but our three-year follow-up showed their mild complications and death into a long-term period after DAAs treatment and 91.7% three-year survival rate, which may affected by other confounding factors, such as liver malfunction and Iron overload.

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ICGH2022-77

گروه: ۲۰۹ سایر بیماری‌های مری

Pneumatic Balloon Dilatation for Achalasia: long term outcome

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زمینه و هدف: آشالازی یکی از بیماری‌های دستگاه گوارش است که در نتیجه‌ی سیر پیش‌رونده‌ی از بین رفتن سلولهای گانگلیون در شبکه عصبی میانتریک عضلات صاف دیواره‌ی مری رخ می‌دهد و منجر به اسپاسم در اسفنکتر تحتانی مری و فقدان حرکات پرستالتیسم در این ناحیه می‌گردد. از بین روش‌های درمانی موجود، دیلاتاسیون با بالون (Pneumatic Balloon Dilatation) و

جراحی به‌عنوان رایج‌ترین و موثرترین راه‌های درمان این بیماری شناخته شده هستند. روش PBD به علت تهاجم کمتر و تاثیر بالا بسیار مورد توجه قرار گرفته است و میزان موفقیت کوتاه مدت آن تا ۸۵ درصد گزارش شده است. در عین حال برخی از مطالعات اثربخشی طولانی مدت آن را زیر سوال برده‌اند. طبق نتیجه مطالعه قبلی ما، در صورت استفاده از بالون‌های Rigiflex درصد موفقیت در درمان به روش PBD مشابه میوتومی خواهد بود ولی نتایج طولانی مدت این روش نیاز به مطالعات بیشتر دارد. هدف از این مطالعه پیگیری بیماران مبتلا به آشالازی درمان شده به روش PBD پس از ۶ تا ۲۱ سال است تا میزان عود بیماری و عوارض آن در بازه زمانی طولانی تر مورد بررسی قرار گیرد.

روش بررسی: در این مطالعه مقطعی گذشته نگر که در سال ۲۰۲۲ انجام شد، ۲۰۵ بیمار که بین سال‌های ۲۰۰۱ تا ۲۰۱۶ در کلینیک فوق تخصصی گوارش پورسینای حکیم، اصفهان، ایران تشخیص بیماری آشالازی در آنها تایید شده بود وارد مطالعه شدند. درمان این بیماران به روش PBD توسط یک گاستروانترولوژیست ماهر با بالون Rigiflex انجام شده بود. بیماران پس از کسب رضایت آگاهانه جهت مصاحبه تلفنی دعوت می‌شدند. از آنها درباره علائم اولیه و تغییرات آن پس از هر نوبت درمان با بالون و همچنین علائم کنونی سوال شد و به هر کدام طبق سیستم امتیاز دهی استاندارد Eckardt امتیاز داده شد. **یافته‌ها:** از بین ۲۰۵ بیمار، ۱۱۰ نفر قابل پیگیری بودند و پیگیری سایرین به دلیل تغییر شماره تلفن، مهاجرت و یا فوت شدن امکان پذیر نبود. ۵۷٪ از بیماران شامل زنان با میانگین سنی ۵۲/۹ سال و ۴۲٪ از بیماران شامل مردان با میانگین سنی ۳۵/۲۱ سال بود. ۹ نفر از بیماران فوت شده بودند که تنها یکی به علت مشکل گوارشی (سرطان کبد) بود. تعداد جلسات دیلاتاسیون با بالون برای بیماران به صورت ۵۰/۹٪ از بیماران یک جلسه، ۳۶/۳٪ از بیماران دو جلسه و ۱۲/۷٪ از بیماران با سه جلسه و بیشتر بود. ۱۰/۹٪ از بیماران در نهایت جراحی شده بودند که از این تعداد ۲۵٪ پس از یک جلسه، ۳۳/۳٪ پس از دو جلسه و ۴۱/۶٪ پس از سه جلسه PBD بود. هیچکدام از بیماران دچار سرطان مری و یا پارگی مری نشدند. ۶ بیمار دچار ریفلاکس معده ی پیشرفته بدون پاسخ به دارو شدند.

