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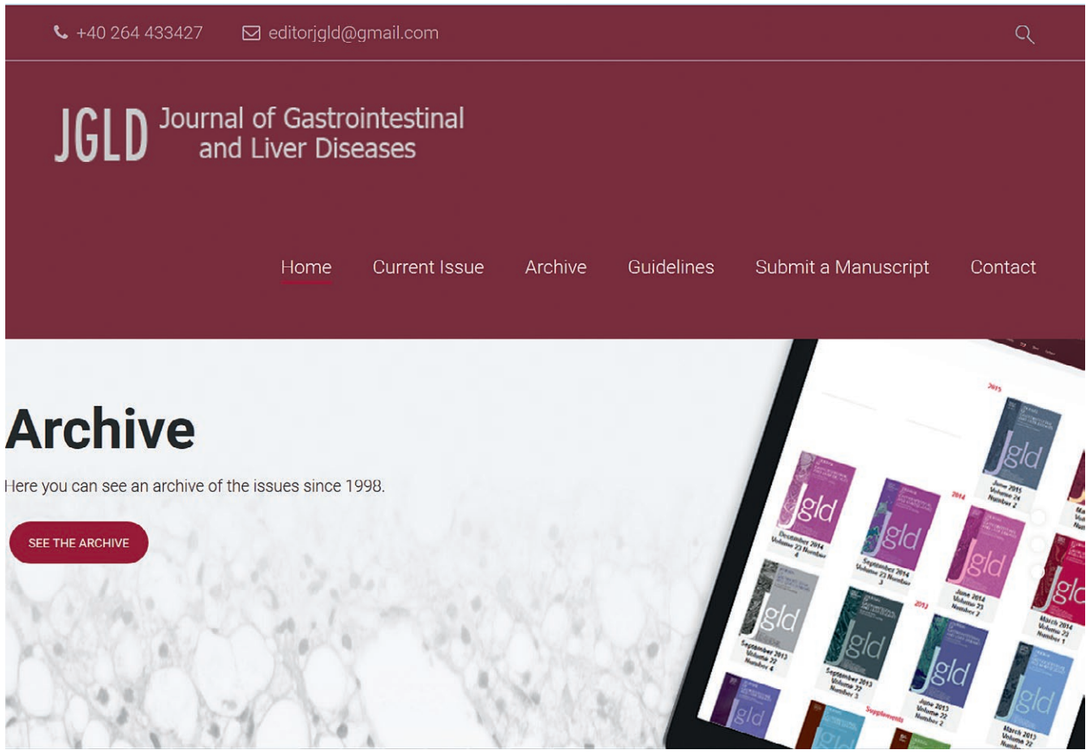

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A. ORAL PRESENTATIONS (PREZENTĂRI ORALE)

OP 1. Disease phenotype according to location of inflammation in acute pancreatitis

Balaban Daniel Vasile[1], *Sandu Bianca*[1], *Popescu Andrada*[2], *Patrasescu Mihaita*[1,2], *Bucurica Sandica*[1,2], *Costache Raluca Simona*[1,2], *Petrut Nuta*[2], *Ionita Radu Florentina*[2,3], *Jinga Mariana*[1,2]

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Introduction: Risk stratification and prediction of disease course remain major issues in acute pancreatitis. Our aim was to assess disease phenotype according to anatomic location of pancreatitic changes in AP (head – HD, body/tail – BT or diffuse – D).
Patients and methods: We prospectively evaluated all patients admitted with acute pancreatitis in our clinic during 2015-2016. Diagnosis of AP was made according to 2012 IAP/APA guidelines. Demographic, clinical, laboratory and imaging data were collected according to a predefined chart.
Results: Altogether 107 patients were recruited, mean age 57 ± 17 years, 63.6% male. Most cases were biliary (37.4%) or alcohol-induced (29%), while the remaining one third were metabolic, drug-induced, post-ERCP or tumoral. Mean amylase and lipase values were significantly higher in HD-AP (1976.93 U/l, 1214.03 U/l) compared to BT-AP (459.73 U/l, 192.42 U/l) or D-AP (645.84 U/l, 629.29 U/l), p<0.01. Five patients in the BT or D-AP group did not met the biochemical threshold, and were diagnosed by clinical and imaging criteria. Proportion of moderately-severe or severe AP was higher in BT or D-AP compared to HD-AP (47.54% vs.36.95%). Also, mean length of stay was longer in BT or D-AP in comparison to HD-AP (10.91 vs. 8.12 days, p=0.22). Three deaths were recorded, all of them having diffuse pancreatitic changes on imaging.
Conclusions: AP could have different phenotypes depending on location of pancreatitic changes. This result should be reported in larger cohorts.
Keywords: phenotype, inflammation, acute pancreatitis

OP 2. Predictive factors in acute pancreatitis: experience of gastroenterology and hepatology departament, Timisoara

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Aim: Acute pancreatitis is still one of the most challenging acute gastrointestinal disease. Early prediction of acute pancreatitis severity is difficult in the early phase and a correct determination would lead to prompt intensive treatment resulting in outcome improvement. The aim of this study is to identify factors with predictiv value.
Method: We performed a retrospective study that included 1113 patients (58% male, 42% female) with mean age of 55 ± 16.5 (16-94) years admitted in our unit with acute pancreatitis. Clinical, paraclinical and demographic data were analysed. Based on severity we divided he patients into three groups, according to Atlanta classification 2012. Serum samples for measurement of CRP were collected from all the patients at 48 h after the onset of acute pancreatitis, also CBC, lipase, creatinine, , AF, TPGG, triglyceride and cholesterol.
Results: From the total of 1113 patients, 727 (65.2%) presented mild acute pancreatitis, 330 (29.6%) moderately-severe and 56 (5.2%) severe disease. The mortality of acute pancreatitis in our unit was 3.2% (39 patients). Of the studied parameters, a CRP > 150 mg /dl (p<0.0001, sensibility 65%, specificity = 60%, PPV = 85.4% si NPV = 82%), leukocytosis, above 15.000 u/L (p = 0.0002, sensibility of 66%, specificity = 40.9%, PPV = 10% si NPV = 96.6%) and a creatinine >1.2 mg /dl (p<0.0001, sensibility = 81%, specificity = 18.3%, PPV = 10% si NPV = 94.9%) and age >65 years (p = 0.006, sensibility = 78.5%, specificity = 29%, PPV=5.6% si NPV = 96.2%)
Conclusion: The study revealed that leukocitosis >15000 u/L , acute renal failure with a creatinine above 1.2 mg/dl and age >65 years have predictive value, but the most sensitive factor is CRP with a value above 150 mg/dl collected at 48 h after the onset of acute pancreatitis.

OP 3. Young age and multiple ERCP sessions are positive prognostic factors of response to endoscopic treatment in painful chronic pancreatitis – retrospective observational study from a tertiary referral center

Alina Tantau[1,2], *Alina Mandrutiu*[3], *Daniel-Corneliu Leucuta*[1], *Lidia Ciobanu*[1,4], *Marcel Tantau*[1,4]

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Aim: To evaluate the endoscopic treatment efficacy and the prognostic factors of long-term response treatment in painful chronic pancreatitis.
Methods: Were trospectively identified from the hospital database all patients with painful chronic pancreatitis hospitalized during January 2010-January 2015. Patients with endoscopic treatment intention without response to medical therapy were included. Demographics, medical history, alcohol consumption, smoking habit, clinical data, type and number of endoscopic procedures, hospithal admissions number, were collected from the medical charts and analyzed. The absence or important reduction of pain (absent or mild pain) at the end of follow-up associated with technical success of endotherapy was considered clinical success.
Results: One hundred twenty-nine patients [(mean ± SD age, 51.55 ± 11.34 years; 106 males (82.17%) and 23 female (17.83%)] were enrolled, with a median follow-up period of 15 months (range 0-60 months). Technical success of endoscopic procedures (pancreatic sphincterotomy, pancreatic stones extraction, pancreatic stents placement), biliary and pseudocysts drainage was achived in 81,39%, 74,29% and 96,43% of patients, respectively. Pain disappeared completely in 52 patients (49.52%) and improved in 53 patients (50.48%) (P<0.001) during follow-up. Using a cut-off of 40 years, statistically significant correlation was noticed between tehnical success and younger patients (p=0.041). Significant differences regarding the number of ERCP/patient and procedures/patient rate between patients with pancreatic strictures and stones comparing patients with stones alone (P<0.001) or strictures alone (P<0.001) have been found. Clinical success was higher in non-smokers patients (P= 0.003). Hospital admission rate was higher in patients with recognized alcohol drinking (P=0.03) and in smokers (P=0.027). Patients without any alcohol consumption or smoking, had a better prognosis comparative with patients who had one or both addictions (p=0.007).
Conclusion: Technical and clinical success was achieved in majority of patients; multiple endoscopic procedures were required. Continuing alcohol drinking and smoking are linked with poor long-term outcome. Young age can be considered an important factor that positive influence the endoscopic treatment outcome.
Key words: Chronic pancreatitis; Technical success; Clinical success

OP 4. Prevalence of anemia in patients with IBD: a national multicentric study based on IBDProspect

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Background: Anemia is a common complication of inflamatory bowel disease (IBD), with a multifactorial and complex etiology. Even though it has important consequences in the clinical status of the patients and a negative impact on the quality of life, anemia is often overlooked by the clinicians.
Aims: The aim of this study was to evaluate the prevalence of anemia in IBD patients in Romania, in relation to the IBD phenotype and disease activity.
Material and methods: The national multicentric registry IBDProspect has gathered up to 2242 patient (september 2016). Despite the high number of patients registered, only 1582 patients had complete data and could be enrolled in this study.
The presence of anemia was evaluated in relation to the IBD phenotype and disease activity, using the Montreal classification for Crohn's disease (CD) and ulcerative colitis (UC) and the CDAI/CAI score. The severity of anemia was evaluated using the WHO classification.
Statistical analisys was done with SPSS version 1.19. Fisher exact test was used to compare qualitative data. Results were considered significant at a p-value <0.05.
Results: The presence of anemia is slighlty higher in patients with CD (23.38% vs 19.12% in patients with UC, p=0.05).
Regarding the patients with CD, there was a lower prevalence of anemia in patients with ileal involvement (L1) (11.11%, p=0.0002). Conversely, a higher proportion of patients with colonic involvement (L2) had anemia compared to non-L2 patients (30.23%, p=0.01).
In patients with UC, anemia was less common in patients with proctitis (E1) and left side colitis (E2) (8.33%, p=0.0001 and 15.79%, p=0.005). However, patients with extensive colitis (E3), presented with high anemia rates (29.46%, p=0).
Significant changes regarding the anemia were noticed in regard to the disease activity. Patients in remission had a lower prevalence of anemia compared to those with mild and moderate-severe disease activity (6.95%, p=0); anemia was more frequent in patients with moderate-severe disease activity than in those with mild disease activity (31.52% vs 9.31%, p=0).
Conclusion: There is a slight difference in the prevalence of anemia in IBD, anemia beign more frequent in patients with CD.
Regarding the CD, patients with ileal involvement had lower anemia rates, while a higher percentage of patients with colonic involvement presented with anemia.

In patients with UC, anemia is more frequent in those with extensive colitis.
The prevalence of anemia follows the disease severity, with lower rates in patients in remission and higher rates in patients with moderate-severe disease activity.

OP 5. 22G standard needle EUS-FNA CORE histology in practice performance evaluation

Marcel Gheorghiu[1], *Ofelia Mosteanu*[1,2], *Radu Seicean*[2,3], *Andrada Samarghitan*[1], *Teodor Zaharie*[1], *Andrada Seicean*[1,2]

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Keywords: core, pancreas, 22G
Introduction: Core histology obtained through EUS-guided fine-needle-aspiration (EUS-FNA) offers more material for pathology analysis, but guidance for the number of passes, such as the length of the visible core, must be defined.
Aim: to evaluate the performance of core histology related to the number of passes, length of core obtained and practitioner's experience
Material and method: This was a prospective cohort trial that included patients with solid pancreatic lesions sent to EUS-FNA (using standard 22G needles). Four samples per patient were taken (two random passes by senior + trainee). Each specimen was measured macroscopically on-site. The final diagnosis was based on EUS-FNA or surgery results or on follow up.
Results: From 55 patients included, the final diagnosis was adenocarcinoma (n=40), neuroendocrine tumors (n=12), benign lesions (n=3). The sensitivity and accuracy were around 50% for each individual pass. The diagnostic rate increased by combination of passes up to 88%, but 86% accuracy was obtained by the combination of the first three passes. Macroscopic on-site length of the specimen varied between senior vs. trainee (average 25 vs. 19 mm; p=0.008), but no significant difference in diagnostic rate between the senior and the trainee has been observed. There was no significant correlation between the length of visible core in endoscopy and the diagnostic yield (r=0.13, p=0.063).
Conclusion: The diagnostic rate of core histology obtained by standard EUS FNA needle is high and it is not dependent on the length of the visible core or the endosonographer experience. Three passes are enough for obtaining the diagnosis in 86% of the cases.

OP 6. HVPG and transient elastography are the best prognostic factor in patients with hepatocellular carcinoma submitted to hepatic resection

Bogdan Procopet[1], *Emil Mois*[2], *Adelina Horhat*[1], *Anca Bugariu*[1], *Horia Stefanescu*[1], *Florin Graur*[2], *Marcel Tantau*[1], *Nadim Al Hajjar*[2]

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Background and aims: Hepatic resection is one of the best curative treatments in well-selected patients with hepatocellular carcinoma (HCC) and cirrhosis. The risk of decompensation after resection has major impact over the outcome of these patients. Portal hypertension is the main risk factor for decompensation and it is still a matter of debate which is the best method to identify patients at risk.
The aim of the study was to compare different methods for risk assessment in patients with HCC submitted to hepatic resection.
Patients and methods: Since January 2016 94 consecutive patients were diagnosed with HCC and were prospectively registered. Thirty-three patients were submitted to hepatic resection and among them: 22 were screened for esophageal varices (EV), 13 patients were evaluated by hepatic venous pressure gradient (HVPG) and 18 by transient elastography.
Results: Among the 33 included patients, 8/22 (35%) had EV, 6/13 (46%) had clinical significant portal hypertension (HVPG >10 mmHg) and 9 (30%) had platelet count <100.000/mmc. During follow-up 12 (36%) patiens presented decompensation (3 variceal bleeding, 7 ascites, 6 renal dysfunction and 1 jaundice). In univariate analysis HVPG, liver stiffness, platelet count, ALT and AST were associated with decompensation. Neither presence of EV (40% correctly classified, p=0.13) or platelet count <100.000/mmc (64% correctly classified, p=0.08) were accurate enough to predict decompensation. Presence of CSPH assessed by HVPG correctly classified 92% of patients (p=0.002). There was no difference between HVPG and transient elastography regarding the performances (AUROC) for predicting decompensation, 0.91 (95%CI: 0.74-1, p=0.012) and 0.93 (95%CI: 0.80-1, p=0.007), respectively.
Conclusion: HVPG is the best prognostic factor for the risk of decompensation after hepatic resection in patient with HCC and cirrhosis, while surrogate markers, as presence of EV of low platelet count, is not accurate enough. Liver stiffness measurement with transient elastography is a promising prognostic tool.

OP 7. No HBV reactivation and no liver decompensation occurred in patients with compensated liver cirrhosis and HBV+HCV co-infection treated with Paritaprevir/ Ombitasvir /r, Dasabuvir with Ribavirin

Carmen Preda, Corneliu Petru Popescu, Ileana Constantinescu, Doina Proca, Mircea Manuc, Letitia Tugui, Adriana Andrei, Alice Nisanian, Radu Voiosu, Emanoil Ceausu, Mircea Diculescu, Alexandru Oproiu.

Background: Paritaprevir/Ombitasvir/Ritonavir, Dasabuvir with Ribavirin showed very good results in terms of efficacy in real life in Romania in treating compensated liver cirrhosis (1), reaching 99.5% response rate. Data regarding safety and efficacy of this therapy in HBV coinfected patients are lacking. However, HCV-specific DAA are not effective for HBV, which may be suggestive of possible occurrence of HBV reactivation during IFN-free direct-acting antiviral agents (DAA) therapy (2).

Material and methods: From a national prospective cohort enrolling 2070 Romanian patients with virus C compensated liver cirrhosis who received reimbursed DAA with Paritaprevir/ Ombitasvir /r, Dasabuvir with Ribavirin for 12 weeks during december 2015- february 2016, we analyzed 35 patients with HBV co-infection (HBs antigen positive) (1.7%). All these patients were followed up during therapy in order to detect HBV reactivation, and DNA viral load, ALT, serology for HBV were performed 12 weeks after they finished anti-HCV DAA therapy. Data were obtained from the Romanian National health Agency.

Results: HBV co-infected patients were 78 %females, mean age 58,16 years (55÷72), 93% pre-treated with Peg-Interferon+ Ribavirin, 72% with severe necro-inflammatory activity (severity score 3- Fibromax) , 30% with co-morbidities, all HBe antigen negative, 5 out of 35 received concomitant therapy with Entecavir. HCV SVR response rate was 100%. HBV- DNA viral load was undetectable in 23/35 (64%) before therapy, and for the other 12 patients varied between below 20 - 134 IU/ml. During therapy, no reactivation of HBV occurred and no liver decompensation was reported. At 12 weeks after they finished the DAA therapy, ALT levels remained in normal range in all patients, but the DNA viral load increased from a median of 20 IU/ml (0÷134) to 229 IU/ml (0÷1069)

Conclusions: At 12 weeks after HBV co-infected patients finished the HCV- specific DAA therapy ALT levels remained in normal range in all of them, but the DNA viral load increased from a median of 20 IU/ml (0÷134) before therapy to 229 IU/ml (0÷1069). During therapy no HBV reactivation and no liver decompensation were reported.

OP 8. Evaluation with transient elastography and controlled attenuation parameter of a cohort of patients with cld admitted in a hepatology tertiary center

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Background: Among the noninvasive tools, transient elastography (FibroScan(®), TE) with controlled attenuation parameter (CAP) has demonstrated good accuracy in quantifying the levels of liver steatosis and fibrosis in patients with different chronic liver diseases (CLD). The aim of our study was to assess the presence of steatosis in different CLD and to correlate it with different clinical and biochemical parameters.

Methods: We prospectively evaluated 238 patients with different CLD (HCV, HBV/HDV, NASH, alcoholic, autoimmune diseases) admitted to our hepatology unit with TE and CAP.

Results: There were 50% females and 50% males, with a median age of 55years. There was a moderate correlation between CAP values and body weight (r=0.43, p<0.0001), BMI (r=0.38, p<0.0001), waist (r=0.44, p<0.0001) and thoracic perimeter (r=0.43, p<0.0001). There was a low correlation between CAP values and glycaemia (r=028, p<0.0001) or triglycerides (r=0.23, p=0.0009). Steatosis grade was significantly higher in patients with non-alcoholic steatohepatitis (NASH) (CAP 297.7 ±11.5 vs 244.5 ±4.1dB/m, p<0.0001) and patients with diabetes mellitus (CAP 272.0 ±10.4 vs 248.7 ±4.3dB/m, p=0.03), but not in other etiologies of CLD. Fibrosis stage was significantly lower in patients with HBV related liver diseases (9.7 ±1.4 vs 18.7 ± 1.0 kPa, p=0.001) and reached only marginal significance in patients with NASH (13.1 ±2.4 vs 18.2 ±1.0 kPa, p=0.06). No difference was registered for patients with HCV related diseases with regard to fibrosis.

Conclusions: Steatosis evaluated by TE with CAP was significantly higher in patients with NASH and correlated well with features of metabolic syndrome.

OP 9. Autoimmune liver diseases – spectrum of clinical presentation

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Background: Autoimmune liver pathology, represented mainly by autoimmune hepatitis (AIH), primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC) is responsible for a relatively small proportion of cases of chronic liver disease. AIH represents 10-20% of cases of chronic liver diseases. There are overlap cases and variant forms, accounting for about 10% of the total.
Aim: Analysis of cases of autoimmune liver disease, in terms of frequency and clinical and biological presentation features.
Matherial and methods: We retrospectively reviewed all cases of autoimmune liver disease (AIH, PBC, PSC, overlap syndromes) admitted in the Institute of Gastroenterology and Hepatology Iasi, a tertiary care center in North-Eastern Romania, during the last calendar year.
Results: During 01.01.2016-31.12.2016, 75 cases of autoimmune chronic liver disease were hospitalized, including: 43 cases of autoimmune hepatitis/cirrhosis (24 cases of hepatitis, four of them overlapping with PBC and 19 cases of cirrhosis, four of them overlapping with PBC), 27 cases of CBP and 5 cases of CSP. Chronic autoimmune liver diseases accounted for 8% of all cases of chronic liver disease, in 4th position frequency (main etiologies were: alcoholic, viral and combined alcoholic + viral, metabolic). The reasons for admission were: symptoms related to the underlying disease (most common: asthenic syndrome, pruritus, dyspepsia, loss of appetite, weight loss) for most cases of AIH, PBC and PSC, and decompensation and/or complications of cirrhosis cases (vascular decompensation with ascites installation, jaundice, hepatic encephalopathy, upper gastrointestinal bleeding, infections) - in individual cases, reformulation of therapeutic principles being required. We note the association with other autoimmune diseases in 24% of cases, mostly in female patients (88%) - represented mainly by autoimmune thyroiditis and followed by psoriasis, rheumatoid arthritis, lichen planus, vitiligo.
Conclusions: Although much less common than other etiologies, autoimmune liver pathology presents with a wide spectrum of clinical manifestations. AIH, PBC and PSC manifest in the early stages with less specific symptoms, with the risk of underestimation the frequency of the disease and and with the disadvantage of late diagnosis. A quarter of cases, mostly females, associated other autoimmune diseases, the most common being autoimmune thyroiditis. In the stage of cirrhosis, complications have similar clinical picture to cases of cirrhosis of other etiologies, the particularity being the additional restriction of the (already) limited therapeutic arsenal.

OP 10. Correlation of high resolution manometry metrics with symptoms in different types of achalasia

Anca Dimitriu, Ion Băncilă and Cristian Gheorghe

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Introduction: High Resolution Manometry (HRM) has an important role in diagnosing and classification of achalasia .This study evaluated the correlations between HRM metrics and symptoms of achalasia, and the differences between HRM metrics in achalasia subtypes.
Matherial and methods: The study included 24 adult patients diagnosed with achalasia based on HRM findings during January and December 2016. For diagnosing and classification of achalasia we used Chicaco Classification Criteria. HRM was conducted using the solid state catheter (Sandhill). The manometric protocol included 30 seconds baseline recording and 10 swallows of 5 ml of saline solution. The HRM results were analyzed using the Bioview analysis software (Sandhill).
The following metrics were recorded: integrated relaxation pressure (IRP), lower esophageal sphincter (LES) resting pressure (LESP), LES length (LESL), distal esophageal pressure (DEP).
Results: The IRP positively correlated with dysphagia,chest pain and regurgitation score in all the patients (p=0.012, p=0.03, p=0.022) , but only with chest pain score in type I (p=0.02) and II achalasia (p=0.03).
No correlation with symptoms was found for LESP,LESL or DEP.
Conclusions: Out of the 5 HRM metrics evaluated in the study, only IRP was found to be correlated with the symptoms of achalasia, meaning that IRP could be a possible tool for evaluation the severity of the disease.
Key words: High-resolution manometry, achalasia, dysphagia

OP 11. The significance of OCT4 and SOX2 reprogramming factors expression in hepatocellular carcinoma occurring on liver cirrhosis

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Background: Hepatocyte reprogramming events are driven by chronic liver injury and act as an adaptive mechanism to support liver regeneration. The potential role of hepatocyte reprogramming as a carcinogenic mechanism in the context of liver cirrhosis is currently under investigation. The aim of our study was to investigate the expression of reprogramming factors OCT4, SOX2 in HCC nodules vs. adjacent non-tumoral cirrhotic tissue and the correlations of their expression level with clinical features of liver cirrhosis and tumoral nodules.
Methods: 42 patients were included in our analysis, 29 patients with liver resection and 13 patients with liver transplantation for HCC. Gene expression has been investigated by qRT-PCR in tumor nodules and paired non-tumoral tissue from the same patients, using beta-actin as a reference gene. Protein expression for OCT4 and SOX2 has been assessed by immunohistochemistry.
Results: OCT4 protein expression has been detected in all the studied HCC cases as well as in adjacent cirrhotic tissue. OCT4 gene over-expression has been detected only in 4.9% of HCC nodules in comparison to non-tumoral adjacent tissue. SOX2 protein overexpression has been detected in 54% of HCC cases and in 59.2% at mRNA level. No correlations with clinical features could be detected for OCT4 expression. A lower Sox2 expression however, was detected in HBV infected patients (p=0.009), and in patients with high AFP values (p=0.0002), whereas SOX2 overexpression was associated with a lower tumor recurrence rate at 24 months (p=0.02).
Conclusions: Expression of reprogramming factors SOX2 and OCT4 is frequently encountered in hepatocellular carcinoma nodules as well as in liver cirrhosis. Chronic injury driven incomplete hepatocyte reprogramming could be a mechanism of hepatocarcinogenesys with prognostic significance. Lower Sox2 expression levels are associated with HBV infection and elevated AFP levels. Sox2 overexpression is associated with a lower tumor recurrence rate at 24 months.

OP 12. Low lysophosphatidylcholine levels may predict Severe Alcoholic Hepatitis

Petra Fischer[1,2], *Corina Hebristean*[3], *Adelina Horhat*[2*], *Crina Grigoras*[1], *Anca Bugariu*[2], *Bogdan Procopet*[1,2], *Marcel Tantau*[1,2], *Carmen Socaciu*[3], *Horia Stefanescu*[2]

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Background: Severe alcoholic hepatitis (SAH) remains a condition which bares high mortality and morbidity rates, as well as high healthcare costs. This is why adequate selection of patients who would benefit the most from corticotherapy is of utmost importance. Although serum biomarkers are available (Maddrey Discriminant Function - MDF), the diagnostic of SAH relies on liver biopsy. Previous metabolomic studies have shown a core metabolic phenotype represented by decreased serum lysophosphatidylcholines (LPC) and increased serum bile acids that occurs relatively early in liver diseases regardless of etiology, and remains stable in their evolution, including liver cirrhosis and hepato/cholangiocarcinoma. Our previous work also showed that decreased LPC levels are associated with alcoholic liver disease (ALD).
Aim: The aim of the study was to assess the metabolic profile of patients with ALD and to identify potential new biomarkers associated with severity.
Methodology: Between December 2015 and September 2016, 64 patients with biopsy proven AH were included (38 with SAH – MDF ≥32 and 24 with non-severe AH - MDF <32).
Fasting serum was stored at -80 degrees after centrifugation at 5000 rpm for 10 minutes. Specific purification protocol metabolomic analysis was performed using Thermo Scientific UHPLC UltiMate 3000 system, equipped with a Dionex quaternary pump delivery system and a Bruker Daltonics MaXis Impact MS detection equipment (version 2012).
Biostatistical analysis: The chromatograms obtained were processed using CompassDataAnalysis_4.2 software (Bruker, Germany) and about 3000-4000 molecular masses were identified. Those data were further processed using ProfileAnalysis (Bruker, Daltonics): time alignment, normalization by sum of bucket values in analysis, 80% bucket filter, internal recalibration, etc. The matrix obtained was further processed by MetaboAnalysis, to analyze samples through univariate and multivariate statistical analysis.
Results: Univariate and multivariate statistical analysis by MetaboAnalysis identified 10 potential biomarkers. Among them, LPC (18:0) showed good discrimination for SAH (AUC=0.804) with significantly lower values as compared with non-severe AH (0.38 fold change, $p = 6 \times 10^{-11}$).
Conclusion: SAH appears to have a different metabolic profile, mainly due to changes in lysophosphatidylcholine metabolism. Targeted metabolomic studies are required in order to confirm the results and to evaluate the possible applications in current clinical practice.
Financial support: This work was supported by PN-II-RU-TE-2014-4-0356 project awarded to Horia Stefanescu

OP 13. Effects of prebiotics on non-alcoholic fatty liver disease

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Background: Non-alcoholic fatty liver disease (NAFLD) is the main cause of liver disease worldwide. Currently, there is no effective drug therapy for NAFLD; therefore, interventions in lifestyles remain the first line of treatment. Based on their ability to favorably modulate the gut microbiota, prebiotics may provide an inexpensive yet effective dietary treatment for NAFLD. Additionally, prebiotics have established benefits for glucose control and potentially weight control, both advantageous in managing fatty liver disease. Our study aimed to evaluate the effects of prebiotic supplementation in patients with NAFLD.
Methods: We conducted a prospective study between December 2015 and May 2016 that included 42 patients with NAFLD. Patients were randomly and equally divided into two groups. Group I received prebiotic supplements and lifestyle modification (i.e., diet and exercise) and group II were recommended lifestyle modification alone. The following variables were assessed at 0 and 24 weeks: aspartate transaminase (AST), alanine transaminase (ALT), bilirubin, total cholesterol, triglycerides, glycemia.
Results: At the end of study period, we observed that patients receiving prebiotic supplements comparing the lifestyle modification alone group showed significant differences in the ALT (82.6 UI/ml vs 62,9 UI/ml, p>0,05), AST (56 vs 36 UI/ml, p>0,05). bilirubin (0,97mg/dl vs 0,35 mg/dl, p< 0,05), total cholesterol, (270 mg/dl vs 240 mg/dl, p<0,05), triglycerides (230 mg/dl vs 200 mg/dl, p<0,005), glycemia (120 mg/dl vs 110 mg/dl, p<0,05).
Conclusions: Weight loss and lifestyle modification remains the main recommendations for NASH patients. Given that prebiotics target multiple metabolic impairments associated with NAFLD, investigating their ability to modulate the gut microbiota and hepatic health in patients with NAFLD is warranted. However, more clinical trials are needed to determine whether prebiotics or other integrated strategies to modify intestinal microbiota are efficacious therapeutic modalities to treat NALFD.
Key words: prebiotics, nonalcoholic fatty liver disease.

