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Submucosal Dissection of Rectal Neoplastic lesions in Iran

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Introduction: Endoscopic submucosal Dissection is a novel technique for cure of ealry gastrointestinalcaners. Here I will report on two cases of rectal lesions removed by this technique. Case one was a 40 years old female who had a giant villous adenoma of rectum removed by piecemeal EMR previously. Surveillance colonoscopy after one year revealed remnant and regrowth of adenoma at distal margin. Case two was a 72 years old male with history of rectal cancer 17 years before with a 0-IIa lesion ~ 1. 5 cm above anal canal on surveillance exam.

Method: ESD was performed in both cases. In breif, target lesions were first marked circumferentially by hook knife. Hypertonic Glucose mixed with indigocarmine was used to elevate the lesion circumferentailly. IT knife was used to cut the circumference of target lesion. Dissection of lesion was then performed by IT knife and/or flex knife. During dissection, bleedings were controlled meticuously.

Results: In both cases ESD was performed successfully and target lesions were retrieved and sent for pathological studies. Bleedings occured in both cases and were controlled endoscopically. No perforation occured. Mean procedure time was 7 hours in case one and one hour in case two. Both cases had an uneventful post-procedure admission time. Pathological examination of target lesions reported villous adenoma in case one and intramucosal carcinoma in case two.

Conclusion: ESD is a new novel, minimally invasive and effective technique for management of early gastrointestinal cancers and is an effective tool in hands of endoscopists as part of our armamentorium to cure our patients in an effective way with minimal adverse effects and preserved quality of life.

Send Date: 2014/10/03

gastric adenoma with low-grade Dysplasia.
Case two is a 68 years old male with type 0-IIa lesion ~ 5mmx5 mm below cardia. Two Biopsies confirmed this to be intramucosal carcinoma. All biopsies were confirmed by two different pathologists.
Method: ESD was performed in both cases. In breif, target lesions were first marked circumferentially by hook knife. Hypertonic Glucose mixed with indigocarmine was used to elevate the lesion circumferentaily. IT knife was used to cut the circumference of target lesion. Dissection of lesion was then performed by IT knife and/or flex knife. During dissection, bleedings were controlled meticuously.
Results: In both cases ESD was performed successfully and target lesions were retrieved and sent for pathological studies. Bleedings occured in both cases and were controlled endoscopically. A minute perforation occured in case one and was controlled endoscopically with no need for surgical intervention. Mean procedure time was 4-5 hours. Both cases had an uneventful post-procedure admission time. Pathological examination of target lesions proved them to be intramucosal carcinomas removed completely with free margins. Surveillance endoscopies after three months revealed complete healing without any evidence of remnant neoplastic tissue or regrowth.
Conclusion: ESD is a new novel, minimally invasive and effective technique for management of early gastrointestinal cancers and is an effective tool in hands of endoscopists as part of our armamentorium to cure our patients in an effective way with minimal adverse effects and preserved quality of life.
Send Date: 2014/10/03

Code: 2834
Category: 19. 2 Endoscopy – Colon
F-T-90

Quality and complications of colonoscopy in Ahvaz Jundishapur University

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Introduction: Colonoscopy is the most effective method for screening and diagnosing the colorectal cancers. The aim of this study is to compare the quality and risk factors of performing colonoscopy in outpatient clinics of Ahvaz Jundishapur University with the international standards of quality criteria.
Method: In a 6-months period, data of all patients who were candidate for elective outpatient colonoscopy including quality of bowel prep, polyp detection rate and any potential complication collected by a questionnaire and analyzed.
Results: Totally, 239 (113 males, 125 females) patients enrolled to this study. Patients' mean ages were 44 ± 16 years (males) and 44. 5 ± 16 years (females). In terms of geographic distribution, 59. 1% resided in the center of the province. The most common colonoscopy findings in male patients were anal hemorrhoids (15. 7%), proctitis (11%), polyps (10. 2%), IBD (5. 6%) and cancer (4. 6%). Among female patients the findings included anal hemorrhoids (16. 7%), proctitis (11%), polyp (8. 3%), IBD (6%) and cancer (4. 6%), Melanosis coli and anal fissure (3. 3%). The most common reasons for referring to colonoscopy among male patients include rectal bleeding (31. 5%), Abdominal pain (24. 3%), diarrhea(9%) and constipation(7. 2%); in women include rectal bleeding (27. 2%), Abdominal pain (25. 6%), constipation(12. 8%), diarrhea(10. 4%) and anemia (8. 8%). Colon prep was appropriate in 40. 5%, inadequate in 36. 8% and poor in 22. 8% of cases. The rate of cecal intubation was 72. 5%. 1. 3% of patients experienced minor complication such as pain and abdominal swelling after colonoscopy with no major complication at all.
Conclusion: It seems that our routine regimen for colon prep (PEG 280gr + Bisacodyl TDS) is inadequate for our population and can potentially decrease the quality of our outpatient's colonoscopy.
Send Date: 2014/08/05

Code: 3150
Category: 19. 2 Endoscopy – Colon
F-T-91

Report of two cases of Endoscopic

gastrointestinal complications and has a significant role in systemic inflammation. Today, it is now clear that it has extragastrointestinal manifestations such as endocrine diseases. In this study, we aimed to compare the prevalence of H. pylori infection in diabetic and non-diabetic individuals.

Method: In this cross-sectional study, 218 non-diabetic and 211 diabetic patients referred to Shahid Beheshti Hospital of Qom between March 2013-2014 were studied. The patients were divided into two HP+ and HP- groups based on serological IgG antibody against HP and the association between diabetes and H. pylori infection was evaluated. Data was analyzed using independent t tests, chi-square, Fisher's exact test and Mann-Whitney test.

Results: The prevalence of H. pylori seropositive was 55. 8% vs. 44. 2% in diabetic and non-diabetics, respectively and the difference was statistically significant (p=0. 001).

Conclusion: This study showed a higher prevalence of H. pylori infection in diabetic patients.

Send Date: 2014/09/04

Code: 2920
Category: 19. 1 Endoscopy - Upper GI
F-T-88

Predictors Of Recurrence Of Bleeding In Patients Presenting With Acute Upper Gastrointestinal Bleeding (Augib) In A Tertiary Center In 2013

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Introduction: Upper gastrointestinal bleeding (UGIB) could be a life threatening condition.
Careful evaluation to predict the risk recurrence and mortality is needed. The aim of this study was to describe clinical outcomes and predictors of recurrent bleeding of patients presenting with acute upper gastrointestinal bleeding in the 2013 referring to tertiary center.

Method: All adults (>16 years) presenting in or to emergency department of a university hospital with UGIB between 1 January and 30 December 2013 were entered in study. After gathering basic characteristics, patients were followed for three month after admission to determine rebleeding or death rate during this period.

Results: Data on 168 patients was collected during this period. 109 (64. 9%) were male and mean age was 59. 4±18. 2 years. 79. 2% of participants had at least one co-morbidity. At presentation 14. 9% (25/16) had history of smoking and 43. 5% were taking non-steroidal anti-inflammatory drugs and aspirin. Peptic ulcer disease accounted for 57. 2% of UGIB and malignant lesions and bleeding varices 10. 7% and 9. 5% respectively. In 58 (34. 5%) patients an episode of bleeding occurred in next three months. Malignant lesions at endoscopy and admission to intensive units had more rebleeding rate (P value <0. 001 and 0. 03 respectively) but age, sex, comorbidity, smoking and abnormal Prothrombin Time (PT) had no relation with recurrence. In regression analysis only malignant lesions were related to rebleeding (P value: 0. 02, OR=9. 24). Thirty nine (23. 2%) patients died during follow up. Advanced age, comorbidities, intensive unit admission and malignant lesions were related with mortality. In regression analysis only malignant lesions and intensive units admission were related to mortality (P=0. 002 and P=0. 004 respectively).

Conclusion: In our study malignant lesions at index endoscopy was related to rebleeding and intensive units admission and malignant lesions with recurrent bleeding and mortality.

Send Date: 2014/09/05

Code: 3148
Category: 19. 1 Endoscopy - Upper GI
F-T-89

Report of two cases of Endoscopic Submucosal Dissection of Early Gastric Cancers in Iran

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Introduction: Endoscopic Submucosal Dissection is a novel technique for cure of ealry gastrointestinal caners. Here I will report on two cases of early cancers of cardia cured by this technique. Case one is a 76 years old male who had a screening EGD. A type 0-IIa+IIc lesion ~ 1 cm x 1 cm was observed below cardia. Two repeated biopsies of this area reported

whose classic manifestations include the following: fever, jaundice, renal failure, hemorrhage.
Laboratory studies used to confirm the diagnosis of leptospirosis include the following: Culture of leptospires from body fluids or tissue and Microscopic agglutination testing (MAT).
Fascioliasis is a trematode flatworm infection caused by Fasciola hepatica or Fasciola gigantic. Many infections are mild; morbidity increases with fluke burden. Forms of infection include the acute (liver) phase, chronic (biliary) phase, ectopic fascioliasis, and pharyngeal fascioliasis.
The diagnosis of fascioliasis should be considered in patients with abdominal pain and hepatomegaly accompanied by peripheral eosinophilia. The diagnosis can be established by identifying eggs in stool, duodenal aspirates, or bile specimens.
Alternative approaches to diagnosis include identification of adult worms in endoscopic or surgical specimens, or serology. Imaging can be an adjunctive diagnostic tool. Additional diagnostic clues include anemia, abnormal LFT, elevated ESR and IgG.
Conclusion: The physician must be considered fascioliasis and leptospirosis in patient return from north of Iran with appropriate clinical manifestation.
Send Date: 2014/08/06

Code: 2871
Category: 16. 3 Gastrointestinal infections
F-T-86

Small Bowel Bacterial Overgrowth in patients with Irritable Bowel Syndrome: The first study in Iran

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Introduction: Irritable bowel syndrome (IBS) is the most commonly diagnosed chronic functional gastrointestinal (GI) disorder. Small intestinal bacterial overgrowth (SIBO) is a condition in which excessive levels of bacteria, mainly the colonic-type species are present in the small intestine.
Recent data suggest that SIBO may contribute to the pathophysiology of IBS. The aim of this study is to assessment the association between SIBO and IBS by using ×Glucose breathe test (GBT) in ×Iranian population. up to now, according to our searching results no study has been performed for this purpose in Iran.
Method: A total of 214subjects (107IBS and 107healthy control subjects) enrolled in our study. The control population consisted of healthy subjects without IBS symptoms. all subjects underwent GBT. A peak of H2 values >20 p. p. m above the basal value after glucose ingestion was considered suggestive of SIBO. SPSS version 17 software was used for data analysis. P value < 0. 05 was considered as statistically significant.
Results: There was no significant statically difference between two groups in sex and age. Of 107 IBS patients, 40 resulted to be positive to GBT (37. 4%) with respect to 14 of 107 control subjects (12. 1%). The difference between groups resulted to be statistically Significant (P < 0. 001). Dominant symptoms in patients with IBS were 36(33. 6%)diarrhea, 12(11. 2%) constipation, 22(20. 6%) abdominal pain, 28(26. 2%)bloating and 9(8. 4%)change in bowel habit. There was not statistically significant difference among any of this IBS subgroups and positive GBT (P < 0. 44).
Conclusion: The present study showed an epidemiological association between IBS and SIBO. Placebo-controlled bacterial eradication study is necessary to clarify the real impact of SIBO on IBS.
Send Date: 2014/08/19

Code: 2910
Category: 16. 3 Gastrointestinal infections
F-T-87

Comparison of Helicobacter pylori infection in diabetics and non-diabetics

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Introduction: Helicobacter pylori (HP) infection plays an important role in the development of

treatment and negative breath tests but eventually 156 patients were analyzed. 2 study groups were similar for age, sex, IBS type and PPI consumption. Frequency of SIBO recurrency were significantly lesser in probiotic group than placebo (P=0. 033). Frequency rate was not different between 2 groups based on sex, constipation and mixed type of IBS (P>0. 05) and only there was a significant difference in SIBO frequency between 2 groups in diarrhea type of IBS (P<0. 05).

Conclusion: Mutaflor probiotic has beneficial effects in reducing SIBO recurrency in IBS patients and it can be used successfully in treatment of these patients.

Send Date: 2014/07/07

Code: 2853
Category: 16. 3 Gastrointestinal infections
F-T-84

A randomized clinical trial with a multistrain probiotic product in acute watery diarrhea in Iranian children

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Introduction: Acute diarrhea remains as 1st or 2nd most important cause of mortality in children under 5 years of age in developing countries. Resumption of epithelial integrity and disturbed transport mechanisms during diarrhea, partly depends on intestinal milieu. Gut microbiota has major impacts on health. Villous absorptive capacity, normal barrier mechanism and local immune defense all act in optimal level when intestinal microbiota are intact. Viral diarrhea can commonly disturb enteric microflora. Replacement of normal flora can potentially reduce disease severity and duration.

Method: 100 children between 12 and 60 months with acute watery diarrhea enrolled a double blind clinical trial from April to September 2008 in Lorestan, Iran. 50 children were given one sachet multistrain lyophilized probiotic extract (109 CFU of lactobacilli and bifidobacteriae, trade nameâ Restore from Protexin) daily for 7 days and 50 ones took placebo (in similar sachet form) for same duration. Dietary and hygienic orders and recommendations for oral rehydration solution were similar for both groups. Each child was closely observed regarding complications and disease severity. After 4 weeks patients were weighed. Data were analysed by SPSS and paired t-test was used.

Results: There was no significant difference regarding sex (p=0. 754) and mean age (p=0. 983) between two groups. Mean duration of diarrhea was 4. 5+/-1. 03days in probiotic group vs. 6. 8+/-2. 6 days in placebo one (p=0. 000). Daily times of watery stool in case and control groups were 4. 36+/-0. 95 and 5. 08+/-0. 89 respectively (p=0. 000). Nobody in probiotic group suffered by persistent diarrhea or any significant complication. Weight decrement after probiotic challenge was significantly less than placebo (p=0. 000).

Conclusion: Probiotics have documented promising effects in acute diarrhea in children. They can be considered as part of management protocol in childhood diarrhea.

Send Date: 2014/08/06

Code: 2854
Category: 16. 3 Gastrointestinal infections
F-T-85

Leptospirosis and fasioliasis

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Introduction: Leptospirosis and fascioliasis is relatively common in north of Iran. About 20% of general population of Iran visited northern cities yearly. They may be infected with these infections during traveling and retun to their cities so gastroenterologosts must be familar with clinical manifestation of these local diseases.

Results: Leptospirosis is an infectious disease of humans and animals. It is considered the most common zoonosis in the world. Leptospirosis occurs as two recognizable clinical syndromes: anicteric and icteric. Anicteric leptospirosis is characterized by sudden onset of some combination of the following: headache, fever, rigors, muscle pain, nausea and vomiting, anorexia, diarrhea, cough, pharyngitis, conjunctivitis, nonpruritic rash.

Icteric leptospirosis(Weil disease) is a severe illness

association between the rectal serotonin levels and IBS.

Method: One hundred and thirty one IBS patients enrolled in our study. Rectal biopsies were taken from IBS patients and serotonin level was detected by ELISA technique.

Results: The mean of serotonin level in diarrhea, constipation and alternating IBS subtypes was 1. 32 ± 8. 43, 2. 63 ± 9. 94 and 1. 69 ± 8. 81 ng/dl respectively and there was no significant relationship between serotonin levels and IBS (P = 0. 877).

Conclusion: We could not find any association between serotonin level in rectal mucus of patients and IBS. Investigation on influence of the other neurotransmitters in IBS patients is suggested for future studies.

Send Date: 2014/08/20

Code: 2922

Category: 16. 2 Inflammation and inflammatory mechanisms

F-T-82

Evaluation of frequency of mastocytis enterocolitis in patients with diarrhea predominant irritable bowel syndrome

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Introduction: Most patients with irritable bowel syndrome (IBS) do not respond to existing treatments. It seems that the pathogenesis is not fully understood. Trying to clear this condition, scientists have focused on the role of mast cells in the pathogenesis of IBS and many other gastrointestinal disorders.

Method: After taking history including demographic, clinical, familial and personal history of 57 patients with diarrhea-predominant IBS (criteria ROME III) colonoscopy was done and in cases of normal colonoscopy, samples of left and right colon were taken. 48 samples could be retrieved.

Immunohistochemical staining for mast cell tryptase was done and mast cells were counted. The prevalence of patients wit hmast cells >20/ high power field (HPF), was determined. The patients were divided into three categories: <10/HPF, 10-20/HPF and >20/HPF and symptoms of three groups were compared. In addition to their traditional treatment regimen, all patients received Ranitidine and Cetrizine. Clinical response was also compared in the three groups.

Results: 3 out of 48 patients (5. 8%) had >20 mast cells in each HPF (mastocytic enterocolitis). Distribution and severity of clinical symptoms of the patients in three groups were not significantly different. Respond to treatment with antihistamines was not significantly different in each of these groups of patients.

Conclusion: Mastocytic enterocolitis in our patients was not more than other studies. Mast cell count was not associated with clinical symptoms.

Send Date: 2014/09/05

Code: 2822

Category: 16. 3 Gastrointestinal infections

F-T-83

Assessment of probiotics' efficacy in prevention of small intestinal bacterial overgrowth (SIBO) recurrence in patients with Irritable Bowel Syndrome

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Introduction: IBS is the most common functional disorder of GI tract. It is shown that intestinal microbiota play a role in pathogenesis of IBS.

In recent studies Probiotics have been effective in improvement of IBS symptoms by changing gut normal microflora.

Method: In a double blind clinical trial, patients with IBS and SIBO based on positive breath test, received a 10 days period of Antibiotics initially and then after a negative breath test they were divided into 2 groups (Mutaflor probiotic and placebo) randomly.

After 3 months treatment, breath tests were repeated and frequency of SIBO recurrency was compared between 2 groups.

Results: Of 172 patients with IBS and SIBO, 159 cases were introduced in 2 groups after antibiotics

jobless. Twelve cases (10%) had a background disease. Types of IBS in patients were included 38% diarrhea, 42% constipation and 20% mixed. Patients were categorized as; 87 cases (71%) depressed, 97 patients (79%) stressfull, 94 patients (76%) anxious. 76 cases (62%) of IBS patients had poor sleep quality. In multivariate Logistic Regression gender (P=0. 123), job (P=0. 547), background disease (P=332) IBS type (P=0. 949), stress (P=0. 577), a nxiety (P=0. 373) and depression (P=0. 306) was not correlated with poor sleep quality.

Conclusion: Many of IBS patients is suffering from poor sleep quality. It seems that sleep disorder should be considered and treated in this patients.

Send Date: 2014/09/04

Code: 3098

Category: 15. 5 Functional gastrointestinal disorders (clinical - management)

F-T-80

Irritable Bowel Syndrome among the Students of the Qom Medical Sciences

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Introduction: Irritable bowel syndrome (IBS) is one of the mostcommon gut functional diseases, affecting 10–20% ofpeople worldwide. Asstudying at university, particularly in different fields of medical sciences, is accompanied with a greater level of stress, the purpose of the present study is to investigate the incidence of Irritable Bowel Syndrome (IBS), which is closely associated with mental factors, among students of medical sciences.

