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In The name of God

Abstract Submitted for

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Contents

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گزارش بیستمین کنگره گوارش و کبد ایران

بیستمین کنگره بیماری های گوارش و کبد ایران به همراه کارگاه اندوسونوگرافی و سمپوزیوم های دارویی بصورت مجازی از ۲۶ لغایت ۳۰ آبان ماه ۱۳۹۹ به مدت ۵ روز و با بیش از ۱۰۰ سخنرانی و پنل بحث و گفتگو برگزار و از سه طریق شامل: لایو استریم انجمن، اسکای روم و آپارات در دسترس شرکت کنندگان قرار گرفت.

این برنامه یکی از بزرگترین همایش های مجازی کشور بود که تاکنون برگزار شده است و این مهم با تکیه بر ۱۰ سال تجربه برگزاری کنفرانس های آنلاین (وبینار) توسط تیم اجرایی انجمن متخصصین گوارش و کبد ایران محقق گردید.

از مجموع ۱۳۱۹ نفر شرکت کننده در کنگره بیستم گوارش و کبد ایران ۷۲۳ نفر از متخصصین داخلی و فوق تخصص های گوارش و کبد، شرکت کنندگان در کارگاه اندوسونوگرافی ۱۵۱ نفر و ۴۴۶ نفر در سمپوزیوم های دارویی ثبت نام نمودند و بصورت فعال حضور داشتند.

روز دوشنبه ۲۶ آبان مراسم افتتاحیه همراه با تجلیل و تقدیر از پزشکان برتر گوارش سال ۱۳۹۹ برگزار گردید.

http://iagh.org/en/page/GI-O-P

نفرات برتر به شرح ذیل می باشد:

- جناب آقای دکتر عباس یزدان بد، دانشگاه علوم پزشکی اردبیل، در زمینه تحقیق و پژوهش
- جناب آقای دکتر جواد میکائیلی، دانشگاه علوم پزشکی تهران، در زمینه آموزش در رشته گوارش و کبد
- جناب آقای دکتر سید حمید موسوی، دانشگاه علوم پزشکی هرمزگان، در زمینه خدمت به بیماران گوارش و کبد

از ۸۶ مقاله رسیده به دبیرخانه انجمن ۷۴ مقاله برای داوران ارسال و تعداد ۳۴ مقاله توسط داوران و کمیته علمی کنگره برای نمایش بصورت سخنرانی و پوستر مورد قبول واقع شد. پس از بررسی مقالات رسیده توسط کمیته داوران، بر اساس محتوای کار پژوهشی به ۳ مقاله برتر، لوح تقدیر و جایزه نقدی از طرف انجمن متخصصین گوارش وکبد ایران طبق جدول ذیل تقدیم گردید:

رتبه مقاله	عنوان ارائه
اول	**“Effect of oral tranexamic acid on prevention of rebleeding in patients with acute upper gastrointestinal bleeding”** Mohammad Javad Rezaei, Aliakbar Shayesteh, Abazar Pasri, Saeid Seyedian, Naghmeh Habibi
دوم	**“Perspective of placenta derived mesenchymal stem cells in acute liver failure”** Amir Abbas Vaezi, Mahshid Saleh
سوم	**“Evaluation of the diagnostic value of M2PK and FIT findings in comparison with colonoscopy findings in patients referred to Caspian Gastroenterology Clinic”** Fariborz Mansour-Ghanaei, Mohammad Saghafi, Farahnaz Joukar, Soheil Hassanipour

همچنین بیستمین کنگره بیماری های گوارش و کبد از حمایت شرکت های دارویی و تجهیزات پزشکی برخوردار بود.

https://b2n.ir/354051

انجمن متخصصین گوارش وکبد ایران ضمن تشکر از تمامی شرکت کنندگان عزیز که با پیام های گرم خود ما را مورد عنایت قرار دادند، و نیز اعضای محترم تیم اجرایی که ما را در برگزاری کنگره یاری نمودند، پذیرای انتقادات و پیشنهادات همکاران عزیز برای هرچه بهتر برگزار شدن کنگره های آتی می باشد (info@iagh.org).

با آرزوی توفیق
دکتر سیدمحمدمهدی میرناصری
دبیراجرایی انجمن متخصصین گوارش و کبد ایران

Code: DA-20035
ICGH2020-01
Category: 3.6 مدیریت بیماریهای بدخیم

Knowledge about Gastrointestinal Cancers in People Referred for Endoscopy and Colonoscopy during a Screening Program: A cross-sectional study in Guilan, North of Iran

Fariborz Mansour-Ghanaei [2,*], Farahnaz Joukar [2], Fatemeh Mahdi [3], Soheil Hassanipour [3], Roya Mansour-Ghanaei [1]

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Introduction: The most northern and northwestern regions of Iran are at a high risk for gastrointestinal cancers. In this study, we evaluated knowledge of gastrointestinal (GI) cancers in people referred for endoscopy and colonoscopy screening.

Methods: This cross-sectional study was carried out among 461 people who were under the patronage of a local relief foundation and referred for endoscopy and colonoscopy to the Gastrointestinal and Liver Disease Research Center (GLDRC), Rasht, north of Iran, March 2016 to March 2017. A well-defined two sectioned questionnaire was carried out for the each group.

Results: Overall, 300 and 161 individuals were in the gastric and colon cancer knowledge group, respectively. The level of knowledge in various areas of gastric and colon cancer was desirable. In general, the average of different domains in gastric and colon cancer knowledge questions were 20.2 ± 6.6 and 19.2 ± 4.9, with a knowledge level higher than the mean in gastric cancer (58%) and colon cancer (67.1%). The mean score of knowledge of GI cancers in terms of risk factor indicated a significant relationship between BMI and alcohol consumption. Meanwhile, a meaningful relationship between symptoms and BMI with knowledge was declared. About domains of colon cancer, there was a significant relationship between younger age and knowledge in the risk factor.

Conclusion: The results of this study can provide an opportunity to formulate strategies to achieve goals, especially in the field of education, prevention, and control of the disease by raising knowledge for the general public and educating people who are responsible for providing and delivering health services to this community.

Send Date: 2020/09/20

Code: DA-20024
ICGH2020-02
Category: 5.15 اختلالات عملکردی دستگاه گوارش

An overview of Persian herbal medicine in Irritable bowel syndrome: a systematic review of clinical trials

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[2] School of Persian Medicine, Zahedan university of medical sciences

Introduction: According to Rome IV criteria, irritable bowel syndrome (IBS) is the most common functional bowel disorder with recurrent abdominal pain associating with defecation or a change in bowel habit. IBS is a multifactorial disorder relating to genetics, stressful life events, increased mucosal permeability, visceral hypersensitivity, altered smooth muscle contractility, and immune Dysfunction. Several studies reported the efficacy of herbal remedies in improving IBS symptoms. Thereupon, we decided to review Persian herbal medicine in IBS.

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

Results: Finally, we found 23 randomized control trial with 9 simple Persian herbal medicine and 6 compound formulation that potentially improve IBS symptoms without remarkable adverse effect. Mentha piperita (Nana), Pimpinella anisum (Anisun), Curcuma longa (Zardchoobeh), Glycyrrhiza glabra (Shirinbayan), Zataria multiflora (Avishan), Gingiber officinalis (Zanjabil), Artichoke (Kangar), Plantago psyllium (Psyllium), Hypericum Perforatum (Alaf e chy), Mentha longifolia, Cyperus rotundus and Zingiber officinale (Nana, Sod, Zanjabil), Curcuma longa and Foeniculum vulgare (Zardchoobeh, Razianeh), Boswellia carterii, Zingiber officinale, and Achillea millefolium (Kondor, Zanjabli, Bumadaran), Melissa officinalis, Mentha spicata, and Coriandrum sativum (Badranjbuyeh, Nana, Geshniz), Murraya koengi, Punica granatum, Curcuma longa (Kari, Zardchoobeh, Anar), Aloe vera, Curcuma longa, Peppermint oil, Ulmus kub (Aloe vera, Nana, Narvan, Zardchoobeh).

Conclusion: Herbal remedies are acting with controlling abdominal pain, anti-inflammatory activity, and enhancing

and coordinating the gastrointestinal motility. Although their mechanisms are not fully understood, they can be recommended as a complementary therapy to alleviate IBS symptoms.

Send Date: 2020/09/15

Code: DA-20043
ICGH2020-03
Category: 5 .2 بیماری ریفلاکس

Investigation of gastroesophageal reflux disease among medical students

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Introduction: Gastroesophageal reflux disease (GERD) is a common gastrointestinal complaint in the adult population worldwide; nevertheless, a few studies have magnitude this disorder among the medical students. The stress, lifestyle, and burdensome educational curriculum exposes this particular population to gastrointestinal disorders, GERD in particular. To the best of our knowledge, there is no information about the frequency of GERD in Iranian medical students. The current study is aimed to assess the Prevalence of GERD as well as its risk factors among the medical students.