OP 14. Complications in Percutaneous Endoscopic Gastrostomy and Jejunal extension in patients with advanced Parkinson's disease

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Aim: The aim of this study was to assess the procedure and device-related adverse events that occurred during the percutaneous endoscopic gastrostomy with the jejunal extension (PEG-J) procedure and after two years of follow-up. Patients with advanced Parkinson's disease (PD) needs a continuously enteral administration of Levodopa/Carbidopa intestinal gel in order to control the disease in the advanced and complicated phase, with motor fluctuations and/or hyper-/dyskinesias despite optimized oral/patch treatment. Enteral administration is being done through the PEG-J, to overcome the discontinue gastric emptying and impaired gastric motility.
Methods: Two young fellows with less than three years endoscopic experience, performed 49 consecutive PEG-J under the supervision of an endoscopy expert (>10 years endoscopic experience), during a period of two years (2015-2016). We retrospectively reviewed the complications of the procedure and those associated with the device.
Results: We evaluated 49 PEG-J procedures on 49 patients, 65% men, 35% women with an average age of 67.1 years and a mean hospitalization of 9.5 days. For procedure-associated complication we had: local pain 6/49 (12.2%) and pneumoperitoneum (that was treated conservatively) in 3/49 (6.1%). For device-associated complication we had 12/49 (24.4%) devices that had to be changed (8 jejunal extensions clogging and 4 PEG deterioration) during 2 years follow-up. No severe complications appeared during the introduction of PEG-J still two patients died due to the severe comorbidities.
Conclusions: Percutaneous endoscopic gastrostomy is a safe procedure in patients with advanced Parkinson disease. The device-associated complication are more frequent than the procedure-associated complication.

OP 15. Contrast-enhanced ultrasound performance in the evaluation of focal nodular hyperplasia in a multicenter study

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Background & Aim: Contrast-enhanced ultrasound (CEUS) has become the main player in the evaluation of focal liver lesions. The aim of this study was to evaluate the sensitivity, specificity and accuracy of CEUS for focal nodular hyperplasia from a large study group.
Methods: A multicenter prospective study was performend from fourteen romanian centers, over a period of 6 years (02.2011-02.2017), that gathered 1725 newly detected focal liver lesions evaluated by CEUS. Focal nodular hyperplasia (FNH) represented 4.2% (74/1725) from the cases. Each lesion has had a contrast CT, MRI or histology as reference method. The lesions have not been previously diagnosed by other imaging technique, and they were considered conclusive if they had an obvious enhancement pattern, as recommended by the guidelines. CEUS performance for the FNH was assessed using OpenEpi software for the statistical analysis.
Results: During the 6 years study, 1725 "de novo" focal liver lesions, have been evaluated by CEUS. From our cohort, 74/1725 (4.2%) had a typical FNH enhancing pattern as described in the EFSUMB guidelines. Contrast CT/MRI and biopsy diagnosed additional 15 FNH. From the 75 cases diagnosed as FNH by CEUS, in 9 the final diagnosis was different (5 of them adenomas). CEUS performance for the FNH was: 82.4% sensitivity, 99.9% specificity, 98.3% positive predictive value, 99.0% negative predictive value and 99.0% diagnostic accuracy for the diagnosis of focal nodular hyperplasia.
Conclusions: FNH is a benign liver lesion that can accurately be characterized by CEUS as a first-line imaging method.
Keywords: Contrast Enhanced Ultrasound, focal liver lesions, focal nodular hyperplasia, multicenter study.

OP 16. Prevalence of sessile serrated adenomas/ polyps and the risk of colorectal cancer

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Background: Sessile serrated adenomas/polyps of the colon are important precancerous lesions, therefore their endoscopic detection rate is crucial.
Aim: The aim of this paper is to establish the most important endoscopic and histologic aspects and to evaluate the association between sessile serrated adenomas/polyps (SSA/Ps) and colorectal neoplasia.
Material and method: We conducted a retrospective study on a series of consecutive patients that underwent colonoscopy in the Gastroenterology and Endoscopy Unit of Targu Mures County Clinical Emergency Hospital between 1st of January 2013 - 31st of December 2016. In all cases with modified endoscopic aspects multiple biopsies were prelevated and a pathological diagnosis was established. The study included only those cases with colonic polyps that were confirmed by the Pathology Department.
Results: In the studied period, there were 858 patients diagnosed with colonic polyps (1206 polyps). SSA/Ps were found in 71 patients (8.27%, 80 polyps) with a mean age of 63 years. The female to male ratio was 1/1 for SSA/Ps. Most of SSA/Ps were small, below 1cm diametere in 58 cases (72,5%). High grade displasia was found in 15% (12) of SSA/Ps.
The presence of synchronous, advanced neoplasia was found in 4 patients while 8 patiens had previous history of colorectal cancer.
Conclusions: SSA/Ps have become more common than previously reported, they can be associated with the presence of synchronus colorectal cancer. These polyps are usually small but they can have high grade displasia. These findings underline the importance of screening for colorectal cancer prevention.
Key words: Sessile serrated adenomas, endoscopy, colorectal cancer.

OP 17. Noninvasive methods of diagnosing esophageal varices in patients with cirrhosis

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Introduction and Aims. Screening for esophageal varices (EV) using upper gastrointestinal endoscopy (UGE) is recommended for all patients with cirrhosis. New noninvasive methods for screening EV are currently being researched to potentially substitute UGE. The aim of our study was to evaluate if biochemical tests, spleen diameter, portal vein

diameter, spleen elastografy (SE) and hepatic elastografy (HE) using ARFI were viable methods of diagnosing EV.

Material and Methods. 64 patients with compensated hepatitis C cirrhosis underwent biochemical tests, abdominal ultrasound, UGE, spleen and liver elastography using ARFI. Diagnostic performance of predicting VE was assessed with Spearman correlation coefficients and the area under the ROC curve (AUROC); the area under the ROC curve was used to pick the best cutoffs for optimal balance between sensibility (Sen) and specificity (Sp).

Results SE with AUROC 0.807(Sen 87.5%, Sp 66% for cutoff of 3.00 m/s) was superior to HE, biological tests, spleen diameter, portal vein diameter for EV diagnostic. For the prediction of large EV (>5mm) SE had an AUROC 0.963(for cutoff 3.3m/s : Sen 95% and Sp 90%).

Conclusions. ARFI spleen elastography is a good method for predicting EV (AUROC 0.807) and is an excellent method for predicting large varices (>5 mm) with risk of bleeding in pacients with hepatitis C cirrhosis.

Keywords: ARFI, spleen, cirrhosis

OP 18. Comparison of the risk scoring systems used in non-variceal upper digestive bleeding for assessing patient's prognosis and their accuracy

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Introduction: The aim of the study consisted in the analysis of the accuracy of three risk scoring systems used in non-variceal upper digestive bleeding (NV-UDB) for assessing patient's prognosis, previously estimated to be predictive for re-bleeding/death after gastrointestinal bleeding.

Material and method: We assessed prospectively a batch of 1872 patients admitted in the Gastroenterology department of Emergency County Hospital Timisoara in a 12 years period, in which we calculated 3 risk scoring systems, Rockall, Cedars-Sinai and Baylor. We compared their accuracy for assessing patient's prognosis, expressed as the need of blood transfusions, number of hospitalization days, re-bleeding, surgery and death. Discriminative ability was assessed using the area under the receiver operating characteristic curve (AUROC).

Results and conclusion: The batch included 1134 (60.6%) male and 738 (39.4%) female, mean age 62±7.8 years. Regarding **the need of blood transfusions**, the predictive ability of the scores is as follows: Rockall AUROC 0.59, sensitivity(Se)=81.7%, specificity(Sp)=35.5%, positive predictive value(PPV)=28.4%, negative predictive value (NPV)=86.1%; Cedars-Sinai AUROC 0.59, Se=72.4%, Sp=41.3%, PPV=28.5%, NPV=82.3%; Baylor AUROC 0.56, Se=41.9%, Sp=75.5%, PPV=40.6%, NPV=76.5%. **Number of hospitalization days**:Rockall AUROC 0.66, Se=61.5%, Sp=65.2%, PPV=90%, NPV=25%;Cedars-Sinai AUROC 0.63, Se=53.1%, Sp=73.9%, PPV=89.5%, NPV=27.4%;Baylor AUROC 0.52, Se=47.06%, Sp=66.6%, PPV=84.2%, NPV=25%. **Re-bleeding**: Rockall AUROC 0.69, Se=69.1%, Sp=60.4%, PPV=14.2%, NPV=92.8%; Cedars-Sinai AUROC 0.73, Se=84.4%, Sp=49.02%, PPV=13.7%, NPV=97%; Baylor AUROC 0.54, Se=35.1%, Sp=81.2%, PPV=16.2%, NPV=92.4%. **Surgery**: Rockall AUROC 0.67, Se=71.2%, Sp=59%, PPV=16%, NPV=98.1%; Cedars-Sinai AUROC 0.72, Se=58%, Sp=77.4%, PPV=9.3%, NPV=97.9%; Baylor AUROC 0.55, Se=50%, Sp=66.2%, PPV=5.1%, NPV=97.4%. **Death**: Rockall AUROC 0.85, Se=84.7%, Sp=76%, PPV=18.2%, NPV=99.5%; Cedars-Sinai AUROC 0.71, Se=83.1%, Sp=48.1%, PPV=10.2%, NPV=97.6%; Baylor AUROC 0.75, Se=76.09%, Sp=72.3%, PPV=19.2%, NPV=97.2%. There were no statistically significant differences encountered in predicting the need of blood transfusions and surgery between the scores(p>0.05). Baylor score was superior vs Rockall in estimating the hospitalization period (p=0.04) and the risk of re-bleeding (p=0.0009), and Cedars-Sinai proved to be superior to Baylor score in predicting re-bleeding (p=0.002) and to Rockall score in predicting death (p=0.006). In conclusion, Cedars-Sinai score was the best in predicting the re-bleeding and death in patients with NV-UDB.

Keywords: non-variceal upper digestive bleeding, risk scoring systems, prognosis

OP 19. Mortality predicting model in liver cirrhotic patients

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Backgound and aim: Cirrhotic patients came very often to hospital and need to be hospitalized and it is know that they have a higher rate of mortality.

The aim of the study was to assess the factors associated with the mortality among liver cirrhotic patients and to create a new score for predicting the mortality.

Material and methods: The study was retrospective, and we included all hospitalized patients with the final diagnosis of liver cirrhosis on a period of 7 years. We divide them in an initial group who will be analysed and in control group cohort, in witch we will validate the score. We performed univariate

and multivariate analysis in order to determine a prediction model for the mortality.

Results: A total of 1163 cirrhotic patients were included in the study. In hospital mortality rate was 10%. Initial cohort contained 899 patients. Regarding cirrhosis etiology: 384/899 (42%) had hepatitis C, 158/899 (17.5%) had hepatitis B, 293/899 (32.5%) werealcoholic, 6/899 (0.6%) were autoimmune, 7/899 (0.7 %) were cardiac, 13/899 (1.4 %) were biliary and in 5 % of cases the etiology was unknown. In univariate analysis, hyponatremia (p<0.0001), hyperpotasemia (p<0.0001), hypoalbuminemia (p<0.0001), high values of bilirubin (p<0.0001), high values of creatinine (p<0.0001) were strongly associate with in hospital mortality. In multivariate analysis, the model including albumin, sodium, potassium, creatinine and bilirubin (all p-values <0.05) had an AUROC 0.78, CI (0.75-0.81), p<0.0001. Using this factors as predictors, by multiple regression analysis we obtained in the initial group the following score: ABCPS score = 0.04 + 0.03*__A__lbumin + 0.05 + 0.02*__C__reatinine + 0.04 + 0.04*__B__ilirubin + 0.05 + 0.28* __P__otassium = 0.04*0.07*__S__odium. We validated the score on 264 patients (the control group). The optimal cut-off was >1.2, Se=62.9%, Sp=73.4%, PPV=21.3%, NPV=94.6% (AUROC=0.72, p<0.0001).

Conclusion: Prevention and prompt treatment of kidney injury, hyponatremia, hyperpotassemia, can improve survival. ABCPS score is an accurate preditor of the mortality in liver cirrhosis.

Key worlds: liver cirrhosis, mortality, predicting model, mortality score.

OP 20. Comparison between Child-Pugh, meld and the clif consortium acute-on-chronic liver failure scores in predicting mortality in cirrhotic patients with acute-on-chronic liver failure

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Introduction: The CLIF Consortium acute-on-chronic liver failure score (CLIF-C ACLF Score) is a recently validated prognostic score for patients with liver cirrhosis, developed for assessing short-term mortality in cirrhotics with acute-on-chronic liver failure (ACLF).

Patients and Methods: We validated the CLIF-C ACLF Score in a cohort of consecutive patients with liver cirrhosis hospitalized between January 2015 and February 2016 for acute decompensation in the Institute of Gastroenterology and Hepatology Iasi, Romania, a tertiary care center. Patients were followed for 90 days and the traditional prognosis scores Child-Pugh and Model for End-Stage Liver Disease (MELD) were compared with the CLIF-C ACLF Score.

Results: One hundred forty one patients were included, mean age 63.3 ± 7.7 years, mostly men, 86 (61%). ACLF was diagnosed in 97 (68.8%) of the participants. The median Child-Pugh score was 12 (10-14) and the mean MELD score was 29 ± 6.9. Both Child-Pugh and MELD scores were good mortality predictors in patients with ACLF, receiver operating characteristic (ROC) analysis showing good specificity and sensitivity in predicting 28-day, [area under the ROC curve (AUROC) of 0.762 and 0.743, respectively] and 90-day mortality (AUROC 0.716 and 0.708, respectively). However, ROC analysis showed a better sensitivity and specificity for CLIF-C ACLF score in predicting 28-day and 90-day mortality (AUROC 0.884 and 0.732, respectively). Interestingly, in the case of the patients with "simple" decompensation the CLIF-C ACLF score did not present good sensitivity for predicting neither 28-day or 90-day mortality (AUROC 0.51 and 0.57, respectively).

Conclusion: ACLF is frequently diagnosed in patients hospitalized for acute decompensation of liver cirrhosis. The CLIF-C ACLF score is more accurate in predicting 28-days and 90-days mortality than the Child-Pugh or MELD scores in patients with ACLF but not in those with "simple" decompensation of liver cirrhosis.

Keywords: Acute-on-chronic liver failure, liver cirrhosis, acute decompensation, CLIF-C ACLF Score

OP 21. Correlation Between Sonographic Measurements in Inflammatory Bowel Diseases and Biological Markers of Disease Activity

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Background: Bowel ultrasound is becoming a useful tool in managing inflammatory bowel diseases (IBD). Sonographic measurements correlate well with endoscopic findings and other imagistic methods (MRI, CT) . Several studies attempted to demonstrate a link between bowel wall thickness (BWT) and disease activity expressed by biological markers (C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen). Data from those studies failed to demonstrate a strong correlation but suggested a significant one, especially in ulcerative colitis.

Key Words: Ultrasound, Inflammatory bowel diseases, biological markers.

Methods: 23 IBD patients were included in the study (4 diagnosed with ulcerative colitis, 19 with Crohn's disease). Diagnosis was established endoscopically and histologically and both patients with active and inactive disease were

included. Patients with other causes of inflammatory syndrome were excluded (Clostridium Difficile and rotavirus infections, upper tract respiratory infections). Subjects were prospectively evaluated sonographically using a 5-MHz linear array transducer. The examiner was blinded to biological data. Patient were examined in supine position with no special preparation before. For each subject 3 sonographic measurements of bowel wall thickness were noted from the areas corresponding to disease localization observed endoscopically. Mean value of BWT was calculated. Biological markers of inflammation were obtained: CRP, ESR and fibrinogen.

Results: A strong correlation was detected for 2 of the measurements regarding the BWT (Spearman's equation, r=0.609 and r=0.671, p<0.003, p<0.002) and CRP, but not for the third measurement (r=0.452, p<0.035), this measurement being the closest to normal value. A mean calculated value of the 3 measurements of BWT was correlated with CRP, observing a strong correlation too (r=0.642, p<0.001). Same statistics were applied to fibrinogen with a slight lower value of correlation (r=0.567, p<0.005 for fibrinogen) in one measurement, but the other 2 were weekly correlated and with no statistical significance (r=0.384, p<0.07, r=0.506, p<0.032). Regarding the ESR, stronger correlations were obtained (r=0.771, r=0.782, r=875, p<0.003). Mean value was strongly correlated as well (r=0.812, p<0.001)

Conclusions: Sonographic findings seem to correlate well with biochemical markers of inflammation, making this technique a good option in managing IBD patients.

OP 22. The role of the 13C-octanoic acid breath test in the non-invasive diagnosis of non-alcoholic steatohepatitis

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Masa rotunda: - Alcoholic and non-alcoholic fatty liver disease. Conducător – Carmen Fierbinţeanu-Braticevici

Keywords: Non-alcoholic fatty liver disease (NAFLD), non-alcoholic steatohepatitis (NASH), 13C-Octanoate breath test.

Introduction. Nonalcoholic fatty liver disease (NAFLD) represents a group of conditions ranging from simple liver steatosis to nonalcoholic steatohepatitis (NASH). One of the most important mechanisms involved in the progression of NASH to fibrosis and cryptogenic cirrhosis is the hepatic mitochondrial dysfunction and increase in oxidative stress. The 13C-Octanoate breath test (OBT) evaluates mitochondrial activity evaluation, as a source of oxidative stress, implicated in the development of nonalcoholic steatohepatitis.

Material and Methods. The aim of the study was to evaluate the efficiency of the 13C Octanoate breath test in differentiating healthy controls and patients with simple steatosis from patients with NASH. The 13C Octanoate breath test was performed in 45 patients with non-alcoholic fatty liver disease that have undergone liver biopsy and 20 healthy controls, from the University Hospital Bucharest. The statistical difference was assessed using Independent Samples T-Test, the strength of the association was measured using Spearman's coefficient and the overall validity of the test was assessed using the area under the receiver operating characteristic (AUROC).

Results. The delta over baseline (DOB) values of NASH patients at 15 min were significantly higher from controls and patients with simple steatosis (24.34 vs. 16.03 p<0.001). The cumulative recovery of 13CO2 after 60 minutes was also significantly higher in NASH patients compared with controls and patients with simple steatosis (21.95 vs. 17.15 p<0.001). We found no statistical difference between the results of the simple steatosis group and healthy control group. DOB at 15 min with a cutoff value of 19, was the best parameter for identifying the patients with histological proven NASH vs. simple steatosis.

Conclusion. The 13C-Octanoate breath test could become a valuable non-invasive and accurate diagnostic tool for patients with non-alcoholic fatty liver disease.

OP 23. Steatosis and liver fibrosis assesment in liver transplant recipients – the use of noninvasive scoring systems in clinical practice

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Background and aims: Various combinations and algorithms of potential serum biomarkers have been used in NAFLD (non-alcoholic fatty liver disease) mainly for distinguishing advanced fibrosis. The aim of this study was to evaluate the use of non-invasive scoring tests in clinical practice in liver transplant recipients for identifying NAFLD/NASH (non-alcoholic steatohepatitis) or advanced fibrosis.

Methods: We included in this study 60 liver transplant recipients who were evaluated with clinical and serum biological markers. Fibroscan with CAP (controlled attenuation parameter) was performed for all patients. The statistical analysis was performed using multiple regression analysis and Spearman's rank correlation test.

Results: Our study population consisted of 20 females (33.3%) and 40 males (66.6%), a median age at evaluation 58 years and a median time since transplantation of 35.03 months.
Independent risk factors for steatosis grade III identified by transient elastography with CAP in liver transplant recipients were: higher BMI (p=0.0004), higher thoracic perimeter (p=0.0004) and higher glycaemia (p=0.01). No noninvasive score for NAFLD evaluation correlated with CAP value. However, liver stiffness correlated with the following noninvasive scores: APRI (r=0.41, p=0.004), GUCI (r=0.43, p=0.002), Bonacini (r=0.26, p=0.04) and King (r=0.38, p=0.008), but not with FIB-4, FIBRO-Q, BARD, NAFLD score or Lok score. In HCV liver transplant recipients the following noninvasive scores for fibrosis evaluation were significantly different compared to patients without HCV infection: BARD score (2.1±0.2 vs 1.3±0.2, p=0.02), NAFLD score (-0.6±0.2 vs -1.6±0.3, p=0.04), Bonacini (5.1±0.2 vs 4.1±0.4, p=0.04), but not APRI, FIB-4, FIBRO-Q, GUCI, King, Lok score.
Conclusions: Although the noninvasive diagnosis of NASH is still an unmet need, especially in post transplant setting, risk stratification is possible with simple, non-invasive tests consisting of laboratory and clinical indices. HCV recipients have a higher risk of NASH related fibrosis compared to other diseases.
Key words: NAFLD/NASH, liver fibrosis, liver transplant

OP 24. The efficiency of pancreatic stents in difficult cannulation – a retrospective single – center study

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Introduction: Difficult biliary cannulation is defined by the presence of one or more of the following: more than 5 contacts with the papilla while attempting to cannulate; more than 5 minutes spent attempting to cannulate following visualization of the papilla; more than one unintended, pancreatic duct cannulation or opacification. In these situations, pancreatic stent insertion might prove to be very useful for tactical purpose.
Methods: This paper is a retrospective study of the patients who presented difficult cannulation and to whom pancreatic stents were inserted for a tactical purpose. The study included patients with ERCP from December 2014 to December 2016 in Clinical Emergency Hospital Bucharest. The patients were evaluated concerning pancreatic stents efficiency regarding successful cannulation and post ERCP pancreatitis rate. The stents used were 5 Fr, 3 cm and 5 cm.
Results: We introduced in the study 158 patients with ERCP and difficult biliary cannulation, who required pancreatic stent insertion for a tactical purpose. Pancreatic stents proved their efficiency in 98% cases, in only 3 patients deep cannulation being unsuccessful. On an average, patients required 1,15 ERCP procedures in order to obtain biliary access. ERCP indication for benign pathology was predominant (60%). The stents used were 5 Fr, 5 cm (102 patients) and 5 Fr, 3 cm (56 patients). Precut sphincterotomy was performed in 82 cases (37 before stent insertion and 45 after stent insertion). From all patients included, only 19 patients (12%) presented post procedure elevation of serum amylase 3 times higher than normal value associated with abdominal pain.
Conclusions: Pancreatic stents proved to be efficient in obtaining biliary cannulation in difficult situations. Regardless of their length, 5 Fr (3 cm, 5 cm) stents ensure the same success rate for cannulation and offers protection against post ERCP pancreatitis, as long as they are correctly inserted.
Keywords: difficult cannulation, pancreatic stent

OP 25. Echoendoscopic drainage of pancreatic walled-off necrosis by using self-expanding metal stents

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Introduction: Endoscopic ultrasound (EUS)guided drainage is now firmly established as the best option for drainage of walled-off pancreatic fluid collections. New fully-covered stents are designed for one-step placement, have a large lumen and facilitate the insertion of an endoscope into the walled-off pancreatic necrosis (WON) cavity if adjunctive direct endoscopic necrosectomy is required.
Aim: to describe the technical and clinical outcome in our experience.
Material and Method: We included patients prospectively in our tertiary medical center from September 2016- March 2017. Inclusion criteria were: persistent (>3 months) pancreatic liquid collection with symptoms (gastric fullness, pain, jaundice), signed informed consent. Exclusion criteria were: coagulation

disorders, high bleeding risk due to collateral circulation, the cyst wall >10 mm. After computer tomography (CT) assessment, the EUS was done and the one-step stent placement and balloon dilatation was performed in the same session. The necrosectomy was performed by entering the WON cavity. The stent removal was considered when the remnant cavity was less than 3 cm in diameter.

Results: There were included 8 patients, mean age of 51 years, all male. The location of the WON was: cephalo-corporeal in 66% and caudal in 33% of cases. The mean size was 90 mm (50-131 mm). The necrosis was over 50% in 3 cases, 20-50% in 3 case and <20% in 2 cases. One patient had previous surgical drainage. The stent placement was successful in 100% of the cases. Necrosectomy was performed in 7 patients with median 4 (1-5) procedures per patient. The time to extraction was 4 weeks in 6 cases, 8 weeks in 2 cases, all with clinical resolution and minimal (<20mm) or no cavity left. One minor self-limited hemorrhage at stent extraction was noted.

Conclusion: The placement of fully covered metal stents for pancreatic WON is easy, safe and represents a successful treatment option.

Key-words: pancreatitis, cyst, stent

OP 26. Training in Endoscopic Retrograde Cholangiopancreatography (ERCP): complications after a first series of 50 cases

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Introduction ERCP is known to be one of the most challenging procedures in digestive endoscopy and can be associated with a higher risk of complications especially during the learning curve of this procedure [1].

This study **aims** to evaluate the complications and difficulties that occur in the learning curve of ERCP.

Material and methods This is a retrospective study that was conducted at the Clinical Emergency Hospital "Pius Branzeu" Timisoara, Gastroenterology Departament . We included in the study the first 50 ERCP procedures that were performed by the endoscopy trainee without the intervention of the supervisor endoscopist. We analyzed the indication for ERCP, the canulation method and post procedural complications (pancreatitis, hemorrhage, cholangitis).