Method: The population of the present study included 730 students studying medicine, nursing, midwifery and laboratory science, who were assessed on a field basis by means of a special questionnaire and based on the Rome III criteria.

Results: The mean incidence of the Irritable Bowel Syndrome in the students was 22% of which 66% were female and 34% male. Among the patients, 20.6% suffered from predominant constipation, 28.4% from predominant diarrhea, and 40% from a mixed condition. Among the students of medicine, nursing, midwifery and lab science, 14%, 26%, 32% and 16% suffered from IBS, respectively.

Furthermore, 20% of the local students, 25% of non-local students being less than 300 km away from their home, . The findings showed that the greater the distance between the students' main place of residence and their place of study, the more their susceptibility to IBS (P = 0.000).

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

Send Date: 2014/09/19

Code: 2874

Category: 16.2 Inflammation and inflammatory mechanisms

F-T-81

Status of rectal serotonin level in IBS patients

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Introduction: Irritable bowel syndrome (IBS) is a chronic disease with the specific presentation of recurrent abdominal pain and altered bowel habits. IBS is classified into three different subtypes including diarrhea, constipation and alternating forms. Serotonin is a neurotransmitter presenting in gastrointestinal tracts and central nervous system and seemingly it has a key role in the pathophysiology of IBS. We undertook this study to examine the

Code: 2875
Category: 14. 2 Diagnosis of malignant disease
F-T-78

Diagnostic value of carcinoembryonic antigen in malignancy-related ascites: systemic review and meta-analysis

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Introduction: Ascites occurs due to the pervasive range of both benign and malignant diseases. There is a common misconception that malignant ascites is equivalent to peritoneal carcinomatosis. It seems that malignancy-related ascites is a more appropriate description of malignant ascites, which is difficult to confirm. An isolated laboratory test cannot be solely helpful in diagnosis.

Carcinoembryonic antigen is a glycoprotein tumor marker shed by malignant cells, which increases in the wide range of gastrointestinal malignancies. We carried out the current meta-analysis to determine the carcinoembryonic antigen accuracy in the diagnosis of malignancy-related ascites.

Method: Pudmed/Medline and SCOPUS were searched with the following search terms: malignan* AND ascites AND (CEA OR carcinoembryonic). Outcome of interest was carcinoembryonic antigen accuracy in the differentiation of MRA and nonmalignant ascites.

Results: Seven studies included in the systematic review. Pooled diagnostic indices using random effects model were as follows: sensitivity 43. 1% [381-48. 3]; specificity 95. 5% [93-97.3]; LR+ 7.33[4. 58-11.73]; LR- 0. 6[0.54-0.68]; DOR 12. 93[758-22].

Conclusion: Carcinoembryonic antigen of the ascitic fluid does not seem to be sensitive enough for the diagnosis of malignancy-related ascites. However, due to high specificity, positive predictive value of this marker is high and the higher the level of carcinoembryonic antigen, the more likely it is to be malignancy related, while a negative test result cannot definitely rule out the malignancy.

Send Date: 2014/08/20

Code: 2916
Category: 15. 5 Functional gastrointestinal disorders (clinical - management)
F-T-79

Assessment of Sleep Quality and Depression-Anxiety-stress in irritable bowel syndrome patients

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Introduction: Irritable Bowel Syndrome (IBS) is one of the most common functional gastrointestinal disorders with chronic abdominal pain and altered bowel habit without any organic reason. Sleep disorders may be associated with IBS. We aimed to assess sleep disturbances in these patients.

Method: In this analytical cross sectional study from November 2013 to May 2014, A total of 123 IBS patients were recruited by simple random sampling. IBS was diagnosed using ROME-III criteria.

Demographic and basic data were driven from all patients by interview and history taking. PSQI (Pittsburg sleep quality index) questionnaire was utilized to estimate sleep quality and DASS (depression anxiety stress scale) questionnaire was filled out for depression, anxiety and stress. The cases were visited by a gastroenterologist because of gastrointestinal symptoms. The positive inclusion criteria was were diagnosis the IBS with ROME-III criteria, and the negative ones were comorbidity of a psychiatric disorder or organic bowel disease, all the patients who deliver an incomplete questionnaire exclude from the study. Two trained nurses interviewed the participants about demographic characteristics. Then, stress and sleep quality information was collect via self-reported questionnaire of DASS and PSQI. (PSQI) is a self-reported questionnaire introducing in 1989. we defined poor quality of sleeping more than five score and considered a $P<0.05$ as statistical significance

Results: The mean age of patients was 29±9, where 48 cases (39%) were male. 30 cases (24%) were

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Introduction: Esophageal squamous cell carcinoma (ESCC) is a fatal disease with 5-year survival rates of less than 5% in Northern Iran. Esophageal squamous dysplasia (ESD) is the precursor histologic lesion of ESCC. This pilot study was conducted to assess the feasibility, safety, and acceptability of non-endoscopic cytological examination of the esophagus and to provide initial data on the accuracy of cytological atypia for identifying patients with ESD in this very high-risk area.

Method: Randomly selected asymptomatic participants of the Golestan Cohort Study were recruited. A cytological specimen was taken using a capsule sponge device, and evaluated for atypical cells. Sections of the cytological specimen were also stained for p53 protein. Patient acceptability was assessed using a visual analog scale. The cytological diagnosis was compared witha chromo-endoscopic examination using Lugol's solution.

Results: 344 subjects (43% male, mean (SD) age 55. 6 (7. 9) years) were referred to the study clinic. 312 met eligibility criteria and consented, of which 301 subjects (96. 5%) completed both cytological and endoscopic examinations. There were no complications. Most of the participants (279; 92. 7%) were satisfied with the examination. The sensitivity and specificity of the cytological examination for identifying subjects with high-grade ESD were 100% and 97%, respectively. We found an accuracy of 100% (95%CI=99%-100%) for a combination of cytological examination and p53 staining to detect high-grade ESD.

Conclusion: The capsule sponge methodology seems to be a feasible, safe and acceptable method for diagnosing precancerous lesions of the esophagus in this population, with promising initial accuracy data for the detection of high-grade ESD.

Send Date: 2014/08/13

Code: 2980
Category: 14. 1 Malignant disease - epidemiology - screening and prevention
F-T-77

Trend in colorectal cancer incidence in the south-east of Iran from 2003-2013

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Introduction: To examine the rates based on age-adjusted incidence of colorectal cancers over a 10-year period in Kerman, the biggest province of Iran, from 2003 to 2013.

Method: Data were obtained from the population-based cancer registry unit of Kerman University of Medical Sciences (CR-KMU), Iran. Data included age, sex, city, ICD-O and year of registry. Our trend analyses cover 3. 91% of Iran population. The data set, cases were diagnosed from 2003 to 2013. The population of over 20 years was interpolated using 2003 and 2010 census. Then, truncated age-adjusted incidence rate was calculated.

Results: From 2003-2013, truncated colorectal cancer incidence rates increased from 2003-2009 to 2010-2013 for 731 cancer cases considered in the analysis. These increases were more prominent in 2009. Totally, the frequency of the cancer was more in males. Moreover, calculating truncated age-adjusted incidence rate (TASR) indicated that the most prevalent age of colorectal incidence was in 50-59 years old except in 2007-2008 and 2012-2013, which was most, happened in 60-69 years old people. The point is that in recent years, decreasing in the age of colorectal cancer patients goes to the range of 30-39 individuals. The most frequent type of cancer during the time was adenocarcinoma.

Conclusion: Our data revealed that the incidence rates of colorectal cancer have increased over the past decade. We detected significant increase in 2009, which may be related to change in registering cancers in Iran. On the other hand, improved survival rates could be another reason. However, at the beginning it has sharply increased, we suggested this increasing was associated with the change in pyramid population of Iran after 1975 revolution. It seems that downfall in 2010 may be related to early detection programs.

Send Date: 2014/09/06

یک بیمار افزایش بیان ژن DKK2 در بافت توموری نسبت به بافت نرمال کناری آن مشاهده شد (ΔΔCt: 0.29).

نتیجه گیری: در مطالعات پیشین، ژن DKK2 به عنوان کاهنده بیان در ملانومای بدخیم مشاهده شد حال آنکه در بافتهای اولیه سرطان کولون، به عنوان افزاینده بیان مشاهده شد. مطالعات ما نشان میدهد که بیان ژن DKK2 در بافتهای توموری در مقایسه با نرمال کناری آن کاهش یافته است. به نظر میرسد که این ژن به عنوان یک ژن سرکوبگر تومور در بافتهای سرطان کولون عمل میکند.

Send Date: 2014/08/06

Code: 2877

Category: 13.2 Molecular biology/genetics/pathology

F-T-75

H. pylori infection upregulates embryonic stem cells factors in human bone marrow-derived mesenchymal stem cells (BMD-MSC): further evidence for the role of H. pylori and BMD-MSC in gastric cancer

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Introduction: Previous studies have shown that H. pyloriinfection plays a crucial role in gastritis and gastric cancer. In addition, previous investigations conducted by us and others comprehensively demonstrated that persistence of H. pylori infection leads to migration of bone marrow derived – mesenchymal stem cells (BMD-MSCs) to inflamed stomach and eventually, these migrated BMD-MSC transform to gastric cancers. However, its mechanism has not been yet elucidated. As embryonic stem cells factors have been shown to be involved in induction of cancers and survival of cancer stem cells, we investigated the possible role of H. pylori infection on expression of these factors in BMD-MSC.

Method: First, H. pylori was isolated fromgastric biopsy samples and characterized by microbiological and PCR techniques. BMD-MSC were isolated from human bone marrow, cultured and characterized as by flow cytometry. The BMD-MSCs were infected by co-culturing of these cells with H. pylori (for one cell to 100 bacteria). Then the expression of embryonic factors Sox2, Nanog, Oct4 were examined by RT-PCR.

Results: BMD-MSC was positive for CD105, CD90 and they were negative for hematopoetic markers such as CD45 and CD34. When we infected the BMD-MSC cells with H. Pylori, we found H. pylori infection significantly upregulates Sox2 expression in these cells, indicating that Sox2 may play an important role in pathobiology of H. pylori-mediated gastric cancers. Conversely, we observed that H. pylori infection did not show any effect on expression of other embryonic factors such as Nong and Oct4.

Conclusion: We demonstrate for the first time that H. pyloriinfection upregulates Sox2 in human BMD-MSC cells which might play a role in pathogenesis of H. pylori-mediated gastric cancer.

Send Date: 2014/08/21

Code: 2864

Category: 14.1 Malignant disease - epidemiology - screening and prevention

F-T-76

Cytological screening for esophageal squamous cell dysplasia in a high risk area in Northern Iran

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loss in both men and women. There was no correlation between amount of weight loss (or deacrese in BMI or percentage of weight loss) with decrease of IL-1, IL-6, TNF-α or Hs-CRP. Decrease of TNF-α was more in younger patients.

Conclusion: Weight loss with low calorie diet can decrease the level of IL-1, IL-6, TNF-α and Hs-CRP of patients with fatty liver during 8 weeks independent from gender and degree of weight loss.

Send Date: 2014/08/30

Code: 2933
Category: 12. 4 Postoperative complications
F-T-73

Post-laparoscopic Cholecystectomy Clip Migration A case report and review of the literature

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Introduction: Post-cholecystectomy clip migration (PCCM) is rare and can lead to complications which include clip-related biliary stones. Most have been reported as case reports. This study reviews a case of Post-cholecystectomy clip migration PCCM can occur at any time but typically occur at a median of 2 years after cholecystectomy.

Case Report: A 44-year-old woman was admitted to our institution with 48 hours of intense abdominal pain, fever, jaundice. Two months before a laparoscopic cholecystectomy had been performed for cholelithiasis. Several days after the laparoscopic cholecystectomy a subhepatic collection was diagnosed and drained via ultrasound guidance with cutaneous drainage. The follow-up was uneventful. On admission she was febrile (39°C) and jaundiced; the liver was not palpable. Liver function tests were abnormal: alanine transaminase 135 units/liter (1 to 50 units/liter);aspartate transaminase 124 units/liter (1 to 50 units /liter);alkaline phosphatase 270 units/liter (37 to 111 units/liter);and total bilirubin 3mg/dl On ERCP bile ducts were of normal caliber; there was no bile leakage from the cystic duct and the clips was located in the distal part of the common bile duct. The clips was easily removed using a Dormia basket following an endoscopic papillotomy. At I-month follow-up the patient was symptom free At 6-month followup, the patient was still symptom free and doing well.

Discussion: It is recommended that great care be taken to ensure secure occlusion of the cystic duct by proper application of clips. Double stapling for thick cystic duct with one clip on top of another is an unsafe technique. The more recently developed clips (for instance, those with serrations or grooves), which are claimed to hold more tightly with less chance of slippage, would be advantageous in this regard. Besides, the choledochotomy and T-tube, if needed, should be placed a safe distance away from the residual endoclips.

Send Date: 2014/09/06

Code: 2848
Category: 13.2 Molecular biology/genetics/pathology
F-T-74

بررسی بیان ژن Dipkoff-2 در ۶ نمونه بافتی سرطان کولون

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زمینه و هدف: سرطان کولون یکی از سرطانهای شایع در مردان و زنان در سرتاسرجهان میباشد. مسیر پیام رسانی Wnt نقش مهمی را در ایجاد سرطان کولون ایفا میکند. تنظیم کننده های مختلفی در این مسیر وجود دارند مانند Dickokopf2 یا DKK2 که دارای نقشی دوگانه به عنوان ژن سرکوبگر تومور یا انکوژن میباشد. در این مطاله بیان ژن DKK2 را در ۶ بیمار مبتلا به سرطان کولون بررسی کردیم.

روش بررسی: استخراج RNA از بافت با استفاده از ترایزول انجام شد سپس ساخت cDNA توسط Mu-MLV reverse transcriptase انجام شد. PCR کمی انجام شد و بیان ژن DKK2 و GAPDH (به عنوان ژن مرجع) با به کار بردن پرایمرها، پروب، مسترمیکس تک من (TAKARA) در دستگاه StepOnePlus مورد مطالعه قرار گرفت.

یافته ها: نمونه های تومور و نرمال کناری از ۳ زن و ۳ مرد بیمار به دست آمد. در ۱۰۰٪ موارد، DKK2 در بافت توموری و نرمال کناری آن بیان شد. در ۸۳٪ بیماران، کاهش بیان این ژن در بافت توموری نسبت به بافت نرمال کناری آن مشاهده شد (ΔΔCt ها در مردان: ۰/۶۴-، ۱۰-، ۱/۹۳- و در زنان: ۱/۱-، ۱/۴۶-) در حالیکه در

and swelling. Hepatomegaly and ascites were the two commonest signs. The most common etiology was myeloprolifrative disorder second etiology was inherited thrombotic diathesis(protein c deficiency, protein s deficiency and antithrombine III deficiency). The best diagnostic method was duppler ultrasound, venography andMRI. In 4 cases shunt and in 1 case angioplasty used that almost was effective but their efficacy was temporary.

In 2 cases liver transplantation accomplished and have good efficacy. Nine patientswere treated medically with Thrombolysis (tissue plasmin- or streptokinase), diuretics and warfarin.

Conclusion: cure of budd chiari syndrome need to rapid and correct diagnose that need to suitable methods. Duppler ultrasound and MRI and venography had more effective related other methods. And between therapeutic methods, portocaval shunt was more effective.

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Code: 2888

Category: 9. 5 Malignant disease and endocrine tumors of the pancreas

F-T-71

Identification of Mutations in the Cyclooxygenase-2 (COX-2) in Iranian Patients with Pancreatic Cancer

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Introduction: This study investigated DNA sequence variations of COX-2 gene that to be implicated in pancreatic cancer.

Method: The entire exonic regions of COX-2 were sequenced in the germline DNA of 96 patients with pancreatic cancer. Selected variants which were located in E6E7 in the test panel were genotypedin 96 controls.

Results: The COX-2 gene was demonstrated to be genetically conserved. Four missense mutations were found in the three cases. However the common variant c. 724-10_724-7delATTT (rs201231411) showed significant difference between cases and controls (21 (21. 9%) vs 11 (%11. 5), p=0. 05).

Conclusion: These findings confirmed the well-kept structure of COX-2 for its enzymatic function and supported the concept of expression or activity of this enzyme in pancreatic cancer that might be regulated by intronic variations.

Send Date: 2014/08/23

Code: 2898

Category: 10. 1 Obesity

F-T-72

Determine effect of weight loss on serum level of inflammatory cytokines IL-1, IL-6, Hs-CRP and TNF-α in obese patients with fatty liver disease

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Introduction: obesity which is connected to a wide range of functional and hormonal disorders, results is a mild and chronic inflammatory state leading to long term adverse effects. According to importance of these inflammatory and proinflammatory factors in pathogenesis of fatty liver disease, the aim of this study is to evaluate effect of low calorie diet and weight loss on serum level of inflammatory markers in patients with fatty liver disease in Iranian population

Method: In a clinical trial, 40 patients with fatty liver disease in Gastro-hepathology clinic of Tabriz Imam Reza hospital, who fulfilled the inclusion criteria, were introduced to receive a low calorie diet in nutrition clinic. Serum level of proinflammatory factors (IL-1, IL-6, TNF-α and Hs-CRP) were measured and compared before and after a 8 week trial of diet.

Results: The mean age of the patients was 45. 36±10. 51 years which were in the range of 23 to 70 years. 9 (22. 5%) of patients were male and 41 (77. 5%) was female. The mean value of weight and body mass index of participants decreased significantly (a mean decrease of 6. 47± 3. 40 percent in weight) after 8 weeks. Weight loss in men was significantly more than women. The mean level of IL-1, IL-6, TNF-α and Hs-CRP was significantly decreased after weight

persistently and markedly elevated serum transaminases, she was referred to the hepatology clinic 5 years later for consideration of anti-viral therapy. Physical examination then revealed skin purpura of the lower limbs. Liver biopsy was performed which confirmed Periportal -periseptal interface hepatitis (piecemeal necrosis) with fibrous expansion of some portal areas with fibrin thrombosis of in some veins.

Discussion: In summary, a minority of patients with chronic HCV infection develops cryoglobulinaemic vasculitis. The commonest manifestation is intermittent lower limb purpura. Anti-viral therapy is the standard treatment for MC and good response depends on viral clearance. Non-Hodgkin's lymphoma is also a well known complication of chronic HCV infection. Chemotherapy (including corticosteroid) and antiviral therapy resulted in good clinical response.