Methods: In this cross-sectional study, the symptoms of GERD were investigated among 290 medical students using the frequency scale for the symptoms of gastroesophageal reflux (FSSG) at Isfahan University of Medical Sciences from 2018-19. Additional information, including age, gender, body mass index (BMI), and studying grade, were entered in the checklist.

Results: Among the studied population, 104 students (36.55%) presented GERD. Heartburn was associated with studying grade (p-value = 0.022) and BMI (p-value < 0.001). Esophageal regurgitation was related to BMI only (p-value < 0.001). The logistic regression evaluations revealed overweight (p-value < 0.001; OR:14.49; 95%CI: 7.29-28.81), obesity (p - value < 0.001; OR:14.16; 95%CI: 4.38-45.74), studying at physiopathology course (p-value < 0.001; OR:5.05; 95%CI: 2.07-12.30) and at stagership (p-value = 0.007; OR:3.50; 95%CI: 1.41-8.64) were independent predictors of heartburn, while overweight (p-value < 0.001; OR:8.33; 95%CI: 4.26-16.28), obesity (p-value < 0.001; OR:54.87; 95%CI: 11.31-266.10) and studying at stager ship (p-value = 0.024; OR:2.89; 95%CI: 0.87-6.22) were the predictors for esophageal regurgitation.

Conclusion: Based on this study, GERD was prevalent among the medical students, and factors, including BMI and studying grade, were predictors of its incidence.

Send Date: 2020/09/21
Code: DA-20020
ICGH2020-04
Category: 1.4 Outcome studies

Reliability of the Persian version of JUICE Study Questionnaire

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Introduction: This study is a part of a prospective international cohort study on the composition of microbiota living in the upper gastrointestinal (GI) tract and its correlations to the patient's symptoms, their psychological and physical health status in three different populations (JUICE Study). Our study evaluates reliability of the Persian version of a three part questionnaire which will be used in this study.

Methods: The English version of the questionnaire was translated to Farsi and then back translated to English. The back-translation was edited and then retranslated to Farsi. The questionnaire consists of three parts; the first part includes demographic data, the second part is EQ-5D questionnaire which is an instrument developed by EuroQol group to measure five dimensions quality of life and the third part is HADS questionnaire (Hospital Anxiety and Depression Scale).

By convenience sampling, 22 participants were enrolled. For checking reliability, they were asked to fill in a questionnaire and repeat this two weeks later.

Cohen`s Kappa Coefficient or percentage agreement and Bland-Altman plot were used for statistical analysis as appropriate.

Results: The first six questions were demographic, and completely the same in the test and retest phases. All of the other questions in the first part of the questionnaire had Kappa values above 0.6 for reliability.

Percentage agreements were 0.86, 0.54, 0.66 and 0.9 for reliability for the 8th, 12th, 13th and 14th questions respectively.

In the second part, which is EQ5D questionnaire, Kappa

value of the first and second items equaled 1. Percentage agreements of the three last items were 0.9, 0.63 and 0.72 respectively.
For HADS questionnaire percentage agreement averaged 0.63 in reliability phase.
Conclusion: According to our data, this three part questionnaire has an acceptable reliability to be used as an instrument in Farsi-speaking population for JUICE study.
Send Date: 2020/09/12

Code: DA-20036
ICGH2020-05
Category: 2.14 تشخیص بیماریهای بدخیم

Evaluation of the diagnostic value of M2PK and FIT findings in comparison with colonoscopy findings in patients referred to Caspian Gastroenterology Clinic

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Introduction: Early diagnosis of colorectal cancer is the best way to reduce its mortality. The purpose of this study was to determine the diagnostic value of M2PK and FIT findings in comparison with colonoscopy findings in patients referred to Caspian Gastroenterology Clinic.
Methods: In a study evaluating diagnostic tests, demographic and clinical characteristics (age, gender, BMI, history of smoking, alcohol, underlying disease, gastrointestinal symptoms) were obtained from all subjects referring to colonoscopy, as well as from all subjects Fecal samples were taken for evaluation of M2PK and FIT levels. M2PK was evaluated by ELISA with ScheBo kit and FIT was performed immunologically with device or tablet. Then the three tests were compared in terms of sensitivity, specificity and positive and negative predictive values.
Results: The results also showed that the sensitivity of M2PK test for colonoscopy findings was 78.6% and the specificity of this test was 87.1% and the sensitivity of FIT test was 67.1% for colonoscopy findings and the specificity of this test was 1.1. 37% were reported. There were no statistically significant differences between the two M2PK and FIT tests with colonoscopy for demographic and clinical characteristics and histologic findings.
Conclusion: Considering that nowadays invasive tests like M2PK which are cheaper than colonoscopy can be used in the first stage of screening and this can be a great step in screening individuals and identifying pre-cancerous lesions and As a result, there is a reduction in colorectal cancer and a decrease in death from this cancer.
Send Date: 2020/09/20

Code: DA-20015
ICGH2020-06
Category: 2.4 بیماری سلیاک / سندروم های سوء تغذیه و انتروپاتی های غذایی

Gene dose effect in penetration of celiac in first degree relatives

Azita Ganji [1,*], Azra Rastegar [2], Akram Bakhtiyari Shahri [2], Hadi Bagheri Hosseini [1], Ali Bahari [1], Sajedeh Alijannejad [3], Sajedeh Rajabpor Borj [2]

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Introduction: Celiac Disease (CD) is a multifactorial gluten sensitive enteropathy associated with genetic and environmental risk factors. Family history is one of the risk factors for CD susceptibility. We expect to have 7.1% of transmission in the first-degree relatives of patients with celiac, however there are some families with a high CD penetration rate among family members. There is not any clear reason for the high family penetration rate. Therefore, we assessed the importance of specific HLA pattern or genetic dosage effect in high penetration rate and risk stratification for screening.
Methods: forty-four patients from 15 families were included and categorized to three groups. Group 1 were the cases from the families with more than 70% of affected members in the first and second degree relatives (high penetration group). Group 2 comprised of cases from the families with 50-70% of affected members (intermediate penetration group). Group3 was also comprised of cases belonging to the families with less than 25% affected members or families with only one affected case (low penetration group). HLA typing was performed by Specific Primers (SSP) –PCR on blood samples using a kit with a panel of 24 alleles.
Results: There was significant differences in HLA pattern in three groups in which 96% of patients in group one had mainly double dose of DQ2 in homozygote and heterozygote

pattern and mostly heterozygote pattern. There were also significant different frequencies of DQ2.5-2.2 alleles between more than 70 % and less than 70% penetration rate (p = 0.002).

Conclusion: HLA DQ2.5-2.2 can be used as efficient predictors for the familial CD. HLA DQ pattern can be introduced as an efficient method for the CD screening and therapeutic strategies among offspring and siblings.

Send Date: 2020/09/08

Code: DA-20016
ICGH2020-07
Category: 2.4 بیماری سلیاک / سندروم های سوء تغذیه و انتروپاتی های غذایی

Clinical and Biochemical Characteristics of Celiac Patient in multi Generation Families

Azita Ganji [1,*], Hadi Bagheri Hosseini [1], Ali Bahari [1], Azra Rastegar [2], Akram Bakhtiyari Shahri [2], Sajedeh Rajabpor Borj [2]

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Introduction: Celiac Disease (CD) is a multifactorial gluten sensitive enteropathy associated with genetic and environmental risk factors. Family history is one of the risk factors for CD susceptibility. We expect to have 7.1% of transmission in the first-degree relatives of patients with celiac, however there are some families with a high CD penetration rate among family members. Therefore, we assessed the importance of specific symptom or clinical presentation in high penetration rate and risk stratification for screening.

Methods: Forty-four patients from 15 CD families with high and low penetrations in the first degree relatives(FDR) and second degree relatives (SDR) were included in our study. In low penetration group or control group we included, patients with CD without a positive familial history in FDR and SDR.

Patients were categorized to high penetration (more than 70%) in FDR, intermediate penetration (50-70%) in FDR, and control group of CD who were patients with low penetration (less than 25%) or just one case without any familial affected member. Informed consents forms which were approved by the ethic committee of Mashhad university of Medical Sciences were obtained from the patients.

Results: In patients with high penetration rate, 46% were diagnosed by classic presentation and 26% by non-classical presentation and 16% by screening. In control group with low penetration, 25% were diagnosed by classical and 75% by non-classical presentations (p = 0.06). There was no significant difference between presentation in these 3 groups(p = 0.064), but if we categorized the patients into two groups including; more than 50% and less than 25 % penetration rates, there was a significant difference between classical presentation (p = 0.02). There were not and significant differences between anemia, flatulence, aphtous, and diarrhea in two groups.