ResultsThe mean age of the patients was 62.5 ± 18.2 yrs old and most of them were females (70%). The most frequent indication for ERCP was coledocho-lithiasis (74%), intraductal malignant obstruction in 12/50 cases (24%) and one patient with ampulloma. The preffered cannulation method was using a sphincterotome with assisted 0.035 inch guide-wire in 38/50 cases (76%) and precut knife was used in 5/50 cases (10%). Post ERCP complications occured in 11/50 cases (22%). 6 patients (12%) developed post ERCP pancreatitis (PEP). Most of them were mild pancreatitis (67%) and one patient suffered from a severe form that requiered 30 days of hospitalization. Post sphincterotomy bleeding occured in 4/50 casses (8%) were adrenalin was used for succesful hemostasis. One patient developed liver abcess due to ineffective drainage of the bile.

Conclusion Sphincterotome with assisted guide wire was the preffered thechnique for cannulation in 76% of the cases. The most frequent complication was PEP (12%) and bleeding occured in 8% of this cases. The study demonstrates that post ERCP complications rates are high (22%) and that the learning curve for ERCP is difficult.

Key words: ERCP, complications, learning curve

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OP 27. Endoscopic ultrasound imaging techniques for the assessment of intravascular thrombosis related to malignant tumors

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Introduction: Contrast-enhanced endoscopic ultrasound (CE-EUS) and EUS elastography (EUS-EG) have not been previously exploited for the diagnosis of portal vein thrombosis, despite that the endoscope is placed in close proximity to major mediastinal and abdominal vessels, thereby increasing the chances for better visualization.

Aim: To investigate the importance of systematic scanning of the vascular system of patients referred for pancreaticobiliary EUS, through EUS-EG and CE-EUS.

Material and methods: Our retrospective study included 16 patients who were referred in the past 10 years to the Research Center of Gastroenterology and Hepatology Craiova, with unclear lesions of the pancreaticobiliary system for further

EUS assessment, which showed also thrombosis of the portal venous system and/or its tributaries. The characteristics of the thrombi were analyzed by elastography colour-based qualitative method and CE-EUS. EUS fine-needle aspiration (EUS-FNA) was performed in all patients for the primary lesions but not in thrombi.

Results: From the total number of patients with splanchnic vascular thrombosis, 62% of the patients were diagnosed with pancreatic malignancies. In these cases, we noticed a hard (low strain) EUS-EG appearance of the malignant thrombus similar with the primary lesion, while for the patients with benign lesions EUS-EG indicated a soft (high strain) appearance of the bland thrombus. The avascular appearance of bland thrombosis was visualized as a void in all vascular phases, but especially in the portal phase. The malignant thrombus had a similar enhancement pattern with the tumor of origin and showed rapid hyperenhancement in the arterial phase, followed by portal venous washout. Important peritumoral collateral circulation was observed in several cases while in a limited number of patients central or peripheral thrombus repermeabilization occurred.

Conclusions: Differential diagnosis of benign and malignant thrombus plays an important role considering that most solid cancer increase the risk of bland thrombus formation with specific complications, while the presence of malignant thrombus at distance signals a metastatic process and advanced disease. For the differential diagnosis of splanchnic vein thrombus, gray-scale EUS findings are not sufficient alone. Consequently, the systematic employment of methods like EUS-EG and CE-EUS seems to be valuable in assessing thrombus for additional EUS-FNA orientation. Further studies involving a larger patient cohort are however needed.

OP 28. 99,6% prevalence of genotype 1 B in romanian patients with advanced fibrosis and chronic hepatitis C: data from genotyping of 7421 patients

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Introduction: The data that already exist in the literature suggest that in Romania the genotype 1 subtype 1b is almost exclusively present in the infected patients with hepatitis C virus. Unfortunately, these data come from relatively old studies and the purpose of this paper is to assess the genotyping results recently performed on the chronic hepatitis C virus patients with advanced fibrosis from Romania that were considered eligible for the Interferon- free regimen of the Romanian Governmental program from December 2015 to October 2016.

Methods: 7421 patients performed the genotyping method from December 2015 to October 2016 at the Synevo and Bioclinica laboratories. This study was approved by the National Committee of Ethics and every patient has signed an informed consent before joining the study. Detection method: automatic real time PCR platform M2000 (Abott), that requires a detectable viral load of minimum 500 UI/ml to be performed. For every subject was performed a database that included: age, sex, county and address.

Results: Genotype 1b was almost exclusively present: 7395/7421 (99.6%). Genotype 1b patients were 19.6% from Bucharest and 49% were males, with a median age of 60 years. Genotype 1a was encountered in 7/7421 (0.1%) of subjects, 86% were males, 71% were from Bucharest and the median age was 38 years. Unknown subtype of genotype 1 was encountered in 4 cases: 75% were males with a median age of 50 years and 75% of them were from Bucharest. Four patients had a genotype combination (1b and 3, 1b and 4), 75% of them being females, 75% of them being from Bucharest with a median age of 67 years. Other 4 subjects had genotype 3, all were from Bucharest with a median age of 51 years and all were males. Genotype 4 was encountered in 4 patients, 50% of them were males, 75% were from Bucharest with a median age of 49 years. Genotype 2 was the least common, encountered in only 3 cases, 67% were females, 67% were from Bucharest with a median age of 70 years.

Conclusions: Genotype 1b is encountered in 99.6% of chronic hepatitis C patients with advanced fibrosis from Romania. The presence of genotype non-1b is more common in Bucharest, males and younger age.

OP 29. Efficacy, safety and dynamic of noninvasive fibrosis scores in hcv liver transplant recipients treated with interferon-free regimens

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Background: Nowadays, interferon-free regimens offer the prospect of treating the high risk patient groups (liver cirrhosis/liver transplant recipients) with high SVR rates across all genotypes.

Aim: To present our experience with DAA agents in LT recipients, as well as to compare pre and posttreatment liver stiffness and noninvasive fibrosis scores.

Methods: Our cohort consisted of 77 patients with recurrent hepatitis C after LT. All patients received associated ribavirin. The 3D regimen was administered 24 weeks. Fibroscan®,

FIB4 and APRI scores were performed in all patients before and 12 weeks after DAA therapy.
Results: There were analyzed 42.9% females and 57.1% males with a mean age of 55.1±7.0 years. Median time since LT was 26.2 months and median viral load at baseline was 1912135.5IU/mL. 81.8% of patients received tacrolimus. At baseline 57.1% of patients had severe necroinflammation at Fibromax®, advanced fibrosis (F3F4) was encountered in 37.7% of LT recipients and grade 3 steatosis in 39% of transplanted patients. End of therapy virological response was 100%. SVR12 rate was 98.7% in the ITT analysis and 100% in per protocol analysis. Liver stiffness (LS) differed statistically significant according to the activity grades (p=0.0001), steatosis grade (p=0.02) and fibrosis stages (p<0.0001) at Fibromax®. There was a significant improvement in LS between antiviral therapy start and SVR12: 11.2±1.1kPa vs 8.2±0.6kPa (p<0.0001), as well as in APRI (2.4±0.3 vs 0.4±0.03, p<0.0001) and FIB4 (4.6±0.6 vs 2.3±0.3, p<0.0001) scores in LT recipients.
Conclusion: In HCV positive recipients, 3D regimen is highly effective. Despite significant decrease of fibrosis non-invasive scores screening for fibrosis progression should continue following SVR.

OP 30. Tumor ablation in different types of hepatic metastases. A single center experience

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Introduction: Microwave ablation (MWA) and radio-frequency ablation (RFA) have both emerged as promising treatment modalities for liver metastases, but the technical and oncologic differences between these modalities are unclear.
Aim & Methods: The purpose of our study was to evaluate technical success, effectiveness and safety of MWA and RFA in patients with unresectable liver metastases. A retrospective analysis of 42 patients who underwent percutaneous MWA or RFA of liver metastases from 20011 to 2016 at our institution was performed. Peri-interventional and long-term data were reviewed to determine outcomes and patterns of recurrence.
Results: A total of 59 tumors were treated, ranging 0.5-4.5 cm in range. Technical success was obtained in all cases. 13 tumors (22%) were treated with MWA and 46 (78%) were treated with RFA. 29 (69%) patients had colorectal metastases, 6 (14.28%) patients had metastatic breast cancer and 7 (16.66%) patients had other types of hepatic metastases. The median follow-up was 300 days. Overall hepatic recurrence rate was 33.2%. Median time to first recurrence was 356 days. There were no complication after MWA while 5 (15.62%) patients in the RFA group had major complication (2 cases of hepatic abscess; 2 cases of arterio-portal fistula and one hematoma). Hepatic recurrence rate was significantly higher in tumors treated with RFA compared to MWA (39.13% versus 7.69%, P: 0.032). However the median follow-up was significantly shorter in the MWA versus RFA treated patients (180 versus 330 days, P: 0.025).
Conclusions: Although this was not a matched cohort analysis, overall hepatic recurrences were lower in patients treated with MWA compared to RFA. Longer follow-up time in the MWA may increase the recurrence rate. Moreover MWA seems to be safer than RFA in the long term management of hepatic metastases.
Key words: MWA; RFA; hepatic recurrence rate; metastases

OP 31. Emerging problems with Clostridium difficile infection in acute care hospitals. a retrospective study regarding epidemiology, risk factors and exposure in Bucharest clinical emergency hospital

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Background: Clostridium Difficile (CD) infection is the leading cause of hospital-associated infections worldwide, causing significant morbidity and mortality. Hospitalized patients have a higher rate of colonization with pathogenic CD. Over the past decade, due to antibiotic exposure in susceptible patient populations, there has been a significant increase in both incidence and economic burden. The acute care hospitals represent a particular environment where risk-factor assessment and judicious treatment management is compulsory for lowering incidence rates.
Materials and methods: We performed a retrospective study using data from hospitalized patients diagnosed with Clostridium Difficile (CD) in the February 2016 – February 2017 timeframe. CD infection was defined by diarrhea and positive toxin enzyme immunoassay. Medical history, current and previous antibiotic treatment and surgical procedures were assessed for every patient. Clusters of CD infections in patients after exposure were also mapped accordingly.
Results: A total of 295 patients were positively diagnosed with CD infection during the selected period, out of which 215 declared as nosocomial infections. There were 3 outbreaks of CD infection accounting for 32% of cases. The median period of hospitalization was 18.5 days with 16% of patients counting

over 30 days in our facility. One third of the patients had had previous infections needing intensive antibiotic treatment. Third generation cephalosporins were the most frequently administered (52% of patients). The association of proton-pump inhibitors (PPI) with non-steroidal anti-inflammatory drugs (NSAIDs) was found in 35% of patients. Surgical patients accounted for 52% of cases with 60% of them undergoing abdominal interventions.
Conclusions: CD infection is an emerging complication associated with antibiotic therapy in a previously contaminated patient. Adding PPI and NSAIDS to antibiotics could predispose for CD infection in some patients.
Key words: Clostridium Difficile, risk factors

OP 32. Risk factors in pancreatic neoplasia

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Introduction: Epidemiological studies have reported many factors that may contribute to the development of pancreatic cancer, but only age and cigarette smoking have been established as consistent risk factors for the disease. The aim of this study was to assess the biological, clinical and histological features of patients with pancreatic cancer in order to identify the possible risk factors for pancreatic cancer.
Methods: A retrospective study has been performed at Gastro-enterology department of the Fundeni Clinical Institute, Romania from 01.2014 to 12.2016.
Results and conclusion: A total of 598 patients were diagnosed with pancreatic cancer (349 males and 249 females) with a mean age of 63.39 years, with age range from 28 to 92 years old, and sex ratio of 1.4(M:F). Histology was obtained in 66.4% cases, in 26.92% by eco-endoscopy, and the most frequent histological type was adenocarcinoma. Cigarette smokers represented 37.12% and alcohol consumption 40.46% of all cases. The most common disease among patients' medical history was diabetes mellitus (30.26 %) frequently type 2 (98.8%), while other diseases like HBV or HVC infection (15%), acute or chronic pancreatitis (7.19%) and other neoplasia (3.68%) were less frequent. The pancreatic neoplasia was diagnosed after an average duration of 4.73 years after the onset of diabetes mellitus, at mean age 65.86 years. Adenocarcinoma was the most frequent histological type associated with diabetes (53.03%), while only 6% were neuroendocrine tumours. Our patients were diagnosed with cancer predominantly at M1 and above T3 stages.
Diabetes may predict pancreatic neoplasia in the first 5 years after diagnosis. There is still a need for large prospective study to a better understanding of different risk factors that could help to diagnose pancreatic cancer in early stages.
Keywords: pancreatic cancer, risk factors, epidemiology

OP 33. The Impact of Comorbidity of Irritable Bowel Syndrome and GERD on Quality of Life

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Objectives and aim: Irritable bowel syndrome (IBS) is a psychosomatic condition defined according to ROME IV criteria as recurrent abdominal pain on average at least one day per week over the last 3 months associated with 2 or more of the following criteria: defecation associated with a change in stool frequency associated with a change in stool shape. Criteria completed for the last 3 months with onset of at least 6 months prior to diagnosis. Gastro-oesophageal reflux disease (*GERD*) is the organic disease according to the Motnreal definition.
The aim was of this study was to assess the impact of the co-morbidity of IBS and GERD on health-related quality of life (HRQoL).
Methods: In the prospective study 28 patients were examined with comorbidity IBSwith GERD vs. 25 patients with „isolated" IBS, representing the control group (the diagnosis was established according to the criteria of Rome IV, as well after the exclusion of B. Crohn, ulcerative colitis and colorectal cancer. The mean age was 44±2.3 years, the female/male ratio was 3:2. Fibrocolonoscopy (FCS) with biopsy, GERD with Hp testing, Stool Ag.-test (CEA, CA-19,9, CA-15,3). Patients were also assessed for their quality of life and for the IBS and GERD (using IBS- QoL questionnaire: - Dysphoria, - Interference with Activity, - Body Image, - Health Worry, and Bristol Scale).
Results: IBS QoL assessed: - Dysphoria (DY) in 78.6% in co-morbidity vs. 60% in control group; Interference with daily activity (IN) in 85.7% vs 76%; Body image (BI) in 82.1% vs 72%; Health worries (HW) in 89,3% vs 68%; Avoiding Food (FA) in 92,9% vs 56%.
Conclusions: IBS + GERD have a considerable impact on the quality of life of patients. The comorbidity of IBS with organic disease (GERD) has additive action.

OP 34. Psycho-social aspects of HP+gastritis and ulcer disease

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Polisano-Clinics Sibiu

Although about the etiopathogenesis of bacterial gastritis, caused by Helicobacter pylori (Hp), and of ulcer disease today are not doubts, some social aspects are not negligible: hygienic situation in childhood, number of brothers or sisters, residence conditions a.o. These factors contribute certainly to the transmission of the Hp-infection.
Referring to ulcerogenesis, the hypothesis of a so-called ulcerogenic personality was abandoned, as well as the hypothesis of a psychosomatic component (in spite of some correlations between some psychic factors and the chlorhydropeptic secretion). It remains valuable the concept of loss of guard-sensation (e.g. by elimination from a collectivity), the concept of chronic anxiety or the concept of oppressive events. Probably, the influence of psychic stress was overappreciated 30-40 years ago, so how it's underappreciated after knowing the certain influence of Hp.
If clinical symptomatology not disappeared or is significantly ameliorated after eradication of Hp-infection, this is a circumstantial evidence for the existence of a functional dyspepsia. In such situations anamnesis must be concentrated on possible private conflicts, stress on place of employment, death of somebody beloved a.s.o.
Treatment of Hp+ gastritis and of ulcer disease is in principle pharmacologic.

OP 35. Clinical predictors of aggressive disease course in romanian IBD patients: a real-life, long term follow-up, cohort study

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Previous studies have indicated distinct epidemiological features of IBD in Romanian patients in comparison to Western countries. The aim of the present study was to evaluate long term disease course in Romanian IBD cases hospitalized in a gastroenterology referral center.
Methods: A cohort of 76 consecutive patients registered in the IBDPROSPECT database during 2007-2008, was followed-up during 10 years. Aggressive disease course has been defined as extension of disease (outcome 1) or the presence of more than 3 moderate to severe flares during the follow-up (outcome 2). Clinical variables have been investigated as independent predictors of outcome by logistic regression.
Results: Mean follow-up was 82.8 months and maximum follow-up was 130.2 months. There were 48 patients with CD and 28 with UC. Extension of disease has been diagnosed in 24.6% of cases, whereas the presence of more than 3 moderate to severe flares during the follow-up was encountered in 23.68%. Both outcomes have been registered in 5.4% of cases. The single independent predictor of outcome 1 was male sex (OR 4.6, 95CI 1.01-21.5, p=0.03). Independent predictors of outcome 2 were smoker status (OR 6.2, 95%CI 1.1-33.5, p=0.02) and moderate to severe flare at baseline (OR 5.9, 95%CI 1.1-31.6, p=0.02). There was a drastic decrease in corticoid usage from baseline to last follow-up visit, from 46.5% - 26.1%, paralleled by an increase in biologicals use from 6.8% - 39.47%, but biological therapy was not identified as an independent predictor of disease course.
Conclusions: Our long term follow-up cohort study has indicated that an aggressive disease course in Romanian IBD patients hospitalized in a gastroenterology referral center is encountered in about 24% of cases. The independent predictors of aggressive disease course are male sex, smoker status and severe flare at baseline, irrespective of disease phenotype (CD vs UC), initial therapy or biological therapy during the course of the disease.
Key words: Crohn's disease, ulcerative colitis, clinical predictors.

OP 36. Endoscopic diagnosis of mucosal atrophy and gastric metaplasia

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Introduction: Gastric mucosal atrophy is a pathological state with major impact for cancerogenesis. Pair intestinal metaplasia, certainly increases the risk of gastric cancer, depending on the form of the metaplasia. The diagnostic and evaluation of the dynamics of this pathology is important. The primary role is attributed to endoscopy. The aim of the study was to evaluate the relationship between chronic gastritis and intestinal metaplasia within the field of endoscopy.
Methods: A prospective study was performed by evaluating 59 patients (group I) with standard endoscopy (SD, WLE) and another 64 patients (group II) advanced endoscopy (HD, NBI, Focus Near), all of them diagnosed with atrophic gastritis. The biopsy was collected from 5 areas recommended by the Sydney System. The biopsy for the group II was performed through optical guidance in areas with pit and vascular pattern characteristics.
Results: Histopathology confirmed intestinal metaplasia in 31.60% of patients from group I and 65.4% of patients from group II, for the most part (51.3%) complete metaplasia. It was histologically determined enteric type of metaplasia for 23.7% and 25.0%, enterocolic for 20.4% and 28.1%, colonic for 55.9% and 46.9% of patients from group I and II, respectively. Based on the techniques used four topographic models of

localizing intestinal metaplasia with gastric atrophy background were highlighted: (1) single area in 29 (23.5%) patients; (2) wide strips with small curvature (subcardial pylorus) in 51 (41.5%) patients; (3) multiple area /diffuse in the antrum in 13 (10.6%) patients; and (4) multiple area/diffuse gastric expansion in all regions except the fornix in 24 (19.5%) patients. 6 (4.9%) cases were documeneted with SPEM-metaplasia which was localized exclusively in the subcardia and the fornix were documented.
Conclusions: Areas of atrophy of the gastric mucosa must be diagnosed and typified endoscopically. Endoscopic technology to enhance image quality, by contrasting peculiarities of pit and vascular patterns, highlights areas of metaplasia, while guided biopsy increases rate to confirm the diagnosis.
Key words: atrophic gastritis, gastric metaplasia, endoscopic findings, gastric cancer.

OP 37. Differentiation of pancreatic cyst by contrast-enhanced endoscopic ultrasonography

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Background and aim: It is a great challenge to differentiate between the type and the malignant potential of a newly diagnosed pancreatic cyst . Our aim was to assess the role of contrast-enhanced endoscopic ultrasonography (EUS) for increasing diagnostic accuracy.
Material and methods: The prospective study included 32 patients with pancreatic cysts. Inclusion criteria were: age over 18, presence of a pancreatic cyst larger than 10 mm, informed consent. Exclusion criteria were: history of chronic pancreatitis, platelet count <50.000/cm^3, refuse of the patient to participate. We analyzed the cyst wall, the septa and the solid components of the pancreatic cyst with and without contrast enhancer (CE) (2,4 ml SonoVue-Bracco, Italy). The examinations were performed using an Olympus echoendoscope and Aloka ultrasound machine. The final diagnosis was based on fine needle aspiration result, surgery or follow-up.
Results: There were 32 patients (20 females, 12 males) included. Cyst size was between 12-80 mm. The pancreatic location of the lesions were the head (n=8), the uncinate process (n=3), the neck (n=8), the body (n=8), and the tail (n=5). The types of cysts were serous cystadenoma (n=5); mucinous cystadenoma (n=5); mucinous cystadenocarcinoma (n=1); Intraductal Papillary Mucinous Neoplasm (IPMN) (n=12); Von Hippel Lindau disease (n=1); pseudocyst (n=5). For the serous cystadenomas, a hyperenhancement of the cyst wall and septa with a slow wash-out and honeycomb aspect was observed. In case of mucinous cystadenomas hyperenhanced thick walls, septa and fast wash-out was characteristic. For IPMN's, the hyperenhancement of the cyst wall and fast wash-out was found. All the pseudocyst presented hypoenhancement or no enhancement of cyst wall. From 8 pancreatic cysts with solid components in standard EUS, hyperenhanced mural nodules were present in 7 of them and malignancy was confirmed for all this cases (surgery n= 4; EUS-FNA n=3)
Conclusions: The enhancing pattern was useful to differentiate malignant nodules from mucus or debris and mucinous from nonmucinous pancreatic cystic lesions.
Key words: pancreatic cystic lesions, contrast enhanced echoendoscopy.

OP 38. The accuracy of pancreatic solid tumors diagnostic using contrast echoendoscopy

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Introduction: Differentiating between different types of solid pancreatic lessions can be a problem in establishing the final diagnosis. The objective of this study was to demonstrate the role of contrast echoendoscopy in increasing the diagnostic accuracy of solid pancreatic tumors.
Methods and materials: A randomised prospective trial, which included 40 pacients with solid pancreatic lessions. The inclusion criteria were: age above 18 years old, the presence of solid lessions with a diameter larger than 10 mm, written consent from the pacients. The exclusion criteria were: cystic pancreatic lessions, severe coagulopathies (thrombocytopenia< 50.000 mm3), patients refusal. We analysed: the topography of the vessels from the tumoral lession, the type of enhancement of the contrast agent used, presence/absence of the washout phenomenawith a contrast agent (2,4 ml SonoVue-Bracco, Italy). The examinatons were carried out using an Olympus echoendoscope and an Aloka ultrasound machine. The final diagnosis was established based on histopathologic, surgical and follw-up criteria.
Results: The study included 40 pacients (26 men, 14 women) with solid pancreatic lessions, with diametres between 15-60 mm. For 22 pacients the affected site was cephalic (n=22), the uncinated process (n=2), body (n=10), tail (n=6). The studied lessions were represented by the the ductal pancreatic adenocarcinoma (n=34), neuroendocrine tumors (n=2), pseudotumoral chronic pancreatitis (n=2), false negative results (n=2). In the case of the 2 pacients with solid pancreatic lessions, of which the pathological exam initially refuted the presence of malignity, both were confirmed as beeing malignant post surgical resection. In the case of ductal pancreatic adenocarcinoma, the lessions were hypoenhanced in all the phases,

compared to the neuroendocrine tumors, which were hyper-enhanced. The two cases of pseudotumoral chronic pancreatitis, showed ”parenchimographic” enhancement, characterised of pseudotumoral chronic pancreatitis, characterized by an enhancement pattern comparable to that of the sorrounding pancreatic parenchyma.

Conclusions: CEUS was considered better in describing the solid pancreatic lessions compared to conventional echoendoscopy.

Keywords: solid pancreatic tumors, contrast echoendoscopy

OP 39. A clinical model to predict pancreatic neuroendocrine tumors histology using eus characteristics

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Background: Pancreatic neuroendocrine tumors (pNET) account for less than 2% of all pancreatic tumors but have increased significantly in incidence over the past few decades. The diagnosis of pNET depends on the pathological examination, this group of pancreatic neoplasms having a better prognosis than exocrine pancreatic cancer. The aim of our study was to assess the value of clinical features of pancreatic tumors at EUS in predicting pNET histology.

Methods: A multivariate analysis has been conducted by logistic regression having pNET histology as outcome. The ability of the proposed model to correctly classify pancreatic lesions as pNETs was assessed by AUROC.

Results: There were 88 patients included in our study group, 63.6% males with a mean age of 61.3±12.1 years. Tumor location was cephalic in 40.9%, corporeal in 50.1% and caudal in 9% of cases. Hard appearance at elastography (p=0.03), well differentiated margins (p=0.01) and internal tumor vascularization (p=0.03) were identified as independent predictors of pNET histology. The probability that a pancreatic tumoral mass is NET according to our model can be calculated with the aid of the equation Prob(Y=pNET) = 1/[1+Exp(-XB)], where XB= (-13.1) + 10.5*(Elastography Hard=1) + 2.7*(Well differentiated margins=1) + 1.9*(Internal vascularization=1). The AUROC of the proposed model for pNETS histology is 0.91 indicating an excellent clinical utility. A probability score >0.45 has a 90.6% sensitivity and 69.2% specificity too correctly predict histology.

Conclusions: A predictive model for pNET histology could be proposed using clinical features of pancreatic tumors at EUS. Elastographic appearance, well differentiated margins and internal vascularization are the independent predictors of histology.

Key Words: Pancreatic neuroendocrine tumor, Ecoendoscopy and elastography, Histology

B. POSTER PRESENTATIONS (PREZENTĂRI DE TIP POSTER)

PP 1. Virtual colonoscopy as a useful method for the assessment of colonic lessions

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Introduction and aim: computer tomography colonography (CTC), often referred to as „virtual colonoscopy", is a CT scan x-ray test designed to simulate colonoscopy to look for large colon polyps and cancers.

The aim of this paper was to present the experience of Neuromed Center for Imaging Diagnosis Timişoara in the colonic evaluation by means of CTC.

Material and methods: we have studied the CTCs performed over a period of 6 years at Neuromed Center for Imaging Diagnosis Timişoara by assessing patients' (p) demographics, the quality of bowel preparation, the colonic and extracolonic findings.

Results: Our study group included 466 CTCs. 268 CTCs (57.6%) were performed in women, and 198 (42.4%) in men, with the following age distribution: 33p. <30 years (7.0%), 58p. 30-39 years (12.4%), 66p. 40-49 years (14.2%), 115p. 50-59 years (24.5%), 96p. 60-69 years (20.7%), 78p. 70-79 years (16.8%), 20p. ≥ 80 years (4.4%).317 CTCs (68%) were normal or revealed only diverticulosis, and no further investigations were needed. In 99p. (21.2%) polyps were discovered, and in 50p. (10.8%) CTC revealed a colonic cancer. In all these cases an endoscopic colonoscopy was needed for further investigation of the patients. In 433p. (92.2%) the bowel preparation was good or very good. In 281p. (60.3%) CTC also revealed extracolonic lesions such as gallbladder or renal stones, liver metastases, pancreatic cancer, aortic aneurism, ascites, cystic lesions, hernias, abnormal lymph nodes etc.

Conclusion: CTC is a viable alternative method for colonic evaluation. In our study more than two thirds of the CTCs revealed a normal colon and no further investigations were needed. In 60% of the cases extracolonic lesions were also found.

PP 2. Performance audit in diagnostic colonoscopy – year 2016 in review in a university endoscopic center

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Background and Aim: Colonoscopy, the gold standard evaluation method for the colon should be delivered by endoscopists performing high quality procedures. By some authors, a good quality indicator of the performance at colonoscopy in an advanced endoscopy center is achieving a cecal intubation rate of over 90%. The aim of this study was to assess the performance at colonoscopy in the Endoscopy Unit from the Department of Gastroenterology Timişoara in the year 2016, a university center that also trains fellows in gastroenterology.