Send Date: 2014/09/06

Code: 3137
Category: 7. 9 Viral hepatitis C: clinical aspects
F-T-69

Investigation of IL-28B gene polymorphism (rs8099917) on susceptibility to Hepatitis C infection in Iranian population

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Introduction: Infection with Hepatitis C virus (HCV) is one of the main health problems worldwide. Current standard anti-HCV therapy is based on a combination of pegylated interferon and ribavirin. Recently, single nucleotide polymorphisms (SNPs) near the interleukin 28B (IL28B) gene were shown to be strongly associated with response to HCV drug treatment. Therefore, in current studyfrequencyof the (G/T) polymorphism with the susceptibility to Hepatitis C virus infection among Iranian populationwas investigated

Method: In this cross-sectional study, totally 150 blood samples were collected from 93 patientschronic HCV genotypes 1 and 3 and57 healthy individual controls have been selected. DNA was extracted from the blood samples and the frequency of the polymorphism was analyzed using PCR-RFLP method. Finally, the products were detected on 3. 5% agarose gel electrophoresis.

Results: The analysis of the data showed thatasignificant difference (p value: 0. 013, or: 2. 23) in theG/TSNPdistribution, between healthy individuals (TT: 75%, TG: 23%, GG: 2%) and patients groups (TT: 57%, TG: 35%, GG: 8%.).

Conclusion: The results were shown that significant susceptible effects of G/T Polymorphism among case group and suggested that inheritance ofthe SNP, G allele may be associated with susceptibility to chronic HCV infection among Iranian population. However, further studies with moresamples are necessary.

Send Date: 2014/09/26

Code: 3138
Category: 7. 13 Miscellaneous
F-T-70

Diagnosis and treatment of Budd-Chiari syndrome

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Introduction: budd-chiari syndrome is an uncommon condition induced by thrombotic or nonthrombotic obstraction to hepatic venous outflow. The syndrome most often occurs in patients with underlining thrombotic diathesis.

Method: this study is a cross-sectional project.
Budd-Chiari syndrome was diagnosed in 16 patients admitted to the taleghani hospital Centre, tehran. The clinical presentation, investigations, therapeutic modalities, prognosis and outcome of patients were reviewed.

Results: There were 9 women and 7 men. Median age at presentation was 35 years.
Presenting symptoms were mainly abdominal pain

and24weeks afterdiscontinuation of treatment in63 patients (70%). (P = 0/001)

Conclusion: SVR was 70% in our study. The most relevant factors with positive SVR in left of the patients were genotype 1, the initial ultrasound abnormality and high ALT during therapy. No severe complications and appropriate responses to the combination of PEG-IFN alfa-2a plus Ribavirin Regardless of the genotyperepresent an advantage in Azeri patients.

Send Date: 2014/08/31

Code: 2912

Category: 7. 9 Viral hepatitis C: clinical aspects

F-T-67

Evaluation of adding vitamin D to standard HCV regimen(PEG-interferon plus ribaverin) on early virologic response(EVR)

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Introduction: Chronic HCV-infected patients tend to have vitamin D deficiency, vitaminD has immunomedulator effect. we therefore assessed the effects of vitamin d supplementation on viral response to PEG-INF/RBV.

Method: In a randomized clinical trial60 patients with HCV (30 with genotype 1 and 30 with genotype 2, 3) were randomly divided into two groups, 30 to oral vitamin D supplementation (1600 IU/day normal serum level > 32 ng/mL) together with 180 µg PEG INF-2a plus oral ribavirin during the treatment and 30 to nonsupplementation (control), The primary end point was decrease 2 log HCV RNA at 12 wk (EVR)and undetectable HCVRNA as complete EVR. Vitamin D serum level was measured during treatment

Results: Demographic characteristics were similar in both groups. Vitamin D deficiency(<30 ng/dl) was seen in 58% of patients. Complete RVR rate at week 12was significantly higher in the vitamin D group with genotype 1 than in the control group with same genotype (93% vs 66% P = 0. 04). but complete RVR rate in vitamin D group with genotype 2, 3 was not more than control group with same genotype (100% vs 86% P = 0. 63). RVR rate in vitamin D group and control group in genotype 1 and 2, 3 were not significantly different (p=0. 223, p=0. 228). Baseline serum vitamin D levels were lower at baseline (22 ± 15 ng/mL) and increased after 12 wk vitamin D treatment, to a mean level of (52 ± 38 ng/mL [P value=0/02]). Complete EVR was more common in intervention group in patients with genotype 1 (P=0/04).

Conclusion: Vitamin D deficiency was common in hcv patiants, so adding vitamin D to conventional Peg/RBV therapy for patients with HCV genotype 1 significantly improves viral response.

Send Date: 2014/09/04

Code: 2929

Category: 7. 9 Viral hepatitis C: clinical aspects

F-T-68

A driver man with cutaneous vasculitis: Hepatitis C Virus Associated Mixed Cryoglobulinaemia

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Introduction: Mixed cryoglobulinaemia (MC) is common in patients with chronic hepatitis C virus (HCV) infection. However, clinically significant vasculitis occurs only in a minority of these patients. The classical presentation of MC is a triad of cutaneus vasculitis, peripheral neuropathy and arthralgia.

Case Report: A 54-year-old driver man was incidentally found to have impaired liver function test during an annual body check-up 10 years ago. Further investigations revealed positive serology for anti-HCV antibody. She denied intravenous drug abuse. He did not have any clinical evidence of liver cirrhosis. Detailed history and examination revealed that her lower limb purpura was clinically compatible with cutaneous vasculitis. In view of the history of chronic HCV infection, cryoglobulin was checked and was reported to be positive. Her serum complement levels were low. A diagnosis of cryoglobulinaemic vasculitis secondary to chronic HCV infection was made. Apart from skin purpura and arthralgia, he did not have any evidence of neuropathy or glomerulonephritis. Because of

Send Date: 2014/09/04

Code: 2857
Category: 7. 9 Viral hepatitis C: clinical aspects
F-T-65

RS-1279860 C/T gene polymorphism of interleukin 28B in HCV infected persons: Relationship with spontaneous clearance or chronicity

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Introduction: HCV involved 170,000,000 persons worldwide and is the major cause of liver cirrhosis. It has been demonstrated that interferon gamma (IFN-ɣ) plays an important role in the persistence of infection, chronicity of inflammation and evolution in fibrosis. The aims of this study were to evaluate gene polymorphism of IL-28B, the INF-ɣ coding gene, and its relation to spontaneous clearance or chronicity of hepatitis C.

Method: 32 patients (27 men and 5 women) with spontaneous clearance (RNA positive and Anti HCV antibody (IgG) negative) and 61 patients (54 men and 7 women) with chronic HCV infection (both RNA and Anti HCV antibody (IgG) positive) from patients which referred to Motahhary Clinic of Shiraz, Iran, were enrolled in this study. In both patient groups, rs-1279860 C/T gene polymorphisms of IL-28B were evaluated by PCR-RFLP test using specific primers.

Results: In spontaneous clearance and chronic hepatitis C infected groups, genetic polymorphisms of CC, CT and TT were 18 (56. 2%) and 27 (44. 2%), 12 (37. 4%) and 13 (21. 2%), 2 (6. 2%) and 21 (34. 4%) patients, respectively. Although, there are significant positive correlation between CT and CC genotypes (in contrast with TT genotype) and spontaneous clearance of HCV ($p<0.05$), but, no correlation was detected between sex and spontaneous clearance ($p>0.05$).

Conclusion: IFN-ɣ is primarily secreted by activated T cells and natural killer (NK) cells, and can promote macrophage activation, mediate antiviral and antibacterial immunity. Our results demonstrated the relationship between IFN-ɣ gene polymorphisms and clinical features of HCV infection. However, conducting of studies with larger patients number and using other genes polymorphisms are highly recommended.

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Code: 2899
Category: 7. 9 Viral hepatitis C: clinical aspects
F-T-66

The evaluation of treatment response to Peginterferon (α2a) and Ribavirin in Azari patients with hepatitis C, 2007-2012

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Introduction: Chronic Hepatitis C is a global problem. Exposure mortality rate secondary to this infection is increased equaled 2-3 at recent 2 decades, because of cirrhosis formation. Nowadays combination therapy with PEG interferon plus Ribavirin has increased the sustained virologic response to 50%. Information about the response to this therapy is limited in most areas of the world. This study aimed to evaluate the response rate in Azeri patients with chronic hepatitis C treated with Peg-interferon plus Ribavirin.

Method: This study is done on 90 patients with Hepatitis C referred to Shaikhu-al-Raees clinic. Treatment with Peg-interferon (α2a) at a dose of 180mg/wk and ribavirin 800-1200mg/d for 24-48 weeks was initiated. A rapid virologic response (RVR: negative HCV-RNA at week 4 of treatment), early virologic response (EVR: negative HCV-RNA at week 12 of treatment), end of treatment (EOT: negative HCV-RNA at end of treatment period) and sustained virologic response (SVR: negative HCV-RNA 24 weeks after cessation of treatment) were considered. SPSS. 15 statistical software was studied.

Results: The mean initial viralload was1, 249, 696. 16and was negative 4 weeks after initiation of therapyin55patients (61. 1%), 12weeks after initiation of therapy in 74 patients (82. 2%), atthe end ofthe treatment period, in 80 (88. 9%) patients,

individuals: Results of Golestan Hepatitis B Cohort Study

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Introduction: Identification of risk factors for chronic hepatitis B (CHB) is of utmost importance to develop control measures and therefore restrict disease transmission. The objective of this study was to identify risk factors for CHB infirst degree relatives of HBsAg+ individuals of Golestan cohort study (GCS).

Method: GCS is a prospective study of 50, 045 > 40 years old adults, designed to study the upper GI cancers in North Eastern Iran in 2004. Seven percent (n=3505) of all GCS participants were initially HBsAg+. AllHBsAg+ subjects and their spouses and children were invited to attend the central cohort clinic to fill in a prepared structured questionnaire addressing different issues including socio-demographic and risk factors for CHB. Potential risk factors were compared between all markers negative (n=2393) and infected/exposed (n=533) first degree relatives by bivariate analysis followed by logistic regression analysis.

Results: Logistic regression analysis of significant risk factors by bivariate analysis (dental procedures, history of surgery, tattoo, prison and accident, rural residency, illiteracy/lower education, married marital status, age at blood sampling and male gender) showed tattoo (Odds Ratio (OR)= 3. 03; P=0. 002; CI=1. 5-6. 1), Dental procedures (OR= 1. 26; P=0. 042; CI=1-1. 6), age at blood sampling (OR=1. 03; P=0. 0001; CI=1. 03-1. 04), male gender (OR= 0. 66; P=0. 0001; CI=0. 53-0. 82), and rural residency (OR=. 65; P=0. 01; CI=0. 47-0. 92), as independent risk factors for CHB.

Conclusion: Our findings indicate that dental procedures and risky behaviors like tattoo are among significant risk factors in the first degree relatives of infected individuals. Such routes of infection transmission can be easily prevented by better and continuous education of dental/tattooing personnel to use higher standards of disinfection and sterilization as well as their screening for CHB and vaccination.

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Code: 2909

Category: 7. 8 Viral hepatitis B: clinical aspects

F-T-64

Hepatitis B immunity following vaccination and its association with epidemiological characteristics of Shahid Beheshti Hospital of Qom's staff

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Introduction: Vaccination is an important preventive method for hepatitis B infection and recognition of contributing factors for antibody response is essential. Hence, in this study the association of serum level of anti-hepatitis B antibody after vaccination with epidemiological characteristics of health care providers in Shahid Beheshti Hospital of Qom was evaluated.

Method: In this observational descriptive-comparative cross-sectional study, 235 health care providers of Shahid Beheshti Hospital of Qom in 2013 were enrolled and the association between serum level of anti-hepatitis B antibody(HBsAb) with epidemiological characteristics was determined. HBsAb titers <10 ng/dL were regarded as negative (unprotected) and HbsAb titers>10ng/dL were regarded as positive(protected).

Results: In this study 30 cases (12. 8%) were unprotected and older age, smoking, and higher BMI were significantly associated with unprotected titers (p<0.05).

Conclusion: Due to the significant antibody irresponsiveness in hospital staff, especially in the elderly, obese and smokers, more attention should be paid to evaluation of HBsAb titer after vaccination of these people.

availablefor HBsAg, HBcAb and HBsAb evaluations. Of those 87. 6% were still HBsAg positive and 12. 4% were HBsAg negative. Among 321 HBsAg negative individuals, 175 (54. 5%; annual rate: 1. 4%) had positive HBcAb and 75 (23. 4%; annual rate: 0. 6%) developed HBsAb. Annual spontaneous HBsAg seroclearance had occurred in at least 0. 6% of individuals during a follow-up period of 5 years.

Among 5030 HBsAg negative first degree relatives, 22. 7% (n=1141)had antibodies against both HBs and HBc antigens suggesting spontaneous clearance of HBsAg. The mean (SD) age of HBsAg seroclearance was 43 (14) years and 61. 2% (n=698) were female. Females cleared HBsAg more frequently than males (P=0. 01). HBsAg seroclearance in the family member group was higher in the age groups of >50 years (95%) and lower in the age groups of < 29 years (61. 5%) (P=0. 0001).

Conclusion: Our results are in accordance with the published data in high endemic area for chronic HBV infection with an annual HBsAg clearance rate of at least 0. 6% and females and older patient having a higher HBsAg clearance rate.

Send Date: 2014/09/03

Code: 2904

Category: 7. 8 Viral hepatitis B: clinical aspects

F-T-62

Intrafamilial transmission of chronic HBV infection: Results of Golestan Hepatitis B Cohort Study

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Introduction: Despite other parts of Iran, Golestan province has a high prevalence of 7% for chronic HBV infection. The aim of this study was to investigate intrafamilial transmission of chronic HBV infection in this province.

Method: Golestan Cohort Study (GCS) is a population-based cohort of 50, 045> 40 years old individuals, initially (2004-2008) designed to study the upper GI cancers in Northern Iran. In 2008, a baseline measurement of HBV surface antigen (HBsAg) on the stored serum samples of all GCS participants identified 3, 505 HBsAg+ individuals. In 2011, we checked HBV serological markers in spouses (1454) and children (3934) of HBsAg+ individuals.

Results: HBsAg was positive in 2. 2% of spouses and 8. 3% of children (overall rate of 6. 6% with a male predominance, P=0. 0001). HBcAb was positive in 52. 3% of spouses and 23% of children (overall rate of 31% with a male predominance, P=0. 0001). A higher rate of HBsAg+ children (10. 2%) were found in families where the mother was positive for HBsAg compared with the families where the father was positive for HBsAg (6. 3%) (P=0. 0001) indicating the importance of mother in the spread of chronic HBV infection. When both parents were positive for HBsAg the rate of HBsAg positivity was as high as 23. 5% (p=0. 0001), suggesting the importance of close contact between parents and their children (maternal as well as paternal transmission route) in the spread of chronic HBV infection.

Conclusion: Despite the aforementioned high virus exposure rate among spouses, the rate of HBsAg positivity among them was very low. This finding together with the finding of the highest infection rate among children with both infected parents reflects the fact that in our community sexual transmission, compared with parent to child transmission, is a less important route in the spread of chronic HBV infection.

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Code: 2905

Category: 7. 8 Viral hepatitis B: clinical aspects

F-T-63

Risk factors associated with chronic Hepatitis B Virus infection in relatives of HBsAg positive

Code: 2902
Category: 7. 8 Viral hepatitis B: clinical aspects
T-S-60

Seroprevalence of chronic Hepatitis B Virus infection: Results of Golestan Hepatitis B Cohort Study

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Introduction: Golestan Hepatitis B Cohort Study (HBCS), was set up in 2008 with the objective of prospectively investigating the natural course of HBV in the Middle East region.

Method: Golestan cohort study (GCS) is a prospective study of 50, 045 adults, >40 years old, originally designed to study the upper GI cancers in North Eastern Iran. In 2008, a baseline measurement of HBV surface antigen (HBsAg) was performed on the stored serum samples of all GCS participants. In 2011 HBsAg + individuals together with their spouses and children were invited for HBV assessment.

Results: Out of 50, 045 individuals, 3, 505 (7%) were initiallyHBsAg+. The prevalence of HBsAg positivity was higher (9%) in men than in women (5. 4%, P=0. 0001). The prevalence of HBsAg positivity in different age groups of males was similar (9. 4%, 9%, and 8. 5% in 50-59, 40-49 and ≥60 years age groups respectively). The prevalence of HBsAg positivity in females was highest in the 50–59 years age group (6%) and lowest in the ≥60 years age-group (5. 1%, P=0. 009) suggesting more HBsAg clearance in females with increasing age. In spouses and children of 3, 505 HBsAg+ subjects, the overall HBsAg seropositivity rate was 6. 6% with a male predominance (8. 6% vs 5. 6%, P=0. 0001) and the highest frequency in the 30–39 years old age group in both males (12. 2%) and females (9. 6%). HBsAg positivity in vaccinated age group <18 years old was 3% and 2. 6% in males and females respectively.

Conclusion: Compared to other parts of Iran, Golestan has much higher rate of HBsAg positivity. Identifying risk factors for HBV infection and integration of specific preventive and curative measures is of utmost importance to better control chronic HBV infection in this region.

Send Date: 2014/09/03

Code: 2903
Category: 7. 8 Viral hepatitis B: clinical aspects
T-S-61

Seroclearance of Hepatitis B Virus in HBs Ag positive individuals and their offsprings: Results of Golestan Hepatitis B Cohort Study

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Introduction: Spontaneous HBsAg clearance is a favourable outcome of HBV infection. There is no population based Iranian report on the exact rate of this outcome. We aimed to investigate the rate of spontaneous HBsAg clearance in 3, 505 HBsAg+ individuals of Golestan cohort Study (GCS) and their first degree relatives followed between 2004 and 2013.

Method: GCS is a prospective study of 50, 045 adults, >40 years old, originally designed (2004-2008) to study the upper GI cancers in North Eastern Iran. 3, 505 HBsAg+ individuals of GCS participants and their spouses and children were invited for evaluation of HBV infection in 2011.

Results: Of3, 505 HBsAg+ individuals, 2, 590 were

patients number and other detecting methods are highly recommended.

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Category: 7. 8 Viral hepatitis B: clinical aspects

T-S-58

Nucleotide analogues resistance profile and Para clinical consequences in HBV polymerase gene from transplant patients under longitudinal Lamivudine/immunoglobuline therapy

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Introduction: Drug resistance to nucleoside analogue remains major cause of therapy failure among HBV liver transplant which finally induce virus recurrence. Here the HBV recurrence rate, corresponding resistance mutations and clinical parameters was evaluated among liver transplant cases receiving lamivudine and IgG combination therapy.

Method: Among 1500 transplant patients, 30 patients who had received liver transplantation due to HBV related disease enrolled in study while DNA level was remained under detection limit of 50 IU/ml before transplantation. In all patients presence of HBV viral genome examined by 2 different PCR assay. Also, quantification of their viral load performed by commercial Real-Time PCR. HbsAg detection beside other clinical measurement was performed by routine available assays. For assessment of nucleotide analogue mutations, polymerase gene amplified by PCR then introduced to sequencing analysis.

Results: Totally, 13 cases had detectable HBV genome, while mean liver enzyme levels were higher in recurrent patients and HBsAg was detected only in 4 out of 13 cases, according to our laboratory criteria. Phylogenetic analysis demonstrated that all isolated genomes belong to genotype D. Critical M204I mutation, as a proof for resistance to LAM, was detected among 46% of patients and natural entecavir resistance mutation (S202I) in one patient was also distinguished. Viral quantification showed higher titer in LAM resistant group in comparison to group with undetectable drug resistance mutant (p>0. 05). Liver enzymes level was higher in recurrent cases.