نتیجه‌گیری: با توجه به نتایج رضایت بخش درمان با بالون در بیماران آشالازی و عود پایین بیماری در طولانی مدت (۶ تا ۲۱ سال) و همچنین مزایای دیگر این روش نسبت به روش جراحی اعم از هزینه و عوارض کمتر، دیلاتاسیون با بالون به عنوان روش ارجح درمان برای این بیماران پیشنهاد می‌شود.

تاریخ ارسال: ۲۰۲۲/۱۰/۰۲

Code: DA-22010

ICGH2022-78

Category: 7.5 اداره بیماری

Alterations in the course of inflammatory bowel disease following liver transplantation: A systematic review and meta-analysis

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Introduction: This study aimed to systematically review and pool data regarding the alterations in the clinical course of inflammatory bowel disease (IBD) following liver transplantation (LT).

Methods: Relevant prospective and retrospective observational studies were identified by searching databases and gray literature through December 2020. Random-effects models were used to calculate the pooled frequency of IBD patients with disease course alterations ("improved", "unchanged", or "aggravated") after LT and the corresponding 95% confidence intervals (CI).

Results: Twenty-five studies met our inclusion criteria, reporting the outcomes in two or three categories. In the analysis of studies with three-category outcomes (n=13), the pooled frequencies of patients with improved, unchanged, or aggravated IBD course after LT were 29.4% (95%CI: 16.9%-41.9%), 51.4% (95%CI: 45.5%-57.3%), and 25.2% (95%CI: 15.6%-34.8%), respectively. Subgroup analyses revealed that patients with ulcerative colitis (UC), younger age at LT, or shorter duration of follow-up were more likely to have an improved disease course. Moreover, higher IBD exacerbation estimates were observed in studies with a low risk of bias. In the analysis of studies with two-category outcomes (n=12), the pooled frequencies of patients with improved/unchanged or aggravated IBD course were 73.6% (95%CI: 62.2%-85.0%) and 24.1% (95%CI: 15.1%-33.2%), respectively. The cumulative incidence of an exacerbated IBD course following LT was 0.22 (95% CI: 0.16-0.29, P < 0.001).

Conclusion: We conclude that IBD activity remains unchanged (or improved/unchanged) in most IBD patients following LT. Furthermore, IBD type, age, and follow-up length can influence the IBD course after LT.

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Code: DA-22006

ICGH2022-79

Category: 1.1 Epidemiology

Carnivore Diet is Unhealthy and What to Try Instead

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Introduction: The carnivore diet could damage the colon and degrade gut health. In fact, changes to the microbiome

eating nothing but meat could colonize the gut with bacteria that increase the risk for heart disease. Animal protein is high in L-Carnitine, a type of amino acid. The New England Journal of Medicine has published a study which demonstrates certain strains of bacteria turn carnitine, as well as choline in eggs, into TMAO, a compound that has been shown to damage the arteries.

Conclusion: Not everyone who eats meat will have high TMAO levels, however, an unhealthy microbiome combined with a constant supply of red meat at every meal, could result in the perfect storm for TMAO to get out of hand.

Send Date: 2022/07/28

Code: DA-22037

ICGH2022-80

Category: سایر بیماری‌های مری 2. 9

Clinical features and endoscopic findings in patients with ineffective esophageal motility (IEM)

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Introduction: Ineffective esophageal motility (IEM) is an esophageal motility and is the most common abnormality seen routinely in esophageal manometry. Here we assessed the clinical features of patients with IEM and the effects of proton pump inhibitors (PPI) and surgical treatments on patient's conditions.

Methods: This is a cross-sectional study that was performed in 2019-2020 in Isfahan on 40 cases with the diagnosis of IEM. We collected demographic information of patients (age, sex, BMI, previous medical history, medications, duration of the current problem) and clinical manifestations (clinical symptoms of patients including dysphagia, heartburn, acid reflux, chest pain or belching) before and after treatments with PPI or surgery.