Material and methods: We studied all the colonoscopies performed in our department in the year 2016, analyzing the percentage of total colonoscopies. We have analyzed only the colonoscopies with the intent of total colonoscopy, excluding: endoscopic reevaluations, impossible to surpass stenosis.The colonoscopies were performed either by senior endoscopists or by final year fellows in training in gastroenterology.

Results: The number of colonoscopies (with the intention of total colonoscopy) performed in 2016 was 740.In 2016 out of 740 colonoscopies, 718 were total (97.02%).In this group, total colonoscopy could not be performed in 22 patients because of inadequate bowel cleansing, tortuosity or for unknown anatomical reasons.

Conclusion: In a Clinical Department of Endoscopy, continuous audit of colonoscopy performance maintained the cecal intubation rate >90%, even if colonoscopy was performed by several endoscopists (including fellows in training).

PP 3. Is the adenoma detection rate influenced by the quality of bowel cleansing at colonoscopy?

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Background and aim: Procedural factors, such as bowel preparation, cecal intubation, withdrawal time and position changes of the patient are associated with the improvement of the adenoma detection rate (ADR).**The aim** of this paper was to evaluate the relationship between bowel preparation quality using the Boston Bowel Preparation Scale (BBPS) and ADR among screening colonoscopies.

Material and Method: We performed a retrospective study of a database of patients scheduled for screening colonoscopy between 2009 and 2014. 954 colonoscopies in asymptomatic

patients aged 51-85 (62.4±7.2), 46% male (433/954), 54% female (521/954) with no prior colonoscopy or history of colorectal cancer or other screening tests performed were included in the final analyze.Colonoscopy was performed by both experienced and non experienced endoscopists. We calculated ADR based on number of screening patients with at least one adenoma divided by total number of patients aged 50 years or older screened with colonoscopy.The quality of bowel preparation was assessed by BBPS. The BBPS is a total of 3 subscores (0–3) of 3 segments of the colon, with 9 representing the highest-quality preparation.We assessed the correlation between the ADR and the BBPS score.

Results: We defined adequate bowel cleansing as having $\geq$ 5 BBPS. In our cohort 7.8% of patients (74/954) had inadequate bowel preparation, respectively 92.2% (880/954) had adequate preparation. Among the 954 screening colonoscopies, ADR was 23.3% (223/954). While reporting to the BBPS the ADR was 23.8% (210/880) in patients with adequate cleansing, respectively 17.5% (13/74) in patients with inadequate cleansing.

Conclusion: ADR increased with higher levels of bowel cleansing assessed by the BBPS. This finding supports the value of the BBPS as a quality indicator for performing colonoscopy

PP 4. Digestive cancers mortality in romania, 1955-2012: an observatory

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Introduction: Digestive cancers still have a high frequency, and a high mortality rate, resulting mainly from late diagnosis.

Aim: To realize a flowchart of digestive cancers mortality temporal trend 1955-2012. To appreciate the incidence and mortality, sex ratio, and lethality (mortality-to-incidence ratio) in 2012. To compare the case fatality rate of digestive cancers registered in Romania, with the case fatality rates registered in more developed and very high Human Development Index (HDI) regions, and in less developed and low HDI areas.

Material and method: The incidence and mortality rates for digestive cancers (ASRw) were obtained from the IARC/WHO database, and the IARC/WHO epidemiological studies on cancer, historical and recent.

Results and conclusions: Between 1955-2012, the majority of digestive cancers registered a trend to increase of mortality rates, with the notable exception of gastric cancer (GC) in both sexes and the esophageal cancer (EG) in females (F). Colorectal cancer (CCR) was registered as the first cause of digestive cancer mortality after 2008. The mortality rate of hepatocellular carcinoma (HCC) registered the most rapid rate of increase, being the 3rd digestive neoplasia in 2012, after CCR and GC. Lethality index was better only for CCR (0.52/1 in males (M), and 0.48/1 in F). The highest mortality -to-incidence ratio was registered in HCC (1.18/1 in M and 1.4/1 in F). The lethality index was generally lower only as regard to less developed and low HDI areas.

Conclusion: The digestive cancer mortality is on increase in our country, with the notable exception of gastric cancer and the esophageal cancer in females.

PP 5. The sleep disturbances as a part of depressive construct in patients with chronic viral hepatitis

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Background: Chronic viral hepatitis (ChVH) are free of specific symptoms. However, depression occurs frequently in these patients. Sleep impairments are the components of the depression and we anticipate the possibility that the sleep can be affected additionally by the biological effects of hepatitis.

Aim: To determine the links between the sleep disturbances to the depression and transaminases activity in patients with ChVH.

Material and methods: The study group (SG) – 147 patients with ChVH (B, C, D), 57,1% men, average age 37,29±0,89. Control group (CG) – 29 healthy people, average age 30,97±1,05. Patients were evaluated clinically, and laboratory tests (ALT, AST, et al.) were performed. Depression was measured using Hamilton Rating Scale for Depression (HDRS-21), which include 3 items about sleep abnormalities: 4th item – insomnia early (IE), 5th – insomnia middle (IM), 6th – insomnia late (IL).

Results: We found the positive scores for depression in 85,03% of patients in SG and in 13,79% in CG, p<0,001. The prevalence of IE 69,39%; IM 51,70%; IL 22,45% was higher in ChVH than in CG (p<0,01, p<0,001, p<0,001). IM and IL were more frequent in women vs men p<0,001 p<0,001, and in people older than 40 years vs patients under 40 years p<0,001 p<0,001. We found no differences in prevalence of insomnia depending on transaminases activity. But there were strong differences according to emotional state: in depressive patients prevalence of IE 72,80%; IM 59,20%; IL 22,45% were higher compared to nondepressive ones 50,00%, p<0,05; 9,09%; p<0,001; 0%, p<0,001.

Conclusions: All types of insomnia (early, middle, and late) occur in depressive patients with ChVH. The prevalence of sleep disturbances depends on the depression degree but not on the transaminases activity.

Key words: hepatitis, depression, insomnia.

PP 6. The incidence of multiple cancers at patients with digestive and extradigestive primary cancers – retrospective study unfolded in the Fundeni Center of Hepatology and Gastroenterology

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Introduction: The incidence of multiple cancers has increased in the last years becoming a current affair, due to the increase of survival in patients with cancers by early diagnosis and/or new therapies.
Materials and methods: The study is a retrospective analysis of patients with multiple tumors, with at least one gastro-enterological, admitted between 1.01.2010-31.12.2014 in The Center of Gastroenterology and Hepatology of Fundeni Clinical Institute.
The inclusion criterion was the presence of at least two different tumor sites histopathologically confirmed with different histopathology. We excluded the patients who did not have histopathological confirmation and those with the secondary primary tumor resembling with a metastasis from the primary tumor.
Results: The lot had 42 patients, 18 (43%) women, 24 (57%) men with a median age of appearance for the primary tumor of 58 years (range 24-75years). From these, 32(75%) had metachronous tumors and 10 (24%) synchronous. For the metachronous tumors the average time in which the secondary primary tumor was diagnosed was 5 years (95%C.I. 3.59-6.40). The average time till the third primary tumor was diagnosed was 8 years (95%C.I. 3.68-12.31).
The colon was the most frequent location for the primary tumor, being diagnosed at 16 (38%) patients, 7 (17%) had other digestive tumors and 19 (45%) had extradigestive tumors. The most frequent association was colon-colon 8(50%), followed by colon-prostate 3 (19%), colon-liver 2 (13%), colon-kidney 1 (6%), colon-ovary 1 (6%), colon-gallbladder 1 (6%).
The treatment for the primary tumor was chemotherapy at 25 (59%) patients, surgery at 10 (24%) patients, radiotherapy at 5 (12%) patients and the rest had chemotherapy+radiotherapy. Only 8 (20%) patients had metastases (2 with synchronous and 6 with metachronous).
32 of the patients are still alive and the median survival was 38 months. The high number of survivors suggests the necessity of surveillance for detecting tumors in curative stages, but also to develop prospective trials to define screening criteria for these patients.
Key words: synchronous/metachronous, second primary tumors, third primary tumors

PP 7. A rare cause of high intestinal obstruction

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Portal vein thrombosis is a frequent thrombotic complication of cirrhosis. Thrombosis can extend to the mesenteric veins, causing acute intestinal ischemia. We report the case of a 61-year-old female HCV cirrhosis who developed high intestinal obstruction caused by distal jejunal infarction same days after SVR interferon free treatment. Interferon-based therapy for hepatitis C has previously been associated with MVT and ischemic colitis, but our patient had undergone the interferon-free regimen. To our knowledge, this is the first published case of acute PVT and MVT after interferon-free treatment in a patient with SVR. Even after viral clearance, advanced hepatic fibrosis and portal hypertension persist and increase the risk of PVT in cirrhotic patients.
The patient underwent segmental enterectomy with end-to-end anastomosis, with favorable clinical outcome, which allowed us to initiate anticoagulation treatment with low-molecular-weight heparin. Intestinal ischemia due to by mesenteric vein thrombosis can be tardily diagnosed, since it causes nonspecific clinical symptoms. The treatment of mesenteric vein thrombosis requires an interdisciplinary team and includes resection of non-viable intestinal segments, anticoagulation, thrombolysis or transcatheter thrombectomy. However, the use of anticoagulation in cirrhotic patients increases both the risk of esophageal varices rupture and the extent of the bleeding.

PP 8. Helicobacter pylori and inflammatory bowel disease

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Introduction: Epidemiological data suggesting a protective effect of Helicobacter pylori (HP) infection against the

development of autoimmune diseases. Many observational studies have examined the association between H. pylori infection and inflammatory bowel disease (IBD) with various results. The aim was to determine the seroprevalence of HP in patients with Crohn's disease (CD) or ulcerative colitis (UC) and in controls without IBD.

Material and methods: We conducted a prospective study between march 2016 and february 2017 that included 100 patients with IBD (50 patients with CD, 50 patients with UC). Control group was represented by 50 subjects age and sex matched. Serum Helicobacter Pylori IgG antibody titres were measured by enzyme immunoassay.

Results: The seroprevalence of HP was 18% in patients with IBD (14% in patients with CD and 19% in patients with UC) and 45 % in control group. When compared with controls, the seroprevalence of HP in patients with IBD was considerably lower in all age groups tested.

Conclusions: Patients with IBD were less likely to be infected with HP than their age and sex matched controls. The results supports a possible protective benefit of HP infection against the development of IBD. However, more clinical trials are needed to determine the relationship between HP and IBD.

Key words: Helicobacter Pylori, inflammatory bowel disease

PP 9. Vitamin E and non-alcoholic fatty liver disease

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Introduction: Oxidative stress has been implicated as a major mechanism of disease progression in non-alcoholic fatty liver disease (NAFLD). Vitamin E (α-Tocopherol), a potent antioxidant, may suppress hepatic inflammation by inactivating free radicals and suppressing lipid peroxidation. The aim of this study was to examine the effects of vitamin E supplementation on the NAFLD patients.

Material and methods: We conducted a prospective study between september 2016 and february 2017 that included 40 patients with NAFLD. Patients were randomly and equally divided into two groups. Group I received vitamin E supplements and lifestyle modification (i.e., diet and exercise) and group II were recommended lifestyle modification alone. The following variables were assessed at 0 and 24 weeks: aspartate transaminase (AST), alanine transaminase (ALT), total cholesterol, triglycerides, glycemia.

Results: At the end of study period, we observed that patients receiving vitamin E supplements comparing the lifestyle modification alone group showed significant differences in the ALT (76.4 UI/ml vs 40,9 UI/ml, p>0,05), AST (61 vs 42 UI/ml, p>0,05), total cholesterol, (270 mg/dl vs 250 mg/dl, p<0,05), triglycerides (230 mg/dl vs 220 mg/dl, p<0,008), glycemia (120 mg/dl vs 110 mg/dl, p<0,05).

Conclusions: Vitamin E supplements significantly reduces ALT and AST levels in NAFLD patients, but metabolic profiles are not affected by vitamin E. Weight reduction by life style modification is the main therapeutic option in NAFLD. However, more clinical trials are needed to confirm the positive effects of vitamin E supplements on NALFD patients.

Key words: Vitamin E, non-alcoholic fatty liver disease.

PP 10. Abces de uracă complicat cu diverticulită sigmoidiană

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Introducere: din punct de vedere embriologic, vezica urinară se dezvoltă din cloaca ventrală ca o structură trilaminară. Uraca reprezintă o relicvă embriologică a alantoidei și a cloacei ventrale adiacente. Are o structură tubulară, lumenul ei obliterându-se odată cu înaintarea în vârstă. Se descriu cinci tipuri de anomalii de dezvoltare a uracei care includ: uraca patentă, sinusul uracal care comunică cu ombilicul, diverticulul vezico-uracal, un sinus alternant care drenează către vezica urinară sau ombilic și chistul uracal situat între cele două capete închise.

Patologia apare de obicei în copilărie si este mai frecventă la bărbați față de femei. Incidența este mică, de 2% la adult sau un caz la 16.000 internări. Chistele de uracă se prezintă sub o varietate de tablouri clinice incluzând infecții recurente de tract urinar, hematurie macroscopică, tensiune mediană hipogastrică asociată adesea cu o formațiune tumorală, secreții ombilicale și chiar peritonită. La adulți prevalează chistele uracale, deseori suprainfectate. Morbiditatea este legată de apariția infecției și transformarea malignă tardivă. După suprainfecție, piouraca poate apoi să stabilească comunicări cu ombilicul, vezica urinară, intestinele sau se poate complica prin rupturã intraperitonealã. Adenocarcinomul de uracă este neoplazia cel mai frecvent asociată cu chistul de uracă. Când nu sunt infectate, chistele de uracă pot atinge dimensiuni impresionante - până la chiar 55 de litri – conținând o cantitate mare de lichid, datorită unei activități secretorii continue a epiteliului, fără drenaj sau a potențialului neoplazic al celulelor epiteliale. Ecografia, tomografiei computerizate abdominale sau rezonanța magnetic abdominal, cistoscopia și fistulografia reprezintă metode diagnostic utile.

Prezentare de caz: prezentăm cazul unui bărbat de 37 ani, fumător, cunoscut de aproximativ 2 ani, cu antecedente de diverticuloză sigmoidiană complicată cu diverticulită care se prezintă în serviciul de gastroenterologie pentru stare generală

influențată, polakidisurie și exteriorizarea prin ombilic a unei secreții purulente.
Examenul obiectiv relevă un pacient afebril (Tax = 38,8ºC), cu TA și AV în limite normale, iar la examinarea abdomenului se decelează un abdomen suplu, mobil cu respirația, ușor sensibil la palpare în mezo- și hipogastru și prezența la nivelul ombilicului a unei secreții purulente, fetide.
Ecografia abdominală a evidențiat prezența unui traiect fistulos între colonul sigmoid și ombilic.
Probele de laborator au evidențiat leucocitoză cu neutrofilie (14 300 × 10^3 /uL cu 9,4 × 10^3/uL), VSH 15 mm/60 min., Proteina C reactivă 6,49 mg/L. În secreția purulentă de la nivelul ombilicului și în urocultură s-a identificat E. Coli > 100 000 germeni, sensibil la Amoxiclav, Ceftriaxon, Cefoxitin și Ciprofloxacin. În rest, toate probele de laborator în limite normale (fără anemie, probe funcționale hepatice și renale ân limite normale, uree, creatinină, amilazemie, calciu seric normal).
Diagnostic și evoluție: în urma consultului chirurgical și ca urmare a neameliorării simptomatologiei sub tratament cu Normix 200 mg, 3 × 2 cpr/zi, Ciprofloxacin cpr, 2 × 500 mg/zi și Amoxiclav cpr, 2 × 1 g/zi, se decide efectuarea tomografiei computerizate abdominal. Acesta din urmă a evidențiat prezența de la nivelul domului vezical până la nivel ombilical a unei colecții delimitate de un perete gros, cu conținut mixt, lichidian și aeric, cu aspect tubular, cu un calibru maxim de aproximativ 2,5 cm adiacent vezicii urinare, având extensie craneo-caudală de 10 cm – abces de uracă. Sigmoidul prezintă o marcată îngroșare parietală de aspect circumferențial, pe un segment de 10-12 cm, situat în vecinătatea vezicii urinare și a abcesului de uracă descris anterior; se evidențiază prezența a câțiva mici diverticuli și o marcată infiltrare a grăsimii perisigmoidiene. În vecinătatea segmentului sigmoidian descries anterior s-au evidențiat multiple adenopatii de aspect inflamator.
În urma efectuării tomografiei computerizate abdominale se intervine chirurgical în anestezie generală IV cu incizie subombilicală. Din cauza planurilor anatomice inflamate și aderente se decide prelungirea inciziei cranio-caudal, moment în care se hotărește intubarea orotraheală. Se pătrunde în cavitatea peritoneală cu dificultate și se decelează o formațiune pseudotumorală sigmoidiană (diverticul abcedat) ce comunică printr-un traiect fistulos cu marginea stângă a vezicii urinare și ulterior fistulizat ombilical. Se decide și se practică rezecție segmentară sigmoidiană cu formarea de colostomă și închiderea bontului distal (operația Hartman) și desființarea traiectului fistulos dintre vezica urinară și ombilic. Postoperatorevoluția este lent favorabilă cu reluarea tranzitului în ziua 3 postoperator, sub tratament antibiotic, antispastic, antialgic și anticoagulant.
La 4 luni de la intervenția chirurgicală, după efectuarea în prealabil a colonoscopiei, s-a decis operația de reintegrare a tranzitului intestinal, cu evoluție lent favorabilă.
Concluzii: dintre complicațiile chistului de uracă, infecția este cea mai frecventă. Ruperea chistului reprezintă complicația cea mai gravă și evoluează cu peritonită. Foarte rar au fost descries în literatură fistule sigmoido-uracale. Eliminarea tuturor elementelor uracale a fost necesară pentru a evita recurența chistului sau apariția adenocarcinomului pe leziunile restante.
Cuvinte cheie: abces de uracă, diverticulită sigmoidiană, fistulă ombilicală

PP 11. Chronic hepatitis C a major health – related quality of life burden in compensated cirrhotic patients

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Introduction: Chronic hepatitis C infection is a systemic disease, one of the leading causes towards cirrhosis and hepatocellular cancer and it is to be considered nowadays a major health-related quality of life (HRQoL) burden.
Aim: The aim of this study was to assess HRQoL impairment of hepatitis C virus (HCV) infection among a broad sample of compensated HCV cirrhotic patients.
Methodology: We conducted a prospective study between January 1st 2016 to January 31, 2017, in a tertiary center, in which we included 110 patients with compensated HCV cirrhosis, aged between 50 and 75, with no history of neuropsychiatric illness but associated comorbidities (diabetes type 2, hypertension, dyslipidemia). The patients were completely evaluated according to the national protocol. Health status and fatigue of our patients were evaluated using the FACIT- F (version 4) and SF-36 survey. Respondents with HCV compensated cirrhosis were compared with a control group matched for age and sex with no prior history of HCV infection on the Mental (MCS) and Physical (PCS) Component Summary scores.
Results: Unadjusted comparisons between subjects infected with HCV (n = 110) and controls (n = 60) revealed that HCV patients had lower FACIT- F utility scores (43.2± 0.8 vs 49.5± 0.5, P < 0.05). Severe fatigue was present in 30% (33 patients) of the HCV group compared to 11.6 %(7 patients) in controls. Subgroup analyses of respondents age 60 years and older revealed lower MCS score in HCV patients compared to controls (41.95 vs. 49.72, p<0.05). Control group registered higher PCS score (53.30 vs 45.2, P < 0.05) compared to the study group.
Conclusion: Although the results were obtained on a small group we observed that in untreated patients with chronic HCV infection, HRQoL is significantly impaired due to fatigue severity and age. Our result underline the need for effective

antiviral treatment to decrease the burden of fatigue in this segment of population.
Keywords: Hepatitis C, quality of life, health burden

PP 12. The assessment of functional gastrointestinal disorders in sectors of occupational medicine. Practice and necessity

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Introduction: Within hospitalizations, diseases of specialized departments are primarily evaluated rather than other condition, and in absence of severe functional gastrointestinal disorders, gastrointestinal symptomatology could be underevaluted.
Material and method: Patients admitted and discharged (1-31 January 2017 interval) as continued hospitalization in the Department of Occupational Medicine, were assessed upon discharge based on a 93-item questionnaire, "Rome III Diagnostic Questionnaire for Adult Functional GI Disorders and Scoring Algorithm". They voluntarily filled an additional Hospital Anxiety and Depression Scale questionnaire. We studied: discharge diagnostics, age, hospitalization duration, presence of Rome III diagnosis groups: esophageal symptoms/ pain in the chest, gastroduodenal symptoms, bowel syndrome, syndrome of functional abdominal pain, gallbladder and ano-rectal functional symptoms. Spearmann and Kendall-tau correlations and Mann Whitney test were employed for statistical evaluation.
Results and conclusions: From a total of 52 patients admitted and discharged during January 2017, 36 consented to participate in the questionnaire, also filling the HAD scale. 33 of 36 patients had digestive symptoms according to Rome III. The most common diagnoses (N=26) were the Functional Bowel Disorders followed by Functional Anorectal Disorders (6) and Functional Chest Pain of Presumed Esophageal Origin (6). HAD anxiety component scores are significantly higher in the presence of gastroduodenal symptoms ($p = 0.04$) and anorectal function disorders($p = 0.032$). Patients with digestive symptoms according to ROME III had a greater number of hospitalization days ($p = 0.011$) than those without digestive symptoms. Upon discharge of patients from the Occupational Health sections, the presence of functional gastrointestinal symptoms is significantly underestimated and not mentioned in the discharge diagnosis, although it is associated with a significantly increased duration of hospitalization.
Keywords: Gastrointestinal functional disorders, occupational medicine hospitalization

PP 13. A rare cause of severe abdominal pain in the emergency setting: cough induced unilateral rectus sheath hematoma

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Introduction: Rectus sheath hematomas (RSH) are rare entities in clinical practice, partially because of the lack of specificity of clinical signs and symptoms, mimicking other more frequent diseases misleading to false diagnosis. RSH are caused by epigastric vessels' rupture causing haemorrhage of different severity from asymptomatic to hypovolemic shock. Most frequent causes are anticoagulation therapy, trauma and chronic cough.
Material and method: We present the case of a 37 years old female, with history of surgery for ectopic pregnancy, who presented in the emergency room (ER) with left lower quadrant and hypogastric pain for five days associated with cough episodes initially, with continuous pattern for several hours before admission. Ultrasound imaging revealed an ill-defined superficial hypoechoic mass apparently in contact with the wall of the uterus and surrounded by several aperistaltic small bowel segments. Computed tomography (CT) identified the mass as a large hematoma of the left posterior rectus sheath. Serial laboratory studies showed no anemia and the patient achieved complete convalescence under conservative treatment.
Results and conclusions: RSH represent rare clinical entities that can present vital risk for the patient and it is of utmost importance to include them in the differential diagnosis of abdominal pain. Suggestions for the diagnosis can be obtained by ultrasound imaging and confirmation made by CT examination. Surgical consultation and management is indicated case of progressive anaemia.
Key words: rectus sheath hematoma, differential diagnosis

PP 14. The need of surgery in a cohort of inflamatory Bowel disease patients-experience of a tertiary center

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Aim: To present the evolution and the need of surgery in a cohort of IBD patients taking biologics in a single center
Type: Retrospective study, but patients enrolled in a prospective manner since 2012
Results: Twenty two patients were analyzed: 13 patients taking ADA (11 Crohn's 2 colitis), 9 patients taking biosimilar IFX (7 colitis, 2 Crohn's) and 10 patients taking IFX (9 Colitis, 1 Crohn).
Mean time of biologic use 3,8 years. During the follow up 6 patients had surgery: 5 males and one female; All had Crohn's disease. Surgery was related to: presence of dilations above a stenosis, male sex, smoking and perianal disease.
Conclusions: In a small cohort of patients' surgery occurred in 20% of cases and was related to male sex, smoking, and >5 cm dilation above stenosis.

PP 15. Gene expression profiles in Crohn's disease: case to case comparison of endoscopically active versus inactive disease

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Introduction: Multiple cytokines and chemokines related to immune response, apoptosis and inflammation, have been identified as molecules implicated in Crohn's disease(CD) pathogenesis. The aim of this study was to identify the differences in the molecular expression of different cytokines and chemokines between inflamed tissue and normal tissue seen on endoscopy in two patients with identical phenotype of CD on the same treatment.
Material and method: We studied two patients with CD on the same biologic treatment and with identical phenotype of disease. Biopsy samples from inflamed intestinal mucosa (active CD) and from the region previously inflamed (inactive CD), as well as from areas never affected were taken during colonoscopy. Gene expression was evaluated by PCR array using RT^2 Profiler PCR Array – Human Crohns Disease, Qiagen, USA. Relative expression of eighty-four genes implicated in apoptosis, inflammation, immune response, cellular adhesion, tissue remodelling and mucous secretion was identified.
Results and conclusions: The most important up-regulation was observed for REG1A, REG1B, DEFA5, DEFA6, CXCR1, MMP3, MMP7, ALDOB, S100A8 genes, with up-regulation being observed for 81/84 genes studied. There were no significant differences in type and number of up-regulated genes between active and inactive CD. The only difference observed was related to the level of up-regulation more elevated in active CD.
These preliminary data could represent a starting point for defining molecular remission and possibly a new marker of early relapse. Identification of genes implicated in CD pathogenesis could select future therapy targets.
Key words: Pathogenesis, RNA, Crohn's disease
This research was funded by project PN 16.22.03.01 with support of ANCSI through Nucleu programme.

PP 16. The role of ARFI elastography in predicting the evolution of inflammatory bowel disease

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Introduction: Inflammatory bowel disease are chronic pathologies, requiring annual endoscopic evaluation. A non-invasive method of monitoring with be useful, lowering the number of colonoscopies necessary for these patients.
Aim. Evaluating the utility of ARFI elastography in the non-invasive evaluation of inflammatory bowel disease.
Methods: 62 patients with inflammatory bowel disease were included in the study lot. ARFI elastography was performed at the segment of the bowel that was described as most severely affected in the initial colonoscopy, and 10 measurements were made. The mean of these measurements was compared to other biological and endoscopic activity scores: SES-CD for Crohn's disease and Mayo endoscopic subscore for ulcerative colitis. The statistical significance was evaluated using One-Way ANOVA and Independent Samples T Test.
Results. There was a very close and linear correlation between the ARFI result and the SES-CD score ($p<0.001$) and a moderate correlation with the value of the fecal caprotectin ($p=0,018$). In patients with ulcerative colitis we found a significant correlation between ARFI and increased Mayo-ES scores, but without a linear relationship ($p<0.001$), as well as

between ARFI and C-reactive protein and fecal calprotectin, where there was a linear relationship.
Conclusions. ARFI elastography could be a useful tool in evaluating patients with inflammatory bowel disease due to it being a non-invasive, simple and easily tolerated by the patient diagnostic and monitoring test.
Keywords: ARFI elastography, inflammatory bowel disease

PP 17. Gene expression profiles in ulcerative colitis: case to case comparison of endoscopically active versus inactive disease

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Introduction: Multiple cytokines and chemokines related to immune response, apoptosis and inflammation have been identified as molecules implicated in Ulcerative Colitis (UC) pathogenesis. The aim of this study was to identify the differences in the molecular expression of different cytokines and chemokines between inflamed tissue and normal tissue seen on endoscopy in two patients with identical phenotype of UC on the same treatment.
Material and method: We studied two patients with UC on Azathioprine treatment and with identical extension of disease. Biopsy samples from inflamed intestinal mucosa (active UC) and from the region previously inflamed (inactive UC), as well as from areas never affected were taken during colonoscopy. Gene expression was evaluated by PCR array using RT^2 First Strand kit, RT^2 SYBR Green ROX qPCR Mastermix and RT^2 Profiler PCR Array – Human Crohns Disease, Qiagen, USA. Relative expression of eighty-four genes implicated in apoptosis, inflammation, immune response, cellular adhseion, tissue remodelling and mucous secretion was identified.
Results and conclusions: The most important up-regulation was observed for REG1A, REG1B, CHI3L1 genes, with up-regulation being observed for 79/84 genes studied in active UC and only 26/84 in the patient with endoscopic remission. Gene expression profile of active UC was significantly more extended that the profile of inactive UC. For the common expressed genes the quantitative values were significantly higher in active UC versus inactive UC. These preliminary data could represent a starting point for defining molecular remission in UC. Identification of genes implicated in UC pathogenesis could select future therapy targets.
Key words: Pathogenesis, RNA, Ulcerative Colitis
This research was funded by project PN 16.22.03.01 with support of ANCSI through Nucleu programme.