Conclusion: Although, patients carrying M204I mutation are more likely to show lack of responses to LAM therapy, but, nucleoside/tide analogs plus HBIG maybe still effective in decreasing hepatitis B recurrence after liver transplantation. However, it suggested that drug resistance test must obtain more consideration by clinicians during therapeutic management to avoid consequent viral breakthrough.

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Category: 7. 8 Viral hepatitis B: clinical aspects

T-S-59

The Suppressive Effect of Vitamin D on HBV Replication, Mediated through miR-378

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Introduction: The aim of this study was to determine whether there is an association between serum levels of vitamin D, miR-378 and HBV (Hepatitis B Virus) DNA in CHB.

Method: One hundred and seventy three HBeAg negative CHB patients were recruited for this study. Serum levels of HBV DNA and 25(OH)D3 were quantified. The mean value of miR-378 expression was calculated by the 2-ΔCt method.

Results: In pathway regression analysis serum 25(OH)D3 showed a significant effect on serum levels of HBV DNA (-0. 198, P=0. 008) and miR-378 (0. 188, P=0. 013). Similarly miR-378 concentrations had a significant effect on serum HBV DNA levels (-0. 177, P=0. 020). Through miR-378 expression the indirect effect of 25(OH)D3 on HBV DNA levels was (-0. 13, P=0. 087) and the total effect of 25(OH)D3 on serum HBV DNA levels was (-0. 24, P=0. 002).

Conclusion: These results confirm the suppressive effect of vitamin D on HBV replication andmiR-378 may be particularly important for signaling molecules such as vitamin D that exert immune modulatory effects in CHB.

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Conclusion: Our study demonstrated that the seroprevalence of Anti-HEV Ab and RNA in thalassemic patients with HCV was Low and there is no significant association between HEV frequency and sex.

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Category: 7. 7 Viral hepatitis: basic aspects
T-S-56

Evaluation of Hepatitis E Virus by Nested RT-PCR and ELISA in Thalassemic patients

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Introduction: Hepatitis E virus (HEV) is an emerging infection in developed countries where it can lead to severe illness. HEV infection is usually an acute self-limiting disease with typical symptoms of acute viral hepatitis. Throughout four modes of transmission of HEV the fecal-oral route may not be the only route of transmission. The thalassemic patients suffer from iron overload and liver-related issues and need regular blood transfusion. One of the important route of transmission of HEV is from blood transfusion from infected donors. We conducted this study to detect HEV anti-body and HEV RNA in Thalassemic patients.

Method: 70 thalassemic patients were examined in this study to investigate HEV infection. Collected Samples in 2014 at IBTO (Iran Blood Transfusion Organization) were used. For detection of anti-HEV Ab in serum samples, ELISA kit (Dia pro, Italy) was employed. We focused on the five HEV ELISA positive samples and performed Nested RT-PCR.

Results: The results of this study demonstrated that the seroprevalence of HEV infection was 5. 88% (95% Cl: 1. 63-14. 38) in thalassemic patients. The mean age of patients was 28. 05 (8 – 69). Among five positive ELISA samples only in one sample RNA HEV was detected.

Conclusion: The overall results of current study confirm the seroprevalence of HEV infection among thalassemic patients older than 27 years old. There is no significant association between HEV infection and sex.

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Code: 2859
Category: 7. 8 Viral hepatitis B: clinical aspects
T-S-57

Hepatitis B prevalence in hemophilic patients: One center report

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Introduction: It has been demonstrated that the adaptive immune response contributes to most of the liver injury associated with hepatitis B virus (HBV) infection. On the other hand, hemophilic patients are at risk of hepatitis infections due to using several blood products. The aim of this study was to evaluate serum prevalence of HBV infection in hemophilic patients as population at risk of HBV infection.

Method: We enrolled one hundred forty six consecutive patients from hemophilic target population that referred to two main hospitals of Fasa city, Southern of Fars province, Iran during 2007-2013. These patient were checked for HBV infection by using HBs antibody (IgG) assay through ELISA method.

Results: Our patients included 57% men and 43% women with 20. 4±11. 9 years age (range from 0.08-84 years). The prevalence of HBV infection in hemophilic patients was 1. 37 (2 patient) and both of them were men.

Conclusion: The low prevalence of HBV infection among hemophilic patients demonstrated in this study and this mean that unlike to HCV, HBV is not a serious problem in hemophilic patients. However, further studies in the other regions with higher

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Category: 7. 7 Viral hepatitis: basic aspects
T-S-54

Association of mutations in the Hepatitis B viral genome and longitudinal changes in HBV level in HBeAg negative individuals: results from a cohort study in Northern Iran

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Introduction: Mutations in the HBV viral genome may be associated with clinical outcomes of related chronic liver disease. We evaluated associations between different mutations in the Basal Core promoter (BCP) and Pre-core (PC) regions of HBV genome and subsequent changes in HBV viral DNA level in a population of un-treated HBeAg negative chronic hepatitis B (CHB) in Northeast of Iran.

Method: -

Results: Of 99 with detectable HBV DNA at baseline, 61. 6% had PC mutations (48. 5% A1896 and 25. 2% G1899). A1896 was associated with a higher proportion of detectable HBV DNA at year 7 (39. 6%) compared to the wild type (13. 7%) (OR: 4. 36, CI95%=1. 63-11. 70; P-value=0. 002). Although participants with the A1896 mutation had higher year-7 HBV viral load than G1896, no association was observed with either serum level ALT or liver stiffness. Mutations in BCP region had no significant effect on virus DNA detection.

Conclusion: Mutations in pre-core region of HBV genome may contribute to disease progression in eAg HBV and play an important role in natural course of disease.

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Code: 3259
Category: 7. 7 Viral hepatitis: basic aspects
T-S-55

Molecular and serological investigation of Hepatitis E Virus in Thalassemic patients with hepatitis C infection

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Introduction: Hepatitis E virus (HEV) is the causative agent of self-limited acute viral hepatitis in developing countries. This positive sense, single stranded RNA virus is transmitted by the Fecal-oral route. Thalassemia disease is a genetic disorders of globin chain production that require regular blood transfusions and hence exposing patients to transfusion-transmissible viruses such asHepatitis B virus (HBV), Hepatitis C virus(HCV)and HIV.

It has proved that HCV is the major cause of transfusion-associated hepatitis. In the present study, HEV anti-body and HEV RNA in thalassemic patients with HCV infection evaluated.

Method: In this study117 (75 female and 42 male) thalassemic patients serum samples from Tehran province in 2014 that collected and stored in IBTO (Iran Blood Transfusion Organization) were used. Samples tested for anti-HCV and anti-HEV Ab using ELISA (Dia pro, Italy). ELISA positive samples were assayed by Nested Reverse Transcription-polymerase chain reaction (RT-PCR) in order to detect HEV RNA.

Results: The mean age of patients was 27. 95 with the range of 15 – 48years old. The overall seroprevalence of HEV infection in these patients was 2. 6% (95% CI: 0. 54 – 7. 37). Only one of the four individual ELISA positive samples contained HEV RNA.

T-S-52

Noninvasive serum fibrosis markers in comparison with grading and staging in chronic hepatitis

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Introduction: Chronic hepatitis is defined as a necroinflammatory disease of the liver continuing for at least six months. The aim of this study was to evaluate the role of noninvasive fibrosis markers by assessing the association between grading and staging of hepatic fibrosis and these diagnostic parameters in patients with chronic hepatitis.

Method: We retrospectively studied 221 patients with chronic hepatitis between 2011 and 2013. Routine biochemical indices and serum fibrosis indexes such asaspartate aminotransferase (AST)/alanine aminotransferase (ALT) ratio (AAR), AST to platelet ratio index (APRI) and Fibrosis 4 score (FIB-4) were determined, and the histological grade of necroinflammatory activity and the stage of fibrosis of the liver biopsy specimens were scored according to the Ishak scoring system. Receiver operating characteristic curve (ROC) analysis was conducted to compare diagnostic accuracies of these markers for prediction of significant fibrosis.

Results: We identified 221 liver biopsies from chronic hepatitis patients with contemporaneous laboratory values for imputing AAR, APRI and FIB-4. From all, 135 males (61. 1%) and 86 females (38. 9%), with the mean age of 39. 6±14. 4 were studied. An increasing APRI and FIB-4 scores were noted with increasing stage of fibrosis in patients with Hepatitis C. FIB-4, APRI and AAR were correlated significantly with the stage of fibrosis, with a higher correlation coefficient than other markers in the patients with Hepatitis B(r= 0. 46), C(r= 0. 58) and autoimmune hepatitis(r=0. 28).

FIB-4(AUROC=0. 84)and APRI (AUROC=0. 78) was superior to AAR at distinguishing severe fibrosis from mild-to-moderate fibrosis andgave the highest diagnostic accuracy.

Conclusion: Noninvasive fibrosis markers were good at differentiating 5 stages of chronic hepatitis. Application of these indices may decrease the need for staging liver biopsy specimens among patients with chronic hepatitis.

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Code: 3097

Category: 7. 7 Viral hepatitis: basic aspects

T-S-53

Relationship between hepatitis C and B infections and anemia in hemodialysis patients

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Introduction: Hepatitis C (HCV) and B (HBV) infections are commonly seen in dialysis patients, but them long-term deleterious effects in these patients are unknown. We evaluated the effect of HCV and HBV infections on anemia in our hemodialysis population.

Method: A total of 90 chronic hemodialysis patients with anemia at kamkar and Hazrat Valiasr hemodialysis centers were included for the period 3 months, in 2008. Data classified according to the hepatitis-free, chronic hepatitis B and C groups. Nineteen HCV-positive and eleven HBV-positive patients were included for comparison analysis with 60 control patients. Erythropoietin was administered for 3 month. They were followed for 3 months and their hemoglobin and hematocrit were measured before administration of erythropoietin and the end of third month. For statistical analysis, T-test was employed.

Results: The mean rise of hemoglobin and hematocrit in hepatitis-free, HCV and HBV groups were 1. 50 ± 1. 45 g/dL and 3. 88% ± 5. 01%, 2. 56 ± 1. 40 g/dL and 7. 56% ± 3. 75%, 1. 86 ± 1. 17 g/dL and 5. 73% ± 4. 11%, respectively. The mean rise of hemoglobin and hematocrit in HCV group was significantly higher than hepatitis-free group and t test showed a significant statistical correlation (P<0. 01). However the mean rise of hemoglobin and hematocrit in HBV group was higher than hepatitis-free group but t test didn't show a significant statistical correlation (P>0.5).

Conclusion: We found that hepatitis C virus infection was associated with significant elevation in mean of hemoglobin and hematocrit than hepatitis-free group.

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Introduction: Hepatopulmonary syndrome is a complication of cirrhosis.

This syndrome is diagnosed in patients with chronic liver disease or portal Hypertension, pulmonary gas exchange abnormalities, including an increased alveolar-arteriolar oxygen gradient with or without hypoxemia, evidence of vascular shunting and absence of intrinsic cardiopulmonary disease. This study examined the frequency of this complication in a group of the patients with cirrhosis.

Method: Thirty eight patients with cirrhosis participated in this study. Chest X-ray, PFT, ABG in supine and standing positions, air-contrast echocardiography, Tc99 MAA lung perfusion scan, serum bil, albumin and PT were undertaken in all the patients. The patients had intrapulmonary vascular shunting and pulmonary gas exchang abnormalities, were diagnosed as (HPS).

Results: Nine patients, (23.7%) had intrapulmonary vascular shunting. six (15.8%) of them had (HPS). Spider angioma (P= 0.01), ascitis (P=0.04), orthodeoxia (P=0.00), low serum Alb (1: =0.01) 'Were significantly commoner in the patients with (HPS).

Conclusion: The results of this study revealed the frequency of HPS and intrapulmonary vascular dilatation syndrome among the patients with cirrhosis. Air-contrast echocardiography was more sensitive in detecting of intrapulmonary vascular shunting as compared with Tc99 MAA lung perfusion scan. There was no distinct association between age, sex, duration, severity and primary cause of cirrhosis with (HPS), but intrapulmonary vuscular shunting was more common in female patients. Spider angioma, ascites, orthodeoxia and low serum albumin were found to be useful clinical indicators for (HPS).

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Code: 2931
Category: 7. 7 Viral hepatitis: basic aspects
T-S-51

Hepatitis B virus surface protein mutations clustered mainly in CTL immune epitopes in chronic carriers; results of an Iranian nation wide study

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Introduction: Mutants hepatitis B virus within the coding region for HBV surface antigen (HBsAg) hve been found naturally in chronic carriers.

To characterize the mutations of the hepatitis B surface antigens from Iranian chronic carriers who did not receive any vaccine or medication.

Method: The surface genes from 360 patients were amplified and directly sequenced. The distribution of amino acid substitutions mutations were classified according to different immune epitopes of the surface protein.

Results: All strains belonged to genotype D. 222 (61. 6%) out of 360 patients contained at least one amino acid mutation. 404 (74. 5%) out of 542 amino acid changes occurred in different immune epitopes of HBsAg, of which, 112 (27. 7%) in B cell in 32 residues (62 in “a” determinant); 111 (27. 4%) in T helper in 32 residues and 197 (48. 7%) in 32 residues inside CTL epitopes. One Th (186-197) and two CTL (28-51 and 206-215) epitopes were found to be hot spot motifs for the occurrence of 213 (52. 7%) substitutions. 20 stop codons were identified in different epitopes. There was a significant association between amino acid substitutions and the anti-HBe seropositivity, however, the correlation between such changes with viral load and ALT levels was not significant.

Conclusion: In chronic HBV carriers, a positive selection in particular outside the “a” determinant, exerted on the surface proteins. These changes could be immune-escape mutations naturally occurred due to the host immune surveillance especially at T cell levels.

Send Date: 2014/09/06

Code: 2966
Category: 7.7 Viral hepatitis: basic aspects

investigating liver fibrosis by FibroScan®in a group of patients treated with methotroxate.

Method: One hundred and one patients who received methotroxate with acumulative dose of 520-13520 mg for mean duration of 10 years entered our study. Demographic information were obtained. Necessary biochemical test were performed. The presence of other liver diseases including viral infection and autoimmune disorders were excluded. FibroScan® was then done and the results were expressed as F0 to F4 in Metavir scoring. While F0 and F0-F1 were normal, values greater than F2 showed various degrees of liver fibrosis. The relationship between the results of FibroScan® and any of the tests was statistically analyzed.

Results: Liver fibrosis was observed in 33 (33%) of total patients. Among these, F2 was 6%, F2-F3 was 11%, F3 was 2%, F3-F4 was 7% and F4 was also 7% on Metavir scale. The mean liver fibrosis was 7. 7 kPa with a range of 2. 8-35. 8 kPa. Based on weight and waist, significant relationship was observed. However, a significant relationship was not observed with the underlay disease. Significant relationship was only observed in ALT, albumin and GGt. On the other hand, in the case of methotroxate dose, duration of treatment and cumulative dose significant relationship to liver fibrosis was not obtained. The severity of liver fibrosis was not significantly related to any of the examined factors. Regarding steatosis severity, significant relationship was found in weight, waist, AST, BMI, albumin, starting dose of more than 10 mg and methotroxate cumulative dose.

Conclusion: It seems likely that when the use of methotroxate is combined with increased body weight and increased waist size, they significantly elevate both liver fibrosis and degree of liver steatosis and FibroScan®could be used as a non-invasive and reproducible technique for these patients.

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Code: 2924

Category: 7.6 Cirrhosis and complications: clinical aspects

T-S-49

Blood procalcitonin predicts spontaneous bacterial peritonitis in cirrhotic patients with ascites

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Introduction: The study was designed to determine the association between blood procalcitonin (PCT) and spontaneous bacterial peritonitis (SBP) in cirrhotic patients with ascites.

Method: We included 33 patients (15 men, 18 women; age range 16-68 years) with liver cirrhosis and ascites. They were suspected to have SBP based on the symptoms such as abdominal pain and clinical signs such as superficial abdominal tenderness. The diagnosis was established if there were more than 250 polymorphonuclear cells per milliliter of the ascitic fluid. The blood level of procalcitonin was compared between patients with and without SBP.

Results: Eight patients (24. 2%) with documented SBP comprised the case group and the remaining 25 patients (75. 8%) with no evidence of SBP constituted the control group. A significant correlation was found between increased blood level of procalcitonin and SBP. Patients with hepatorenal syndrome or hepatic encephalopathy had increased levels of PCT even in the absence of SBP.

Conclusion: Increased level of procalcitonin is highly specific for diagnosis of SBP in cirrhotic patients with ascites. However, its accuracy in diagnosis of SBP decreases when the patients has hepatorenal syndrome or hepatic encephalopathy.

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Code: 3147

Category: 7.6 Cirrhosis and complications: clinical aspects

T-S-50

Study of the frequency of Hepatoplumonary Syndrome (HPS) among the patients with liver cirrhosis reffered to Imam Reza Hospital

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Introduction: Nonalcoholic fatty liver disease (NAFLD), extending from hepatic steatosis to cirrhosis, has become a worldwide challenge. Liver biopsy remains the single most reliable method to diagnose NAFLD and determine its severity. . In this descriptive study, we intended to investigate the relationship between the platelet counts of NAFLD patients and the activity of their disease in terms of clinical, laboratory and ultrasonographic findings.

Method: A total of 1, 305 patients clinically diagnosed with NAFLD were enrolled in the study. In addition to obtaining the patients' history and performing a physical examination, the serum levels of liver enzymes, the platelet count, the lipid profile, and fasting blood glucose were measured. The ultrasonographic grade of fatty liver was also determined. The relevant information was acquired before administration of therapy.

Results: The mean age of our study population was 46. 2 ± 0. 3, and 54. 3% (n = 708) were women. About 54. 4% (n = 710) of our patients had the metabolic syndrome of which 68% (n = 483) were women. The mean platelet count was 25. 6 ± 0. 1 × 104/μL.

Patients with mild fatty liver on ultrasonography had lower platelet counts than those with moderate and severe fatty liver collectively. However, no sensitive and specific cutoff value to distinguish between them could be determined. We found no relationship between the platelet counts and the serum levels of liver enzymes. In our study, patients with metabolic syndrome had higher platelet counts than those without metabolic syndrome.

Conclusion: The platelet count in NAFLD patients can serve as a clue to the severity of NAFLD, but it cannot be relied on as the sole test to follow up patients.

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Code: 2896
Category: 7.3 Metabolic/genetic disorders
T-S-47

Comparing the effect of flaxseed oil with vitamin E on non-invasive markers of liver in patients with nonalcoholic fatty liver disease

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Introduction: Non-alcoholic fatty liver disease (NAFLD) affects 10-35% of population wordwide. Omega-3 polyunsaturated fatty acids have proven effectson hyperlipidemia and cardiovascular diseases. Given that there is no single consensus on the treatment of NAFLD and high levels of Omega-3 is found in flaxseed oiland in this regard no study has been done in the world, We decided to evaluate the effects of flaxseed oil on non-invasive markers of fatty liver.