Conclusion: Classical presentation is common presentation of celiac in FDR of patients.

Send Date: 2020/09/08

Code: DA-20017
ICGH2020-08
Category: 2.4 بیماری سلیاک / سندروم های سوء تغذیه و انتروپاتی های غذایی

Screening Bone Loss in Celiac Disease from third Cecade of life: Is it necessary?

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Introduction: Celiac disease (CD) is a gluten sensitive enteropathy with intestinal and extra intestinal presentations in genetically predisposed cases. Musculoskeletal problems are one of the most common extra intestinal manifestations in adult Celiac disease. In present study we evaluated prevalence of bone loss in celiac patients in men and premenopausal women . Aim of study was risk stratification of bone loss base on age and decade of life to find out best age for screening patients for bone loss.

Methods: This was a cross-sectional study of 526 adult CD patients with positive serology and pathology who were referred to the Mashhad Celiac Clinic Center between 2010 and 2020. We excluded the bone loss confounding factors including cases with endocrine disorders, corticosteroid consumption, smoking, and post menopausal women and men more than 50 years old.413 patients were included. Factors such as intestinal pathology, bone mineral density (BMD), serum level of anti-tTG, serum vitamin D, and hemoglobin levels were also assessed at the time of diagnosis.

Results: BMD was evaluated in patients. Femoral osteopenia was found in 35%, 34%, 36% % of patients in second, third and forth decade of life ,and osteoporosis was seen in 11%, 7%, 19% had in femoral. Spinal osteopenia was see

in 39%,22%,42% and osteoporosis in 10%,4.5%,16% were observed. There was no significant difference between femoral osteopenia and osteoporosis in three cade of life .Spinal osteoporosis was more common from forth decade .
Conclusion: This study showed low bone mineral density is common even in second and thirddecade of life and we recommend to screen for bon loss from thirty years old.
Send Date: 2020/09/08

Code: DA-20074
ICGH2020-09
Category: 2.1 استراتژی مدیریت

Attitude, Behavior, and Barriers towards Screening Colonoscopy Participation among Physicians in Mashhad University of Medical Sciences, Iran

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Introduction: Colorectal cancer is one of the most common cancers among men and women worldwide. Patients who are diagnosed at the early stages of the disease have a significantly better prognosis, lower mortality, and lower burden of the disease. Thus, screening methods, namely colonoscopy, and fecal occult blood test are effective means of a timely diagnosis. However, there are pearls and pitfalls among doctors in the decision to participate and implement these methods. This article aims to evaluate and discuss the attitude and behavior of physicians toward colonoscopy screening.
Methods: This cross-sectional study was performed on 81 physicians working in academic hospitals of Mashhad University of Medical Sciences, Iran, between February and May 2019. Data were gathered using demographic information checklists and a researcher-developed checklist to evaluate the attitude of physicians towards the benefits and necessity of colonoscopy. Data were analyzed using SPSS software version 23, and $p < 0.05$ was considered statistically significant.
Results: 81 physicians with a mean age of 58.9 ± 6.6 years were studied. Most of the participants were male (n = 60, 74.1%), married (n = 79, 97.5%), and had fellowships in their specialty (n = 44, 54.3%). When asked about barriers against colonoscopy, most physicians mentioned unwillingness (n = 24, 29.6%) and lack of time (n = 14, 17.3%). There was no significant association between physicians' sex and their screening colonoscopy history ($p = 0.98$). Moreover, no significant association was detected between the physicians' level of education and undertaking colonoscopy ($p = 0.15$).
Conclusion: This study revealed that a large number of physicians are not willing to undergo screening colonoscopy despite the fact that they have a positive attitude towards the method. Although physicians are knowledgeable about the benefits of colonoscopy, it is not sufficient, and creating the right cultural context is also needed.
Send Date: 2020/10/05

Code: DA-20012
ICGH2020-10
Category: 13.7 سایر موارد

Anatomical Variations in Portobiliary Systems According to ERCP findings

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Introduction: Anatomical variations in the biliary system have been proven to be of clinical importance.
Awareness of the pattern of these variations in a specific population may help to prevent and manage biliary injuries during surgical and endoscopic procedures. Knowledge of the biliary anatomy will be also of great help in planning the drainage of adequate percentage of liver parenchyma in endoscopic or radiological procedures.
Methods: All consecutive patients undergoing endoscopic retrograde cholangiopancreatography (ERCP) from April 2013 to April 2015 at Nemazee Hospital, a referral center in the south of Iran, were included in this cross-sectional study. The patients with previous hepatic or biliary surgery, liver injury or destructive biliary disease were excluded from the study. All ERCPs were reviewed by two expert gastroenterologists in this field. The disagreed images by the two gastroenterologists were excluded. Huang classification was used for categorizing the different structural variants of the biliary tree, and the frequency of each variant was recorded.
Results: Totally, 362 patients (181 men and 181 women) were included in the study. 163 patients (45%) had type A1 Huang classification (right dominant), which was the most prevalent type among our patients. 55% of them had non-right dominant anatomy. The result of the Chi-square test revealed that there was no statistically significant difference between the men and women regarding the anatomical variations ($p = 0.413$).
Conclusion: The anatomical variation in the biliary system among Iranian patients is comparable to other regions of

the world. Significant proportions of our patients are non-right dominant and may need bilateral biliary drainage.

Send Date: 2020/09/03

Code: DA-20059
ICGH2020-11
Category: 4.2 Coeliac disease/malabsorption syndromes and food enteropathies

Evaluation of Pulmonary volumes in patients with Celiac disease in Afzalipour Hospital, Kerman (2019)

Bijan Ahmadi [1], Rostam Yazdani [2], Motahareh Zaherara [3], Ramin Sabahi [2], Mohsen Shafiepour [2,*], Mohammad Mahdi Hayatbakhsh Abbasi [1], Sara Shafieipour [1], Fatemeh Karami Robati [4]

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Introduction: Celiac disease is a common malabsorptive bowel disease caused by gluten sensitivity that affects other organs of the body in addition to the gastrointestinal tract such as liver, brain and respiratory system. This study aimed to evaluate the pulmonary volumes in patients with celiac disease in Afzalipour Hospital, Kerman.

Methods: This cross-sectional descriptive study was performed on all adult patients with celiac disease in celiac registry in Afzalipour Hospital. All patients whose records were complete were included in the study. At this stage, height and weight were measured and their demographic information was recorded in a checklist. Then, according to the standard conditions, spirometry was performed. Data were analyzed by SPSS software version 22.

Results: The study cases are comprised of 58 patients with celiac disease. The average age of cases were 37.59 ± 18.02 years. The mean of height was 157.22 ± 14.30 cm and the mean of weight was 57.09 ± 17.06 kg. The results showed that the mean of forced vital capacity (FVC) was 3.15 ± 0.93 liters, the mean of forced expiratory volume in 1 second (FEV1) was 2.68 ± 0.76 liters, the mean ratio of FEV1 to FVC 83.06 ± 5.56% and the mean of PEF was 6.64 ± 1.61 liters.

Conclusion: The results of this study indicated pulmonary volumes in celiac patients was lower than normal age and sex match population. Further studies to follow up and assessment respiratory problems in these patients were need.

Send Date: 2020/09/23

Code: DA-20060
ICGH2020-12
Category: 4.6 سایر اختلالات کولون و آنورکتال

Evaluation of rs37464444 Polymorphism of miR-499 Gene in Patients with Colon Cancer Compared with Healthy Subjects

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Introduction: Single nucleotide polymorphisms (SNPs) have been introduced as a new genomic source for cancer. Therefore, it was decided to conduct a study to evaluate the rs3746444 polymorphism of miR-499 in patients with colon cancer in comparison with healthy subjects.

Methods: This case-control study was conducted to investigate rs3746444 polymorphism of miR-499 in blood samples of case and control groups. Patients with a confirmed diagnosis of cancer based on pathologic report were enrolled in the study as the case group and compared with healthy subjects. The level of significance was considered at $p < 0.05$.

Results: The mean of DNA count in samples was 63.17 ± 23.51 that was significantly higher in the case group. The rs3746444 polymorphism of miR-499 was significantly higher in patients with cancer compared to the healthy subjects ($p < 0.05$).

Conclusion: In this study, rs3746444 polymorphism of miR-499 was significantly higher in patients with colon cancer, which indicated that people with this polymorphism had a higher risk for malignancy.