PP 18. Bowel obstruction by a small bowel adenocarcinoma in a patient with known caeliac disease: case report

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Introduction: Malignant neoplams of the small bowel are among the rarest types of cancer, accounting for only 2% of all GI cancers. Known risk factors include Crohn's disease and familial adenomatous polyposis. A recent study published in 2016 that enrolled more than 1000 patients with caelic disease reported that only 4 patients developed small bowel adenocarcinoma over a course of 25 years monitoring. Surgery is the only curative treatment, but this is possible in only 40-65% of cases.
Case report: We present you the case of a 40 years old male patient with known celiac disease that was admitted into our clinic for vomiting, crampy abdominal pain and weight loss. Emergency CT scan reported a small bowel tumor localised inside the first jejunal loop and single hepatic metastasis inside the eighth segment. Push enteroscopy revealed an infiltrative tumor distal to the angle of Treitz on a background of atrophied mucosa due to celiac disease. The histopathological examination established the diagnosis of well differentiated (G1) adenocarcinoma (pT3pN0pM1). A segmental enterectomy with side-to-side mechanical anastomosis and liver metastasectomy were performed. Postsurgery evolution was excellent and the oncology evaluation decided to start the patient on adjuvant chemotherapy with XELOX which was very well tolerated. Surveillance CT scan done 6 months later showed no signs of local recurrence.
Conclusion: A fortunate resolution of a rare, difficult to diagnose complication of caeliac disease.
Key words: celiac disease, adenocarcinoma, small bowel

PP 19. Combined inherited and acquired factors in a pacient with budd-chiari syndrome

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Introduction: Budd-Chiari syndrome (BCS) is a rare disease, defined as the hepatic venous outflow obstruction at any level from the small hepatic veins to inferior vena cava-right atrium junction. A cause can be identified in aproximately 75% of the pacients, the most prevalent being mieloproliferative disorders followed by both inherited or aqcuired hypercoagulable states. Once BCS is diagnosed, long term anticoagulation should be started.
Case presentation: A 34-year-old woman was first admitted to our hospital with a 3 week history of progressive abdominal distension. The transabdominal ultrasound scan revealed ascites, inomogenous liver with left and caudate lobe hypertrophy and absent blood flow in the hepatic veins. The CT confirmed the diagnosis of BCS and anticoagulant treatment was introduced. The etiological workup revealed essential trhombocythemia (JAK2 V617F +) and the prothrombin gene mutation as etiological factors. After a good initial response to anticoagulation and diuretic treatment, the pacient presented a new ascites decompensation, a few months after diagnosis. At that time, spontaneous bacterial peritonitis was confirmed. Later in the course of the disease, the patient presented intense abdominal pain with subocclusive syndrome and the CT scan revealed an intramural ileal hematoma secondary to the anticoagulation, that was treated with conservative treatment. Due to high risk of thrombosis, the anticoagulant treatment was not withdrawn.
Conclusion: The identification of one causal factor of BCS should not preclude the search for other associated factors. Although the anticoagulant therapy might be sufficient in controlling the disease, severe complications should be taken into consideration. Essential trhombocythemia is a less prevalent cause of BCS and a combination of several prothrombotic disorders is only found in one third of the pacients diagnosed with BCS .
Key-words: Budd-Chiari, thrombocythemia, thrombosis.

PP 20. Acute generalized exanthematous pustulosis induced by anti-TNF therapy in Crohn's disease: an unusual case

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Introduction. Cutaneous lesions are the most frequently encountered adverse effects of anti-TNF related therapy, of which psoriasiform reactions are the most common. Acute generalized exanthematous pustulosis (AGEP), originally classified as pustular psoriasis, is a severe cutaneous adverse reaction attributed to drugs in the majority of cases, mostly after antibiotics administration. We here report the first case of acute generalized exanthematous pustulosis in a patient undergoing anti-TNF therapy for Crohn's disease, mimicking a pustular psoriasis-like rash.
Case report. A 29 years-old female, undergoing anti-TNF therapy for Crohn's disease, presented acneiform eczema followed by a generalized pruriginous papular pustular rash, associated with fugacious arthritis and alopecia, 3 weeks after the third infliximab infusion. Histopathology revealed spongiosis, subcorneal pustule, inflammatory infiltrate and eosinophils, consistent with AGEP. Due to clinical resemblance to a psoriasiform rash, we discontinued the Infliximab and the patient was started on topical and oral corticoids with rapid resolution of the symptoms.
Conclusion. Our observation further expands the spectrum of complications associated with anti-TNF therapy.

PP 21. Real life intravenous iron prescription outcomes in hospitalized patients

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Background. Intravenous iron therapy is a valuable tool in the gastroenterologist armamentarium.
Material and Methods. We designed a retrospective study to include all hospitalized patients with iron deficiency anemia in a 6 months' period (October 2016 – March 2017) who received intravenous ferric carboxymaltose or iron sucrose.
Results. We included 44 patients, 29 men (65.9%), with a mean age of 68.7 ± 11.4 years. 27 patients had advanced neoplasia (21 colorectal, 3 gastric, 3 pancreatic). The other 17 patients had non-neoplastic diseases responsible for overt gastrointestinal (GI) bleeding (peptic lesions, colonic angio-dysplasia or diverticular bleeding, hemorrhoids), occult GI bleeding (inflammatory bowel disease, gastric antral vascular ectasia), acute pancreatitis and celiac disease.
Hemoglobin value at admission was significantly lower in patients with overt GI bleeding than in patients with occult GI bleeding (8 ± 1.8 g/dl vs. 9.2 ± 1.7 g/dl, p = 0.037). Hemoglobin value at admission was also significantly lower in patients who also received packed red blood cells transfusions (7.2 ± 1.7 g/dl vs. 9.2 ± 1.6 g/dl, p = 0.011).

The last known hemoglobin value after iron intravenous therapy (before discharge of death) was significantly lower in patients who died than in patients who were discharged (8.6 ± 1 g/dl vs. 10.3 ± 1.5 g/dl, p = 0.02). Excluding patients who died, the discharge hemoglobin levels were significantly higher than the hemoglobin value at admission (10.3 ± 1.5 g/dl vs. 8.9 ± 1.7g/dl, p = 0.0001), for a mean hospitalization time of 11.7 ± 7.5 days. The discharge hemoglobin levels were not significantly higher in patients who received transfusions compared with patients who did not (9.7 ± 1 /dl vs. 10.1 ± 1.6 g/dl, p = 0.561).

Conclusions. Iron intravenous therapy significantly increases hemoglobin levels in hospitalized patients, irrespective of iron deficiency anemia etiology or clinical presentation.

Key words. Iron deficiency anemia, gastrointestinal bleeding, intravenous iron therapy.

PP 22. Inflammatory bowel diseases - focus on extraintestinal manifestations

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Introduction: The presence of extraintestinal manifestations (EIM) in inflammatory bowel disease (IBD) is a common and well known finding. Among these, joint involvement is one of the most frequently associated.

Material and Methods: Using the national database IBD Prospect, we conducted a prospective case-control study that included 325 patients diagnosed with Crohn's disease (CD) or ulcerative colitis (UC). Between these cases, 81 (24.92%) were classified in the group of CD, 242 (74.46%) having UC and 2 cases (0.62%) were classified as having undifferentiated colitis. Among them, 30 patients (9,23%) had EIM including 24 cases of articular manifestations. Regarding joint events, we found 5 cases of arthiris, 10 cases having axial manifestations like sacroiliitis or ankylosing spondylitis and 9 cases of multiple EIM including articular damage.

Results and Conclusions: In both study arms, articular manifestations occupy the first place into EIM (14/17 CD vs 10/13 UC, 82.35% vs 76.92%, p=0.927). Into the group of CD patients, joint manifestations first correlated with the ileo-colonic form of CD (8/14; 57,14%) followed by the colonic involvement (4/14; 28,57%). Into the UC arm, joint damage was associated with an extended colonic involvement (4/10; 40%) followed by proctitis and left side colitis. Both groups of patients with articular manifestations were associated with a moderate form of IBD activity - 10/14 CD vs 5/10 UC (71.43% vs 50%, p = 0.199).

Most patients included in this study and having EIM belong to CD phenotype. Articular manifestations occurred at a higher frequency in patients with CD as compared to those diagnosed with UC. The most common articular manifestation is the axial involvement, followed by peripheral arthritis.

Key words: Crohn's Disease, Ulcerative Colitis, Extraintestinal Manifestations

PP 23. The impact of gastroesophageal reflux disease associated with asthma on sleep and daily socio-professional activities of patients

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Introduction: Gastroesophageal reflux disease (GERD) is recognized as a pathology that can alter quality of patients' lives especially when extradigestive manifestations are present. The patients who experience nocturnal awakening due to GERD symptoms (typical or extradigestive) have an impaired quality of sleep that causes significant daytime distress and impaired social or occupational functioning.

Material and method: A prospective case-control study including 39 patients with poorly controlled or uncontrolled asthma associated GERD was conducted at the Institute of Gastroenterology and Hapatology Iasi, between November 2012-November 2015. The patients were asked if the symptoms of the disease had a negative influence on their sleep (in terms of sleep onset or sleep maintenance insomnia) and on their daily activities.

Results: Of the 39 patients included in the study (56.4% men, 43.6% women, mean age: 51±13.43 years), more than half (53.8%) complained of sleep disturbances and decreased performance at work. Sex distribution of patients revealed a higher prevalence of affected women (p<0.05). Age over 50 years increased the risk of sleep impairment twice (p=0.050). The majority of patients (76.2%) had an urban origin. Behavioral habits (smoking, alcohol or coffe intake) were not significantly correlated with altered sleep (p>0.05). The impact of the disease on patients sleep and daily life was associated with the presence of GERD typical symptoms (57.1% *vs* 22.2%; p<0.05). The comparative analysis of the percentage distributions depending on the presence of esophagitis revealed no statistically significant differences between subgroups (p>0.05).

Conclusions: Asthma associated with GERD had a negative impact on sleep and daily activity of patients, more than half of

studied patients reporting an impaired quality of sleep and socio-professional yield.
Key-words: gastroesophageal reflux disease, asthma, sleep disturbances

PP 24. A Study on the Effect of Statins in Gastro-Duodenal Lesions in patients with Chronic Proton Pump Inhibitor Treatment

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Background: Experimental studies performed on rat models show a dose-dependent protective effect of statins against gastric lesions caused by NSAIDs and Aspirin. In humans, this gastroprotective effect is not clearly established.
Aim: To determine whether statins offer a gastroprotective effect in patients with gastrotoxic drug consumption or a background of premalignant risk factors.
Methods: A series of 564 patients who underwent upper endoscopic examination for dyspeptic symptoms or anemia, or were screened prior to a major cardiovascular intervention, were recruited. We analyzed the correlation between gastro-toxic medication (NSAIDs, low-dose Aspirin, clopidogrel, or anticoagulants), *Helicobacter pylori* infection, and the severity of endoscopic gastric lesions in patients with (n = 222) or without (n = 342) statin treatment. We registered drug exposure, symptoms, smoking and alcohol consumption, and other comorbidities. A total number of 295 patients received chronic treatment with proton pump inhibitors (PPI) due to previous gastric pathology or chronic gastrotoxic medication.
Results: Patients with chronic PPI and low-dose Aspirin treatment, who received statin therapy, had a lower incidence of mild or severe endoscopic lesions compared with patients who received only PPI and Aspirin. The gastroprotective effect of statins against mild or severe endoscopic lesions was statistically significant (p = 0.04; OR = 2.24; 95% CI 1.07–4.71). Statin therapy had no protective effect against other risk factors for severe endoscopic lesions such as *Helicobacter* infection (p = 0.07) or other gastrotoxic drugs, and it did not reduce the incidence of premalignant lesions in patients with premalignant risk factors such as smoking (p = 0.84) or *Helicobacter* infection (p = 0.35).
Conclusions: In studied population, statin treatment seems to have a gastroprotective effect against mild or severe endoscopic lesions in patients with chronic PPI and low-dose Aspirin therapy, but it did not reduce the incidence of premalignant lesions.
Key words: statins, gastric lesions, antiplatelet therapy.

PP 25. A difficult to treat patient with left-sided ulcerative colitis and recurrent Clostridium difficile infection

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Introduction: Increasing incidence and severity of Clostridium difficile infection (CDI) in IBD patients has been recently reported, as well as the risk for the development of severe recurrent infections. Antibiotics and immunomodulators used for the management of IBD may represent triggers for CDI.
Case report: A 50-year-old woman previously diagnosed with left-sided ulcerative colitis has been free of symptoms for the last four years under immunosuppressive therapy (Azathioprine) and mesalazine. Prior the admission she presented bloody diarrhea, fatigue, weight loss, productive cough, and yellowish sputum. She was treated with ciprofloxacin for respiratory complaints but the symptoms got worse. Laboratory showed mild anemia, elevated ESR and CPR levels, normal thrombocyte levels, and positive C. difficile toxin A. Colonoscopy revealed signs of active colitis up to the splenic flexure without pseudomembranes. A treatment with mesalasine, Prednison, vancomycin (125 mg every 6 h) and metronidazole (500 mg every 8 h) was prescribed but due to the worsening of symptoms the patient's compliance was poor and she stopped oral therapy on day 7. After an initial undetectable level of C. difficile, toxin A was found positive on reevaluation. The patient's clinical and biological status progressively worsened presenting bloody

diarrhea (7-9 bloody stools per day), emesis and severe weight loss. Laboratory findings showed hypoalbuminemia, hypocalcemia, hypopotasemia and iron deficiency anemia. Treatment with vancomycin (250 mg every 6 h) and parenteral metronidazole (500 mg every 8 h) was started in addition to intravenous steroids and mesalazine. Parenteral feeding and electrolyte replacement were added. However, after three weeks of therapy with tapered vancomycin regimen, platelets level suddenly declined from 196,000 /mm^3 to 18,000/mm^3. Therefore, vancomycin was discontinued and the patient remained on corticosteroids and mesalazine with a steady improvement of clinical and biological parameters.

Conclusion: The case showed the difficulties in management of a patient with UC and recurrent CDI especially when the compliance for the treatment is poor. Possible adverse events such as vancomycin-induced thrombocytopenia should be considered and the treatment should be tailored accordingly.

Key words: C. difficile, ulcerative colitis, treatment

PP 26. Real life experience with DAA's in resource limited settings

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Backgrounds & Aims: In era of direct-acting antiviral (DAA) for chronic hepatitis C, the Romanian National Health System is struggling to combine a safe, but cost-effective regimen to obtain sustained virologic response (SVR) for patients with compensated advanced liver disease (cALD). Currently, the only DAA regimen available in our country is Viekiera-pak for 12 or 24 weeks. In the light of the new Viekiera-pak's "black box" warning for acute on chronic hepatic failure (ACLF) is essential to identify patients with high risk of ACLF.

Methods: We analyzed all patients with cALD approved for treatment in our center, with a focus on causes of decompensation or treatment interruption due to adverse events.

Results: One hundred and eighty four patients were included (59(38-84) years, 49,5% males) since December 2015. At baseline, all patients were compensated ChildAcirrhotics, with no episodes of previous decompensation. By June 2016, 13 (7%) already finished therapy, 100% achieving SVR12. 7 patients (3.8%) interruptedtherapy, 5 (2.7%) with decompensation. The causes for decompensation were: ACLF (3 patients), stroke (1 patient), rash (1 patient), variceal bleeding (2 patients). Two patients (1.08%) died.

Decompensated patients had at baseline significantly lower platelets count (p=0.006) and Albumin(p=0.024), higher ALT (p=0.022), GGT (p=0.016), INR (p=0.007) and liver stiffness (p=0.05). Also, all patients with decompensation had PLT<150.000 (p=0.027), LS>20kPa (p=0.018) and 4/7 also had varices (p=NS). Combination of low PLT and increased LS had the strongest association with decompensation (p=0.004). In multivariate analysis, however, none of the above variables was independently associated with decompensation.

Conclusions: The real life experience in a tertiary Romanian center with ritonavir/paritaprevir/ombitasvir and dasabuvir regimen with RBV shows excellent virologic response, but also significant (3.8%) adverse events and not negligible (1%) mortality. Although none of variables was independently predicted decompensation,low platelets and increased liver stiffness seem to be indicators of bad outcome.

Key words: chronic hepatitis C, direct-acting antiviral, acute on chronic hepatic failure.

PP 27. Non-variceal digestive hemorrhage-etiologic spectrum and clinical-diagnosis correlation

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Introduction: Gastrointestinal bleeding (GIB) is one of the most common emergencies in gastroenterology and it is also a major cause of mortality which requires complex therapeutical approach. Establishing the seat of bleeding represents a mandatory step in guiding the etiology and therapeutic behaviour.

Aim: To identify the etiologic spectrum and clinical forms of presentation of non-variceal GIB.

Material and method: We performed a retrospective descriptive study which included patients with non-variceal GIB hospitalized in Section II of The Institute of Gastroenterology and Hepatology Iasi between 1 January - 31 December 2016. The patients were etiologically investigated (upper GI endoscopy, colonoscopy, enteroscopy, video capsule endoscopy, CT) with biologically documented anemic syndrome (Hb, Ht, RBC indices, reticulocyte, iron status - sideremia, ferritin).

Results: The study included 366 patients with post-gastrointestinal bleeding anemia, with a mean age of 52.5 years (range between 18-92 years) and predominantly female (196-53, 5%). The forms of clinical manifestation at the time of presentation were hematemesis (83- 22.6%), melena (110-30%), hematemesis and melena (64- 17.48%), hematochezia (41-11.2%) and rectorrhagia (68- 18.5%). Of the total, 234 (64%) of the patients were submitted for upper gastrointestinal bleeding (UGIB), 132 (36%) for the lower GI hemorrhage (LGIB). In the study group, most common sources of non-

variceal UGIB were: peptic ulcer (66 - 28%), Mallory Weiss syndrome (53 - 22%), esophagitis (21 - 9%), hemorrhagic gastritis (28 - 12%), gastric cancer (33 - 14%), esophageal cancer (26 - 11%) and gastric submucosal tumor (7 - 3%), and the more common causes of LGIB were: colon cancer (29 - 22%), hemorrhoidal disease (38 - 29%), intestinal angiodisplazia (9 7%), intestinal diverticula (32 - 24%) and inflammatory bowel disease (24 - 18%). Although in most cases there was a correlation between the expression of GIB and location of the lesion (92% of cases of melena have source in the upper digestive system and 97% of patients with hematochezia showed the source of bleeding in the lower digestive system), justifying the choice investigations, there were atypical cases, in which the etiologic diagnosis was established after several stages of exploration.

Conclusion: The manner of expression is generally orientative for the location of injury, in some cases the accurate etiological diagnosis require supplementation of the first-intention explorations, according to a validated algorithm.

PP 28. Challenges in eligibility assessment for direct acting-antiviral therapy in patients with chronic hepatitis C

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Introduction: With the introduction of direct acting antivirals in the therapeutic armamentarium of hepatitis C (HCV), policy makers have set criteria for treatment eligibility. In Romania, in 2016, the combination of ombitasvir/paritaprevir/ritonavir and dasabuvir was reimbursed for F4 fibrosis on liver biopsy/Fibromax. Our aim was to assess treatment eligibility and discordance between serological, elastometric and imaging evaluation of fibrosis in a cohort of patients with HCV.

Methods: We evaluated both newly diagnosed and previously known HCV patients with advanced fibrosis, from our database, during a period of 7 months, between November 1st, 2015 and May 31st, 2016. Clinical, biological, ultrasound, elastography and endoscopy data were collected.

Results: Altogether 146 patients were assessed for treatment eligibility. Among them, 61% were females, with a mean age of 60 ± 8 years. Regarding treatment status, 52.5 % were naive, 27.4% nonresponders, 17.81% relapsers and 2.74 % intolerant to bitherapy. 54.8 % had elevated alpha-fetoprotein and were checked by advanced imaging for exclusion of hepatocellular carcinoma (HCC) – of them, 8 were diagnosed with HCC. On ultrasound, almost 1/2 patients had dilated splenoportal axis and at endoscopy 42% had esophageal varices. Transient elastography (Fibroscan) was done in 88/146 patients: 82.95% were F4, 1.14% F3-F4, 9.09% F3 and 6.82% <F3. 125/146 underwent biomarker evaluation of fibrosis: 78.4% were F4, 3.2% F3-F4, 11.2% F3 and 7.2% <F3; 1/5 patients had significant steatosis (S≥2). On discordance analysis of the fibrosis evaluation methods, 7 cases had low fibrosis on serum markers but advanced fibrosis on elastography; 4 of them were approved for treatment after considering additional evidence of portal hypertension, anteriority of severe fibrosis or comorbidities. In our cohort, 8/10 patients were elligible for treatment. All had genotype 1b, except for 2 patients (one G2 and the other G3) and the mean viremic load was 1812994 UI/ml. Reasons for ineligibility were: HCC (8/146), decompensation (9/146) and <F4 fibrosis without arguments for cirrhosis or contraindication for interferon treatment.

Conclusions: In our cohort, there was a high rate of patients meeting eligibility criteria. The great number of naive patients reflects a low acceptance rate for IFN-based therapy and late diagnosis of infection. There was little disconcordance between the noninvasive methods of fibrosis staging in our group.

PP 29. *Clostridium difficile* infection in a gastroenterology department

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Background: *Clostridium difficile* infection (CDI) increases mortality rates, incidence and disease severity in hospitalized patients worldwide and has become a dreaded nosocomial pathogen. Apart from antibiotic use, other risk factors such as advanced age, use of proton pump inhibitors (PPI), multiple comorbidities, previous hospitalizations, inflammatory bowel disease (IBD), and liver cirrhosis are being recognized. The aim of this study was to assess the incidence and risk factors of CDI in our centre.

Material and Methods: We retrospectively analysed data on patients admitted to Institute of Gastroenterology and Hepatology Iasi, whose stool samples were tested for *Clostridium difficile* (*C. difficile)* toxins between January 2011 and December 2015. Demographic data, clinical characteristics and risk factors (antibiotic use, underlying malignancy, corticosteroids, and use of PPI) were reviewed. CDI was considered hospital-acquired if onset of symptoms occurred

more than 48 hours after admission, and community-acquired if symptom onset occurred in the community or within 48 hours of admission to our department.

Results: During the study period we identified a number of 280 patients diagnosed with CDI. Among them, 105 (37.5%) patients had liver cirrhosis, 55 (19.7%) IBD, 13 (4.64%) acute pancreatitis, 12 (4,29%) bleeding peptic ulcers, 22 (7.86%) gastrointestinal neoplasia.

The latter (26%) had other comorbidities like cardiovascular, renal, and pulmonary disease. The annual incidence of CDI in our center increased from 1.07% in 2011 to 35% in 2015. Risk factors for CDI were: previous antibiotic use (OR=1.77, CI=1.095-2.889; p=0.019), use of proton pump inhibitors (OR=1.21, CI= 1.070-1.376; p=0.001), prior hospitalizations (OR 1.54, CI 1.252-2.163; p<0.0001), and antibiotic use in hospital (OR 9.61, CI 4.643-19.893; p<0.0001).

Conclusion: CDI in patients admitted in a gastroenterology department is a serious life-threatening infection and should be treated aggressively with close clinical follow-up. Antibiotic use, previous hospitalizations, and use of proton pump inhibitors represent risk factors for CDI.

Keywords: *Clostridium difficile* infection, incidence, risk factors, comorbidities.

PP 30. Taking a chance: endpoints in anti-tnf therapy for inflammatory bowel disease patients

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Background: Currently, objective criteria for safely prescribing biological therapy are available, although it is unclear the endpoint of treatment. Little is known about the optimal duration of therapy with an anti-tumor necrosis factor (TNF) agent for patients with inflammatory bowel disease (IBD).

The aim of this study was to assess the median duration of biological treatment in IBD patients in a tertiary center.

Material & Methods: We performed a retrospective study including 315 patients diagnosed with IBD at the Institute of Gastroenterology and Hepatology in Iasi, Romania, between January 2012-December 2015. Demographic data and clinical characteristics were reviewed.

Results: The study population included 315 IBD patients (mean age 45.5±15.3 years), predominantly male patients (55.9%). A total of 234 (74.3%) were diagnosed with ulcerative colitis (UC) and 81 (25.7%) with Crohn's disease (CD). The study group consisted of predominantly left-sided colitis (56%) and colonic CD cases (35.8%). Almost a quarter of the patients (23.8%) received biological therapy during the study period. The subgroups included 40.7% CD patients and 17.9% UC colitis patients (p<0.0001). Infliximab was administered in 52.3% of patients with UC compared with 9.1% in CD patients, and Adalimumab was initiated in 90.9% of patients with CD compared with 47.6% in UC patients (p<0.001). All patients obtained remission after 6 months of treatment and 6.6% of patients received biological therapy less than one year. The majority of patients had prolonged biological treatment with a maximum duration of 5 years. The median duration of treatment was 2.89±1.31 years. In our study 18.7% of patients stopped the treatment after a mean duration of 2.7±1.38 years. The main reasons for stopping the treatment were: acute pyelonephritis, tuberculosis, pregnancy, loss of response and patient's demand.

Conclusion: In our study the majority of patients received prolonged anti-TNF therapy for more than 2 years. Deciding when and which patient is candidate for stopping biological therapy without any risk of relapse or complication remains a future challenge.

PP 31. Synchronous colon cancer (hepatic angle and cecum) and primary prostate cancer - case report and literature review

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Introduction: Multiple malignant primitive tumors are a reality in oncology and they reflect the immune system's disruption by external factors in genetically predisposed individuals. If synchronous colon neoplasm is found in 2-8% of patients, an association between prostate cancer and primitive colon cancer is very rare.

Material and methods: Patient P.V., 71 years old, with a history of family neoplasia (mother - pancreatic cancer, sister- right colon cancer, another sister- synchronous cancer of the splenic and hepatic angles and metachronous cancer of the sigmoid) is admitted for the investigation of a severe iron deficiency anemia (Hb= 5g/dl). Colonoscopic examination revealed the presence of two synchronous colon tumors of the hepatic angle and cecum. Thoracic-abdominal-pelvic CT scan with contrast does not identify locoregional or distant metastasis; it describes an enlarged homogeneous prostate. Tumor markers such as CEA, AFP, CA19-9 are in the normal range, only the value of PSA is four times above the normal limit. Curative right colectomy was performed and the post-operative clinical and

biological assessment did not impose adjuvant therapy. A two month post-operative scintigraphy revealed multiple bone metastasis and a prostate biopsy confirmed the diagnosis of diffuse prostate cancer.
Results: We present the case of a 71 year old patient, with neoplastic risk factors (neoplastic family history) diagnosed with synchronous colon cancer and primitive prostate cancer during the investigation of a severe iron deficiency anemic syndrome. In the specialty literature, the association between prostate and rectal cancer is described most frequent after pelvic radiotherapy and is less simultaneous. The association between prostate cancer and colon cancer is extremely rare, only a few cases were cited.
Conclusions: multiple malignant tumors can exist in the same patient. Biological, clinical and imagistic assessment must be performed thoroughly in any oncological patient.
Keywords: synchronous colon cancer, prostate cancer, iron deficiency anemia

PP 32. Hepatitis C virus infection a possible reversible cardiovascular risk factor in cirrhotic patients after viral eradication?