Method: In a randomised controlled trial, 60 participants with NAFLD were randomised to 2 months treatment with either Flaxseed 2 gr/d or vitamin E 800u/d as control groupe. (in two groups each 30)Weight, body mass index, waist circumference, liver enzymes, blood glucose, insulin and lipid profiles were measured before and after the intervention.

Results: Inflaxseed oil group ALT, AST, ALP (alkaline phosphatase), TG (triglyceride), Insulin was decreased and HDL (High density lipoprotein) was increased significantly(P<0. 05). In vitamin E group, only the level of AST, ALT and total bilirubin was significantly decreased. (P<0. 05)Comparing the two groups, we found that flaxseed oilwas more effective in lowering levels of Insulin, ALP and elevating HDL levels thanvitamin E.

Conclusion: Flaxseed oil is effective and safe in the improvement of non-invasive liver markers of patients with NAFLD. However, further studies with a larger sample size are needed to confirm the efficacy and safety of this drug.

Send Date: 2014/08/27

Code: 2833
Category: 7. 6 Cirrhosis and complications: clinical aspects
T-S-48

Investigating the severity of liver fibrosis by Transient elastography (FibroScan®) in patients receiving methotroxate

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Introduction: The aim of this research was

Introduction: Despite the prevalence of Non-Alcoholic Fatty Liver Disease (NAFLD) and Non-Alcoholic Steatohepatitis (NASH), no treatment has been proven to be effective in these common diseases. Although many studies have shown that lifestyle modifications such as increasing physical activities and exercise could be effective in the treatment of these common diseases, the optimal strategy is still not determined. According to the beneficial effects of antioxidant agents in the treatment of NASH, vitamin E has been used for this purpose by some clinicians. We designed this study for assessing beneficial effects of regular physical activity on the biochemical and imaging responses in patients with NASH and comparing this with vitamin E as an accepted treatment for NASH.

Method: Randomized and single-blind clinical trials were carried out in Gonbad-e Kavus through which a total of 30 consecutive patients with the diagnosis of non-alcoholic steatohepatitis (NASH) were enrolled and randomized to one of the three arms: Vitamin E 800 mg/day, regular physical activity, or both.

Results: Significant improvement in lipid profile, liver transaminases level and ultrasonographic grading of fatty liver occurred in all treatment groups after 3 months of treatment although there was no considerable differencebetweenthe groups in these responses.

Conclusion: There were no significant differences between treatment groups regarding the reduction in the level of liver enzymes and sonographic evidences of fatty liver. This implies that physical activity could be considered as effective as vitamin E in the improvement of biochemical and ultrasonographic presentations of NASH. According to the possible side effects of long-term use of vitamin E and the undeniable benefits of physical activity, we could conclude that regular physical activity can be recommended for the patients unwilling to take medications who seek low-risk methods in the treatment of fatty liver.

Send Date: 2014/10/07

Code: 2828
Category: 7. 3 Metabolic/genetic disorders
T-S-45

Oxidant-antioxidant imbalance and pro-oxidant increment may be a cause of NAFLD

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Introduction: Non-alcoholic fatty liver disease (NAFLD) is a clinicopathologic entity increasingly recognized as a major health burden all over the world. It is associated with hepatic oxidative stress, which is partially dependent on the hepatic fat. The aim of this study was to evaluate the Correlation between serum level of prooxidant-antioxidant balance in patients with Fatty liver and control groups.

Method: Fifty-seven partients with NAFLD (mean age of 47 years) and 50 participants as controls were enrolled in this study. Oxidant-antioxidant balance by means of H_2O_2 and CMB-Cation method and also, lipid parameters and liver function tests were evaluated and compared between the two groups.

Results: Serum total Cholestrol, triglycerides and low-density lipoprotein cholesterol levels were significantly higher and serum high-density lipoprotein level was meaningfully lower in the in the NAFLD group than the controls ($P < 0.05$) but there was no meaningful difference in liver function tests between the two groups ($P \geq 0.05$). Meaningful statistical difference in oxidant-antioxidant balance was observed according to the presence or absence of steatosis between the two groups ($P < 0.05$).

Conclusion: Correction of this imbalance and also adding anti-oxidants to the management of these patients is helpful in the treatment and prevention of this disorder to progress to the higher stages.
TMB-Cation method can be useful in the screening and also detection of these patients in the primary prevention and so, early diagnosis and prevention of progression to the higher stages like cirrhosis and hepatic cancer.

Send Date: 2014/07/31

Code: 2865
Category: 7.3 Metabolic/genetic disorders
T-S-46

The relationship between the platelet counts and the severity of non-alcoholic fatty liver disease

Manouchehr khoshbaten[1*], Afag Garjani[2]

investigate the prevalence of preneoplastic and neoplastic lesions of the colon in the average risk population.

Method: 1208 eligible asymptomatic, average- risk adults older than 40 years of age, who referred to Firuzgar Hospotal in the years 2008-2012, were enrolled. They underwent colonoscopy screening and all polypoid lesions were removed and examined by an expert gastrointestinal pathologist. The lesions were classified by size, location, numbers and pathologic findings. Size of lesions were measured objectively by endoscopists.

Results: The mean age of participants was 56. 45 ± 9. 59 and 51. 6% of subjects were male. The overall polyp detection rate was 199/1208(16. 5 %) among them, 26 subjects had non-neoplastic polyps: including hyperplastic polyps, and 173/1208(14. 3%) subjects had neoplastic polyps of which 26(2. 15%) were advanced neoplastic lesions. The prevalence of colorectal neoplasia was more common among the 50-59 age group. Advanced adenoma was more frequent among the 60-69 age group. Majority of adenomas were detected in the distal colon, but a quarter of advanced adenomas was detected in the proximal colon; advance age and male gender was associated with the presence of adenoma.

Conclusion: It seems that CRC screening among average-risk population might be recommended in countries such as Iran. However, sigmioidoscopy alone would miss many colorectal adenomas. Furthermore, the 50-59 age group could be considered as an appropriate target population for this purpose in Iran.

Send Date: 2014/10/07

Code: 2829

Category: 7. 2 Nutrition - metabolism – pharmacology

T-S-43

Evaluation of dark chocolate consumption on serum levels of liver enzymes and severity of non-alcoholic fatty liver: a randomized clinical trial

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Introduction: Nonalcoholic fatty liver disease (NAFLD) is an important health problem in the world and despite the rising prevalence, there is currently no satisfying therapeutic strategy for curing NAFLD. Dark chocolate is a food rich in phenolic antioxidants, which may exert favorable and modifying effects on lipid profile, insulin resistance, oxidative stress, and metabolic effects. This study aims to investigate the possible effects of dark chocolate consumption on the anthropometric measures, liver transaminases (ALT, AST) and degree of NAFLD.

Method: In this double-blind, placebo-controlled trial, 41 patients with NAFLD were randomly allocated to 2 groups: the treatment group (n=22) received 30 g dark chocolate daily and the control group (n=21), for a 12 weeks period.

Results: During the intervention, in the treatment group compared with control group, there was a significant decrease in AST (P=0. 032). Additionally, in the treatment group, a markedly decreased existed in body weight (P=0. 027), and BMI (P=0. 042). While, there were no significant change in serum ALT (P=0. 179) level, the degree of NAFLD (P=0. 279), and anthropometric measures (Waist to hip ratio and waist circumference values) (P>0. 05).

Conclusion: Dark chocolate consumption can decrease the level of AST in patients with NAFLD and could be a potential therapeutic approach. We recommend more investigation about potential effects of dark chocolate to be further clarified.

Send Date: 2014/08/01

Code: 3154

Category: 7.2 Nutrition - metabolism – pharmacology

T-S-44

Randomized Clinical Trial: The Effect of 12 weeks Regular Physical Activity vs. Vitamin E in the Treatment of Non-Alcoholic Steatohepatitis

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January 2014 was performed. So a fixed or random effects model was used to estimate relative risks (RRs) and 95% confidence intervals (CIs) for relationship of alcohol consuption and colorectal adenoma risk. Statistical heterogeneity between studies was assessed with the X^2 statistic and quantified by I^2.

Results: Twenty-five (2 cohort and 23 case–control) studies were included in the meta-analysis. Compared with occasional or nondrinkers alcohol, all drinkers were associated with 17% increased risk for colorectal adenoma.

The dose–response analysis demonstrated that in comparison with occasional/non-drinkers, for drinkers of 10, 25, 50 and 100 g/day alcohol consumption, the estimated RRs of colorectal adenoma were respectively 1. 02 (95% CI 0.89–1.16), 1. 06 (95% CI 0. 92–1.20), 1. 16 (95% CI 1.02–1.33) and 1. 61 (95% CI 1. 42–1.84).

For genders and sites of adenoma the risks were consistent in the subgroup analyses but it was stronger in the European than the US and Asian studies.

Conclusion: Alcohol consumption is assiciated with a significant risk of increase of colrectal adenoma.

Send Date: 2014/09/06

Code: 3215

Category: 6. 4 Other colonic and anorectal disorders

T-S-41

Do Colonoscopy Screening Needs for Subjects Younger than 50-year olds

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Introduction: According to current guidelines, screening colonoscopy begins at fifty years for the average- risk populationAlthough there is not enough data related to incidence of precancerous lesions amongpreceding decades subjects.

To evaluate the prevalence of colorectal polyps including the potentially premalignant lesions in asymptomatic, average-risk subjects aged 40-49 vs. 50-59 years.

Method: We offered a total colonoscopy screening to subjects without any lower gastrointestinal symptoms. The primary end points were prevalence of colorectal adenoma between two age groups.

Results: Out of total 737 studies subjects 333 were aged 40-49 and 407 were aged 50-59. Prevalence of overall adenomas was 11. 2% and 16. 4% in the group of 40-49 and 50-59 year olds, respectively. Advanced adenoma was more common in aged 50-59 year-old (1. 2% vs. 2. 9%). Malignancy was not reported in these groups. Furthermore, 77. 5% and 68. 6% of adenomas were observed in the distal colon in the groups of 40-49-year olds and 50-59 -year olds, while in the proximal colon 22. 2% and 57. 1% of adenoma in the groups of 40-49-year olds and 50-59-year olds respectively, were advanced adenoma. Male gender in our study had an association with adenoma. However, importantly, there was no significant association between age and colorectal adenoma.

Conclusion: Although prevalence of colorectal adenoma was similar in the two investigated age groups, the rate of advanced adenoma was higher in the group of people 50-59 years old, suggesting that CRC screening could be recommended at an age less than 50 years

Send Date: 2014/10/07

Code: 3217

Category: 6. 4 Other colonic and anorectal disorders

T-S-42

Colonoscopic Screening For Colorectal Polyps detection among group of average risk population of CRC in Tehran

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Introduction: Colorectal cancer (CRC) is one of the prime causes of mortality around the globe, with a significantly rising incidence in the Middle East region as of recent decades. Our aim was to

most common malignancy in Iran. Limited data are available on knowledge and barriers in regard to CRC and screening tests in Iran. The aim of the study was to measure CRC awareness, and screening barriers among average-risk population, in Tehran.

Method: This cross-sectional study was conducted with participation of 500 males and females aged 50-75 yrs. who were member of health houses in municipal district 6 in Tehran, in 2011. Data were collected by face-to-face interviews using a structured questionnaire containing demographics; awareness about CRC and screening tests; screening practice; and reasons for not being screened.

Results: The mean age was 59. 0 (± 5. 13) ranging from 50 to 75 years; 65% were female.

A considerable number of respondents stated that they had never heard about fecal occult blood test (78%) and colonoscopy (71%) as CRC screening tests. In general, participants were more likely to respond the knowledge items inaccurately. More than 85% of the respondents were not able to recognize the correct answers. Overall, 93% of respondents had never been screened for CRC.

Conclusion: Our findings indicate lack of awareness, and knowledge about CRC and screening tests among Iranians.

Send Date: 2014/09/24

Code: 3132

Category: 6. 3 Malignant disease – management

T-S-39

A targeted intervention to initiate colon cancer screening among average-risk population

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Introduction: Colorectal cancer (CRC) is the third most commonly diagnosed cancer in the world. There are few published studies that have used theory-based interventions designed to increase colorectal cancer screening in community lay health organizations.

Method: The present study was guided by the theoretical concepts of the preventive health model. Twelve health clubs of a municipal district in Tehran were randomized to two study groups with equal ratio. The control group received usual services throughout the study while the intervention group also received a theory-based educational program on colorectal cancer screening plus a reminder call. Screening behavior, the main outcome, was assessed 4 months after randomization.

Results: A total of 360 members aged 50 and older from 12 health clubs completed a baseline survey. Participants in the intervention group reported increased knowledge of colorectal cancer and screening tests at 4 months follow-up (p's <. 001). Moreover, exposure to the theory-based intervention significantly improved self-efficacy, perceived susceptibility, efficacy of screening, social support, and intention to be screened for colorectal cancer, from baseline to 4 months follow-up (p's <. 001). The screening rate for colorectal cancer was significantly higher in the intervention group compared to the control group (odds ratio = 15.93, 95 % CI = 5.57, 45.53).

Our theory-based intervention was found to have a significant effect on colorectal cancer screening use as measured by self-report.

Conclusion: The findings could have implications for colorectal cancer screening program development and implementation in primary health care settings and through other community organizations.

Send Date: 2014/09/24

Code: 2978

Category: 6. 4 Other colonic and anorectal disorders

T-S-40

Relationship of alcohol consumption and the risk of colorectal adenoma

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Introduction: Relationship between alcohol consumption and risk of precursor of colorectal cancer named adenoma have been inconsistent. So a systematic review with meta-analysis was conducted to investigate the relationship and the dose–response of alcohol with colorectal adenoma.

Method: A literature search on PubMed for identification of relevant studies published up to

are short, non-coding RNA molecules that are commonly dysregulated in neoplasia. The objective of this study was to evaluate the fecal miRNAs differentiation between early-stage CRC patients and healthy subjects.

Methods: Stool samples were collected from 40 patients with early stage (I, II) CRC and 16 healthy controls. Total RNA, including small RNA was extracted from all stool samples using miRNAeasy Mini Kits. MiRNA microarray expression profiling was performed with Agilent's miRNA Microarray system on 12 CRC and 8 normal stool samples. Following reverse transcription, the expression levels of miR-4478 and miR-1295b-3p were determined by the SYBR Green miScript PCR system.

Results: We found 215 miRNAs with significant expression alteration in the profiling study, all of which were down-regulated in the CRC group. Furthermore, in validation study we found that the expression levels of fecal miR-4487 and miR-1295 b-3p were significantly decreased in CRC patients compared to healthy controls.

Conclusion: the expression of miR-4478 and miR-1295b-3p were significantly diminished in stool of CRC patients with early stage (I, II) in comparison with normal group. These miRNAs maybe use as potential non-invasive molecular markers for CRC diagnosis, but further studies are necessary. MicroRNA-146a induces immune suppression and drug-resistant colorectal cancer cells

Send Date: 2014/09/24

Category: 6.2 Malignant disease-diagnosis/ histopathology

T-S-37

Decreased expression of fecal miR-4478 and miR-1295b-3p in early-stage colorectal cancer

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Introduction: One of the main obstacle in cancer therapy is chemotherapy drug resistance as preferred therapeutic approach for the therapy of colorectal cancers. Recent works have underlined the involvement of miRNAs especially miR-146a in cancer development through creation immune suppression milieu and involvement in the evolution of drug resistance. The goal of this study is to evaluate the effects of miR-146a on regulatory T cells frequencies, T lymphocyte proliferation and cytokine production as well as drug resistance in cancer cells.

Methods: miR-146a was overexpressed in colon cancer HT-29 cells.

PBMC were obtained from healthy donors and were co-cultured with transfected HT-29 cells and T cells proliferation, anti-inflammatory cytokine production and Treg frequencies were assayed. Also, drug resistance in transfected HT-29 cells following treatment with 5flourouracil and Irinotecan were analyzed.

Results: Overexpression of miR-146a results to increase TGF-β and IL-10 production and Treg frequencies in PBMC following co-culture with transfected HT-29 cells with miR-146a. Also, cell cycle arrest and apoptotic cells significantly decreased after HT-29 cancer cells transfection by miR-146a.

Conclusion: Up-regulation of miR-146a play important role to enhance immune suppression in tumor environment as well as tumor cells migration and evasion. Also, our data indicated colon cancer drug resistance is associated with miR-146a overexpression.

Send Date: 2014/09/24

Code: 3131

Category: 6. 3 Malignant disease – management

T-S-38

Colon cancer awareness and screening behavior among average-risk population

Hamideh Salimzadeh[1*], Alireza Delavari[1], Hasan Eftekhar[2], Reza Malekzadeh[1]

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Introduction: Colorectal cancer (CRC) is the third

with Sasan Alborz Biomedical Research Center, in Tehran, Iran.

Results: Our sample included 2928 (54%) women and 2499 (46%) men, with the mean age of 48. 3 years (SD=16. 1). Cecal intubation was successful in 86% of patients. The quality of bowel preparation was fair to excellent in 78. 1% (n=4235) of colonoscopies. Overall PDR was 42. 0% (95% CI: 40. 6-43. 3). The PDR in men (51. 1%, 95% CI: 49. 1-53. 1) was significantly higher than women (34. 2%, 95% CI: 32. 4-35. 9, p<0. 001). Polyps were more frequently observed in patients after the 6thdecade of life (F=3. 2; p=0. 004). CRC was detected in 2. 9% (73/2499) of men and 1. 9% (57/2928) of women (p=0. 02). The mean age for patients with cancer was significant¬ly higher than that for individuals with polyps, 60. 9 (SD=13. 4) year vs. 56. 9 (SD=13. 7) year, respectively (p=0. 001). Almost 82. 8% of the lesions were precancerous with tubular type predominance (62. 3%) followed by tubulo-villous (10. 3%), villous (6. 6%), and serrated (3. 6%). Hyperplastic/inflammatory polyps comprised 17. 2% of lesions.

Conclusion: Distal colon was more prone to develop polyps and cancer than proximal colon in our series. These findings provide a great infrastructure for next pre¬ventive programs and have implications for colorectal cancer screening at population-level.

Send Date: 2014/09/24

Code: 3134

Category: 6.2 Malignant disease - diagnosis/ histopathology

T-S-35

Detection rates of colon polyps and adenomas among asymptomatic first degree-relatives of colon cancer patients

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Introduction: There is scant data on screening colonoscopy and the detection rates of polyps and adenomas among first-degree relatives of colon cancer patients. In this study we aimed to measure polyp and adenoma detection rates (PDR and ADR) in first-degree relatives of patients registered with colorectal cancer in cancer registry system.

Method: This prospective study was conducted on 220 first-degree relatives of index cases of colon cancer between 2009 and 2010. Demographics, colonoscopy findings as well as pathology data were collected.

Results: Cecal intubation was successful in 98. 0% of patients. The quality of bowel preparation was fair to excellent in 90. 0% of procedures. The PDR and ADR were 31. 00%, and 25. 00%, respectively.