Send Date: 2020/09/23

Code: DA-20073
ICGH2020-13
Category: 6.3 Malignant disease - management

Effect of Selenium on Gut Microbiota in Colorectal Cancer

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Microbiota as an effective part of gut mucus plays an important role in the maintenance of gut integrity and homeostasis. Alterations of gut-microbiota profile by increasing the abundance of pathogenic-bacteria and reducing the beneficial-bacteria, are associated to colorectal adenomas (CRA) and cancer (CRC). Pathogenic-bacteria can induce chromosomal instability and gene mutations in bowel cells, disrupt intestinal barrier and affect the function of immune cells. These modifications might be responsible for the intestinal inflammation, tissue damages and tumorigenesis. The use of antibacterial elements such as selenium (Se), might have a modulating effect on composition and function of microbiota. This study discusses the mechanisms of effect of selenium on microbiota in CRC. Relevant studies in electronic databases were selected by searching MEDLINE Library. Available studies suggested that selenium might influence on microbiota in CRC through multiple pathways. As the Se metabolites or part of selenoproteins, Se reduces incidence of CRC by regulation of immune cells functions, and decrease of oxidative stress. About one quarter of gut microbiota use Se for the expression of selenoproteins, and therefore decrease the availability of Se for host selenoproteins. In addition, in Se deficiency, pathogenic-bacteria are elevated and transport of Se to host tissues and organs are reduced by down-regulation of selenoprotein P. However, Se supplementation could increase probiotic-microbiota, ratio of beneficial to pathogenic-bacteria and quantity of butyric acid as an energy source of colonocytes where develop intestinal morphology and villus height for improvement of capacity of nutrients absorption. In addition, Se increases bacterial fermentation products such as short chain fatty acids, which improve the immune responses, epithelial tight junctions, gut integrity, mucosal functions, control bacterial pathogenesis, inhibit inflammation and carcinogenesis and decrease oxidative stress. In sum, Se may protect against colorectal cancer by modulation of probiotic bacteria, improvement of intestinal morphology and increase in bacterial fermentation.

Send Date: 2020/10/04

Code: DA-20071
ICGH2020-14
Category: 3.6 مدیریت بیماریهای بدخیم

Effect of Black Cumin on heavy metal-induced inflammation in Colorectal Cancer

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Toxic heavy metals such as cadmium and arsenic are considered as the important factors contribute to the development and progression of various types of cancers such as colorectal cancer (CRC). These elements induce toxicity and mutagenesis through interference with metabolic intracellular activity and generation of oxidative stress and inflammation, by production of reactive oxygen species (ROS), reactive nitrogen species (RNS) and cyclooxygenase 2 (COX 2). Anti-oxidant agents such as Black Cumin (Nigella sativa L.) as a traditional medicinal plant could modulate toxicity of heavy metals. This review discusses the mechanisms of Black cumin actions in the modulation of inflammation and oxidative stress in CRC. Relevant studies in electronic databases were selected by searching MEDLINE Library. Only relevant English published articles were included. Available evidence reported that production of inflammatory mediators such as ROS, NOS and COX2, stimulated by toxic heavy metal, are associated with tumor progression and destruction of biological macromolecules such as DNA, proteins and lipids in sensitive signaling pathways of cells. However, existing evidence proposed that, Black cumin or extracted phenolic components of that could modulate inflammation and oxidative stress in CRC through following mechanisms. 1) decreasing the ROS, nitrite and inducible nitric oxide synthase production from neutrophils; 2) scavenging the produced ROS and nitric oxide; 3) decreasing the activation and emigration of neutrophils; 4) enhancement the levels of antioxidant enzymes like glutathione peroxidase and superoxide dismutase; 5) inhibiting the activation of NF-kB and pro-inflammatory pathways; and 6) inhibition of COX-2 pathway. Suppression of oxidative stress and inflammation might protect cells from destruction and tumor progression. Bioactive components of Black Cumin affect production of inflammatory mediators and oxidative stress and attenuate toxicities and tumorigenesis induced by inflammation and oxidative stress.

Send Date: 2020/10/03

Code: DA-20080
ICGH2020-15
Category: 7.11 Acute liver failure - transplantation/surgery

Perspective of placenta derived mesenchymal stem cells in acute liver failure

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Acute Liver failure (ALF) is a life-threatening disease and is determined by coagulopathy (with INR ≥ 1.5) and hepatic encephalopathy as a result of severe liver injury in patients without preexisting liver disease. Since there are problems with liver transplantation including lack of donors, use of immunosuppressive drugs, and high costs of this process, new therapeutic approaches alongside current treatments are needed. The placenta is a tissue that is normally discarded after childbirth. On the other hand, human placenta is a rich source of mesenchymal stem cells (MSCs), which is easily available, without moral problems, and its derived cells are less affected by age and environmental factors. Therefore, placenta-derived mesenchymal stem cells (PD-MSCs) can be considered as an allogeneic source for liver disease. Considering the studies on MSCs and their effects on various diseases, it can be stated that MSCs are among the most important agents to be used for novel future therapies of liver diseases. In this paper, we will investigate the effects of mesenchymal stem cells through migration and immigration to the site of injury, cell-to-cell contact, immunomodulatory effects, and secretory factors in ALF.

Send Date: 2020/10/06

Code: DA-20032
ICGH2020-16
Category: 10.7 نارسایی حاد کبدی - پیوند / جراحی

Management of Patients with Liver Transplant and Chronic Liver Diseases during COVID-19 Pandemic: A Brief Review

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The Coronavirus coronavirus associated disease 2019 (COVID-19) caused by the SARS-CoV-2 virus , has rapidly progressed spread all around the world and became pandemic in March 2020. Although dData on liver transplantation and chronic liver disease during the pandemic is has remained scarce till now, but up toand there is little information on if whether immunosuppressed patients are at higher risk of developing severe COVID-19 infection. This review provides information for health care providers who care for patients with liver transplantation and chronic liver diseases.

Send Date: 2020/09/20

Code: DA-20058
ICGH2020-17
Category: 7.4 Hepatotoxicity/alcohol - regeneration - apoptosis

Evaluation of the cytotoxicity of Amaranth extract on human hepatocytes cell line

Mohammad Shafiei [1], Bijan Ahmadi [2], Ali Khosravi [3], Motahareh Zaherara [4,*], Mohammad Mahdi Hayatbakhsh Abbasi [2], Sara Shafieipour [2], Fatemeh Karami Robati [5]

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Introduction: In the history of many people who referred to Kerman medical centers with acute liver failure, a history of Amaranth plant consumption was reported. This study aimed to evaluate the cytotoxicity of Amaranth extract on human hepatocytes cell line in Afzalipour hospital.

Methods: In this experimental study, the Amaranth extract was prepared by Faculty of Persian Medicine, Kerman University of medical sciences. Hepatocytes were obtained from research center for hydatid diseases, Afzalipour hospital. Cells were grown in Dulbecco's Modified Eagle's Medium with 10% (v/v) heat-inactivated fetal bovine serum, penicillin and streptomycin with 95% humidity at 37 °C in an atmosphere of 5% CO_2. The culture media were replaced with fresh media in three days later and then every two days. After a few weeks of passage and after making sure that the cells came out of stress and returned to regular conditions, the percentage of cell growth and reproduction of Amaranth extract was measured using cell survival tests including MTT assay and Neutral red.

Results: In MTT assay, in different stages by increasing the dose of Amaranth plant and evaluating the average

light absorption as mitochondrial activity, percentage of live hepatocytes in culture medium containing 200 µg/ml Amaranth extract was significantly reduced to less than half. In the Neutral red, by examining the average light absorption of colored cations as the rate of lysosome absorption and cell membrane health, showed that culture media containing 100 and 200 µg/ml of Amaranth extract had cytotoxicity effects and reduces the survival of hepatocytes.

Conclusion: Considering the toxicity effects of Amaranth plant by reducing cell survival and Induced Hyperbilirubinemia and acute liver failure, it should be noted that in addition to the benefits and positive effects of this plant, its hepatotoxicity effects should also be considered. Intractable consumption of this plant should be limited.

Send Date: 2020/09/23

Code: DA-20050
ICGH2020-18
Category: 1.7 بیولوژی سلولی و مولکولی - فیبروز

Non-alcoholic fatty liver disease association with cardiovascular disease: A cohort study

Nima Motamed[1], Hossein Ajdarkosh[2], Maral Ahmadi[2], Dhayaneethie Perumal[3], G Hossein Ashrafi[4], Mehdi Nikkhah[2], Amir Hossein Faraji[2], Mansooreh Maadi[2], Mahmoodreza Khoonsari[2], Fahimeh Safarnezhad Tameshkel[2], Mitra Ameli[2], Mahshid Panahi[2], Mohammad Hadi Karbalaie Niya[2], Farhad Zamani[2,*]

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Introduction: There are no consistent results between previous studies for an independent association between non-alcoholic fatty liver disease (NAFLD) and cardiovascular disease (CVD) events. AIM To determine if there is an independent association between NAFLD and CVD events.