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Introduction: Chronic hepatitis C infection is a systemic disease, and it is to be considered nowadays a new cardiovascular risk factor due to its proatherogenic effects on the vascular endothelium and metabolic alterations.
Aim: The aim of this study was to evaluate the role of hepatitis C virus (HCV) as a proatherogenic cardiovascular risk.
Methodology: We conducted a prospective study between January 1st 2016 to January 31, 2017, in a tertiary center, in which we included patients with compensated HCV cirrhosis treated with direct acting antivirals compared with a lot of subjects with no hepatic disease matched for age, sex and comorbidities. The study group included 40 patients with compensated HCV cirrhosis, aged between 55 and 73, with 4 cardiovascular risk factors (dyslipidemia, hypertension, sedentariness, obesity). The control group included 30 patients with the same 4 cardiovascular risk factors. The patients were completed evaluated according to the national protocol, concomitant we assessed the intima media thickness (IMT) and the ankle arm index (AAI) as markers of subclinical atheromatosis.
Results: At the baseline the study group registered higher values of IMT compared with the control group (0.98 ± 0.4 vs. 0.92 ± 0.28, P=0.001). After the sustained viral response the IMT and AAI was reduced in only 4 (10%) of the patients and the lipid profile was improved in 27 (65%) subjects. In the control group the IMT was inversely correlated to the lipid profile values. A statistical correlation was seen in the study group between high values of IMT (0.97 ± 0.33) and the value of AAI.
Conclusion: An increase of incipient carotid atherosclerosis and peripheral arterial disease was observed in case of patients with HCV cirrhosis compared to subjects without hepatic disorders and improvement of the IMT, AAI and lipid profile confirming the proatherogenic and the possible reversibility of the atherosclerotic lesions after antiviral treatment.
Keywords: Hepatitis C virus, cardiovascular risk, viral eradication

PP 33. A retrospective study of bacterial infections in patients with alcoholic liver cirrhosis

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Introduction: Patients with alcoholic liver cirrhosis are at increased risk of developing bacterial infections, sepsis and death due to an innate and adaptive immune dysfunction. The aim of this study was to determine the prevalence, localization and etiology of bacterial infections in patients with alcoholic liver cirrhosis.
Materials and methods: We conducted a retrospective study including patients with clinically and/or histologically confirmed alcoholic liver cirrhosis, hospitalized in our gastroenterology and hepatology department between 2014 and 2016. Demographic (age, sex), clinical characteristics and laboratory findings were collected from medical records. Standard criteria were used to define all specific types of infections.
Results: 140 patients were included: male/female: 122/18; mean age = 55.92 (SD = 7.96). The prevalence of bacterial infection was 34.28%. The most frequent infections were: urinary tract infection (37.5%) and pneumonia (31.25%) followed by spontaneous bacterial peritonitis (18.75%), sepsis (8.33%) and cholangitis (2.08%). In one case, the location of infection remained undetermined. Only 3 cases were acquired in the healthcare settings. The most common species were gram negative bacteria. The mortality rate was 8.33% (septic shock – 1 case; renal failure – 3 cases).
Conclusions: In our study, the prevalence of bacterial infections in patients with alcoholic liver cirrhosis was 34.28%. Early diagnosis, proper antibiotic treatment and supportive measures are necessary to decrease the morbidity and mortality rate.
Keywords: bacterial infection, alcoholic cirrhosis

PP 34. Occult gastrointestinal bleeding due to colonic phlebectasias

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Introduction: phlebectasias or venous ectasias are rare benign vascular abnormalities of the gastrointestinal tract. They are vascular malformations, usually asymptomatic, with an abnormal endothelial lining, the causes and etiological factors responsible for their occurrence are not clear yet.
They may clinically express as gastrointestinal hemorrhage, varying from mild to massive. On endoscopy the lesions appear as bluish submucosal lesions, with a nodular, sometimes polypoid or rarely tumor-like appearance.
We present a case of a 78 year-old-man, who presented with occult gastrointestinal bleeding and a hemoglobin level of 8,4 g/dl, with a history of coronary artery disease and coronary artery stent placement (on clopidogrel chronic treatment); colonoscopic images revealed multiple phlebectasias of entire colonic wall.
The patient has been managed conservatively, treated with oral iron supplements, without further evidence of anemia.
Key words: anemia, colon, phlebectasias.
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PP 35. Post non-variceal gastrointestinal hemorrhagic anemia - premises for improving clinical and therapeutic efficiency

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Introduction: Gastrointestinal bleeding represents an important chapter of digestive pathology, through the clinical consequences, high frequency in hospitalized cases, medical resources and the socio-economic impact in the workforce.

Aim: To study the therapeutic approach in cases of post-non-variceal gastrointestinal bleeding anemia as a prerequisite for clinical optimization and resource efficiency in the hospital.
Material and method: We retrospectively studied patients with post-non-variceal gastrointestinal bleeding anemia (manifest non-variceal UGIB and LGIB), hospitalized in Section II of The Institute of Gastroenterology and Hepatology Iasi between 1 January - 31 December 2016. Patients were etiologic investigated (upper GI endoscopy, colonoscopy, enteroscopy, video capsule endoscopy, CT) with biologically documented anemic syndrome (Hb, Ht, RBC indices, reticulocyte, iron status - sideremia, ferritin). We analized the therapeutic conduct in relation to the individual clinical factors (the degree of anemia, associated pathology) and also the choice of the administration forms of iron preparations, correlated with the improvement of the biological parameters and length of hospitalization.
Results: The study included 366 patients with post-haemorrhagic anemia, aged 18-92 years, with predominance of females (196 - 53.5%). For 72 patients (19.7%) were required transfusions (whole blood or packed red blood cells), 138 (37.7%) received intravenous (IV) iron preparations in the form of iron-sucrose complex (102 - 27.8%) - the dose was according to the calculated required iron, or ferric carboxymaltose (36 - 9.8%) - according to the schedule of the product administration, and 156 patients (42.6%) received orall iron preparations. The mean value of hemoglobin at admission throughout the study group was 8.3 ± 2.1 g/dl, with significantly lower value in the group of patients requiring transfusion, respectively without significant differences between the groups of patients to whom were administered iron preparations; mean hemoglobin value after discharge was 11.4 ± 1.1 g%, with no significant differences between groups. The average length of hospitalization was: 12 ± 2 days in the patients who required transfusion, 5 ± 2 days in the ferric carboxymaltose group, 11 ± 2 days in the group with iron-sucrose complex.
Conclusion: Most patients with post-hemorrhagic anemia (non-variceal UGIB and LGIB) required parenteral iron preparations, the form of carboxy-maltose ferric being associated with shorter duration of hospitalization, a more rapid achievement of Hb fulfilling the clinical criteria of discharge. A minority of patients required blood transfusions, in their cases the longer hospitalization being explained perhaps by the gravity of GIB and associated pathology.

PP 36. Multifactorial analysis of the costs of diagnosis procedures and treatment in IBD patients

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Background: Inflammatory bowel diseases (IBD), including Crohn's disease (CD) and ulcerative colitis (UC), are chronic disabling disorders associated with great healthcare resources consumption. The aim of this study was to assess, describe and compare the costs of diagnostic investigations and treatment in the first years after diagnosis of IBD in patients from two Romanian medical centers.
Methods: This retrospective study includes the patients admitted and diagnosed with IBD in Fundeni Clinical Institute (FCI) and Clinical Emergency Hospital (CEH) in Bucharest, Romania, between 01.2015-12.2016. Demographics, clinical data, hospitalizations, medical and endoscopic therapy, surgeries and nutrition and their correspondent costs were collected and analyzed.
Results: Mean annual costs for CD and UC regarding hospitalization were around 10.000 RON for conventional drugs treated patients and 150.000 RON for biologics-treated patients, as the costs for infliximab during the first year after induction were higher than for adalimumab. Most of the patients who required surgical treatment were amongst those with CD and the mean duration of stay of 14 ± 4 days. The costs for a surgical intervention in the FCI and CEH are approximately 10.000 RON and 8.500 RON, respectively. Enteral nutrition (Modulen) for a patient with IBD during flares requiring a mean caloric supplementation of 1000 kcal/ day would be 1 828 RON/month.
Conclusions: Patients with CD utilised more healthcare resources than UC patients, and they were treated more frequently with immunomodulators and biologicals. Despite the advances in medical therapy through biological agents, surgery is still necessary for an important proportion of the patients with IBD, especially with CD. IBDs early onset, chronic lifelong evolution and treatment make them very expensive diseases from the point of view of directs costs. Indirect costs are also important and can even exceed direct costs, as it affects mainly young people in their most economically productive period of life, but such studies have not yet been conducted in Romania. A prospective study is really needed for assessing the multifactorial analysis.
Key words: inflammatory bowel disease, costs, treatment

PP 37. Endoscopic management in chronic pancreatitis

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Introduction: Chronic pancreatitis is a syndrome characterized by inflammation, fibrosis, and loss of acinar and islet cells. The syndrome can produce symptoms (pain) and, with sufficient tissue destruction, exocrine or endocrine insufficiency. Endoscopic therapy of chronic pancreatitis aims at relieving pain. Most nonsurgical interventions for pain in patients with chronic pancreatitis aim at relieving outflow obstruction of the main pancreatic duct.
Methods: The study included 12 patients with symptomatic chronic pancreatitis (chronic abdominal pain), diagnosed and treated in the Clinical Emergency Hospital in 2016. Plastic pancreatic stent placement was used to facilitate the outflow in the main pancreatic duct, to relieve pain and therefore improve the patient's quality of life.
Results: For the majority of the studied patients (9 patients), the evolution was good and partial or complete pain relief was registered. Larger stents (>8.5 Fr) were associated with better pain relief and with lesser complications. In 3 cases, stent migration (2 patients) and the occlusion of the stent (1 patient) were noted, but with a new procedure and placement of new stents, the patient's evolution was good.
Conclusions: Placing plastic pancreatic stents for a one-year period is a safe procedure, allowing patients to avoid surgical treatment and improve their quality of life.
Key words: Chronic pancreatitis- duct obstruction- stent placement.

PP 38. Seronegative autoimmune cholangitis and hepatitis – case series – the hypothesis of a continuous spectrum between sclerosing cholangitis and autoimmune hepatitis

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Autoimmune liver diseases are chronic conditions of unclear etiology, with a pathogenic mechanism partly due to an abnormal immunological response to self antigens. Autoimmune liver disorders encompass autoimmune hepatitis, primary sclerosing cholangitis, primary biliary cholangitis, that are distinguishable on clinical, biological, radiological and histological characteristics.
We present a case-series of autoimmune liver diseases with a review of the literature, that manifested in patients of different age groups, who presented with overlap syndromes or drug induced autoimmune hepatitis, with difficulty in diagnosis due to negative immunoserology, often necessitating histologic confirmation. 15 cases have been reported in our clinic during 2016-2017 having such particularities: negative serologies, absence of known trigger factors (herbals, medications, etc),

with the need of liver biopsy in order to have a correct diagnosis and therapy.
More than 100 clinical trials, case-reports, experimental trials have been used to create an accurate image of a probable emergent clinical phenomena: an increase in the incidence of cases of autoimmune cholangitis, autoimmune hepatitis with negative usual serologies (ANA, ASMA, pANCA, AMA).
Further research is needed to complete the picture of such a clinical entity. Our experience also demonstrates that we have to give up in certain cases to therapy stereotypes (immunosupression only/UDCA only). It seems that the border between autoimmune hepatitis and cholangitis is very thin.
Keywords: autoimmune liver diseases, overlap syndrome, immunoserology, liver biopsy

PP 39. A rare cause of acute-on-chronic liver failure in a patient with secondary Budd-Chiari syndrome due to hepatocellular carcinoma

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Background: Liver cancer is the second leading cause of cancer death in men worldwide. Here, we report a case of a very uncommon association of Budd-ChiarI syndrome secondary to hepatocellular carcinoma (HCC) and acute-on-chronic liver failure.
Case presentation: A 35-year-old male recently diagnosed with advanced liver diseases (suspicion of alcoholic cirrhosis) presented severe decompensation manifested by ascites, jaundice and hepatic encephalopathy. During the diagnostic workup the CT scan showed massive thrombus extending through the hepatic veins (Budd-Chiari syndrome) into inferior vena cava, right atrium, external iliac veins and left femural vein. The etiological workup revealed elevated serum alpha-fetoprotein level and the patient had positive IgM for hepatitis E virus infection. Shortly after admission, the patient further complicated by uncontrolled variceal bleeding and died. HCC and histological lesions of Budd-Chiari syndrome was confirmed by postmortem pathological examination. Interestingly, cirrhosis was excluded in the unaffected parenchyma.
Conclusions: The final diagnosis of secondary Budd-Chiari syndrome due to HCC and acute-on-chronic liver failure due to acute hepatitis E infection represent a very uncommon and particular association.
Key words: Budd-Chiari syndrome, hepatocellular carcinoma, acute-on-chronic liver failure

PP 40. Mucosal healing and quality of life in patients with ibd – results of an observational cohort study

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Introduction: Mucosal healing (MH) is one of the main treatment goals in inflammatory bowel disease (IBD), leading to lower hospitalisation and surgery rates and to long-term clinical remission. From the patient's perspective, treatment outcome can be evaluated by using various quality of life scoring systems. Our aim was to prospectively assess both subjective and objective disease activity parameters and to establish their utility in monitoring treatment response.
Materials and methods: We conducted a prospective observational study on a cohort of Crohnțs disease(CD) and and ulcerative colitis (UC) patients at Colentina Hospital. Disease activity was evaluated using the Mayo and CDAI scores for clinical activity, the Mayo and SESCD scores for endoscopic activity and C-reactive protein levels. Quality of life was assessed using the Short Inflammatory Bowel Disease Questionnaire (SIBDQ). We prospectively followed-up patients at 12 months intervals and aimed to establish an association between MH and quality of life changes.
Results and conclusion: 155 patients were enrolled in our study (62 CD, 93 UC) and were followed for a median length of 1 year, totaling 323 study visits. The percentage of patients with MH increased at follow-up (16% at first visit, 29% at second visit, 39% at third visit,$p<0,001$) and quality of life scores improved as well (4.5 at first visit, 5.1 at second visit, 5.4 at third visit). SIBDQ scores were significantly higher for patients in clinical remission (4.2 disease activity vs. 5.4 clinical remission, $p<0.05$) and for those with MH (4.7 endoscopic activity vs. 5.3 MH, $p<0.05$).
In conclusion, in our cohort we found a good correlation between objective and subjective disease activity parameters, suggesting the utility of non-invasive methods such as SIBDQ score for monitoring disease activity in IBD patients.
Keywords: mucosal healing, quality of life, prospective study

PP 41. Nutritional imbalances in patients with seronegative villous atrophy

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Introduction: Although celiac disease (CD) is considered the prototype of villous atrophy and malabsorption, celiac-type enteropathy with negative CD serology can be found in various clinical situations. Our aim was to asses nutritional deficiencies in a cohort of patients with seronegative villous atrophy (SNVA).
Patients and methods: We evaluated 38 adults with SNVA admitted to "Dr. Carol Davila" Central Military Emergency University Hospital Bucharest during 2014-2017 and compared them with a control group of 37 adult CD patients. Demographic, clinical and paraclinical data were recorded.
Results: Mean age was similar among the two groups, while female gender was predominant in the CD group (67.57% vs. 52.63%).
The SNVA group consisted of: peptic injury (5), Giardia (12), Crohn's disease (9), eosinophilic enteritis (1), hypogammaglobulinemia (6), small intestinal bacterial overgrowth (2) and seronegative CD (3).
Weight loss and chronic diarrhea were more frequent in the SNVA group compared to CD (34.21% vs. 18.92%, p=0.192 and 47.37% vs. 32.43% respectively, p=0.24), but this could be due to the high proportion of atypical and silent/screen-detected CD (62.16%). Mean BMI was similar between the two groups – 21.59 vs. 22.37, p=0.304. Anemia was more prevalent in the CD group (56.76 vs. 26.32%, p=0.01) and mean hemoglobin values were also lower in CD patients (11.96 vs. 13.24, p = 0.0063). There was no significant difference regarding prevalence of hypocalcemia, hypomagnesaemia and hypoalbuminemia in the two groups.
Conclusions: SNVA patients were more symptomatic compared to CD controls. Nutritional imbalances were not so pronounced in our study cohort of SNVA, compared to CD patients.
Keywords: seronegative villous atrophy, nutritional, deficiency

PP42. The HCV compensated cirrhosis prevalence in Romania: new epidemiological data

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Introduction: The most recent epidemiological data regarding HCV infection in Romania are from 2008 [1]. From December 2015 to October 2016, 5891 HCV compensated cirrhotic Romanian patients received DAA treatment consisting of Paritaprevir/Ombitasvir/Ritonavir and Dasabuvir with Ribavirin. The aim of this study is to report new data regarding the prevalence of HCV compensated cirrhosis in Romania using the results of the last Romanian census [2].
Methods: We conducted a prospective, longitudinal cohort study using data from National Health Agency. The only inclusion criteria in this study was the HCV compensated cirrhosis diagnosis (Child-Pugh score≤6). The following additional data were taken into account: address (county), age, sex, Fibromax test, comorbidities and simultaneously treatment.
Results: This cohort was 51% females, mean age 60 years (25÷82), 67% pre-treated, 70% associated NASH, 67% with severe necro-inflammatory activity (severity score 3-Fibromax), 37% with co-morbidities, 10.4% with Child Pugh A6. The median MELD score was 8.09 (6 ÷ 17). Most of the subjects (75%) were in the 6th and 7th age decade. The highest prevalence was encountered in Bucharest ($61,3/10^5$), Bihor ($47/10^5$), Iasi ($46/10^5$) and Constanta ($43/10^5$), and the lowest one was in Ilfov ($2,8/10^5$), Harghita ($3,7/10^5$), Covasna ($5,4/10^5$) and Maramures ($8,8/10^5$) ($p<0.001$). If we take geographical regions into account, the following data were found: Muntenia and Dobrogea ($37/10^5$) have the highest prevalence, followed by Banat, Crisana ($34/10^5$) and Moldavia ($31/10^5$) and the lowest one is encountered in Maramures ($9/10^5$) and Transylvania ($19/10^5$) ($p<0.001$).
Conclusions: There are significant differences regarding HCV compensated cirrhosis distribution along Romanian territory, the highest rates being found in Bucharest, Bihor, Iasi and Constanta. On geographical region distribution, Muntenia, Dobrogea, Banat, Crisana and Moldavia had the highest endemic rates. These data can be very useful for future screening programs.
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PP43. Compliance to iterative calprotectin testing in inflammatory bowel disease patients

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Aim: We prospectively investigated the level of compliance with faecal calprotectin test in inflammatory bowel disease patients.
Methods: All consecutive adult inflammatory bowel disease patients having been prescribed an faecal calprotectin test since January 2016 were included. They been instructed about calprotectin importance to the follow up and the necessity of bringing the test. At their next visit to the hospital, patients had to return a stool sample for the faecal calprotectin test and to answer to a simple questionnaire: 'Have you brought a stool sample as required? If not, why not? If so, did you encounter any difficulties when collecting the sample?
Results: Thirty-one patients were included (16 men; 17 patients with Crohn's disease). The range age was 19 years (19–69).
Seventeen patients (54%) had performed the faecal calprotectin test. Of the 14 patients who did not take the test, the prime reasons for non-compliance were forgetfulness (7), constipation (2), refuse to handle faeces (2). In three patients difficulties collecting the stool sample were the main reason of failure (laboratory refused the vials that contained more material than needed).
Conclusion: Only half of the patients performed the faecal calprotectin test. The main reason for non-compliance was forgetfulness. We believe that there is a need for better patient education on the paramount importance of the faecal calprotectin testing in monitoring IBD.

PP 44. No HBV reactivation and no liver decompensation occurred in patients with compensated liver cirrhosis and HBV+HCV co-infection treated with Paritaprevir/ Ombitasvir /r, Dasabuvir with Ribavirin

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Background: Paritaprevir/Ombitasvir/Ritonavir, Dasabuvir with Ribavirin showed very good results in terms of efficacy in real life in Romania in treating compensated liver cirrhosis (1), reaching 99.5% response rate. Data regarding safety and efficacy of this therapy in HBV coinfected patients are lacking. However, HCV-specific DAA are not effective for HBV, which may be suggestive of possible occurrence of HBV reactivation during IFN-free direct-acting antiviral agents (DAA) therapy (2).
Material and methods: From a national prospective cohort enrolling 2070 Romanian patients with virus C compensated liver cirrhosis who received reimbursed DAA with Paritaprevir/Ombitasvir /r, Dasabuvir with Ribavirin for 12 weeks during december 2015- february 2016, we analyzed 35 patients with HBV co-infection (HBs antigen positive) (1.7%). All these patients were followed up during therapy in order to detect HBV reactivation, and DNA viral load, ALT, serology for HBV were performed 12 weeks after they finished anti-HCV DAA therapy. Data were obtained from the Romanian National health Agency.
Results: HBV co-infected patients were 78 %females, mean age 58,16 years (55÷72), 93% pre-treated with Peg-Interferon+ Ribavirin, 72% with severe necro-inflammatory activity (severity score 3- Fibromax), 30% with co-morbidities, all HBe antigen negative, 5 out of 35 received concomitant therapy with Entecavir. HCV SVR response rate was 100%. HBV- DNA viral load was undetectable in 23/35 (64%) before therapy, and for the other 12 patients varied between below 20-134 IU/ml. During therapy, no reactivation of HBV occurred and no liver decompensation was reported. At 12 weeks after they finished the DAA therapy, ALT levels remained in normal range in all patients, but the DNA viral load increased from a median of 20 IU/ml (0÷134) to 229 IU/ml (0÷1069)
Conclusions: At 12 weeks after HBV co-infected patients finished the HCV- specific DAA therapy ALT levels remained in normal range in all of them, but the DNA viral load increased from a median of 20 IU/ml (0÷134) before therapy to 229 IU/ml (0÷1069). During therapy no HBV reactivation and no liver decompensation were reported.

PP 45. Cetuximab Therapy In All-Ras Metastatic Colorectal Cancer - A retrospective single-center study

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Purpose: The primary objective of this study is to estimate the treatment effect on overall survival (OS), progression-free

survival (PFS) and response rate of cetuximab combined with fluoropirimidines +/- oxaliplatin or irinotecan chemotherapy, as first-line therapy in subjects with tumors wild-type all RAS, unresectable metastatic colorectal cancer (mCRC).

Introduction: Among cancer deaths worldwide, colorectal cancer is the third most common.

The development of new therapeutic agents proved to have a positive impact on the outcome of these patients, but it is unknown if it can be stated the same for patients managed in daily clinical practice. Romania lacks data concerning the outcome of metastatic colorectal cancer patients outside clinical trials.

Methods: The analysis was based on the results of 22 patients with metastatic colorectal cancer, treated between December 2010 and April 2013 with first-line chemotherapy in the department of medical oncology, Fundeni Clinical Institute.

Results: 10 patients received irinotecan-based regimens (FOLFIRI or XELIRI) and 12 oxaliplatin-based regimens (FOLFOX4, m FOLFOX6 or XELOX) with a median age of 60.77 years; ECOG 0/1/2: 10/8/4. For both groups, a complete response was achieved in 1 patient (4.5%), partial response in 5 (22.7%), stable disease in 10 (45.5%) and 6 patients (27.3%) progressed after the first two months of therapy. Median OS in the entire group was 24.5 months, median PFS was 10.6 months and the disease control rate was 72%. The Clinical trials such as Crystal, CALGB, FIRE3, have proved similar outcome. The OS of men was smaller than that of women (47.6 months vs 23.2 months, p=0.282) and the PFS was the opposite (10.5 months for men vs 6.3 months for women, p=0.644), none of them having a significant p value.

Conclusions: Daily practice treated metastatic colorectal cancer patients may have the predicted outcome of the prospective clinical trials.

Key words: metastatic colorectal cancer, cetuximab, daily practice.

PP 46. Endoscopic pneumatic dilation in the treatment of achalasia - results from an outpatient center

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Introduction: Among current therapeutic methods of achalasia, endoscopic pneumatic dilation (EPD) is still widely used and remains the most effective non-surgical option. The purpose of the study was to evaluate the efficacy and possible complications of DPE.

Patients and Methods: We performed a retrospective study on 10 years (2007-2016) in an outpatient center from Oradea, including symptomatic patients with achalasia diagnosed clinically and endoscopic. Some of them had multiple comorbidities. EPD was performed with 30 and 35 mm diameter balloons, under propofol sedation assisted by the anesthesiologist. Patients were followed up immediately and later up to 5 years. Efficacy was assessed by clinical improvement (score Eckart). The treatment failure was defined by the lack of improvement, or the need of more than three dilations.

Results: We studied 16 patients with achalasia: 10 men and 6 women (sex ratio 1.6) mean age 45 years (14-87) and the average time between onset of symptoms and diagnosis was 16 ± 10 months. Dysphagia was present in all cases and its paradoxical character was reported in 11 (68.5%) of cases. The average Eckardt score before EPD was 5. We performed between 1 and 4 expansions/patient without immediate complications. A favorable response after a single expansion was achieved in 13 patients (81.3%) after a median follow-up of 18 months [6-60]. Recurrence of the symptoms and subsequent expansion was required in 5 patients (31.3%), 3 of which (18,75%) requiring under 3 sessions, with favourable response (Eckart score <3). EPD failure, requiring surgery was recorded in 2 patients (12.5%).

Conclusion: EPD is an effective and safe technique in treating achalasia, beeing useful in patients with surgical risk and can be successfully performed in an experienced outpatient center.

Key words: achalasia- endoscopic dilation

PP 47. Diagnostic accuracy of non-invasive methods of evaluation of fibrosis in patients with c virus compensated liver cirrhosis

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Introduction: Non-invasive methods used for liver fibrosis assessment are either biological or elastographic.

The aim of our study was to determine the diagnostic accuracy of three non-invasive methods, namely VTQ (Virtual Touch Quantification), TE (Transient Elastography) and FibroTest in a group of patients with C virus compensated liver cirrhosis.

Methods: We performed a retrospective study that included 90 patients with C virus compensated liver cirrhosis, diagnosed as such using clinical, biological, ultrasound and endoscopic methods. For the diagnosis of cirrhosis, using the non-invasive methods, published cut-off values were used: TE $\geq$ 12 kPa (1), VTQ $\geq$ 1.81 m / s (2), and for FibroTest Values $\geq$ 0.75 (3).

All patients were evaluated in the same session by TE (FibroScan, EchoSens) and Virtual Touch Quantification [(VTQ) -Acuson S2000, Siemens], 10 measurements were performed by each method in each patient and median values

were calculated. Only measurements with an IQR/M < 30% were considered reliable. Blood samples were collected in the same session for FibroTest (BioPredictive) assessment.
Results: The study group included 63 (70%) women and 27 (30%) men, mean age 60 ± 8 years.
FibroTest had 78.8% diagnostic accuracy (71/90), TE - 95.5% (86/90), and VTQ 82.2% (74/90). TE performed significantly better than VTQ (95.5% vs. 82.2%, p=0.00001) and than FibroTest (95.5% vs. 78.8%, p=0.00004). There were no significant differences between the diagnostic accuracies of VTQ and FibroTest (p=0.85).
Conclusion: TE had the highest diagnostic accuracy for cirrhosis in the study group (95.5%) and other methods had an accuracy of 82.2% (VTQ) and 78.8% (FibroTest).
Keywords: Cirrhosis, Transient Elastography, Virtual Touch Quantification, FibroTest.