The detection rate of advanced adenomas was 14.00%. The ADR was significantly higher in males than in females (33. 0% vs. 17. 1%, p = 0. 010). Older age was a significant predictor, which associated significantly with the presence of adenomas (p=0.011).

Conclusion: The overall high detection rates of polyps and adenomas among first-degree relatives of colon cancer patients, highlights the significance of early detection and performing screening for this high risk group.

Send Date: 2014/09/24

Category: 6.2 Malignant disease-diagnosis/ histopathology

T-S-36

Decreased expression of fecal miR-4478 and miR-1295b-3p in early-stage colorectal cancer

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[4] Liver and Pancreatobiliary Disease Research Center, Digestive Diseases Research Institute, Tehran University of Medical Sciences, Tehran, Iran.

Introduction: Colorectal cancer (CRC) is major cause of cancer-related deaths world-wide. Detection of molecular markers in stool samples is a promising strategy for CRC screening. MicroRNAs (miRNAs)

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Introduction: Oral bacterial flora is related to the content of stool, quantitatively. There have not been good quality studies regard to the role of these bacteria and oral hygiene in the pathogenesis of inflammatory bowel diseases. This study was designed to compare the Decay-Missing-Filling Teeth (DMFT) index in cases with ulcerative colitis and the healthy population.

Method: Fifty two cases of ulcerative colitis and 55 healthy controls were enrolled in this case-control study. They were all referred to the dentist office to be visited for the DMFT index after filling a demographic questionnaire. Data were entered into the SPSS-17 software and analyzed by t-test and chi square test.

Results: Mean (±SD) of DMFT index was not significantly different between cases of UC (10.08±7.15) and healthy controls (10. 78±6.42) (P-value=0.59). Males and females were not significantly different regards to the mean DMFT index, neither (P-value=0.95).

Conclusion: In this study the DMFT index of UC cases and healthy normal people was similarly in a good situation; which shows an acceptable rate of oral hygiene in our community.

Send Date: 2014/09/30

Code: 2917
Category: 6. 1 Malignant disease – pathogenesis
T-S-33

Sedentary pursuits and risk of gastrointestinal cancers

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Introduction: Sedentary behavior is emerging as a potential determinant of deleterious health outcomes, of which TV viewing has been the most commonly studied. Sedentary pursuits are undertaken in numerous domains of life, including recreation (eg, TV or video viewing, computer use, reading), occupation (eg, sitting at a desk or a counter), transportation (eg, sitting in a bus, car, or train), and as part of social activities (eg, playing cards, sit-down meals. To date, many epidemiologic studies have examined sedentary behavior in relation to cancer incidence, including cancers of stomach and esophagus and colon. Many, but not all, of those investigations found an apparent adverse effect of prolonged sitting time on cancer incidence. Thus, we conducted a review study of published prospective studies of TV viewing time, recreational sitting time, occupational sitting time, and total sitting time in relation togastrointestinal cancers.

Conclusion: This review study showed that prolonged TV viewing and time spent in other sedentary pursuits is associated with increased risks of colon. By comparison, associations of sedentary behavior with cancer risk were null for cancers of stomach and esophagus,

Send Date: 2014/09/05

Code: 3133
Category: 6.2 Malignant disease - diagnosis/ histopathology
T-S-34

Colorectal Polyps and Cancer; a Retrospective Review of Endoscopic Data in Iran

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Introduction: Early diagnosis and endoscopic resection of adenomatous polyps is the main approach for screening and prevention of colorectal cancer (CRC). We aimed to assess polyp detection rate (PDR) and to characterize demographic, clinical, and pathological features of colorectal polyps in an Iranian population.

Method: We retrospectively analyzed the data from 5427 colonoscopies performed during 2007-2012 at Masoud Clinic, the main endoscopy center associated

W-F-30

Evaluation of relation between air pollution and IBD flare

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Introduction: To evaluate relation between air pollution and rate of flare and hospital admission among IBD patients.

Methods: During a 7 months period, the number and average duration of hospitalization of patients admitted in GI ward due to IBD flare were recorded in an industrial capital city. Concomitantly the level of air pollutants including SO2, CO, NO2 and O3 measured and the correlation between severity of IBD flare and air pollution determined by Pearson correlation coefficient.

Results: Average number of admission was 6. 3 patients per month (2-18). This figure for Crohn's disease (CD) was 2. 4 and 3. 6 for ulcerative colitis (UC). The average duration of hospitalization for UC and CD were 5. 4 days (1 – 22) and 6. 6 days (1 – 30) respectively. The relation of IBD flare and severity with SO2 raising was meaningful (P = 0. 033) but there were not any significant relation with other pollutants including O3 (P = 0. 12), CO (P = 0. 24) and NO2 (P = 0. 32).

Conclusion: In industrial cities, supervision on air polluting factories and prevention of unusual releasing of these pollutants specially SO2 in air can potentially decrease the rate and severity of IBD flare.

Key words: CD, UC, flare, air pollution.

Send Date: 2014/06/11

Code: 2866

Category: 5. 2 Etiology/epidemiology

W-F-31

Characteristics of ulcerative colitis in Khorramabad

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Introduction: The aim of the present study was the evaluation of epidemiological and clinical aspects of ulcerative colitis in Khorram abad city, west of Iran.

Method: 75 patients with Ulcerative colitis referred to a subspecialty clinic of gastroenterology in Khorram abad city from May 2013 to August 2014, who have definitely diagnosis of Ulcerative colitis based on clinical manifestations, colonoscopy and pathology, were included in this cross-sectional study. Information of the patients was gathered by a questionnaire included demographic aspects, clinical presentations of the disease, colonoscopic and extra intestinal manifestation findings.

Results: The mean age of the patients was 33.7 years. %56 of the patients in our study were women. The sexual proportion of female to male was 1.17. Most of them were living in urban areas and educational level of most of them was high and diploma. the mean duration from the first symptom of the disease to the definite diagnosis was 18. 9 months. Recurrence occurred in %33. 3 of the patients. The most common site of the disease in colon was rectosigmoid (%44) and then rectum (%25. 3). the severity of the disease was moderate in %49.3 of the patients.

The most common clinical manifestation of the disease was dysentery (%68) and then rectorrhagia (%60). extra intestinal manifestations were seen in %14. 3 of the patients which hepatobilliary symptoms were the most common of them (%6. 7. %7. 8 of the patients mentioned a positive family history of the disease in their first degree family. %6. 7 and %2. 7 of the patients had a history of smoking and apandectomy, respectively.

Conclusion: Evaluation of clinical and demographic aspects of Ulcerative colitis can have an important role to identify developing and facilitating factors causing UC.

Send Date: 2014/08/17

Code: 3142

Category: 5.2 Etiology/epidemiology

T-S-32

Decay-Missing-Filling Teeth (DMFT) index in ulcerative colitis cases, Northeast of Iran

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Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies
W-F-28

Patients with celiac disease are shorter than their peers in the general population

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Introduction: Late diagnosis of celiac disease (CD) is increasingly common, the implications of which are largely unknown. Although short stature is a common sign of childhood CD, the data on the height and weight of adult CD patients is conflicting. This study investigates the final height, weight and BMI of men and women diagnosed with CD in adulthood and attempts to identify influencing factors.

Method: We performed a cross-sectional study of 271 adults at the Celiac Disease Center at mashhad University, comparing their height, weight and BMI with the control population. Patients were included if they were older than 18 years of age at diagnosis and if baseline height and weight were available. and we also assessed the impact of other CD patients data such as Intestinal biopsy and serum anti-tissue transglutaminase (anti-tTG)and biochemical lab data, on final height.

Results: Men (n=56) with CD diagnosed in adulthood were shorter than men in the general population (CD: 164. 3 ±13. 4 vs. 171. 3 ± 7. 4 cm, P<0. 01) and also women (n=122) were shorter (CD: 154. 3 ± 7. 7 vs. 158. 2 ± 6. 0 cm, P<0. 01). There were no statistically significant differences in age and sex between CD and control group. Final hight in celiac patient was correlated with age, Hemoglobin and vitamin D serum levels (p=0. 001, p=0. 003, p=0. 02), but was not correlated with ATTG levels and severity of duodenal pathology (Marsh classification) (P=0. 97, p=0. 09).

Conclusion: Short stature is a well described phenomenon in pediatric CD. However, among adults with CD who had attained final height before diagnosis, we found that CD patients, are shorter relative to the general population but also we found that their height was not associated with the severity of CD.

Send Date: 2014/10/07

Code: 2830
Category: 5.1 Basic/pathogenesis/pathology/
W-F-29

Epidemiologic features of inflammatory bowel disease in Guilan province, North of Iran, between 2002 and 2012

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Introduction: Inflammatory bowel diseases (IBD), ulcerative colitis (UC) and Crohn's Disease (CD) involved the gastrointestinal tract in different pattern. The geographical incidence of IBD varies considerably. This study aimed to survey the epidemiologic features of IBD in Guilan province, North of Iran, during ten years duration.

Method: In this retrospective cross-sectional study, we assessed the documents of 868 patients with IBD referred to private and governmental clinics of Guilan province between 2002 and 2012. Variables such as demographic data, risk factors, diagnosis, extraintestinal manifestations and type of treatment were collected. Data were analyzed using SPSS.

Results: Among 868 patients with IBD, 756 patients (87. 1%) diagnosed as UC and 112 patients (12. 9%) as CD. The mean age of patients with UC and CD was 46. 73±15. 79 years and 40. 15±14. 27 years respectively. Male/female ratio in UC and CD was 0. 92: 1 and 0. 75: 1 respectively (P=0. 62). The most common age of disease initiation in UC was 40-59 years and in CD 20-39 years (P<0. 001). Extraintestinal manifestations were seen in 25.4 percent of patients with IBD. Most of patients were treated with combination of two drugs: salicylates and azathioprine (P<0. 04). The incidence of IBD gradually increased during the past 4 yearsinGuilan province.

Conclusion: This study showed that CD were presented significantly more common in younger patients than UC and totally the disease was slightlymore common in female. It is suggested to plan more educational program to improve the time of diagnosis.

Send Date: 2014/08/05

Code: 2818
Category: 5.2 Etiology/epidemiology

syndromes and food enteropathies
W-F-26

مقایسه سرولوژیک سلیاک در بیماران هیپوتیروئیدی و کنترل سالم

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زمینه و هدف: سلیاک از بیماریهای مهم سوءجذبی است که در این بیماری به خاطر حساسیت به گلوتن موجود در گندم و جو التهاب در روده باریک بوجود می آید و جذب مواد غذایی دچار مشکل می شود.

روش بررسی: نوع مطالعه مورد-شاهد بود. مطالعه بصورت مقطعی در یک بازه زمانی انجام شد. کلیه بیمارانی که هیپوتیروئیدی داشتند به عنوان مورد وگروه شاهد، همراهان دیگر بیماران بودند که مشکل گوارشی (مثل اسهال) و کاهش وزن نداشته و از لحاظ سن و جنس با گروه بیمار همسان شدند، سپس با انجام آزمایش TSH هیپوتیرویید در آنها رد شده و مثل گروه بیمار از نظر سرولوژی سلیاک بررسی شده و با هم مقایسه شدند. که در این فاصله ۱۰۰ بیمار به این مرکز مراجعه کردند.

یافته ها: نتایج نشان داد که ۱۸۷ نفر (۷۴. ۸ درصد) زن و ۶۳ نفر (۲۵. ۲ درصد) مرد بودند. ۵٪ درصد (۵ نفر) از بیماران هیپوتیروئیدی سرولوژی سلیاک آنها مثبت بود. در مقابل ۱. ۳ درصد (۲نفر) از گروه سالم سرولوژی سلیاک آنها مثبت گزارش شد به ایندر بین گروه مورد و شاهد از نظر سرولوژی سلیاک با $p<0.001$ تفاوت معنادار وجود دارد. ۸۴ درصد از افراد مورد مطالعه هیپوتیروئیدی بالینی داشتند ۸۰ درصد از افرادی که سرولوژی سلیاک مثبت دارند در گروه هیپوتیروئیدی بالینی قرار دارند و ۶۵ درصد از بیماران مورد مطالعه هیپوتیروئیدی اتوایمیون دارند. بین شیوع سلیاک در بیماران هیپوتیروئیدی بالینی و غیربالینی با همچنین هیپوتیروئیدی اتوایمیون و غیراتوایمیون با $p<0.001$ تفاوت آماری معنی دار وجود دارد.

نتیجه گیری: شیوع ۵ درصدی سلیاک در بیماران هیپوتیروئیدی و درصد بالای هیپوتیروئیدی اتوایمیون در این بیماران نیاز به انجام بررسی هرچه بیشتر در بیماران هیپوتیروئیدی را تائید می کند.

Send Date: 2014/08/21

Code: 2907
Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies
W-F-27

Evaluation of celiac disease in adult patients with type I Diabetes Melitus

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Introduction: Celiac disease (CD) and type-1 diabetes are identical in terms of HLA markers and chromosomal positions. Various studies have indicated that the prevalence of CD in type-1 diabetic patients is high compared to the general non-diabetic population. Therefore, screening type-1 diabetic patients for celiac disease is recommended.

Method: This descriptive cross-sectional study was conducted on 79 patients with known type-1diabetes in an adult endocrinology clinic in Khorramabad from April 2012 to September 2013. The patients who had the inclusion criteria were tested for anti-tTG IgA antibodies, and in the individuals with positive antibodies, EMA IgA testing, upper endoscopy, and biopsy of the second part of the duodenum were performed. The data were analyzed using the SPSS through detailed analytical analyses.

Results: In this study, out of 79 type-1 diabetic patients with a mean age 21. 4±7. 10 years, with a minimum of 11 and a maximum of 39, 33 patients (41. 8%) were male and 46 (58. 2%) were female. Fourteen patients (17. 7%) were tTG IgA positive among whom 3 patients (21. 42%) were EMA IgA positive. Endoscopy and biopsy were performed on the patients with positive tTG IgA tests. Four patients with tTG IgA positive avoided to do endoscopy, and 1 patient had normal biopsy. Of 75 patients with type-1 diabetes present at all stages of the project, 9 patients (12%) had celiac disease including 6 patients (66. 66%) aged 10-20 years, 3 patients (33. 33%) more than 20, 6 (66. 66%) females, and 3 (33. 33%) males. None of the patients with celiac disease had a family history of diabetes. With regard to gastrointestinal symptoms in the type-1 diabetic patients, 5 patients (6. 3%) had gastrointestinal symptoms and 74 patients (93. 7%) had no gastrointestinal symptoms. Also, 100% of the patients with gastrointestinal symptoms were tTG IgA positive and 40% were EMA IgA positive, showing a statistically significant relationship between positive serological results and gastrointestinal symptoms.

Conclusion: The prevalence of celiac disease in the type-1 diabetic patients was 12%. Therefore, doing routine screening tests on these patients for celiac disease is recommended.

Send Date: 2014/09/03

Code: 3262

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Introduction: Resistance to effective drugs such as metronidazole and Clarythromicine is the most important reason for treatment failure. Traditional quadruple regimen(QR) has overall ER about 70% and regimen contain clarytromicin accompanied with 80%ER. Some studies indicate that adding vitamin c and vitamin E to QR increase eradication rate. concomitant therapy is good but resistance to clarytromicine is high in our country. we try to compare modified traditional QR drug dose with combination of traditional QR and vitamin E, C.

Method: 178 endoscopically proved DU patient older than 18 years, who had positive rapid unease test were included Then patients were randomized to get one of two regimen Groups I got high of does of drugs in QR as Metronidazole 500mg /TDS+Amoxcycilline 1000/TDS+ Bismuth subcitrate 240/TDS+ omprazole 20mg/ BD for Two weeks and groups II got traditional QR(Metronidazole 500mg /BD+ Amoxcycilline 1000/BD+ Bismuth subcitrate 240/BD+ omprazole 20mg/BD with vitamin E 400mg/day and vitamin C 500mg/BD. patients were seen after two weeks for evaluation of compliance and drugs side effects and Eradication of H pyloric was evaluated 8 weeks later with Urease Breath test.

Results: Mean age was 37. 9+/_11. 74 for groups I and 41. 77+/_11. 87 for groups II. PPA Eradication rate was 94. 4% for groups I and 78. 9% for groups II. ITT ER were 91. 2% and 75. 9% for groups I and II respectively. Four patients in-groups I and 3 patients in groups II could not tolerate the regimen. Tolerable side effects has occurred in 13% ofgroups I and in 11% of groups II.

Conclusion: Optimized QR can be used as a first line treatment for Duodenal ulcer patient, in spite of High resistance to metronidazole and clarythromicine

Send Date: 2014/09/06

Code: 3216

Category: 4.1 Enterocyte biology/pathology and nutrient/water transport/electrolyte transport

W-F-25

Gastric Precancerous lesions frequency in a group of of patient with dyspepsia

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Introduction: Gastric cancer is one of the leading causes of cancer-related deaths worldwide. Progression of gastric cancer follows a several steps from gastritis to atrophy, intestinal metaplasia, dysplasia, and finally cancer.

Aim: To determine the prevalance of precancerous gastric cancer lesions and related common risk factors in our area.

Method: A total of 688 Iranian chronic dyspeptic patients over the age of 40 years were enrolled. The exclusion criteria were pregnancy, history of gastric cancer and gastric surgery. A questionnaire including demographic and clinical data, smoking habits, alcohol use, NSAIDs and regular aspirin use was completed for all subjects. Upper endoscopy was done for all of participants and biopsies were taken according to biopsy protocol. The specimens were studied by two expert GI pathologists blindly.

Results: The prevalence of intestinal methaplasia, gastric atrophy, and dysplasia were 19. 8%, 12. 8%, and 3. 2%, respectively. The mean age of participants was 57. 87±9. 10. Positive H. pylori infection was 64. 5%. Age and H. pylori infection had a significant association with pathological findings with OR=3. 10, P< 0. 01, 95%CI: 1. 91-4. 72 and OR=1. 03, P< 0. 01, 95%CI: 1. 03-1. 07 respectively. Male gender also had an association with gastric atrophy (OR=1. 57, 95% CI= 1. 00-2. 46).

Conclusion: According to high prevalence of precancerous lesions in patients with chronic dyspepsia over 40 years old, upper endoscopy and gastric mapping sampling for detection of these lesions is recommended inintermediate to high risk areas.

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Code: 2879

Category: 4.2 Coeliac disease/malabsorption

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Introduction: Helicobacter pylori antibiotic resistance is a growing problem. Several studies have been done in relation to effect of honey and its variants on the eradication and treatment of Helicobacter pylori, and different effect have been observed between the different honeys. In this study, the effect of adding Iranian natural honey to the Helicobacter pylori standard eradication regimen has been investigated

Method: In this clinical trial, we studied 200 patients with H. pylori infection in two groups. Both groups were treated with quadruple regimen of omeprazole, bismuth, clarithromycin, and amoxicillin for two weeks. In addition, the intervention group, received every 8 hours 20 grams of natural honey. After 4 weeks of treatment, outcome was investigated with Helicobacter pylori's stool antigen test. Results were analyzed using SPSS version 16.