Methods: In the present study, valid outcome data of 4808 subjects were available for phase 2 of our cohort study. These subjects had been followed up for seven years from phase 1, beginning in 2009-2010 to phase 2 during 2016-2017. Simple and multiple Cox proportional models were used to determine the association between NAFLD in the primary phase of the cohort and subsequent fatal and non-fatal CVD events during follow-up.

Results: The incidence of non-fatal CVD events in males with NAFLD was significantly higher (p = 0.004) than in males without NAFLD. A positive association was demonstrated between NAFLD and non-fatal CVD events in males (Hazard ratio = 1.606; 95%CI: 1.166-2.212; p = 0.004) by the simple Cox proportional hazard model, but no independent association was detected between these in the multiple Cox models.

Conclusion: No independent association was detected between NAFLD and CVD. It is likely that diabetes mellitus and age may be the principle mediators in this regard.

Send Date: 2020/09/21

Code: DA-20037
ICGH2020-19
Category: 1.1 اپیدمیولوژی

Epidemiologic profile of Viral Hepatitis B and C in North of Iran: Results from PERSIAN Guilan Cohort Study

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Introduction: Hepatitis B (HBV) and C (HCV) viruses are two severe infectious diseases with a high global health impact. This study aimed to evaluate the prevalence of HBV and HCV in the Prospective Epidemiological Research Studies of the Iranian Adults (PERSIAN) Guilan Cohort Study through immunological and molecular methods.

Methods: The blood samples were obtained from 10520 enrolled participants. Complete biochemical and hematological assessments plus urine analysis were done. The presence of HBsAg, anti-HBs, anti-HBc, and anti-HCV antibodies for all participants and HBeAg and anti-HBe antibody for HBV positive patients were evaluated. HBV genomic DNA and HCV genomic RNA were extracted from positive serum samples. The real-time PCR assay was done to quantify HBV and HCV genomes. HCV genotyping was also performed.

Results: The HBV and HCV prevalence was 0.24% (95% CI, 0.16 % to 0.35%) and 0.11% (95% CI, 0.06 % to 0.19%), respectively. Rural participants were significantly more HBV positive than urban peoples (p = 0.045) while

male individuals were significantly more HCV positive than female participants ($p = 0.013$).

Conclusion: Our detected HBV and HCV prevalence were lower than other cities/provinces of Iran, which may be due to lifestyle or other unknown reasons.

Send Date: 2020/09/20

Code: DA-20048

ICGH2020-20

Category: 13.7 سایر موارد

The Framingham Steatosis Index (FSI) ability to Predict Non-Alcoholic Fatty Liver Disease (NAFLD): A Cohort Study

Nima Motamed [1], Mehdi Nikkhah[2], Mohammad Hadi Karbalaie Niya[2], Mahmoodreza khoonsari [2], Dhayaneethie Perumal [3], G. Hossein Ashrafi [4], Amir Hossein Faraji [2], Mansooreh Maadi[2], Hossein Ajdarkosh[2], Fahimeh Safarnezhad Tameshkel [2], Maziar Moradi-Lakeh [5], Seyyed Mohammad Miri [6], Shahram Arsang-Jang [7], Farhad Zamani [2,*]

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Introduction: Utilization of indexes for the diagnosis of Non-Alcoholic Fatty Liver Disease (NAFLD) can be valuable. The present study was conducted to determine the ability of the Framingham Steatosis Index (FSI) to distinguish between individuals with and without NAFLD to predict the risk for NAFLD so as to establish the need for lifestyle modifications in individuals at risk to develop this disease.

Methods: The study was conducted in two-time phases: 2009-2010 (phase I) and 2016-2017 (phase II). A total of 4670 people in Northern Iran was included in the present study. NAFLD was diagnosed using ultrasound. The FSI was calculated based on age, sex, hypertension, diabetes mellitus status, liver enzyme levels, and triglyceride levels. Receiver Operating Characteristic (ROC) analysis was conducted to determine the discriminatory and predictive abilities of the FSI. To remove the confounding effects of potential mediators, logistic regression was performed in which NAFLD was considered as the outcome and the FSI as the predictor.

Results: The odds ratios of the FSI, when the outcome was the prevalence of NAFLD in phase I and when the outcome was new cases of NAFLD from 2009-2010 to 2016-2017, were 4.909 (4.243-5.681) and 2.453 (2.024-2.972), respectively ($p < 0.001$). Also, the Areas under the Curve (AUCs) for the discriminatory and predictive abilities of the FSI were 0.8421 (95% CI: 0.8314-0.8527) and 0.7093 (95% CI: 0.6863-0.7322), respectively.

Conclusion: The FSI has a strong ability to diagnose NAFLD while it has an acceptable ability to predict the occurrence of new cases of NAFLD.

Send Date: 2020/09/21

Code: DA-20072

ICGH2020-21

Category: 7.9 Viral hepatitis C: clinical aspects

Evaluation of the Sovodak effectiveness in the treatment of patients with chronic hepatitis C

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Introduction: In the present study, the effectiveness of Sovodak, which is a combination of the above two drugs in one tablet, in the treatment of patients with chronic hepatitis C and cirrhosis was investigated.

Methods: Patients with chronic hepatitis C whose disease was confirmed by HCV RNA-PCR test were included in the study. These patients received one Sovodak tablet daily (for 12 weeks for non-cirrhotic patients and 24 weeks for cirrhotic patients). Sustained virologic response (SVR) was assessed by PCR test 12 weeks after the end of the treatment and one year later. Also, serum levels of liver enzymes, platelet count, and liver stiffness (using elastography method) were measured and their levels were compared before and after treatment in patients.

Results: Findings related to the PCR test in patients showed

that the level of sustained virologic response was 100% in 12 weeks after treatment (SVR-12) in the patients. In 3 cirrhotic patients who received only 12 weeks of drug treatment, the disease recurred a year later. According to the results, ALT and AST serum levels were significantly decreased ($p < 0.001$), and platelet count level was increased ($p < 0.001$) one year after the end of the treatment period. Also, the liver stiffness index measured using Fibroscan was significantly decreased in patients 12 weeks after the end of treatment ($p < 0.001$).

Conclusion: The results of this study, in confirmation of other studies, showed the effective role of Sovodak in eliminating the HCV virus in patients with chronic hepatitis C to 100%. Cirrhotic patients need to receive treatment for at least six months.

Send Date: 2020/10/04

Code: DA-20029
ICGH2020-22
Category: 4.7 سمیت کبدی / الکل - بازسازی - آپوپتوز

Liver injury after Methylprednisolone pulse therapy in Multiple Sclerosis patient: a report of seven-year follow-up study

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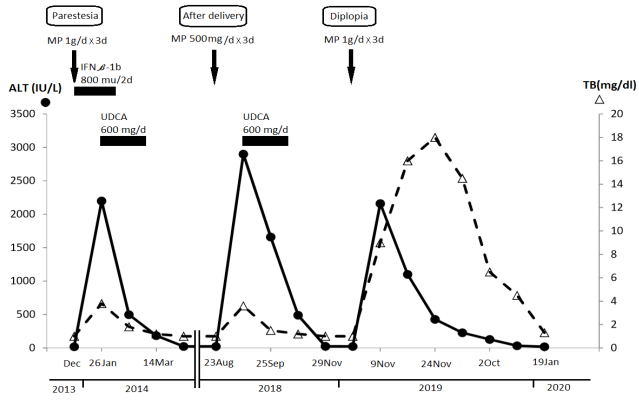
Introduction: High-dose glucocorticoids are being used as a standard pule therapy for a variety of critical conditions such as multiple sclerosis (MS) relapsing. Although they are considered to be safe for liver, few evidences have reported toxic liver injury after administration of high-dose Methylprednisolone (MP), related to drug-induced liver injury (DILI), autoimmune hepatitis (AIH), or viral hepatitis activation, which are difficult to distinguish accurately.

Case Report: The present paper reported a case of a 38-year-old female who referred for liver enzymes elevation (ALT) level of higher than 2000 U/L together with clinical features of hepatitis, few weeks after receiving pulse MP for three episodes between 2013 and 2019, for MS-relapsing. In the first episode of taking beta-interferon, she was approached as DILI, whereas in the second and third episodes, she scored 15 and 17 according to the AIH scoring system, and was prescribed Azathioprine and Prednisolone according to probable AIH. However, she took only Ursodeoxy cholic acid (UDCA) in the second episode, and Azathioprine plus prednisolone for less than one month in the third. Her clinical features and laboratory tests were improved without specific intervention several weeks after MP discontinuation. Liver biopsy didn't confirm specific diagnosis.