PP48. A severe case of acute necrotic pancreatitis caused by duodenal cyst duplication

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Duodenal duplication cyst (DDC) is a rare congenital malformation that appears in the embryonic development of the digestive tract. It is a benign condition and it's usually diagnosed in infancy and early childhood, being a rare and difficult diagnosis in adult population. DDC it is a recognized cause of duodenal obstruction, acute pancreatitis, obstructive jaundice and even digestive hemorrhage. We report the case of a young adult male with abdominal pain history that presents with recurrent episodes of acute severe necrotic pancreatitis. The abdominal computed tomography scan revealed a Balthazar C necrotic pancreatitis with partial thrombosis of splenic vein and a cystic mass in the second part of the duodenum. The endoscopic ultrasonography established that the duodenal cystic lesion arrived from the second layer, meaning the submucosa. We performed endoscopic cystotomy with complete evacuation of the fluid content into the duodenum, with favorable clinical outcome.
Key words: duodenal cyst duplication, severe acute necrotic pancreatitis, endoscopic cystotomy.
Abbreviation: duodenal duplication cyst DDC.

PP 49. The frequency, anatomic distribution and rate of dysplasia in colonic serrated adenomas

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Background and aim: The significance of serrated adenomas escalated in recent years because their importance as colorectal cancer precursors has been recognized. Studies suggested that the prevalence of serrated adenomas ranged from 0.6-5.3% [1]. The **aim** of the study was to estimate the frequency of serrated polyps in a cohort of individuals undergoing colonoscopy and to identify the distribution and the dysplasia rate of serrated adenomas.
Material and Method: We performed a retrospective study by using the database of patients with colonic polyps found at colonoscopy between January 2015 and March 2017. The study includes 367 patients aged 62.46±10.05, 43.6% (160/367) females and 56.4% (207/367) males. We diagnosed as serrated adenoma, polyps that showed at histological exam the following features: serration of the epithelial crypt; architectural atypia; horizontal crypt orientation; basal crypt dilatation; surface tufting. [2]
Results: 523 polyps with the histological exam showing: 84.9% (444/523) adenomatous polyps, 7.1% (37/523) mixt polyps (hyperplastic and adenomatous), 6.7% (35/523) hyperplastic and 1.3% (7/523) inflammatory polyps, were found by colonoscopy. 67.1% localized in the left colon and rectum, 12.2% in the transvers colon and 20.7% in the right colon. 64.6% of the adenomatous polyps had low dysplasia grade, 21.8% high dysplasia rate and 13.6% moderate dysplasia rate. Regarding the serrated adenomatous polyps, they represent 1.7% from the total number of polyps and 2% from the number of adenomatous polyps, 77.7% (7/9) on the left colon and 22.3% (2/9) on the transvers colon. The high rate dysplasia was present in 66.7% (6/9) of the serrated adenomatous polyps.
Conclusions: The frequency of serrated polyps in the studied cohort was low (1.7%), but they associated high dysplasia in 66.7% of the cases.
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PP 50. Anemia and iron deficiency in inflammatory bowel disease

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Introduction: Inflammatory bowel diseases (IBD) are chronic idiopathic diseases represented by Crohn's disease (CD) and ulcerative colitis (UC). IBD can develop intestinal and extra-intestinal manifestation. The most common extraintestinal manifestation is anemia and the frequent cause is iron deficiency.
Less common causes of anemia include deficiency of vitamin B12 and folic acid.
Extraintestinal manifestations can affect the quality of life and also can increase the hospital admissions.
Materials and methods: We conducted a retrospective, observational study over a period of four years, including 103 patients. Each patient was evaluated clinical, endoscopic, histopathological and were performed blood tests. We define anemia according with World Health Organization criteria, hemoglobin level < 13 g/dl in male and < 12 g/dl in female.We analysed the prevalence and main causes of anemia in patients with inflammatory bowel disease in our geographical area.
Results: Ulcerative colitis (67.96%) is more frequent compared to Crohn's disease (32.03%) in our study and males are mostly affected. The incidence of anemia was found in 36.89% of cases. Anemia was found frequently in patients with Crohn's disease (20.38%) versus patients with ulcerative colitis (16.50%) and was associated with hospital admission. Iron deficiency anemia was present in 30.09% of cases, lower values 4.85% has vitamin B12 deficiency and 1.94% folic acid.
Conclusion: Anemia is a important extraintestinal manifestation that often is overlooked and decrease quality of life in IBD patients more than the disease itself. Therefore, special attention is needed to improve the quality of care, adequate treatment and proper follow-up to avoid consequences of iron deficiency anemia. Adequate treatment has a major impact on the patient and implicitly on society. To decrease the occurrence of anemia in patients, further studies are required to establish accurate treatment.
Key words: inflammatory bowel disease, iron deficiency anemia.

PP 51. Non-invasive management of post upper gastrointestinal bleeding anemia - Retrospective study

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Aim: To assess the non-invasive management of patients with anemia due to upper gastrointestinal bleeding (UGIB), identification of etiology, complications and associated medications.
Methods: We retrospectively reviewed 346 patients (202 men, 144 women, mean age 66.28 years) with UGIB admitted to the Emergency County Hospital Oradea (January 2016- December 2016). Data were statistically analyzed using SPSS20.
Results: The etiology of UGIB was: gastric/duodenal ulcer (n=150;43.3%), gastritis/duodenitis (n=77;22.2%), esophageal varices (n=47;13.6%), angiodysplasia (n=6;1.7%), anti-coagulant overdose (n=23;6.6%), Mallory-Weiss syndrome (n=7;2%), esophagitis (n=7;2%) tumors (n=28;8.1%). Associated complications were anemia (n=294;85%), [mild (n=60;17.3%), moderate (n=122;35.3%) and severe (n=112;32.4%)], anemia, haemorrhagic shock (n=9;2.6%), anemia with cardiac arrest (n=34;9.8%), shock with cardiac arrest (n=7;2%). In the treatment of anemia we used: i.v. iron compounds like ferric carboxymaltose (Ferinject®) iron (III) hydroxide sucrose (Venofer®) (n=56;16.2%), blood derivatives (n=106;30.6%), the combination of the two (n = 130; 37.6%). In 54 cases, data and management were unknown or patients died before therapeutic measures were applied. In anemia due to gastric ulcer it was observed a higher association rate between the iron compounds and blood derivatives (n = 42; 32.3%), blood preparations are used most frequently in case of anemia due to rupture of esophageal varices (n=25;23.6%) and iron preparations have been used most frequently in anemia due to gastric ulcer (n=16;28.6%), duodenal ulcer (n=11;19.6%) and gastritis (n=7;12.5%); All the above mentioned correlations showed statistical significance [r(33)=60.51,p= 0.002]. When treating anemia due to an overdose of OAC and NSAIDs there were no statistically significant differences in terms of the severity of anemia and their management (p=0.123).
Conclusions: In our study, anemia due to UGIB had a high prevalence. Their management involved mostly associations between i.v. iron compounds and blood. Intravenous iron compounds were the most frequently used options in case of peptic ulcer and gastritis.
Keywords: upper gastrointestinal bleeding, anemia treatment

PP 52. Mucocele of the appendix: a rare diagnosis – case report

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Introduction: Appendiceal mucocele is a morphologic term that describes a rare gastrointestinal tumour. Clinical presen-

tation is varied with more than half of the cases being asymptomatic, but sometimes can cause acute appendicitis-like symptoms. A correct preoperative diagnosis of appendiceal mucocele is important for the selection of an adequate surgical treatment therefore avoiding intraoperative and postoperative complications. Useful methods for the diagnosis of appendiceal mucocele are ultrasonography and computed tomography; also an appendiceal mucocele can be identified as a smooth submucosal lesion of the caecum using colonoscopy.

Case report: We report here the case of a 52-year-old man referred to the Gastroenterology Clinic for further investigations concerning a tumoral mass in the lower right quadrant diagnosed 1 month before admission into our clinic, during a routine check-up. At the moment of admission the patient was asymptomatic. The initial CT-scan revealed a caecal tumoral mass 70/58mm with fluid density, internal septa and discrete parietal microcalcifications. A colonoscopy was also performed which identified on the ascending colon above the ileocaecal valve a sub-epithelial formation with a diameter of 35mm, with no other visible lesions and a terminal ileum of normal appearance on 4-5 cm. A decision of performing a colonography was carried out - which concluded to an appearance suggestive of a malformative substrate vs anatomic variant ("cone-shaped caecum"). Surgical exploration revealed an appendiceal tumour. Right hemicolectomy with ileo-transverse anastomosis L-L was performed by a laparoscopic approach. The histopathological diagnosis was appendiceal mucocele. The patient's postoperative evolution was unremarkable, and he was discharged home on the 6th postoperative day.

PP 53. The role of different noninvasive fibrosis assessment scores in the evaluation of liver fibrosis in fatty liver disease

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Background and aim: Several noninvasive fibrosis assessment tests were developed in order to replace invasive procedures as liver biopsy. Our goal was to assess the correlation between APRI, FIB 4 Index and BARD score with transient elastography (TE) in patients with fatty liver disease. We also observed the relation between hepatic steatosis index (HSI) and steatosis quantified by CAP.

Material and method: We conducted a prospective study from October 2016- March 2017 which included 156 diabetic patients (average age 60.8 years, 37.8% males, 62.2% females) evaluated both by serum markers (TGO, TGP, platelets) as well as by TE-Fibroscan (Echosense, Paris, France, with incorporated CAP function). Based on specific formulas we calculated APRI, FIB 4 index, BARD score and HSI. We excluded the patients without liver steatosis at ultrasound. Liver stiffness measurement was considered reliable only if 10 valid values were obtained, with an IQR<30% and a success rate >60%. We considered mild steatosis if CAP=230-275 dB/m, moderate steatosis-CAP=275-300 dB/m and severe steatosis-CAP>300 dB/m (recommended by the manufacturer).

Results: Severe steatosis according to CAP measurements prevailed: 67.3% of patients (105/156), whereas the distribution between mild and moderate steatosis was similar 16% vs 16.7%.

76.2% of the patients were overweight BMI > 28 kg/m^2.

We found a small, but significant correlation between liver stiffness assessed by TE and liver stifness predicted by APRI (Spearman's rho = 0.26, p < 0.001) and BARD scores (Spearman's rho=0.183, p= 0.02).

We found a small, but significant correlation between liver fibrosis measured by TE (F2≥7 kPa) and APRI (Spearman rho=0.2, p=0.01).

There were patients with F≥2 who had an APRI score ≤1 (33.9% -53/156) and BARD <2 (3.8% -6/156).

We did not find a correlation between TE values and FIB 4 (Spearman's rho=-0.11, p= 0.17).

We found no correlation between CAP values and HSI (Spearman's rho=0.14, p= 0.08).

Conclusion: An APRI score >1 correlates with significant fibrosis quantified by TE. BARD score ≥2 can predict advanced fibrosis. These two simple scores could be used as first line test to rule out

PP 54. Factors that influence quality of life in gastroesophageal reflux disease

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Gastroesophageal reflux disease (GERD) is one of the most common gastrointestinal disorders, whose symptoms significantly affect health-related quality of life (HRQOL).

HRQOL instruments measure the influence of disease on the patient's physical, psychological and social function.
Aim of the study: to identify the most important factors that influence HRQOL in GERD
Material and Mehods: The study group included 125 patients with GERD hospitalized between August 2016 and January 2017. Two types of GERD have been included in the study: erosive esophagitis (EE -21 patients) and nonerosive reflux disease (NERD-104 patients). Quality of life was assessed by SF36 and GERD-HRQL questionnaires.
Results: The most common symptoms were: regurgitation of gastric contents (77), burning sensation behind breastbone (95), pain behind breastbone (45). Depending on the severity of GERD we identified the following distribution in the studied group: mild (34), moderate (68), severe (23). A direct correlation between severity of the disease and greater impairment of quality of life could not be establish. We identified the following factors that worsen HRQOL: female gender (79), increase in BMI (47), nocturnal symptoms (23), depressive and anxiety syndrome (39), occupational stress (24), comorbidities: chronic heart failure (31) and chronic obstructive pulmonary disease (49). In 55 patients we evaluate the evolution after 2 and 4 weeks of treatment. Regarding the three functions we recorded the following changes: physical (95) , psychological (45) and social (28).
Conclusions: HRQOL is becoming increasingly important as an outcome measure of treatment response. Quality of life recognizes a multidimensional influence and can be improved to a considerable extent within a short period of time. Physical and psychological function have been modified in a higher percentage. In our study impaired HRQOL has not been correlated with the severity of the disease.
Key words: HRQOL, GERD, EE, NERD

PP 55. The impact of alcoholic liver disease on health related quality of life

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Alcoholic liver disease (ALD) represents a complex pathology whose management implies, besides treatment, solving alcohol addiction problems. In this context, approaching this type of pathology by considering quality of life is a necessity.
The aim of the study was to identify factors that influence the quality of life of patients with ALD.
Material and methods: The study group included 235 patients hospitalized between July 2016 and February 2017. Depending on the severity of liver disease we recorded the following distribution in the studied group: fatty liver (95), steatohepatitis (73), cirrhosis Child-Pugh A (29), B (21), C (17). Chronic viral hepatic disease were excluded from the study. Quality of life was assessed by SF36 and chronic liver disease questionnaire.
Results: We identified the following factors that influence the quality of life: severity of liver disease, hyponatremia (125), ascites (53), esophageal varices (39), social status (105), income level.
Increasing severity of liver disease, advanced age , presence of ascites, hyponatremia had significant effects on areas of physical activity, while the presence of esophageal varices, increasing severity of liver disease in people with low incomes and lack of a family were important factors that influence mental status.
Conclusions: Factors influencing the quality of life of patients with ALD are characterized by diversity. The study confirmed the importance of the severity of the disorder, but has placed at high importance factors correlated with social status of the patient. Alcoholic liver disease management requires concomitant use of social reintegration measures .
Key words: ALD, QROL

PP 56. Diagnostic dificil al ascitei tuberculoase ca prima localizare – prezentare de caz

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Introducere: Peritonita tuberculoasă înregistrează o creştere a incidenţei în ţările Europei şi ale Americii de Nord din cauza, în primul rând, a frecvenţei mari de pacienţi imunodeprimaţi (AIDS, tratamente imunosupresive).
Este cunoscut faptul că incidenţa ascitei tuberculoase este foarte redusă, iar diagnosticul pozitiv în unele cazuri ridică numeroase probleme.
Obiectiv, material si metoda: Prezentăm cazul unui pacient în vârstă de 74 de ani care se prezinta cu manifestările clinice sugestive ale unei pancreatite acute.
Modificările biologice şi investigaţiile imagistice au ricat suspiciunea unei ascite de etiologie pancreatică sau neoplazica suspiciune ridicată de computer tomografie. Aspectul intraope-

rator a leziunilor au pledat pentru sarcom de perete, impunând rezecţie. Diagnosticul a fost stabilit prin detecţia granulomului cazeos cu celule gigante multinucleate (Langhans) pe piesa de rezecţie chirurgicală.
Rezultate si concluzii: Absenta reactivitatii la intradermoreactia PPD, limfocitozei si imposibilitatea efectuari paracentezei au determinat cauza stabilirii cu intirziere a diagnosticului.
Cazul prezentat exemplifică o localizare rară de tuberculoză peritoneală primitivă.
Cuvinte cheie: tuberculoză peritoneală primitivă, ascită tuberculoasă.

PP 57. Phenotypic chracteristics and therapeutic multidisciplinary approach in Romanian patients diagnosed with Wilson's Disease

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Background: Wilson's disease (WD) is an autosomal recessive genetic disorder leading to hepatic and neurologic impairement. The aim of our study was to assess phenotypic and therapeutic particularities of WD patients treated in a tertiary hospital between 2012-2016.
Methods: A retrospective study has been conducted including 88 patients diagnosed with WD during the defined period.
Results: Age at diagnosis below 7 years was found in 12.9% of cases, between 7-18 years in 44.7%, 18-35years in 37.6% and >35years in 7%. At time of diagnosis, hepatic disease was found in 67%, hepatic and neurologic disease in 27.3%, exclusive neurologic disease in 5.7%. In patients with hepatic WD, 30.3% had compensated and 14.2% decompensated liver cirrhosis (LC), 50% chronic hepatitis, and 5.3% acute liver failure. In patients with hepatic and neurologic impairment, 66.6% had compensated and 11% decompensated LC and 22.2% chronic hepatitis. Exclusive hepatic disease was encountered in 77.7% of children in comparison to only 50% of adults (p=0.02). At last follow-up visit, treatment consisted in D-penicillamine 32.1%, trientine 8.3%, zinc 5.9%, D-penicillamine and zinc 41.7%, trientine and zinc 3.6%, liver transplantation being performed in 8.4% of cases. In patients with hepatic disease, clinical improvement was established in 65.8% of patients while worsening of disease in only 20.3%. In patients with hepatic and neurologic disease, clinical improvement was found in 59.1%, while worsening in 22.7%. Patients with isolated neurological impairment had a favorable clinical course in 75% of cases and the rest worsened.
Conclusions: In a romanian tertiary center, WD with hepatic phenotype is the most frequently encountered especially in children and exclusive neurological disease is rare. A favorable disease course could be confirmed in >60% of cases in all phenotypes. During the study period, liver transplantation was performed in <9% of cases due to timely diagnosis and effective chelating therapy.

PP 58. Severity of duodenal histology and tissue transglutaminase antibody levels correlate well in adult celiac disease irrespective of clinical features

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Introduction: Celiac disease (CD) is a chronic imune-mediated enteropathy that occurs in genetically predisposed individuals. The clinical phenotypes ranges from classical gastrointestinal manifestations to only atypical signs, thus making the clinical diagnosis a challenge.
The **aim** of the study was to investigate the relationship between duodenal histology, specific antibody levels and clinical presentation in adult CD patients.
Material and methods: Study design: retrospective retrieval of information prospectively entered into a structured database including 81 adult patients diagnosed with CD hospitalized at the Institute of Gastroenterology and Hepatology, "St. Spiridon" Hospital, Iasibetween January, 2012- December, 2016 admitted with symptoms of abdominal disturbances. Demographic,clinical, serological, and histological characteristics of individuals with CD were reviewed.
Results: The study group included 81 adult patientswith a female: male ratio of 3:1, 60(71.1%) female patients, mean age 40.02±12.14 years. A total of 48.1% patients presented with gastrointestinal (GI) complaints and 51.9% of patients presented mostly with non-GI manifestations, with an advanced age of symptom onset in the latter category (38yrs *vs* 47yrs). Marsh 3c lesions were found in 25 (30.9%) cases.When assessing the serological parameters, IgA-tTG antibody (61.45±76.458 u/mL vs 16.02±106.179 u/mL, P=0.001) and

IgA-AGA antibody levels (61.83±69.41u/mL vs 77.15±71.02 u/mL, P=0.001) correlated with intestinal villous atrophy (Marsh 3a and 3c) in CD patients.Among symptoms, abdominal distention and diarrhea were associated with abnormal histology.Hemoglobin levels were evaluated and anemia was diagnosed in 61.7% patients, with Marsh 3b and 3c (*P*=0.0048) and elevated IgA-tTG levels (r= -0.316; *P*=0.004) and IgA-AGA (r= -0.301; *P*=0.006).

Conclusions: IgA-tTG and AGA levels correlate with duodenal villous atrophy in adult CD patients. An IgA-tTG titer>160 was nearly always associated with severe CD histopathology. GI and non-GI symptoms are not reliable predictors of CD.

Keywords: celiac disease, Marsh classification, anti-tissue transglutaminase.

PP 59. Therapeutic spectrum in Crohn's disease patients in western romania

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Introduction: The aim of the study was to evaluate the therapeutic spectrum used for Crohn's disease (CD) patients in western Romania.

Material and methods: We have analyzed a batch of 149 CD patients that were managed in a tertiary referral center from Timisoara, during the last 15 years, concerning the classes of drugs used. Medical treatment was categorized as: oral 5-amino-salicylates (5-ASA), oral steroids (Prednisone or Budesonide), immunomodulators (Azathioprine), biological therapy (anti-TNF agents such as Infliximab, Adalimumab or biosimilars in combination with any of the above). Surgical treatment was defined as any surgery due to CD during the follow-up period.

Results and conclusions: Our cohort included 149 CD patients, 77(51.6%) male and 72(48.4%) female, mean age 39 years. Therapeutic profile: 5-ASA as single agent-39 patients (26.1%); steroids-Prednisone 8 patients (5.3%) and Budesonide 6 cases (4%); immunomodulators 11 patients (7.4%); biologicals 45/149 cases (30.2%), on Adalimumab (ADA) 26 patients (17.4%), Infliximab (IFX) 16 cases (10.8%), IFX biosimilars 3 case s (2%). A switch on another biological drug was needed in 4/26 cases (15.4%) being on ADA and in 1 of the 3 patients on IFX biosimilars. 16/149 patients (11%) had no medical treatment; 35/149 (23.5%) suffered surgical interventions, mostly hemicolectomies, subtotal colectomies, ileal-right colectomy or resections of the cecum/ileum; 7 out of those 35 patients (20%) were operated for fistulas, 2 for occlusion and 2 for colon cancer. We have noticed that 2/149 patients (1.3%) died during follow-up.

In conclusion, 5-ASA monotherapy was frequently used, in more than one quarter of the patients in comparison with a low percentage of patients on steroids (less than 10%). A high percentage of patients with CD (one third) received biologicals, most often Adalimumab. At least 1 of 10 patients on anti-TNF drugs had to be switched on other biological agent. The treatment strategy used in our region suggests an accelerated use of biologicals in CD and also a high rate of surgical interventions (almost one quarter) during the 15 years period of follow-up due to a sizable proportion of complicated CD behaviour.

Keywords: Crohn's disease, therapeutic spectrum, biologicals

PP 60. Neuroendocrine tumor with a benign rectal polyp appearance

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Introduction. Intestinal neuroendocrine tumors are rare, mostly found by chance during endoscopy.

Material and methods. This is the case of a 78 years old female patient admitted for sporadic lower digestive bleeding, consisting of fresh blood, during defecation. The patient had a good general state, with no further digestive symptoms. A general clinical and biochemical exam as well as a total colonoscopy were performed.

Results and conclusion. The colonoscopy up to the cecum, revealed a 15 mm rectal polyp, with benign macroscopic features and grade II hemorrhoids with bleeding stigmata. Endoscopic polypectomy was performed. The histopathology described a neuroendocrine G1 tumor, well differentiated, with ChrA negative cells and a tumor proliferation index KI67 less than 2%. Blood tests were all in normal range and no systemic manifestations were detected. We concluded that the lower digestive bleeding was of hemorrhoid origin. Considering the small dimension of the tumor, the well differentiated character and the low tumor proliferation index we decided for endoscopic follow up in the future.

Key words: Rectal polyp, neuroendocrine tumor, bleeding

PP 61. Endoscopic stenting of malignant biliary stenoses: technical performace of trainee endoscopists

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Introduction: Endoscopic retrograde cholangiopancreatography (ERCP) represents a complex endoscopic technique, with a rate of associated adverse events of up to 10%. Around 200 procedures are required before an endoscopist can achieve competence levels. However, data regarding the learning curve for individual technical aspects such as common bile duct cannulation and stenting by trainees is currently limited. We aimed to study the technical outcomes of ERCPs conducted for bile duct stenting of malignat strictures in which trainees were involved.

Materials and methods: We conducted a prospective observational study in a training center for therapeutic endoscopy (Colentina Hospital). We collected data regarding the patient, technical parameters of the procedure (cannulaton rate, technical success rate of the procedure and adverse events rate) as well as the degree of trainee involvement in the procedure. We compared the cannulation rates and successful stenting rates between trainees with and without trainee involvement.

Results and conclusions: 151 consecutive procedures in native papilla patients where bile duct stenting was planned were included in our final analysis. 54 (35.7%) of these procedures had trainee involvement of various degrees. Common bile duct cannulation was possible in 85% of these cases, and successful stenting was carried out in 81.5%. In 25% of the cases where trainees were involved the trainee managed to complete the planned procedure without expert assistance. There was no significant difference in cannulation or stenting rates compared to the control group, and no increase in the rate of procedure-related adverse events. In conclusion, trainee involvement does not influence the technical success rate of the planned procedure and is not associated with an increase in adverse events.

PP 62. Cachexia involvement in the local spread of pancreatic ductal adenocarcinoma

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Background. Cachexia is a multifactorial syndrome, characterized by the loss of skeletal muscle mass which is not fully reversible by nutritional support. Activin play a dominant role in the development and progression of cachexia and also in tumor cell growth in pancreatic adenocarcinoma via non-SMAD (MAPK, PI3K/Akt) pathways. Cachexia might be a keypoint in pancreatic ductal adenocarcinomas (PDAC) poor outcome.

The goal: to assess the significance of activin protein expression in PDAC related to the clinical stage and survival.

Methods. There were included patients with histological proven of adenocarcinoma (n=115) and a matched control group (n=124). The plasma levels of activin was analyzed using western blot. The t test was used to determine the difference between the two groups, Kaplan-Meier curve and log-rank tests were used to determine the differences in survival curves of studied patients.

Results. The activin was overexpressed more frequently in PDAC compared to controls (p=0.001). and has been closely related to advanced clinical stage (stage III-IV), tumor size, location and with the presence of metastasis (p<0.05). Activin expression was higher in patients with type 2 diabetes (p=0.04). No relationship between activin level and the patients age, sex or tumor size, was noted. Patients with activin high expression had a shorter survival time than PDAC patients with activin low expression (Log-rank=4.35, p=0.03).

Conclusion. Activin pathway is related to cachexia and the local spread of PDAC, metastasis, the presence of diabetes and survival.

Keywords: Pancreatic ductal adenocarcinoma, activin, biomarker

PP 63. Calprotectina fecală ca marker de urmărire postoperatorie a pacienţilor cu neoplasm colonic operat

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Obiective: Ne-am propus sa evaluăm modificarile excreției fecale de calprotectină, prezenta hemoragiilor oculte in scaun și valoarea antigenului carcinoembrionar la 6 luni postoperator la pacienții chirurgicalizati pentru neoplasme colo-rectal.

Material şi metodă: Am studiat 198 pacienți diagnosticati cu cancer colo-rectal și operați pentru aceasta patologie în Spitalul Clinic CF Oradea și în Spitalul Clinic Județean de Urgență Oradea intre 2010 si 2014.

Fiecarui pacient i s-a dozat antigenul carcinoembrionar, prezenta hemoragiilor oculte in scaun si excretia fecala de calprotectina la 6 luni postoperator.

Testele utilizate pentru detectarea calprotectinei in materiile fecale au fost teste rapide de tip bandeleta-test, imunocromatografic semi-cantitativ.

Rezultate: Antigenul carcino-embrionar a avut valori peste limita de normalitate la 22,22%, valoarea medie fiind de 5,09 ng/ml.