Results: 55% of patients in the intervention group and the 60% of control group were male. Mean age in intervention group was 40. 43±13. 3 and in control group was 42. 04±14. 51 years (p=0. 41).
Eradication success rate was significantly higher in the intervention group than the control group (82% vs. 68%) (p = 0. 02).

Conclusion: Adding natural Iranian honey to the Helicobacter pylori standard treatment regimen will increase eradication success rate

Send Date: 2014/08/21

Code: 2926
Category: 3.5 Management strategies
W-F-23

Effect of Helicobacter Pylori on metabolic syndrome parameters in diabetic patients

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Introduction: Helicobacter pylori(HP) infection is the most common infection in developing countries. Very few studies have examined the effect of H.pylori on metabolic syndrome of diabetics. In this study, we aimed to investigate the prevalence of metabolic syndrome in patients with type II diabetes and its association with H. pylori.

Method: This cross-sectional study was carried out from May to December 2013 on 211 diabetic patients. For each patient, the following data were collected: age, gender, diabetes duration, weight, body mass index (BMI), Waist circumference, blood pressure, HDL, cholesterol, triglyceride, total cholesterol, and HbA1c. In case of serum titer >30AU/mL, it was considered positive for HP. Metabolic syndrome was diagnosed by NCEP-ATPIII and IDF criteria.

Results: In this study, 139 patients(69. 5%) were HP+ and 72 patients(34. 1%) were HP-. Age, gender and duration of diabetes were not significantly different in both groups. BMI was significantly lower in women with H. pylori. Although the waist circumference of men was not different between two groups but it was significantly lower in HP+ women (102. 04±12. 37 vs. 97. 3±10, p=0. 03). Although the two groups of HP+ and HP- were not statistically different in BP and triglyceride level, but HP+ patients had lower HDL level (p=0. 037) which was due to lower HDL in men (58. 2±26. 6 vs. 72. 48±28. 1, p=0. 012). The prevalence of metabolic syndrome according to IDF criteria among HP+ and HP- patients was 76. 6% vs. 69. 8% (p=0. 27). Also, the prevalence of metabolic syndrome according to NCEP-ATPIII criteria among HP+ and HP- patients was 90. 4% vs. 87. 2% (p=0.5).

Conclusion: Among people with diabetes, the metabolic syndrome is highly prevalent. Despite the high prevalence of metabolic syndrome among diabetics with HP, but this difference is not statistically significant.

Send Date: 2014/09/06

Code: 2930
Category: 3.5 Management strategies
W-F-24

Optimized Quadruple therapy has Acceptable Eradication rate. A randomized Study in patients with duodenal ulcer

Code: 2821
Category: 3.1 Epidemiology/natural history
W-F-20

Comparison of sequential and standard triple therapy for eradication of Helicobacter pylori in children

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Introduction: The commonly used treatment method for eradication of Helicobacter pylori (H. pylori) in children is conventional triple therapy. In most of regions, eradication rate with this method decreased. Sequential treatment is a recently proposed method for adults and children. Purpose of this study is comparing sequential and conventional triple therapy regimens in eradication of H.pylori infection in children.

Method: Children were enrolled in this study if Helicobacter pylori infection was documented by histology or rapid urease test (RUT). Patients were divided randomly into two groups. One group received conventional triple treatment including omeprazole for 30 days and a 10-day course of combination therapy with amoxicillin and metronidazole. The other group received sequential therapy including omeprazole for 30 days and a first 5-day course of amoxicillin followed by a second 5-day course of combination therapy with clarithromycin and metronidazole. All patients were investigated by stool antigen test for H. pylori eradication one month after finishing the accomplished treatment.

Results: Sixty four children enrolled in analysis that had a mean age of 9. 13± 3. 13 years. The sequential therapy-treated group showed more eradication rate than the conventional therapy-treated group (83. 9% versus 60. 6%) that was statistically significant. (P=0. 039) Treatment side effects (abdominal bloating, nausea and vomiting) have no significant difference between two groups, but diarrhea was less frequent with sequential therapy. (p<0. 003)

Conclusion: Our study demonstrated that sequential therapy is effective and would be useful as the first-line option in eradicating H. pylori in childtest

Send Date: 2014/07/05

Code: 2832
Category: 3.5 Management strategies
W-F-21

Seven days quintuple regimen as a rescue therapy for Helicobacter pylori eradication

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Introduction: To compare the efficacy of two quintuple regimens for eradication of helicobacter pylori (H. pylori) in patients who failed a prior first line therapy.

Method: A total of 208 patients were enrolled. Randomization was achieved by random block method. Patients in the BOACT group were treated with Bismuth subcitrate, Omeprazole, Amoxicillin, Clarithromycin and Tinidazole and Patients in the BOTMO group received a regimen containing Bismuth subcitrate, Omeprazole, Tetracycline, Metronidazole along with Ofloxacin. Both regimens were given twice daily for a duration of seven days. The eradication was confirmed by C14 urea breath test 12 weeks after completion of therapy.

Results: A total number of 205 patients completed the course of treatment. The intention-to-treat and per-protocol eradication rates were 75. 5% and 76% in the BOACT group and 86. 5% and 86. 7% in the BOTMO group, respectively. The eradication rates of the BOTMO group was significantly higher than BOACT group (P<0. 04). Side effects were reported in 28. 8% of the patients which were mild.

Conclusion: Quintuple therapy with BOTMO regimen could be an alternative second-line rescue therapy for Iranian patients who have failed a course of first -line eradication treatment of H. pylori.

Send Date: 2014/08/05

Code: 2878
Category: 3.5 Management strategies
W-F-22

Natural Iranian Honey and Helicobacter pyloriEradication: a Randomized Clinical Trial

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investigated retrospectively. Demographic, clinicopathalogic findings and laboratory information collected. Levels of P-53, MMp-9 and IL-2R serum markers measured by ELISA method. These Data analyzed to determine relation of levels of serum markers with histo pathologic findings, disease progression, prognosis and survival.

Results: This study consisted of 57 new esophageal cancer cases that 59. 6% of them were men and mean age among these patients was 35/11±54/57. the most frequent pathologic finding among lesions was well differentiated SCC that consisted of 50. 9% of all cases. 70. 2 % of patients died in follow up time. Mean levels of serum markers in study patients were 4. 88± 3. 04 for IL-2R, 1300. 481± 650. 937 for MMP-9 and 2. 02±3. 85 for P53. Only P-53 showed a significant relation with Pathologic Grade of tumors and no other relation demonstrated between serum markers with Grade of tumors, Stage of tumors, pathologic findings, survival and prognosis.

Conclusion: This study demonstrated no significant relation with pathologic findings, outcome, and prognosis in patients with esophageal cancers, and does not suggest theses serum markers to be applied as the only prognosis factor in management of the patients with esophageal cancers.

Send Date: 2014/08/20

Code: 2885
Category: 2.13 Gastroduodenal malignancies
W-F-19

Evaluation of tissue expression of matrix metalloproteinase 2, 9 and tissue inhibitor of matrix metalloproteinase 1 and 2 in gastric adenocarcinoma patients and their correlation with patient survival, prognosis and microvascular density(MVD)

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Introduction: Gastric cancer is the most common GI cancer and the leading cause cancer related mortality in Iran. Proteolysis of the normal tissue proteins around the neoplasic tissue is one of the most important procedures causes spreading and metastasis of the tumors. Matrix metalloproteinases (MMPs) are the main endopeptidases have an important role in these procedures. In the other hand, a group of proteins, Tissue inhibitors of metalloproteinases (TIMPs), are known. And imbalance of MMPs and TIMPs plays a critical role in pathologic procedures of cancers such as spreading and metastasis. We sough to assess the tissue expression of matrix metalloproteinase 2, 9 and tissue inhibitor of matrix metalloproteinase 1 and 2 in gastric adenocarcinoma patients and their correlation with patient survival, prognosis and microvascular density(MVD).

Method: Eighty-two patients with gastric adenocarcinoma who underwent gastrectomy surgery in Omid hospital of Mashhad were enrolled. Demographic and clinical was reviewed. Histological grade and stage of tumor were determined by single expert GI pathologist using TNM staging system. Tissue expression of MMP2، MMP9، TIMP-1 and TIMP-2 in the tumoral tissue was investigated by immunohistochemistry technique. Data were analyzed using SPSS software.

Results: Fifty-eight patients (70. 7%) were male with the mean age of 62. 2 years (SD 10. 5 years) No association was found between tissue expression of matrix metalloproteinase 2, 9 and tissue inhibitor of matrix metalloproteinase 1 and 2 and histological grade and tumor stage in patients with gastric adenocarcinoma.

Conclusion: Tissue expression of matrix metalloproteinase 2, 9 and tissue inhibitor of matrix metalloproteinase 1 and 2 are not associated with histological grade and tumor stage in patients with gastric adenocarcinoma. Further studies with greater sample size are suggested.

Send Date: 2014/08/22

duodenal ulcer. most of the duodenal ulcers were found in anterior wall of the duodenum(50%). 13. 3%, and 3. 3% of patients, and control group had a history of regular consumption of NSAID (OR=4. 16, CI: 1. 9-11. 8). also 15%, and 5% of patients, and control group had a history of regular consumption of cigarette(OR=4. 76, CI: 1. 61-10. 6).

Conclusion: Adjusting factors of the diseases and alsoimproving life style and health conditions can stronglythe occurrence of disease and its complications.

Send Date: 2014/09/15

Code: 2824

Category: 2.12 Acid peptic disease (includes NSAIDS - but NOT H. pylori)- diagnosis and treatment

W-F-17

Effects of antiplatelets on adverse outcomes in patients with non-variceal upper gastrointestinal bleeding

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Introduction: We aimed to determine the effects of antiplatelet use on adverse outcomes in patients with non-variceal upper gastrointestinal bleeding (UGIB).

Method: A historical cohort study was performed on patients with non-variceal upper gastrointestinal bleeding admitted to an academically affiliated tertiary hospital. Clinical outcomes were compared among users of dual antiplatelets, users of low-dose aspirin and patients on no antiplatelet drugs. The composite adverse outcome variable consisted of rebleeding, need for surgery, and death.

Results: Out Of 271 patients (77. 5% male, mean age 59. 5 ± 19. 0) with non-variceal UGIB, 57. 9% were on no antiplatelet drugs, 41. 3% on aspirin only and 10% on dual antiplatelet drugs. At least one adverse outcome occurred in 64 (23. 6%) patients: rebleeding in 54 (19. 9%) had, 7 (2. 6%) needed surgery and 11 (4. 1%) died. The frequency of adverse outcomes was significantly higher in patients who bled on no antiplatelets (31. 2% no antiplatelets, 12. 6% single antiplatelet agent and 14. 8% on dual antiplatelets, p=0. 002). A significant difference in the duration of admission was not found between the three groups (5. 5±4. 3 no antiplatelets, 5. 6±4. 6 single antiplatelet agent and 5. 0±4. 3 on dual antiplatelets, p=0. 84). Patients with history of malignancy were more likely to develop an adverse outcome compared to those without malignancy (20. 7% vs 41. 0%, p=0. 006).

Conclusion: Patients with non-variceal UGIB while taking antiplatelets had a lower rate of adverse outcomes compared with non-users of antiplatelets. Other risk factors (e. g. malignancy) appear to be more important predictors of adverse outcomes than a history of cardiovascular comorbidity requiring antiplatelets.

Send Date: 2014/07/28

Code: 2876

Category: 2.12 Acid peptic disease (includes NSAIDS - but NOT H. pylori)- diagnosis and treatment

W-F-18

Assessment of serum tumor markers P53, MMP-9,IL-2R in esophageal carcinoma and it's correlation with histopathological findings and prognosis

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Introduction: Esophageal squamous cell carcinoma (ESCC) is one of the most aggressive malignant tumors. Despite recent advances in diagnosis and treatment, the prognosis for patients with ESCC is poor and worse than that for patients with other digestive tract cancersClinical. Significance of Serum Markers in prognosis of esophageal cancer is controversial. The current study investigates the relation of three different serum markers (P-53, MMP-9 and IL-2R) in esophageal carcinoma and the correlation with histo pathologic findings and the prognostic significance

Method: 57 patients with esophageal carcinoma

Conclusion: In this study corpus gastritis was found less frequently in patientswith reflux disease.
The pattern of gastritis could be associated with GERD but not NERD.
Send Date: 2014/10/07

Code: 2934
Category: 2.8 Esophageal malignant disease
W-F-15

Survival rate in elderly patients with esophageal cancer

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Introduction: Esophageal cancer in Iran is the sixth most common cancer and is particularly important in east Azerbaijan.
The purpose of our study was to determine survival rates and define prognostic factors of older patients (≥70 years) in esophageal cancer.
Method: In this study, all patients (≥70 years) with esophageal cancer registered in the Radiation Therapy Center, during March 2006 to March 2011, were analyzed and followed up for vital status. Data were analyzed using the Kaplan-Meier method and the Cox proportional hazard models.
Results: Of 461 EC patients, 207 were over70 years (45%) which were analyzed. Mean age was 76. 4±5. 1, ranging from 70 to 90 years. There were 92 women (44. 4%) and 115 men (55. 6%). There were 55 patients survived end of study. Median overall survival was 10. 3±1. 1, 95% Confidence Interval from 8. 1 to 12. 4 months. The 1, 3 and 5 years OS were 49, 13 and 7%, respectively.
On univariate analysis for identifying potential prognostic factors related to tumor stag (p = 0. 044), Surgery (p=. 012), total dose of RT (p= <0. 0001) and residence (P=. 031). Sex, tumor histology, tumor location, differentiation of tumor, radiation therapy strategy and education did not show any significant effects on the survival rate.
On multivariate analysis, recognized to radiation therapy dose (p = 0. 003) for predictive factor. Other Characteristic, Tumor stage, Surgery, and Residence, did not show any significant in multivariate analysis.
Conclusion: Overall survivals for patients around the age of 70 years in North West of Iran are poor. Therefore, early detection should be emphasized to improve survival.
Send Date: 2014/09/06

Code: 3066
Category: 2.10 Acid peptic disease (includes NSAIDS - but NOT H. pylori)-epidemiology
W-F-16

eview of the epidemiological, clinical and endoscopic findings in outpatients with peptic ulcer in Khorramabadcity(2014)

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Introduction: Peptic ulcer disease is a common health problem affecting all populations worldwide and ranks the thirties illness in the world.
Method: The population under study were all the patients with peptic ulcer through diagnostical evaluation after doing endoscopy and Pathologically referred to gastroenterology clinic in a referal hospital in khoramabad(from April to August 2014). A control group with age and sex matched was selected from outpatient visits and their relatives who had referred to hospital clinics who had no gastrointestinal, heart problemsand romathologic diseases. A questionnaire including demographic characteristics, their background dependency to cigar or alchole, NSAID, corton and other medicins and their family background state on PUD was organized and filled. The state of the ulcer and other findingsincluding the number of the ulcers, size and Morphologic earned by endoscopy were closely observed and written in the questionnaire
Results: The mean age of patients was 35±10. 6. 60% were males. majority of them were married(85%) and 40% high school graduated, 58. 3% of theem with "O" blood group. The result of H pylori test was positive in 95% of the patints. Among all patients only 5% suffered from gastric ulcer and 95%had

nomads, Southern Iran and had a significant correlation with quality of life and life style. So there is a need for educational health program in these tribes to decrease the prevalence of dyspepsia.

Send Date: 2014/08/06

Code: 2852
Category: 2.2 Dyspepsia
W-F-13

Effects of cetirizine on symptoms and gastric mucosal mast cells in patients with functional dyspepsia

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Introduction: Functional dyspepsia is considered one of the most common digestive diseases and wasting a lot of time and money for patients and health systems. Increased number of inflammatory cells such as mast cells and eosinophils has been reported in the gastrointestinal mucosa of these patients. The aim of this study was to determine effects of histaminic receptor blockade on clinical symptoms of the patients and mast cell counts of gastrointestinal mucosa.

Method: In a before and after study on patients with proton pump inhibitor resistant functional dyspepsia

Results: Thirty one patients participated in the study. Intensity of primary manifestation in 12 patients was severe and in 19 patients was very severe which significantly decreased after the treatment. Only three patients were not satisfied with the treatment. Mean of mast cell counts before and after the treatment were 47. 25 ± 29. 81 and 8. 74 ± 10. 63 respectively witch was commensurate with 80. 79± 19. 15 percent reduction (P<0. 001). Twenty five (80. 6%) patients had postprandial distress syndrome and 13 patients (41. 9%) had epigastric pain syndrome. Ten patients developed new symptoms after the treatment which includes drowsiness in 7 patients and overeating, lethargy and dry mouth, each in one patient.

Conclusion: Cetirizine and ranitidine combination in patients with functional dyspepsia is associated with a significant reduction in the severity and number of mast cells in gastric mucosa and leads to an outstanding high rate of satisfaction among patients.

Send Date: 2014/08/06

Code: 3218
Category: 2.2 Dyspepsia
W-F-14

Association Between Pattern of Gastritis and Gastroesophagial Reflux Disease

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Introduction: The aim of this study was to determine the association between presences of GERD with gastritis patterns in HP infected and non infected patients.

Method: The patients with dyspepsia and reflux disease referring to gastrointestinal clinics of Firoozgar general Hospital between 2010 and 2013 enrolled in this study. The inclusion criteria were willing to participate in study; aged over 40 and has criteria of ROME III at least for three months. The participants underwent physical examination, a questionnaire including demographic as well as clinical findingsmoking habits, alcohol usewas completed for each subjects.

Results: 470 patients met the inclusion criteria were enrolled, of them 241(51.2%) was male. The mean age was 58.3±11.6 years old. Heart burn was observed in 281(59.8%), epigastric burning in 248 subjects (52. 8%), epigastric pain in 257(54.7%) and bloating in 258 (54.9%) patients. The predominance of gastritis in antre was significantly associated with GERD (P<0. 01), we could not obtain same result for corpus predominant gastritis (P=0.10). We did not find association between atrophy of any zones of stomach with reflux disease. Antral prominent gastritis has a significant association with GERD (OR=1.92; 95%CI: 1.22- 3.12) but not NERD.