Results: 65% of patients had dysphagia and heartburn, 55% had food and acid regurgitation, 47.5% had belching and 55% had chest pain. Post-treatment findings showed that only the recurrence of food and acid regurgitation in the PPI treatment group was significantly lower than the surgical group. Intragroup comparison of symptom severity showed that in the surgical group only the severity of dysphagia (P=0.042) and in the PPI group the severity of heartburn (P=0.007), dysphagia (P<0.001), food and acid regurgitation (P=0.007) and chest pain (P=0.027) decreased significantly compared to before treatments.

Conclusion: Dysphagia and heartburn, food or acid reflux and burping were the most common clinical manifestations of IEM. Treatments with PPI resulted in more significant improvements compared to surgical treatments.

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Code: DA-22026

ICGH2022-81

Category: اختلالات عملکردی دستگاه گوارش 5.15

The efficacy of herbal formula of Ocimum basilicum L., and Acasia arabica in patients with irritable bowel syndrome diarrhea predominant (IBS-D): a pilot study

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Introduction: Irritable bowel syndrome (IBS) is the most common functional bowel disorder with recurrent abdominal pain associating with defecation or a change in bowel habit. Several studies reported the efficacy of herbal medicines in improving IBS symptoms. This pilot study evaluated the efficacy of the herbal formula of Ocimum basilicum (Reihan seeds), and Acasia arabica (Samgh-e-arabi) on symptoms severity score of patients with irritable bowel syndrome, Diarrhea predominant (IBS-D).

Methods: This double-blind randomized pilot controlled clinical trial (ethics code: IR.KMU.AH.REC1400.050), with parallel groups allocation ratio of 1:1, was conducted in a referral clinic of Afzalipour Hospital affiliated with Kerman University of Medical Sciences in Kerman, southeastern Iran. A total of 38 patients with IBS-D (diagnosed based on the Rome IV criteria) were included in this study. The patients with complications during the intervention, pregnancy or lactation, a history of allergy to herbal drugs, and severe organic or psychiatric disorders were excluded. The participants received one capsule containing 500 mg of Ocimum basilicum seeds powder, and Acasia arabica powder; or placebo (Corn starch) three times a day, before meal, for 4 weeks. IBS Symptoms Severity Scale (IBS-SSS) were assessed via standard questionnaire.

Results: A total 19 participants in each group completed the study, and their data were analyzed statistically. Abdominal pain severity, abdominal pain frequency, bowel habit dissatisfaction, and interaction with quality of life showed significant improvements in herbal formula group compared to the placebo without serious side effects. No significant difference was observed between the two groups in term of bloating/distention severity (independent t-test, P < 0.05).

Conclusion: Although this pilot study showed the efficacy of this herbal formula in improving IBS-SSS, more studies with larger sample size are needed to confirm the efficacy and safety of this herbal formula in patients with IBS-D

Send Date: 2022/08/22

Code: DA-22061

ICGH2022-82

Category: 5.15 اختلالات عملکردی دستگاه گوارش

Evaluation of nigella sativa extract efficacy for management of irritable bowel syndrome: a multi centric double blind randomized clinical trial

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Introduction: this randomized double blind clinical trial designed to evaluate efficacy of Black seed (*Nigella sativa*) extract and its active component thymoquinone for management of Irritable bowel syndrome (IBS) as one of the most common functional gastrointestinal disorders.

Methods: This control randomized clinical trial conducted on patients with diagnose of IBS based on ROME-IV criteria referred to the gastrointestinal outpatient clinics of 3 referral centers during 2021. IBS patients were randomly divided into two groups to receive either capsules containing 100 mg black seed extract PO BID (case group; n=32) or same capsules containing placebo (control group; n=30) 2 times a day, along with their routine treatments for 8 weeks. The patients followed up every two weeks and their symptoms recorded. The symptoms severity was evaluated based on IBS severity score (pain severity, abdominal pain severity, abdominal distension severity, satisfaction with bowel habit and the effect IBS on general life).