Discussion: After exclusion of viral hepatitis due to persistent negative serological tests, DILI and AIH were the two possible diagnoses for this patient. The same clinical features and recovery periods in all three episodes showed that despite the possibility of AIH, MP-related DILI could be considered as a more probable cause of liver injury in our case.

Send Date: 2020/09/15



Code: DA-20052
ICGH2020-23
Category: 7.11 Acute liver failure - transplantation/surgery

Evaluat ion of Sustained thrombocytopenia after liver transplantation and its association with Color Doppler ultrasound findings

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Transient thrombocytopenia is a common hematologic disease occurring after liver transplantation. If left untreated, thrombocytopenia after transplant can lead to the rejection of graft and mortality. Therefore, the evaluation and prevention of sustained thrombocytopenia after liver transplantation can help intercept the resultant side effects. Color Doppler ultrasound images are usually combined with grayscale images to display duplex ultrasonography images. In so doing, they provide the simultaneous visualization of the anatomy of the region. Concomitant perfusion changes in the liver parenchyma can be distinguished using

color Doppler ultrasound, with a sensitivity, specificity, and accuracy of 91%, 97%, and 95%, respectively; accordingly, the false-positive rate will be lowered. Therefore, the use of this method for the detection of hepatic arterial peak systolic velocity, hepatic arterial resistance index, and hepatic arterial diameter before, during, and after transplantation can be of great help to the prognosis of thrombocytopenia, and therapy should be taken. As evidenced by the obtained results, the use of color Doppler ultrasound alone is not enough to diagnose thrombocytopenia. Nonetheless, along with other diagnostic methods, it can be a useful method for the early diagnosis of these patients after liver transplantation.

Send Date: 2020/09/21

Code: DA-20040
ICGH2020-24
Category: 6.7 سیروز و عوارض آن: تظاهرات کلینیکی

Prediction of esophageal varices by spleen stiffness in patients with cirrhosis

Mohammad Javad Rezaei [1,*], Eskandar Hajiani [1], Abazar Parsi [1], Saeid Seyedian [1], Mahmoud Latifi [1], Naghmeh Habibi [1]

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

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

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

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

Conclusion: Although there was a significant positive correlation between measurement of SS and LS (p-value < 0.001), SS was not significantly associated with measurement of EV. SS is a relatively good predictor for EV.

Send Date: 2020/09/20

Code: DA-20041
ICGH2020-25
Category: 18 خونریزی های دستگاه گوارش

Effect of oral tranexamic acid on prevention of re-bleeding in patients with acute upper gastrointestinal bleeding

Mohammad Javad Rezaei [1,*], Aliakbar Shayesteh [1], Abazar Parsi [1], Saeid Seyedian [1], Naghmeh Habibi [1]

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Introduction: Upper gastrointestinal bleeding (GIB) is a common cause of admissions at hospital emergency. Fibrinolysis may play an important role in bleeding. Tranexamic acid (TXA) is an anti-fibrinolytic agent that reduces fibrinolysis. In the present study, we sought to investigate the role of prescribing oral TXA in early hours in improving the consequences of acute GIB.

Methods: Participants were randomly assigned to one of three treatment groups. Group A, oral TXA 1000 mg daily for three days; Group B, TXA 500 mg capsule daily for three days (TXA capsule containing 250 mg); Group C, control group receiving placebo. Data were analyzed by SPSS version 20.

Results: The study included 375 patients, 76.5% of whom were male and 23.5% were female. Rebleeding occurred in 45 patients, including 13 in the placebo group (10.3%), 10 (8%) in the TXA 500 mg group, and 12 (9%) in the TXA 1000 mg group. In the TXA 500 mg group, bleeding was significantly lower (p <0.0001). The distribution of endoscopic interventions was not significantly different among the three groups (p = 0.71)

Conclusion: with respect to the rate of rebleeding and mortality, absence of any significant side effects, our study confirms the positive effect of TXA on upper GIB control.

Send Date: 2020/09/20

Code: DA-20018
ICGH2020-26
Category: 4.1 مطالعات پیامد

A systematic Review on Gastrointestinal and hepatic abnormalities in patients with confirmed COVID-19

Azita Ganji [1,*], Ahmadreza Zarifiyan[2], Mohamad Zamiri Bidari [3], Soheil Arekhi [3], Mehdi Rafiee [3], Hanieh Gholamalizadeh [3], Amirhossien Amiriyani [3], Mohammad Sajad Ghaderi [3], Majid Khadem Rezaiyan[4], Mahnaz Amini [5]

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Introduction: Although not common, gastrointestinal and liver symptoms have reportedly been the initial presentation of coronavirus disease-2019 (COVID-19) in a large group of patients. Therefore, knowing the frequency and characteristics of these manifestations of COVID-19 is important for both clinicians and health policy makers. A systematic review and meta-analysis of the available data on the gastrointestinal and liver manifestations of patients with COVID-19 was performed.

Methods: PubMed and Scopus databases and Google Scholar search engine were searched for published and unpublished preprint articles up to 10 April 2020. Original studies providing information on clinical digestive symptoms or biomarkers of liver function in patients with polymerase chain reaction confirmed diagnosis of COVID-19 were included. After quality appraisal, data were extracted. Prevalence data from individual studies were pooled using a random-effects model.

Results: Overall, 67 studies were included in this systematic review and meta-analysis, comprising a pooled population of 13 251 patients with confirmed COVID-19. The most common gastrointestinal symptoms were anorexia (10.2%, 95% confidence interval [CI] = 6.2%-16.4%), diarrhea (8.4%, 95% CI = 6.2%-11.2%), and nausea (5.7%, 95% CI = 3.7%-8.6%), respectively. Decreased albumin levels (39.8%, 95% CI = 15.3%-70.8%), increased aspartate aminotransferase (22.8%, 95% CI = 18.1%-28.4%), and alanine aminotransferase (20.6%, 95% CI = 16.7%-25.1%) were common hepatic findings. After adjusting for preexisting gastrointestinal (5.9%) and liver diseases (4.2%), the most common gastrointestinal findings were diarrhea (8.7%, 95% CI = 5.4%-13.9%), anorexia (8.0%, 95% CI = 3.0%-19.8%), and nausea (5.1%, 95% CI = 2.2%-14.3%).

Conclusion: Gastrointestinal and liver manifestations are not rare in patients with COVID-19, but their prevalence might be affected by preexisting diseases. Diarrhea and mild liver abnormalities seem to be relatively common in COVID-19, regardless of comorbidities.

Send Date: 2020/09/08

Code: DA-20055
ICGH2020-27
Category: 2.4 Reflux disease - pathogenesis

Assessment of the correlation between sleep quality and gastroesophageal reflux among medical students

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[1] Isfahan University of Medical Sciences
[2] Medical Student of Isfahan University of Medical Sciences

Introduction: Due to stressful occupational conditions, irregular dietary and sleep schedules, medical students are at high risk for the development of gastrointestinal disorders, gastroesophageal reflux (GERD) in particular, as well as sleep disturbances. Therefore, for the first time, the current study is aimed to assess the correlation between GERD and sleep disturbances among medical students.

Methods: The current cross-sectional study has been conducted on 290 medical students at different stages of medical science in Iran in 2018-19. The information, including age, gender, stage of studying, residence, and body mass index (BMI), were gathered. The frequency scale for the symptoms of gastroesophageal reflux (FSSG) was utilized to assess gastrointestinal symptoms among them and the Pittsburgh Sleep Quality Index (PSQI) to assess sleep quality. Eventually, the association of sleep disturbances with demographic factors and gastrointestinal symptoms was evaluated.

Results: Residence in dormitory (p-value = 0.048; OR: 1.73; 95%CI: 1.01-2.99) and overweight (p-value < 0.001; OR: 3.09; 95%CI: 1.58-6.06) were independently correlated with impaired sleep quality. Besides, GERD presented either by heartburn (p-value < 0.001) or regurgitation (p-value < 0.001) were associated with a low quality of life.

Conclusion: We observed that GERD is associated with poor sleep quality among medical students. In addition, residence in dormitory and overweight, but gender and grade of studying, are the two independent predictors of poor sleep quality among the medical students.

Send Date: 2020/09/23

Code: DA-20066
ICGH2020-28
Category: 10.2 Nutrients and gut function

Is Probiotic Good for COVID-19 Control?