Moreover grade B of GERD had a significant correlation with antral predominant gastritis with OR= 3. 26; 95%CI: 1. 53 – 3. 19. The same result was observed in mild to moderate antral great curvature gastritis (OR= 1. 26; 95%CI: 0. 25 – 6. 40 and OR= 3.0 ; 95%CI: 0.63 – 14.17). The presence of NERD was not associated with grade of GERD.

plays a critical role in normal physiological processes as well as pathological conditions of tissue remodeling. TIMP-1 has been shown to be involved in many different steps of tumor genesis, inhibition of apoptosis stimulation of cell growth and the regulation of angiogenesis.
This study aimed to investigate the association of the TIMP-1 gene single nucleotide polymorphism (SNP), T372C with various laboratory data in 60 colorectal cancer (CRC) patients.
Method: In this case - control study genomic DNA was extracted from blood samples of patients and control group using the Blood DNA Extraction kit (Fermentase). The genotyping of T372C in exon 5 region was performed using polymerase chain reaction with confronting two-pair primers (PCR-CTPP). PCR products were visualized on a 2% agarose gel with ethidiumbromide staining.
Results: Genotyping was performed as follows; 373, 253 bp for TT genotype, 373, 253, 163 bp for CT genotype, and 373, 163 bp for CC genotype. T372C polymorphism TIMP-1 gene, TT, TC and CC genotypes were detected in %58/7, %23/9 & %17/4 of cases and in 45/2%, 33/3% & 21/5% of controls, respectively (X2= 1. 632, p= 0. 442).
Conclusion: TIMP-1 gene may plays a role in the progression of colon cancer, but the results of this study didn't confirm the relation of T372C polymorphism TIMP-1 gene and colorectal cancer.
Send Date: 2014/09/06

Code: 2849
Category: 2.2 Dyspepsia
W-F-12

The Prevalence of Dyspepsia and Its Correlation with the Quality of Life among Qashqai Migrating Nomads in Fars Province

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Introduction: Dyspepsiais a prevalent disorder that greatly affects the quality of life while itspredictive factors are still ambiguous. This study was undertaken to determinethe prevalence of dyspepsia and its correlation with the quality of life inFars Qashqai migrating nomads.
Method: seven hundred and forty eight Qashqai migrating nomads in Southern Iran aged 25 years or more were enrolled using a multiple-stage stratified cluster random sampling method when referring to their tents in summer quarters. A questionnaire was used to collect data on demographic information, lifestyle and gastrointestinal symptoms.
A questionnaire consisting of demographic factors, lifestyle data and gastrointestinal symptoms was completed for each participant for dyspepsia and SF-36 questionnaire was completed for participants too. The prevalence of dyspepsia and its correlation with the quality of life was determined.
Results: The prevalence of dyspepsia was 48% among participants. The prevalence was higher in young thin female adults (<35 years old). The rate was also higher in married underweight participants. Among subjects, 39. 6% were male and 60. 4% were female. The dyspepsia questionnaire was completed for 717 subjects (response rate: 89%) while SF-36 questionnaire was completed for 397 subjects (response rate, 55%). The correlation between dyspepsia and quality of life was statistically significant. The classified dyspeptic patients were as ulcer-like (27. 9%), dysmotility-like (26. 2%), and unspecified dyspepsia (45. 9%) groups. There was a statistical significant correlation between dyspepsia and consumption of vegetables and dairy products, drinking water and tea, smoking, dysphagia, reflux, heartburn and taking acetaminophen.
Conclusion: Dyspepsia was shown to have a relatively high prevalence in Fars Qashqai migrating

concomitant use of aspirin. Atrial fibrillation is the most common reason for taking warfarin (46/7%). The most frequent clinical signs of bleeding were melena (16 cases). peptic ulcers (12 cases) was the most common cause of gastrointestinal bleeding. In addition, only one patient had no significant findings on diagnostic measuresthat he was advised to do entrosopy.

Conclusion: The results showed that increasing age, increasing INR level and concurrent use of aspirin increases the frequency of bleeding. Peptic ulcer is the most common cause of gastrointestinal bleeding in these patients. High prevalence of potentially important clinical findings illustrate the importance of endoscopic diagnostic procedures in patients.

Send Date: 2014/09/04

Code: 2919
Category: 2.1 Cell/molecular biology/pathology
W-F-10

Isulin-like growth factor -1 (IGF-1) in relation to klotho G395A polymorphism in promoter region in colorectal patients

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Introduction: Insulin allows glucose to enter cells via Glucose Transporter systems(GLUT). IGF1 is one of the proteins that mediates Insulin signalling pathways, released by the liver. Binding of IGF-1 to tyrosine kinase receptor initiate several signalling such as PI3K/Akt and Wnt pathways to induce cell proliferation and inhibit apoptosis. Klotho is protein may inhibit Insulin/IGF1 signalling pathways and could be involved resistance to oxidative stress in colorectal cancer. The aim of this study was to evaluate the klotho polymorphism association with IGF1 and FBS in colorectal cancer.

Method: The genomic DNA was extracted from blood samples of colorectal patients and controls. Genotyping was performed by the polymerase chain reaction with confronting two-pair primers (PCR-CTPP) to detect different genotypes of polymorphism of promoter region of the Klotho gene by agarose gel electrophoresis. IGF1 levels detected by ELISA technique and FBS were measured via enzymatic method. Statistical analysis was performed with SPSS. The chi-square and t-test performed to confirm genetic frequency of IGF1 and fasting blood Glucose (FBS) association. P value less than 0. 05 was considered to be statistically significant.

Results: The PCR products 252 bp، 175 bp for GG, 252, 175, 121bp for GA, and 252, 121 bp for AA. were obtained according to different genotypes. The frequency of GG, GA and AA genotypes were 81%, 17. 4%, 1. 6% respectively. According to A allele status, samples were divided into A allele carriers (GA+AA) and non-carriers (GG). We find significant differences in IGF1 levels and genotypes(p value≤0. 05). No statistically significant differences in FBS were found between two groups.

Conclusion: Our date support that IGF1/Insulin pathways may be affected by Klotho G395A polymorphism, although it could not alter FBS in colorectal cancer.

Send Date: 2014/09/05

Code: 2927
Category: 2.1 Cell/molecular biology/pathology
W-F-11

T372C Tissue inhibitor of metalloproteinases1 (TIMP-1) in colorectal cancer patients by PCR-CTPP

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Introduction: Colon cancer is the third most common cancer in men and the fourth most common cancer in Iranian women. Identification of biological markers capable of early detection of recurrent or metastatic disease and potentially able to select patients for adjuvant therapy is greatly needed and would improve the postoperative surveillance of CRC patients.

Tissue inhibitor of metalloproteinases 1 (TIMP-1)

cytoplasmic and membranous CD24 and CD44 expressions. The Real-Time PCR was done for cDNA that was synthesized from CT26 cells' mRNA. Also, expression CD24 and CD44 markers on cells were determined byAnti-CD24 and Anti-CD44 antibodies inflow cytometry method. Apoptotic effects of cholera toxin on CT26 was followed after changing CD24 and CD44 markers by Annexin V-FITC apoptosis detection kit.

Results: The cAMP: cGMP ratio showed increase in presence of the cholera toxin.

In addition cytoplasmic and membrane CD24 and CD44 expressions had decrease after increasing the cAMP: cGMP ratio.

Conclusion: There are indirect correlation between cAMP: cGMP ratio and CD24 and CD44 expression.

Send Date: 2014/09/30

Code: 2868
Category: 1.4 Outcome studies
W-F-08

Retrospective Study of Gastric Cancer Treatment Outcomes: A Single Center Experience

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Introduction: Gastric cancer is the fourth most common malignancy and the second leading cause of cancer death worldwide. Approximately, 952,000 new cases of gastric cancer were diagnosed in 2012 and almost 723,000 patients died of the disease. The incidence rate of stomach cancer in Iran is high, well above the world average. To improve the results of treatment, it is necessary to study the patient outcomes in our country and compare them to the results from other countries.

Method: In this retrospective study, we analyzed the characteristics and outcomes of patients with stomach cancer treated in our center between 1995 and 2013.

Results: The study recruited 234 patients (166 males, 66 females, and m/f: 2.5). Mean age of diagnosis was 57 (range: 23-82) years. In the initial diagnosis, 64 (34.6%) of the patients had stage I/II disease, 46 (24. 9%) had stage III and 75 (40. 5%) had stage IV disease. Histopathological types were adenocarcinoma (n=208, 90%), non-epithelial (n=5, 2.2%), GIS (n=2), squamous cell carcinoma (n=1) and the remaining patients had other histopathological types of cancer. Radiologic images revealed ulcerative lesion (n=70, 29.9%) polypoid or fungating lesions (n=24, 9. 8%) and infiltrative lesions (n=32, 13.7%). 122 (52.1%) of patients had operable disease, 23 (9. 8%) had locally advanced disease and 71 (30.3%) had metastatic disease at presentation. Median survival time of patients in stage I, II, III and IV was 95, 30, 40 and 14 months, respectively. The OS of patients at one year was 68. 2% (95% CI: 61.8-75.3) ands 56.7% (95% CI: 50.1-64.3%).

Conclusion: In this study we observed poor outcomes for patients after stage I and probably we should improve our diagnosis at earlier stage.

Send Date: 2014/08/17

Code: 2908
Category: 1.5 Pharmacoeconomics
W-F-09

Causes of Gastrointestinal bleeding in warfarin users

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Introduction: Warfarin is highly efficacious at reducing the risk of thromboembolism. However, despite its widespread use and efficacy, there have been a number of complications associated with its use. Acute GI bleeding is a life-threatening complication of warfarin therapy. This study aimed to investigate the causes and risk factors for gastrointestinal bleeding in warfarin users.

Method: This study is a retrospective medical records of 30 patients treated with warfarin that were referred for endoscopic diagnostic procedures due to gastrointestinal bleeding in Beheshti Hospital of Kashan between 1389-1392. The sampling method in this study is easy non-random. Information on the study population was recorded in the check list. Data were analyzed using SPSS software.

Results: The mean patient age was 73.8 years. The highest prevalence was in the age group more than the 80 years (36.7%). INR levels above 4 (70%) had the highest frequency of bleeding. 56/7% of patients,

questionnaire, the GI symptom, was used to assess symptom severity and comparing the IBS symptoms and global IBS severity after treatment, in both group.
Results: Compared with placebo, melatonin taken for eight weeks significantly decreased bloating (P=0. 023), improvement in global evaluation of IBS symptoms (P=0. 018). Mean abdominal pain score, stool type, stool frequency did not significantly differ after treatment in both groups.
Conclusion: Administration of melatonin 3 mg at bedtime for eight weeks significantly attenuated bloating and improvement of global evaluation of IBS symptoms. The findings suggest beneficial effects of melatonin in IBS patients.
Send Date: 2014/08/22

Code: 2884
Category: 1.3 Evidence-based clinical practice
W-F-06

The serum levels of soluble CD93 are elevated in patients with irritable bowel syndrome (IBS): another evidence for the role of inflammation in IBS

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Introduction: Although pathophysiology of IBS is unknown, growing evidence now indicates that immune and inflammatory mechanisms contribute at least to a subset this disorder. We have recently shown that the level of another inflammatory mediator, mucosae-associated epithelial chemokine (MEC), is highly elevated in the serum of patients with IBS than normal individuals. We sought to determine the levels of soluble CD93 (sCD93), a newly identified inflammatory mediator which has been recently shown to shed from cell surface of monocytes during inflammation, in patients with IBS compared to normal individuals
Method: 41 patients with IBS and 41 normal individuals were participated in this study. All the control donors were age- and gender-matched with the patients that themselves were diagnosed based on ROM III criteria. Serum samples were collected and kept at −80°C until they were analyzed by ELISA. Data were analyzed by intra-class correlation coefficient, and Receiver Operating Characteristic (ROC) curve.
Results: We observed that the serum levels of sCD93 in patients with IBS were elevated compared with normal controls. Next, we analyzed the levels of sCD93 in patients with IBS using Multiple Regression Analysis and found that the level of sCD93 is much higher in male than female. However, it was similar in both genders in controls individuals. Importantly, the area under the receiver operating characteristic curve (ROC-AUC) value was 0. 798 and the cutoff point was 261 pg/ml. This cutoff point showed a sensitivity (%70. 7) and specificity (%85. 4) for sCD93 in patients with IBS.
Conclusion: In conclusion, we are demonstrating for the first time that sCD93 is elevated in serum of patients with IBS and that sCD93 could be a biomarker for diagnosis of patients with IBS. However, we consider evaluating this biomarker in serum of more patients with IBS as well as inflammatory bowel disease.
Send Date: 2014/08/22

Code: 3143
Category: 1.3 Evidence-based clinical practice
W-F-07

Correlation cytoplasmic and membranous CD24 and CD44 expressions on murine colorectal cancer cell line followed by increasing cAMP/cGMP ratio

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Introduction: There are some markers like CD24 and CD44 on the surface of different tumors such as breast, lung, colorectal, pancreas, prostate, ovarian and renalthat has been implicated in metastatic tumor progression cells. Our aim was clarify correlation between CD24 and CD44 expressions and cAMP: cGMP ratio in murine colorectal cancer cell line (CT26) after using cholera toxin. Also, apoptotic effects of cholera toxin on CT26 cells.
Method: The CT26 cells were cultured in microplates for assaying cAMP and cGMP by ELISA method; also, the cells were cultured in flasks for assaying

in the world, prevalence of Narcotic bowel syndrome (NBS) was undetermined. we aimed in this study to estimate prevalence of NBS and the other Opioid bowel dysfunction (OBD) in opioid abusers in Kerman; a city in Iran. According to the best knowledge, this is the first study that was performed for assessment prevalence of NBS in opioid abusers.
Method: by referring to addiction treatment centers in kerman city in a cross-sectional study, 577 subjects with each opium or opioid subtracts abusing included in our study. An validated questionnaire was used for OBD assessment and diagnosis of NBS was made according to both presence of chronic abdominal pain despite opioid dose increasing and rule out other causes of abdominal pain. SPSS version 16 software was used for data analysis. P value < 0. 05 was considered as statistically significant.
Results: constipation, regurgitation and heartburn were the most GI complains that were found in132(22. 9%), 123(21. 3%)and 91(15. 8%) subjects, respectively. only16(2. 8%) fully fill all NBS criteria. Simultaneously using of non narcotic sedative drugs increased the risk of NBS significantly (the odds ratio 3: 1 and P = 0. 049).
Conclusion: NBS is not rare among opioid abusers and should be consider as a cause of chronic abdominal pain in this group.
Send Date: 2014/08/19

Code: 3003
Category: 1.1 Epidemiology
W-F-04

The study of chemotherapy and surgical treatment frequency in involved patients' hydatid cyst in the hospitals of Arak city, Iran 2008-2012

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Introduction: Hydatidosis is one of the most important parasitic disease has a worldwide distribution and is caused by the larval stage of Echinococcus granulosus. This disease is endemic in Iran would cause many casualties and economic. Many studies have notbeen conducted in Arak city. This study aimed to investigate the frequency of medical and surgical treatment of patients with hydatid cyst in Arak hospitals to improve patient management process.
Method: This is a case study examining the characteristics of patients with hydatid cysts and their treatment in Vali Asr and Amiralmomenin hospitals of Arak were surveyed between 1387-1391.
Results: Of the 70 patients, 41 (58. 6%) were female and 29 (41. 4%) were male and the highest incidence in the third decade of age (20%) were living. Most people in rural population (54. 3%), respectively, The most involved organ was liver (62. 9 %), then lung (27. 1%) and involvement of other organs was(7. 14%), average size of cysts was mm 33 ± 85. 64 patients (91. 42%) were combined treatment. And 6 patients)8. 57%) was the only medical treatment.
Conclusion: The most common and effective treatment of choice in patients with hydatid cyst is combined surgery and medical procedure and medication before and after surgery Used to reduce recurrence.
Send Date: 2014/09/08

Code: 2883
Category: 1.2 Management strategies
W-F-05

Melatonin in IBS managment

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Introduction: Irritable bowel syndrome (IBS) is one of the most common luminal GI tract disorder and occasionally doctors and patients struggling with it. Multiple class of drugs and even psychotherapy modalities have been suggested for IBS treatment. Melatonin, a pineal drived hormone, that detected in high concentrations in the gastrointestinal tract (GIT) appeared is a local regulator of GI motility and sensation, suggested in few studies for IBS treatment. The aim of this study was to determine oral melatonin has beneficial effects on bowel symptoms of IBS.
Method: Forty patients with documented IBS diagnosis(Rom III) were randomized to receive either melatonin 3 mg or identically appearing placebo daily at bedtime for 8 weeks. A validated

Code: 2856
Category: 1.1 Epidemiology
W-F-01

Esophageal cancer in southern Iran: A Comprehensive Epidemiology Report

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Introduction: Esophageal cancer (EC) remains an important public health problem worldwide. The aim of this study is to evaluate the esophageal cancer in southern Iranian and to provide updated information regarding time trends for this cancer.

Method: In a retrospective study, we analyzed the Cancer Registry data collected by the Gastroenterohepatology Research Centre affiliated to Shiraz University of Medical Sciences from 2001 to 2007. All of the data were analyzed based on descriptive statistics methods and the results were discussed.

Results: Among 905 gastrointestinal cancer registered to our center, 238 patients had EC and its frequency increased as age increased and rate of EC was higher for males. About 71. 1% of the patients had drank or eaten hot foods.

Conclusion: This study provides a comprehensive projection for the EC, indicating that the incidence of EC dramatically increasing as the age decrease and during the past decade. Surgery, radiotherapy and chemotherapy have good outputs in the treatment of EC.

Send Date: 2014/08/12

Code: 2858
Category: 1.1 Epidemiology
W-F-02

The prevalence of hepatitis C infection in general population of two Kavar villages, Farmashkan and Akbarabad, of Fars province

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Introduction: Hepatitis C virus (HCV) infection is a major blood-borne infection with silent epidemic, major global public health problem and diverse prevalence worldwide. The aims of this study were to evaluate the prevalence of HCV infection in general population of two villages, Farmashkan and Akbarabad, of Kavar city of Fars province in Iran, and related risk factors.

Method: A 34 months cross-sectional study from Jul 2007 to Apr 2010 was performed with enrolling of all peoples aged≥7 years. After completing the questionnaire, serum anti-HCV IgG was assessed by commercial ELISA kit.

Results: Overall 6095 participants (36. 4% male and 65. 6% female) with age range of 92 (7-95) and mean ± SD of 34. 6 ± 17. 3 years were included in this study. Fifteen patients (0. 24%) were detected as HCV positive and the highest prevalence was seen in age ≤12 years old (1%). Only significant correlation was detected between blood transfusion and HCV infection, so those patients with history of blood transfusion had 15-fold higher risk for HCV seropositivity (odds ratio 15. 54, 95%CI=4. 89-49. 41).

Conclusion: Our reported rate of HCV seropositivity is similar to previous Iranian reports. However, future evaluations must be focused on PCR detection of HCV and determining and evaluating of other related risk factors. Also, more attention must be paid to blood donors as a reservoir population of HCV.

Send Date: 2014/08/12

Code: 2870
Category: 1.1 Epidemiology
W-F-03

Prevalence of Narcotic Bowel Syndrome in opioid abusers of Iran

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Introduction: Although increasing in opioid abusers

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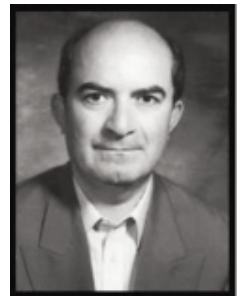

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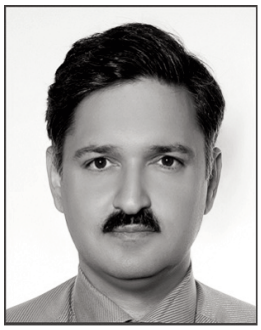

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In The name of God

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