Results: Overall, 62 IBS patients included. There was no significant difference between two groups in the severity of IBS symptoms before the intervention, and at the second and fourth weeks of treatment (P>0.05). However, in the sixth (P=0.004) and eighth weeks of treatment (P=0.018), the severity of the disease in black seed group was signif-

icantly lower than placebo group. The average scores of abdominal pain severity from the sixth weeks onwards, and the scores of abdominal distension severity, satisfaction with bowel habits, the impact of IBS on daily life and the overall score of the IBS severity questionnaire from the fourth weeks onwards in black seed group were significantly lower than placebo group (P<0.05).

Conclusion: This study showed that Black seed extract supplementation is safe and effective for improving all of the IBS symptoms and severity. Considering its low cost and availability, Black seed administration could be a therapeutic option among patients with IBS.

Send Date: 2022/09/05

Code: DA-22079

ICGH2022-83

Category: 13.2 Molecular biology/genetics/pathology

Evaluation of nano-formulated cetuximab on apoptosis-related genes expression in KRAS mutant colorectal adenocarcinoma cells

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Introduction: To date, several multifunctional diagnostic and therapeutic nanostructures (NSs) have been developed by conjugating various imaging probes and targeting agents, including antibodies Abs/aptamers (Aps) and enzymes. The current investigation introduced an advanced and effective therapeutic nano-biosystem composed of gold nanoparticles (GNPs) conjugated with anti-EGFR monoclonal antibody cetuximab (Cet).

Methods: The GNPs were synthesized and conjugated with Cet. The physicochemical properties of the engineered nano-biosystem (GNP-Cet) were characterized. Then, its biological impacts, including cell viability and apoptosis, were evaluated in the colorectal cancer SW-480 cells. The apoptosis-related genes AKT, PTEN, and Caspase 3 expression were analyzed using real-time PCR.

Results: The GNP-Cet nano-biosystem induced cytotoxicity and apoptosis in SW-480 cells. Besides, GNP-Cet was able to upregulate PTEN, caspase 3, and downregulate AKT, indicating their key influence in the induction of

apoptosis and overcoming resistance to Cet in KRAs mutant SW-480 cancer cells.

Conclusion: Our findings revealed that the engineered nano-biosystem could inhibit cell proliferation and induce apoptosis in CRC cells resistant to anti-EGFR monoclonal antibodies. Thus, the GNP-Cet nano-biosystem can be considered a novel treatment modality for CRC and other solid tumors.

Send Date: 2022/09/07

Code: DA-22119

ICGH2022-84

اداره بیماری 7.5 Category:

Selective Serotonin Reuptake Inhibitors and Inflammatory Bowel Disease; Beneficial or Malpractice

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Introduction: IBD, a chronic inflammatory disease, has been manifested as a growing health problem. No Crohn's and Colitis councils have officially ratified anti-depressants as a routine regimen for IBD patients. However, some physicians empirically prescribe them to rectify functional bowel consequences such as pain and alleviate psychiatric comorbidities. On the other side, SSRIs' prescription is accompanied by adverse effects such as sleep disturbances. Prolonged intermittent hypoxia throughout sleep disturbance such as sleep apnea provokes periodic reductions in the partial oxygen pressure gradient in the gut lumen. It promotes gut microbiota to dysbiosis, which induces intestinal inflammation. This phenomenon and evidence representing the higher amount of serotonin associated with Crohn's disease challenged our previous knowledge. Can SSRIs worsen the IBD course? Evidence answered the question with the claim on anti-inflammatory properties (central and peripheral) of SSRIs and illuminated the other substantial elements (compared to serotonin elevation) responsible for IBD pathogenesis. However, later clinical evidence was not all in favor of the benefits of SSRIs. Hence, in this review, the molecular mechanisms and clinical evidence are scrutinized and integrated to clarify the interfering molecular mechanism justifying both supporting and disproving clinical evidence. Biphasic dose-dependent serotonin behavior accompanying SSRI shifting function when used up

for the long-term can be assumed as the parameters leading to IBD patients' adverse outcomes. Despite more research being needed to elucidate the effect of SSRI consumption in IBD patients, periodic prescriptions of SSRIs at monthly intervals can be recommended

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