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COVID-19 infection has various presentations from

respiratory to acute gastrointestinal symptoms. Several lines of evidence suggest that in addition to alveolar epithelial cells, enterocytes also express angiotensin-converting enzyme2 (ACE2) receptors, and SARS-CoV-2RNA has been demonstrated in the faeces of infected patients. This along with the fact that some patients (12-60% cases) particularly elderly people who have less diverse gut microbiota, experience diarrhea (resulting in a mild to severe dysbiosis) points out towards a possibility of gut-lung axis involvement in COVID-19. Dysbiosis is characterized by growth of opportunistic pathogens and a decrease in beneficial symbionts. Interestingly, the gut microbiota affect pulmonary health through a cross-talk with the lungs. Previous studies have shown that oral intake of probiotic strains like *L. plantarum* has immune modulatory activity in respiratory tract infections caused by influenza virus and rhinovirus and shorten duration of infection and decrease susceptibility to pathogens. These effects are attributable to activation of CD8 + T cells, reduction of pro-inflammatory and elevation of anti-inflammatory cytokines. Moreover, some studies have shown that gut microbiota can downregulate intestinal ACE2 receptors expression. Hence it seems logically that normalization of intestinal dysbiosis using probiotics can be effective for the control of COVID-19. As cytokine storm occur in patients with severe COVID-19, the effect of probiotics on pro-inflammatory cytokines allows viral clearance and minimize immune response-mediated tissue damage in the lungs and other organs. Decreased gastrointestinal complications, lower mortality, and shortened ICU stays are the other impacts. In the context of COVID-19, the use of probiotics may be a promising adjunctive therapy to help in the improvement of prophylaxis and accelerate recovery and improve clinical outcomes. However, due to the risk of probiotics-sepsis, it has been suggested to practice caution while using probiotics in the presence of a major risk factor like premature infants or immune-compromised state.

Send Date: 2020/09/26

Code: DA-20038
ICGH2020-29
Category: 5.3 استراتژی های مدیریت

Comparison of Serum Levels of Autophagy Protein-5 in Patients with/ without *Helicobacter Pylori* Infection

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[1] Gastrointestinal and Liver Diseases Research Center, Guilan University of Medical Sciences, Rasht, Iran
[2] Caspian Digestive Disease Research Center, Guilan University of Medical Sciences, Rasht, Iran
[3] GI Cancer Screening and Prevention Research Center, Guilan University of Medical Sciences, Rasht, Iran

Introduction: This study attempts to investigate serum levels. In patients with and without *Helicobacter pylori* infection, ATG5 further elucidates the role of autophagy in this disease.

Methods: The present study is a case-control study. In this study individuals aged 35-50 years who undergo endoscopy, were referred to Razi Medical Center in 1397 and studied for *Helicobacter pylori* infection.

The subjects were divided into two groups: *Helicobacter pylori* infection and non-Patients. Detection criteria for *Helicobacter pylori* infection in the first step were Test Ureas Rapid (made by Pars Biocomputer Company) and then the pathology result.

People who are both positive were considered as the case group and other subjects as the control group.

Results: The present study was performed on 44 patients (22 *Helicobacter pylori* positive and 22 negatives). Of these, 56.8% were male. 77.3% were over 40 years old, 70.5% (1-12%) were literate. 52.3% BMI was less than 25 and 70.5% were a non-smoker.

Statistical analysis results showed that there is no significant difference between positive and negative *Helicobacter pylori* based on ATG number 5. $p = 0.222$) and serum concentration of autophagy protein 5 in patients with and without *Helicobacter pylori* infection only among men and women. There was a significant difference between the two groups (66.2%) and more than men (55.8%).

Conclusion: In this study, there was no significant difference between the two groups (with and without *Helicobacter pylori* infection) in Autophagy No. 5

Send Date: 2020/09/20

Code: DA-20069
ICGH2020-30
Category: 3.20 رادیولوژی مداخله ای

Intractable parastomal bleeding in a portal hypertensive patient managed by direct sclerotherapy: a case report

نجمه سادات آل طه [1,*]، نیلوفر ایوبی یزدی [1]، محمدمهدی مهرابی نژاد [1]،
علی زارع دهنوی [1]، هادی رکنی [1]
[1] بیمارستان امام خمینی (ره)، دانشگاه علوم پزشکی تهران

Introduction: Patients with a stoma have 5% chance of

developing parastomal varices, which tend to repetitive massive and life-threatening hemorrhages. Treatment of choice in parastomal varices have not been established, while Transjugular Intrahepatic Portosystemic Shunt (TIPS) has been revealed as the most successful measure.

Case Report: We report a hemodynamically unstable 52-year-old patient with a history of Ulcerative Colitis (UC) and Primary Sclerosing Cholangitis (PSC) with colostomy, because of colon cancer who presented with massive parastomal bleeding. Non-operative treatments and TIPS failed to control the symptoms. Color Doppler ultrasound showed a hepato-fugal flow. The direct antegrade technique, using Sodium Tetradecyl Sulfate (STS 1%) and glue-Lipiodol, was applied under ultrasonography guidance, and complete stoppage of bleeding was achieved. No immediate or late complication or follow-up recurrence were noted after 8 months. In case of hepatofugal flow, direct percutaneous mesenteric parastomal venous access and sclerotherapy is a rapid and relatively safe procedure for parastomal variceal bleeding. All first-line management in order to control bleeding, failed.

As a final point, sclerotherapy was prescribed for the patient in May 2019. A 22-gauge scalp vein was inserted under the ultrasonography guidance inferomedial part of the colostomy to the varices on the 92 Direct sclerotherapy in a patient with intractable parastomal bleeding Gastroenterol Hepatol Bed Bench 2020;13(1):90-94 mesenteric side. Obliteration of parastomal varices was applied using Sodium Tetradecyl Sulfate (STS 1%) via a routine two-syringe foam formation method.

Discussion: No complication or follow-up recurrence were noted after 8 months.

Send Date: 2020/10/02

Code: DA-20068

ICGH2020-31

Category: 3.20 رادیولوژی مداخله ای

A Rare Cause of Gastrointestinal Bleeding in a 65-Year-Old Man with History of Polycythemia Vera

نجمه سادات آل طه*[1]، هدی حمید[1]، نیلوفر ایوبی یزدی[1]، رضا تسلیمی [1]،
بیژن شهبازخانی [1]، پردیس کتابی مقدم[1]
[1] بیمارستان امام خمینی (ره)، دانشگاه علوم پزشکی تهران

Introduction: Polycythemia vera (PV) is classified as a myeloproliferative disorder (MPD). Such patients are prone to both thrombotic and hemorrhagic events. Although gastrointestinal (GI) bleeding is not a prominent manifestation of PV, it would be life threatening and necessitating hospital admission and blood transfusion if it occurs. GI hemorrhage in these patients may be due to Aspirin usage, peptic ulcer disease (PUD), acquired Von Willbrand disease, Dieulafoy lesion (DL), Mallory Weiss tear, and esophageal and gastric varices.

Case Report: In this case report, we describe a 65-year-old man with history of PV presented with a massive upper GI bleeding. After a therapeutic endoscopic hemostasis failure and reoccurrence of bleeding during hospital admission, an abdominal computed tomography (CT) was ordered, which revealed an aberrant artery originated from aorta directly into the stomach. An angiographic embolization was considered for the patient, which was successfully performed.

Abdominal CT Scan revealed an aberrant artery originated from the celiac artery that was piercing into the fundus of stomach. Evidently, fundal oozing was attributed to a Dieulafoy lesion. Above that an old splenic arterial thrombosis and multiple collateral arteries around the pancreas were seen (figures 1, 2, 3, and 4). Portal and splenic veins were patent and were found without thrombosis. No evidence of left sided portal hypertension was detected in the angiogram (figure 5). The patient underwent celiac and mesenteric angiographic embolization with three vials of polyvinyl alcohol (PVA). There was no active bleeding from left gastric artery.

Discussion: Our patient was complicated by splenic infarction due to splenic collateral arteries embolization and the overwhelming thrombotic tendency of the patient himself due to the history of PV. Fortunately, our patient's signs and symptoms responded to supportive therapies and eventually he discharged well.

Send Date: 2020/10/02

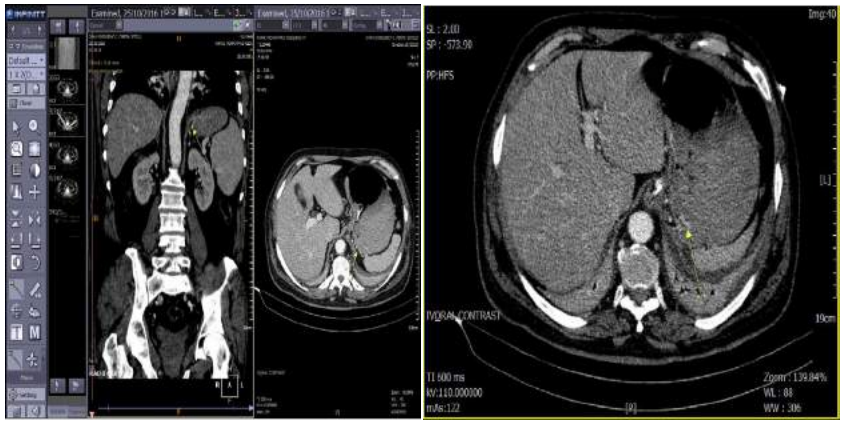
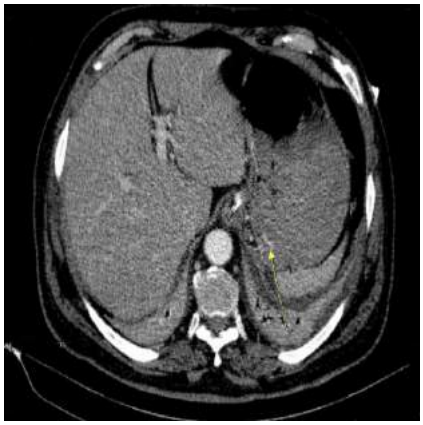


Fig.1: The origin at left side of celiac trunk (pointed by yellow arrow)

Fig.2: The origin at left side of celiac trunk (pointed by yellow arrow)



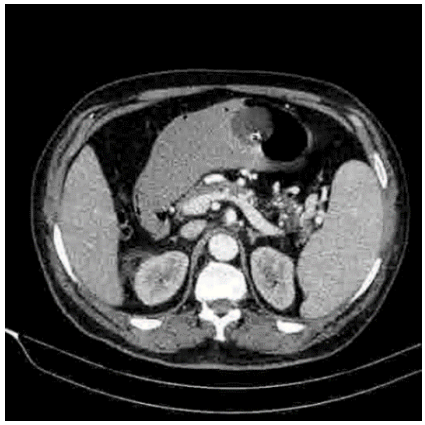


Fig.3, 4: Contrast extravasation (active bleeding pointed by yellow arrow)

Fig.5: Portal and splenic veins are patent without thrombosis. No evidence of left sided portal hypertension was detected.

Code: DA-20081
ICGH2020-32
Category: 5.7 Management

Management of inflammatory bowel disease during COVID-19 pandemic: A practical review

نجمه سادات آل طه*[1]، فروغ البرزی ایوانکی [1]
ناصر ابراهیمی دریانی[1]، محمد طاهر[1]، آرش میراولیایی[1]
[1] بیمارستان امام خمینی (ره)، دانشگاه علوم پزشکی تهران

Introduction: Following rapid spread of the SARS-CoV-2 and COVID-19 pandemic, concerns for patients with IBD who are on immunosuppressive medications, increased. There were various important questions in patient with the background of IBD. In this review article was discussed about significant question that whether patients with IBD are more susceptible to COVID-19. Another important question is how to manage IBD patients which on drugs such as corticosteroid, immunosuppression and immunomodulation during the current pandemic and whether immunosuppression affects the progress of COVID-19. Other question is about IBD patient that infected by SARS-CoV-2 and concern about continue or discontinue immunomodulator or immunosuppressor drugs.

Method: We reviewed literature & expert opinion on IBD, SARS-CoV-2 and COVID-19 and discussed about several important questions in IBD patients & COVID-19 pandemic.

Results: This review was shown IBD patients are not more susceptible to SARS-CoV-2 infection and current data supports only high dose corticosteroid (more than 20 mg) may be increased risk of COVID-19 infection.

Conclusion: Although in acute respiratory syndrome high dose corticosteroid, are recommended. IBD medication (Anti TNF and thiopurine) should be used to prevent disease flare. If a patient with IBD infected by COVID-19 and leads to severe disease and hospitalization, immune suppressing medications (Anti-TNF) and immunomodulator drugs (thiopurine) should be discontinued until infection resolution. JAK inhibitor such as tofacitinib can decrease the number of lymphocytes, therefore stopping this drug until resolution of infection may be reasonable.

Send Date: 2020/10/06

Code: DA-20082
ICGH2020-33
Category: 1.1 اپیدمیولوژی

Gastrointestinal Manifestations in Patients with Coronavirus Disease (COVID-19)

الهام تابش[1]، مریم سهیلی پور*[1]، پیمان ادیبی[1]، رامین سامی[1]، فائزه تابش[1]،
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Introduction: Gastrointestinal (GI) symptoms could be initial symptoms in patients suspected of COVID-19. Therefore, our aim was to report prevalence of GI manifestation in COVID-19 patients and to investigate their potential association with clinical outcomes.

Methods: In this study, we included 1113 inpatients (≥ 18 years old) with COVID-19 diagnosed between March to June, 2020 in Khorshid hospital. We extracted demographic, clinical characteristics, vital signs, laboratory data, treatment, and clinical outcomes (discharged and Death) from patients' medical records and compared between patients with and without Gi symptoms.

Results: demographic and clinical characteristics of 1113 patients with COVID-19 provided in, among which 612 (56.8%) patients presented with at least one GI symptom. The mean duration of symptoms was 8.0 (± 6.5%) days. we found that the patients with digestive symptoms had a variety of GI manifestation including nausea 387 (34.7%), diarrhea 286 (25.7%), vomiting 260 (23.4%), and abdominal pain 168 (15.0%). Among the patients, the average hospital stay was 6.8 (± 6.1) days. Additionally, 1026 (92.2%) patients were discharged, 95 (8.5%) patients were died and 164 (14.7%) patients were ICU admission which were significant between two group (p = 0.002, 0.009, 0.003).

Conclusion: In this study, COVID-19 shows a male predominance, but GI symptoms of this disease are more to be present in female patients. The results supported our finding that GI symptoms in COVID-19 are common but are not associated with the severity of disease.

Send Date: 2020/10/06

Code: DA-20057
ICGH2020-34
Category: 5.3 استراتژی های مدیریت

A Comparison of the Effectiveness of Levofloxacin versus Clarithromycin as first line therapy in the eradication of *Helicobacter Pylori* infection: A randomized clinical trial

Bijan Ahmadi [1], Masoud Haj Mohammadi [2], Ali Saeedpour [1], Motahareh Zaherara [3,*], Mohammad Mahdi Hayatbakhsh Abbasi [1], Sara Shafieipour [1], Fatemeh Karami Robati [4]
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Introduction: *Helicobacter pylori (H. pylori*) is the main known cause of gastritis, gastroduodenal ulcer disease, and gastric cancer. Eradication of *H. pylori* can be an effective method of treatment for peptic ulcer disease and mucosa-associated lymphoid tissue lymphoma. It is especially important for reducing the development of new-onset gastric cancer as well as secondary gastric cancer after endoscopic treatment. This study aimed to compare the effectiveness of Levofloxacin versus Clarithromycin in the eradication of *H. pylori*.

Methods: This randomized clinical trial study was conducted on 170 cases with *H. pylori* infection in Afzalipour Hospital, Kerman, Iran. They randomly allocated to two groups. 'A' group was treated with Clarithromycin (500 mg twice a day), Pantoprazole (40 mg twice a day) and Amoxicillin (1 gr twice a day) for 14 days. 'B' group was treated with Levofloxacin (250 mg twice a day), Pantoprazole (40 mg twice a day) and Amoxicillin (1 gr twice a day) for 14 days for first line therapy in both groups. Stool *H. pylori* antigen test was performed on them after one month of the end of treatment. To analyze the data, descriptive and analytical methods and SPSS software version 22 were used.

Results: The study cases are comprised of 170 individuals (52.35% female). The average age of cases in 'A' and 'B' groups was 42 ± 11.88 and 41 ± 13.75 years, respectively. *H. pylori* eradication was successful in 61.1% of 'A' group and 92.9% of 'B' group showing a significant difference ($p = 0.037$). Drug complications were reported in 7.1% of 'A' group and 4.7% of 'B' group which have not shown a significant difference between the two groups ($p = 0.771$). The most common drug complication in both groups was abdominal pain (2.3%).

Conclusion: The results of this study indicated that the Levofloxacin-containing regimen was more effective in eradicating *H. pylori* than the standard Clarithromycin triple therapy.

Send Date: 2020/09/23

Author Index (English Abstracts)

Author Index (Persian Abstracts)

گوارش فصلنامه

نشریه علمی انجمن متخصصین گوارش و کبد ایران

دوره ۲۵/ ویژه نامه/ پاییز ۱۳۹۹ شماره پیاپی: ۱-۱۱۲ شاپا: ۷۱۸۶-۱۵۶۰ (چاپی) ۷۵۶x-۲۰۰۸ (آنلاین)، ۷۵۷۸-۲۰۰۸ (الکترونیک)

ویرایش ادبی متن فارسی و انگلیسی

مقالات ارسالی بدون هیچ ویرایشی چاپ شده است و هرگونه خطا به عهده نویسنده می باشد.

امور دفتری

فرزانه اتحاد، مارال صیاد

صفحه‌آرایی

صدیقه میرزایی

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