Rezultatul pozitiv la testul hemocult s-a înregistrat la 4,04% pacienţi reprezentînd 8 pacienți.
Valorile calprotectinei fecale au fost pozitivă la 27,78% dintre pacienţi, iar valori >60 s-au înresgitrat la 2,53% cazuri.
Colonoscopia s-a efectuat la 194 pacienţi reprezentând 97,987% şi a relevat recidivă tumorală la 2 pacienţi (1,03%) şi polipi colonici la 37 pacienţi (18,69%).
Concluzii: În acest studiu am incercat să stabilim câțiva pași de urmat în urmărirea postoperatorie a pacientului cu neoplasm colorectal.
Astfel, am constatat ca principalele modificări biochimice apar în valorile probelor inflamatorii, a testului hemocult, a antigenului carcino-embrionar și, mai ales în nivelul excreției fecale de calprotectină.
Excreția fecala de calprotectină s-a dovedit a fi un indiciu al inflamației mucoasei colonice, ce exista atât în cadrul bolilor inflamatorii intestinale, cât și în neoplasmele colorectale

PP 64. Colorectal cancer and infection by Clostridium difficile (ICD)

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Introduction: Infection with Clostridium difficile (ICD) remains in 2017 the most common nosocomial infection. The association of the two pathologies causes, not infrequently, difficulties in our practice, especially in tumor stenosis who develop diarrhea syndrome. The study sought to evaluate the association of the two diseases in our service.
Methods: This is a retrospective analysis of cases with ICD during 01.07.2014-31.03.2017, admitted to the Infectious Diseases Section Oradea. Diagnosis of ICD was conducted by quantitative or qualitative determination of Clostridium difficile toxin A & B and colorectal cancer by colonoscopy.
Results: In the above-mentioned period of time there were 477 cases with ICD, 2/3 of them were elderly and women 52.62%. There were various forms of disease, ranging from mild gastroenteritis colitis, pseudomembranous colitis and toxic mega colon, some fatal. For suspected colon tumor down and ICD: elderly patients with weight loss and bowel disorders previously ICD lack of improvement diarrheas or early improvement, the new version, but not specific, image false kidney at ultrasonography. Diagnosed total of 9 cases of sigmoid tumors by colonoscopy carried out after 10 days treatment with Vancomycin, even if most of the time they are tumor stenosis, risk in preparation for colonoscopy. Postpone the therapeutic protocol and associated ICD leads major complications, including bowel obstruction (2 cases), fecal peritonitis (1 case).
Conclusion: In the face of an elderly patient with ICD, to consider association with colorectal cancer.
Keywords: elderly, colorectal cancer, infection with *Clostridium difficile*.

PP 65. Caracteristicile recurenţei cancerului colorectal stadiile II şi III la pacienţii prezenţi în Clinica de Oncologie a Spitalului Universitar de Urgenţă Bucureşti

Diana Chetroiu, Dan Jinga, Corina Pop, Sorina Diaconu, Mircea Beuran

Diagnosticul şi tratamentul cancerului colorectal presupun o bună colaborare în cadrul unei echipe multidisciplinare formată din gastroenterolog, chirurg oncolog, oncolog medical şi radioterapeut. Deşi sunt respectate ghidurile de diagnostic şi tratament, cancerul colorectal înregistrează frecvent recurenţe. Cu toate acestea, lipsesc studii legate de frecvenţă şi caracteristicile pacienţilor la care se înregistrează recurenţa bolii.
Material şi metodă: În studiul de faţă, ne-am propus să analizăm caracteristicile recurenţei cancerului colorectal stadiile II şi III la pacienţii luaţi în evidenţa Secţiei de Oncologie din cadrul Spitalului Universitar de Urgenţă Bucureşti în perioada 1 ianuarie 2010 - 31 decembrie 2013. În această perioadă au fost trataţi un număr de 305 pacienţi, dar date complet am obţinut pentru 180 de pacienţi diagnosticaţi cu cancer colorectal stadiile II sau III. Au fost analizate: vârsta medie a lotului în momentul diagnosticului, DFS (perioada liberă de boala) atât pentru stadiul II cât şi pentru stadiul III, corespondenţa dintre stadiul bolii, vârsta la diagnostic şi frecvenţa recurenţei ulterioare, legătura între apariţia recurenţei şi localizarea cancerului. Au fost calculate intervalul de confidenţă şi HR.
Rezultate: Analiza datelor a arătat că riscul mai mare de recurenţă este pentru pacienţii cu cancer colorectal stadiul III (p=0.021), dar şi pentru pacienţii tineri, cu vârsta sub 50 de ani (p=0.024). De asemenea, riscul de recidivă este mai mare în primii 3 ani după diagnostic şi mai mare la pacienţii care nu au primit chimioterapie adjuvantă (p=0.01). Vârsta medie a lotului a fost de 52 de ani. Nu există o legătura semnificativă statistic între localizarea formaţiunii tumorale şi recidivă.
Concluzii: Având în vedere rezultatele acestui studiu, este importantă monitorizarea atenta a pacienţilor de către medicul oncolog şi mai ales gastroenterolog, cu precădere în primii 3 ani după diagnostic şi mai ales dacă sunt afectaţi pacienţi tineri, cu vârsta < 50 de ani. Se poate stabili astfel un plan concret de monitorizare în vedere depistării precoce a recidivelor cu scopul creşterii supravieţuirii şi calităţii vietii.

PP 66. What treatment we choose in ulcerative colitis?

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Background: Inflammatory bowel diseases are diseases characterized by periods of activity and remission. It has been demonstrated that with histological remission periods of remission are prelungite. The aim of the study was to evaluate the effectiveness of various treatments for obtaining mucosal remission.
Material and Methods: Sixtyseven patients with ulcerative colitis in remission were evaluated. The patients were divided into 3 groups: I. derivatives maintenance treatment with 5 ASA II. Azathioprine maintenance treatment, III. biological ageti maintenance treatment. Patients were followed by colonoscopy for a period of one year.
Results: The first group included 23 patients. Of these, endoscopic remission was maintained in the range studied in 12 patients (52.1%). In the second group were 13 patients, of which 7 patients maintained remission at 1 year (53.4). The third group enrolled 11 patients, of which 8 patients maintained endoscopic remission (72.72%).
Conclusions: No significant differences were observed in terms of maintaining endoscopic remission at three treatments studied. However,we observed a higher percentage of patients who achieved remission in the group receiving biological agents.

PP 67. The best cut-off value of C-reactiv protein in predicting the severy of acute pancreatitis

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Aim: The acute pancreatitis is still one of the most challenging acute gastrointestinal disease. Early prediction of acute pancreatitis severity is difficult in the early phase and a correct determination would lead to prompt intensive treatment resulting in outcome improvement. The aim of this study is to determine the best cutt-off value for C- reactiv protein that can predict the evolution to a sever form of acute pancreatitis.
Method: We performed a retrospective study that included 1113 patients (58% male, 42% female) with mean age of 55 ± 16.5 (16-94) years admitted in our unit with acute pancreatitis. Based on severity we divided he patients into three groups, according to Atlanta classification 2012. Serum samples for measurement of CRP were collected from all the patients at 48 h after the onset of acute pancreatitis.
Results: From the total of 1113 patients, 727 (65.2%) presented mild acute pancreatitis , 330 (29.6%) moderately-severe and 56 (5.2%) severe disease. The mortality of acute pancreatitis in our unit was 3.2%(39 patients). For the moderately –severe form a cut-off value of C-reactiv protein above 130 mg/dl has a sensibilitye of 72%, a specificity of 83%, a PPV of 69.2% and a NVP of 85% (AUROC=0.71, CI=0.64-0.77). For the sever form of acute pancreatitis a cut-off value of C-reactiv protein above 160 has a sensibilitye of 48.2% , a specificity of 70.6%, a PPV of 47,3% and a NVP of 97,3% (AUROC=0.82, CI=0.79-0.85).
Conclusion: According to our study, we can state that all patients who will have C-reactiv protein below 130 mg/dl, 85% change to not develop a moderatly-severe form of acute pancreatitis and below 160 mg/dl 97,3% change to not develop a severe form of acute pancreatitis.

PP 68. Experimental research for a new treatment for constipation

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Introduction: Constipation has become very common, both in women and in men. The research's objective was to determine the efficacy of two glycoproteins in relieving constipation caused by drugs.
Materials and Methods: It was conducted an experimental research on three groups of Wistar rats by provoking constipation by opioids. The rats were divided into three groups and fed with standard feed, standard feed and bovine lactoferrin, standard feed and sericin. Biochemical analysis of urine was analized on rats and pH was determined, soluble refractometric dry substance, and the plastic deformation of faeces.
Results and conclusions: The best effectiveness in relieving constipation was given by sericin. The duration of the research, the ethology of rats was appropriate and no biochemical modifications of urine were found.
Keywords: constipation, opioids, sericin.

PP 69. Appendiceal cystadenoma complicated with pseudomyxoma peritonei in ulcerative colitis

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Introduction: Ulcerative colitis (UC) is an inflammatory bowel disease associated with an increased risk of colorectal cancer, but appendicular tumors (AT) are rare (0,2-0,4%) in digestive pathology.
Material and method: We present a case of 51-year old woman, diagnosed with UC for 7 years, in remission, admitted for abdominal pain and progressive enlargement of the abdomen in the last 3 weeks. Physical examination, blood investigations and abdominal computed tomography revealed only the presence of abundant,inomogeneous ascites. Repeated paracentesis confirms a gelatinous liquid(exsudate, with poor cellularity and negative culture) nonresponsive to conservative treatment, so diagnostic/therapeutic laparotomy is decided.
Results: Intraoperatory, a gelatinous, abundant ascites was present associated with gelatinous mass in omentum and parietal peritoneum. Also an enlarged, cystic appendix was identified, so appendectomy, omentectomy, drainage and wash-out has been performed. The histopthological findings revealed a mucinous tumor (cystadenoma) with low grade dysplasia in the appendix, extended to omentum and peritoneum (pseudomyxoma peritonei). The evolution of our pacient is favourable in the 4th year of oncological and gastroenterological surveillance.
Concluzii: This case sugests that exists a link between the appearance of AT and UC, but also the necessity of carefully colonoscopic surveillance of cecum and appendix to avoid the omission of AT that can occur in inflammatory bowel diseases.
Key words: ulcerative colitis, appendiceal tumor, ascites

PP 70. Clinical factors influencing hospitalization in IBD patients

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Background and Aims: We aimed to identify clinical factors influencing hospitalization in a cross-sectional study including patients diagnosed with IBD (Inflammatory bowel disease) hospitalized in the year 2014.
Methods: A total of 138 patients with IBD where hospitalized in the Institute of Gastroenterology and Hepatology of St. Spiridon Hospital in Iasi in 2014. A number of 36 patients required more than one admission, summing a total of 185 IBD admissions. Our study included 41 patients with CD(Crohn disease), 91 with UC (ulcerative colitis) and 6 patients with undifferentiated colitis.
Results: Over the course of the year, our patients have accumulated a total of 1354 days (3.7 years) of hospitalization. Regarding the demographic features of our case population, 84 (61%) were male, 92 (67%) were from urban regions, 85 (62%) were of 40 years or older. UC had on average longer hospitalization (7.1 days/pacient) compared to CD (6.3 days/pacient). Correlating disease activity with average hospitalization period, 33% of the cases where evaluated with moderate activity scores with an average of 5 to 9 days of admission, followed by 26% cases of severe activity with 10 to 31 days of admission. Disease localization associated ileocolic CD (23, 56%) with longer hospitalizations, followed by ileal forms (10, 24%), while UC showed almost equal left-side disease (31, 44%) and extensive disease (28, 40%), but with longer average hospitalization for the later (8.86 days compared to 7.03). Out of 32 intestinal complications, stenosing IBD was more frequent (66%) than the fistulizing form (50%) with hospitalization between 5 and 20 days. Association of CDI (*Clostridium difficile* infection) increased average patient admission from 6.3 to 7.5 in CD and from 7.1 to 9.57 in UC.
Conclusion: Clinical and demographic features may influence negatively the average hospital admission for IBD patients, imposing the need for careful approach of preventable risk factors.
Keywords: inflammatory bowel disease, hospitalization.

PP 71. Colorectal cancer - the experience of gastroenterology department Timisoara

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Introduction: The incidence of colorectal cancer is in continuous increase. Colorectal cancer screening through endoscopy may have a beneficial decrease in mortality by this disease.
Aim: The aim of this study was to analise characteristics of patients diagnosed with colorectal cancer in our department during a period of 6 years.
Material and methods: We performed data analysis gathered from a retrospective study including 270 patients diagnosticated with colorectal cancer in our department between January 2010 and December 2015.
Results: From the total of 270 pacients, 150 were men (55%) and 120 women (45%). 68% of patients came from the urban environment. The mean age for diagnosis was 66 years. 6% (16 patients) had at least one first degree with colorectal cancer. The most common symptom was rectorrhagia (122 of patients, 45%), followed by losing weight (108 patients, 40%). The left sided colon cancers were about 60%.76 of patients (26%) had cancers that could not be endoscopically passed. At the time of diagnosis, 26% of patients had secondary disseminations (hepatic, pulmonary)
The higher incidence of cases was in 2015,65 (24%) patients were diagnosticated with colorectal cancer, meanwhile in 2010 were 39 (14%) patients.

Conclusions: Colorectal cancer incidence was higher in males, urban environment. Left sided colon cancers were about 60%. The most common symptom was rectorrhagia. It has been observed that there is an increasing trend in incidence of colorectal cancer, which enhances the need to conduct a national screening program.
Key words: colorectal cancer, rectorrhagia, screening, colonoscopy.

PP 72. Sudden onset of coma in liver cirrhosis: differential diagnosis and precipitating factors

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Introduction: Hepatic encephalopathy (HE) is a complex disease requiring multidisciplinary management. The categorization of HE encompasses a continuum, varying from the clinically silent minimal HE (MHE) to overt HE with four grades of severity.
Material and methods: We present the cases of two patients with cirrhosis secondary to HCV infection and long term stay in gastroenterology unit, that developed different grades of HE up to hepatic coma. The first is a woman of 45 years, without any previous overt HE, who developed suddenly coma. Clinical exam revealed a GCS of 3 points, bilateral fixed mydriasis, flaccid tetraplegia and bilateral Babinski sign and she was admitted to ICU. Brain CT and MRI were performed, but excluded acute stroke or hemorrhage, as well as space-occupying lesions. Laboratory findings indicated leukocytosis with neutrophilia and elevated procalcitonin and CRP. All bacteriology results were negative, but pharyngeal exudate revealed Methicillin-Susceptible Staphylococcus Aureus. Ammonia level was 135 mcg/dL, MELD score=21. She recovered spontaneously after 2 days.
The second is a woman of 58 years, with refractory ascites and previous episode of spontaneous bacterial peritonitis and episodes of HE grade I to II that recovered with specific therapy. She also developed sudden HE grade IV and was admitted to ICU for 3 days. Brain MRI excluded any cerebral lesion; laboratory findings indicated pancytopenia, with elevated CRP and procalcitonin; all bacteriological samples were negative. Only analysis of bronchial secretions revealed E.Coli ESBL+. Ammonia level was 101 mcg/dL and MELD score=24.
Conclusions: We present 2 cases of patients with HCV related cirrhosis Child class C, with inflammatory syndrome, awaiting liver transplant, with long hospital stay, that developed hepatic coma and completely recovered after a multidisciplinary approach (gastroenterology, neurology, anesthesiology, bacteriology).
Keywords: hepatic coma, procalcitonin, ammonia

PP 73. Trendul epdemiologic al pacientilor cu boli inflamatorii intestinale în partea de vest a țării, diagnosticați într-un centru terțiar de referință din Timișoara între anii 2004-2017

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Introducere: Asemeni țărilor din vestul Europei și in țara noastră se observa o creștere a incidenței cazurilor de boli inflamatorii intestinale. Scopul acestui studiu a fost urmărirea trăsăturilor demografice a pacienților cu boli inflamatorii intestinale , precum și urmărirea incidenței cazurilor de boli inflamatorii intestinale(IBD) în ultimii ani.
Material și metodă: Studiul a fost unul retrospectiv, cuprinzând pacienți diagnosticați cu IBD utilizând criterii clinice, biologice, endoscopice, histologice și radiologice între anii 2004 și 2016 într-un centru terțiar de referință din Timișoara.
Rezultate: Au fost incluși un număr de 381 de pacienți, 232 (60,3%) pacienți cu rectocolită ulcer-hemoragică (RCUH) si 149 (39,10%) pacienți cu Boala Crohn (BC). S-a urmărit distribuția teritorială și s-a observat faptul ca majoritatea au fost din județul TM (67,1%), 17,9% au fost din județul CS, 4,9% din AR, 1,4% din MH, si 4,9% din alte județe. Pentru a urmări incidența cazurilor noi de IBD, au fost împărțite în patru intervale temporale (2004-2006; 2007-2009; 2010-2012; 2013- 2016). S-a observat astfel o creștere a numărului de cazuri noi diagnosticate cu IBD dealungul anilor, astfel – 16 (10,7%) cazuri au fost diagnosticate cu Boala Crohn în intervalul 2004-2006, 27 (18,1%) de cazuri în intervalul 2007-2009, 48 (32,2%) de cazuri în intervalul 2010-2012 și 58 (38,9%) de cazuri în perioada 2013-2016. În cazul celor diagnosticați cu RCUH s-a menținut aceeași tendință de creștere 48 (20,7%) de cazuri în intervalul 2004-2006; 54 (23,3%) de cazuri în intervalul 2010-2012, și 86 (37%) de cazuri în intervalul 2013-2016, cu menținerea aceleași incidențe în intervalul 2007-2009, 44 (19%) de cazuri.
Concluzie: Se observă astfel o tendința tot mai mare de creștere a incidenței bolilor inflamatorii intestinale, mai pronunțată în cazul BC, decât în cazul RCUH, ajungând să le egaleze ca și raport în ultimii patru ani, fapt explicabil probabil prin occidentalizarea stilului de viață a populației din regiunea de vest a României. Totuși, deși incidența este în creștere, aceasta se menține in continuare mai mică decât in țările din vestul Europei.
Cuvinte cheie: Boli inflamatorii intestinale, boala Crohn, Rectocolita ulcero-hemoragică.

PP 74. Gastric emptying in Crohn's disease – evaluation by small bowel capsule endoscopy

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Introduction: The complex relationship between inflammatory bowel disease (IBD) and motility disorders of the digestive tract is a complex area of study, so far incompletely elucidated. The association between Crohn's disease and gastric emptying time modification has been relatively less studied. However, there is no single standardized method to study gastric emptying, one particular investigation that could bring direct information in this field being the small bowel capsule endoscopy (SBCE).
Aim & Methods: We aimed to study gastric emptying time by small bowel capsule endoscopy in patients with suspected and confirmed Crohn's disease. We evaluated gastric passage time showed by SBCE in patients with small bowel Crohn's disease, compared to patients without IBD, investigated by SBCE (PillCam), following recognized indications, in the Institute of Gastroenterology and Hepatology of Iasi.
Results: 144 SBCE studies were included, 24 were cases of suspected and confirmed Crohn's disease. The mean time of gastric passage in patients with Crohn's disease was 51 $\pm$ 21.9 minutes, longer than in patients without inflammatory bowel disease, in which the mean gastric passage time was 24 $\pm$ 16.6 minutes.
Conclusion: Gastric passage time, evaluated by SBCE, is prolonged in patients with Crohn's disease compared to patients without IBD, suggesting a relationship between chronic inflammation and gastric motor disorders. Globally, the obtained values correlated with those values considered as physiological by other exploration methods. SBCE studies may provide additional data on gastric motility (and in general gut motor disorders), with special usefulness in some individual cases, as: particular symptoms or variations in the bio-availability of small bowel- released drugs.
Keywords: gastric emptying, inflammatory bowel disease, capsule endoscopy

PP 75. C-reactive protein in cirrhotic patients with acute-on-chronic liver failure: is it a good predictor for mortality?

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Introduction: There are several newly developed prognostic scores for patients with liver cirrhosis, in order to assess short-term mortality in cases of acute-on-chronic liver failure (ACLF). Inflammation is an essential factor in the pathogenesis of ACLF. C-reactive protein (CRP) and/or white blood cell (WBC) count may have a role in estimation of prognosis of these patients.
Aims and Methods: We evaluated CRP values in a cohort of consecutive patients with liver cirrhosis admitted between January 2015 and February 2016 for acute decompensation in the Institute of Gastroenterology and Hepatology of Iasi, a tertiary care center in North-Eastern Romania. We evaluated the predictive role of CRP for mortality at 28 and 90 days in the ACLF group of patients, with or without overt infection or sepsis.
Results: One hundred forty one patients were included, mean age 63.3 ± 7.7 years, mostly men, 86 (61%). ACLF was diagnosed in 97 (68.8%) of the participants, 51 (52.6%) had proven sepsis, while for 47 patients, no evidence of sepsis or infection was found. Statistical analysis showed significant higher CRP mean values and WBC counts in patients with ACLF and sepsis (6.8 $\pm$ 1.93 and 16787.96 ± 3245.49, respectively) compared to patients with ACLF without sepsis (3.73 $\pm$ 1.86 and 13491.62 ± 3713.30, respectively). Mortality rates were similar for patients in ACLF group, even though a slightly higher rate was noted for patients without sepsis (28-death mortality rate 60.7% for patients with sepsis, 71.7% for patients without sepsis; 90-day death rate 82% for patients with sepsis, 91.3% for patients without sepsis). CRP and WBC counts had good sensitivity for predicting 28 day (for CRP, AUROC = 0.799) and 90 day mortality (for CRP, AUROC = 0.759) for all patients included.
Conclusion: Even if CRP and WBC count values were high for all patients with sepsis, a significant augmentation of CRP was noted in patients with ACLF, suggesting that ACLF is associated with marked systemic inflammation. CRP and WBC values were good predictors for 28 day and 90 day mortality for all patients included. Intense inflammatory response accompanying sepsis in patient with ACLF was associated with short-term mortality in these patients.
Keywords: Acute-on-chronic liver failure, liver cirrhosis, inflammation, sepsis

PP 76. Evaluation of Diabetes Mellitius type ii patients with transient elastography and Controlled Attenuation Parameter (CAP)

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Aim: The aim of the present study was to assess the severity of liver fibrosis and steatosis in a cohort of type II diabetic patients, using non-invasive methods: Transient Elastography (TE) and Controlled Attenuation Parameter (CAP).
Material and methods: The study included 195 type II diabetic patients, who were prospectively randomized (every first 6 patients who were referred to the Metabolic Disease Outpatient Clinic on a consultation day), evaluated in the same session by means of TE and CAP (FibroScan EchoSens) to assess both liver fibrosis and steatosis. Each patient was evaluated for the presence of viral hepatitis (B, C, D) and an AUDIT-C score was performed to exclude alcohol abuse. Reliable liver stiffness measurements (LSM) were defined as the median value of 10 LSM with an IQR/median <30%. For TE and CAP, M and XL probes were used. A cut-off value of 8.2 kPa [1] was used to define clinically relevant fibrosis (F≥3). For differentiation between stages of steatosis we used the following cut-off values [2]: S2(moderate) - 255 db/m, S3(severe) - 290 db/m.
Results: Out of 195 diabetics screened we excluded those with associated viral hepatitis, those with an AUDIT-C score ≥8 and those with unreliable LSM. The final analysis included 177 subjects (64.4% women, 35.6% men, mean age 60.7±9.1;; BMI=31.6 ± 6.3 kg/m^2) with reliable LSM. Moderate and severe steatosis by means of CAP was found in 16.4% and 70.6% cases respectively. Clinically relevant fibrosis was detected by means of TE (LSM≥8.2 kPa) in 27.1% (48/177) of subjects, out of whom70.8% (34/48) subjects concomitantly had CAP values ≥ 290db/m, suggesting severe steatosis.
Conclusions: In our group, 87 % of diabetic patients had moderate and severe steatosis by CAP and 27.1% of them had severe fibrosis by TE, suggesting the need for their systematical assessment.

PP 77. Chronic constipation due to extrinsic compression

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Background. Chronic constipation is a major cause of discomfort generally caused by benign digestive or extra-digestive illnesses. An extrinsic compression mechanism is particularly easy to overlook without extensive imaging investigations.
The objective of this paper is to present a case of chronic constipation caused by an extrinsic compression mechanism due to pancreatic cancer with inferior splenic pole, splenic artery and vein invasion in a patient admitted for abdominal pain located in the left flank and chronic constipation.
Material and methods. A 79-year-old patient, known with hypertension, permanent atrial fibrillation with average pulse rate, heart failure and tachyarrhythmic cardiomyopathy with severe systolic dysfunction hospitalized for chronic constipation and abdominal pain located in the left flank.
On examination it reveals a left supraclavicular lymphadenopathy and slowed intestinal transit, about a stool/week.
Laboratory data on admission shows discrete leukocytosis and negative CA 19-9 and CEA.
Upper and lower endoscopy highlights gastric extrinsic compression on the anterior wall in the vertical part and extrinsic compression in the transverse colon that can not be exceeded by the endoscope.
Abdominal MRI reveals an 8.3/6.3 cm expansive inter-gastrosplenic process with splenic and hilar vascular pedicle invasion; splenic infarcts and a hepatic metastasis located in the VI segment.
Following investigations we decide to perform endoscopic ultrasound with fine needle aspiration biopsy.
Results. Following the pathological examination describing malignant cytology compatible with adenocarcinoma we decide oncologic and surgical evaluation.
Conclusions. The particularity of the case lies in the combination of a seemingly benign symptom with pancreatic neoplastic pathology without other suggestive symptoms.
Note the importance of imaging exams (upper and lower GI endoscopy, endocopic ultrasound with fine needle aspiration, abdominal ultrasonography and MRI), which raised the suspicion of a pancreatic proliferative process in a patient with inconclusive biological and clinical evidence and seemingly benign symptoms.
Key words: constipation, abdominal pain, pancreatic cancer

PP 78. Correlation between lung function and humoral immune profile in patients with chronic viral infection HBV serologic form HBsAg positive/anti HBcor positive

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Introduction: Humoral immune response influence on pulmonary function in patients with chronic viral infection HBV.
Aim of the study: To evaluate the correlation between the parameters of lung function and humoral immune profile in

patients with chronic viral infection HBV serological variant HBsAg positive / anti HBcor positive.
Materials and Methods: The study included 58 people. The control group (group I) presented from 15 healthy people (HBsAg"-"/Anti HBcor"-"). The group of patients with chronic HBV infection, serologic variant HBsAg"-"/Anti HBcor"+" (group II) consisted of 28 people, III group with chronic hepatitis B, serologic variant HBsAg"+"/Anti HBcor "+" consisted of 15 patients. It was carried out a comprehensive clinical, laboratory and instrumental examination of all persons included in study with determination of viral markers in blood serum, biochemical data, humoral status, abdomenal ultra-sonography and spirography.
The results: The direct correlation was found between IgE and FVC (r - + 0,624, p - 0,017), with MEF50 (r - + 0,628, p - 0,016), with MMEF75/25 (r - + 0,549, p - 0,042) and FEV1 (r - + 0,574, p - 0,032); as well as between Ig A with MEF75 (r - + 0,636, p - 0,02) and PEF (r - + 0,586, p - 0,035).
Conclusions: The observed correlation between the lung function parameters and humoral immunologic profile shows their positive interdependence in patients with chronic viral infection B, serologic variant HBsAg "+" / anti HBcor "+" which has clinical relevance in understanding the imunological analysis in these patients.
Keywords: humoral immune profile, lung function parameters, chronic viral infection HBV.

PP 79. Correlation between Controlled Attenuation Parameter (CAP) and Liver Steatosis assessed by B-mode Ultrasound

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Introduction and Aim: The aim of this study was to assess the corelation between liver steatosis quantification using B-mode ultrasound (US) and Controlled Attenuation Parameter (CAP) available in the TE device, in beginner's hand.
Material and Method: We evaluated 180 subjects with type II diabetis, in whom abdominal ultrasound (US) and CAP (FibroScan, EchoSens) were performed during the same session. The degree of liver steatosis was apreciated by US using the presence or absence of bright liver echo pattern as comparase to the kidney parenchime and the presence of posterior attenuation. The steatosis were diveided sus into 4 categories: no steatosis (S0), mild steatosis (S1), moderate steatosis (S2), severe steatosis (S3). For differentiation between different stages of steatosis by CAP we used the following proposed cut-off values (1): S0 - <232.5 db/m S1 – 232.5 db/m, S2- 255 db/m, S3- 290 db/m.
Results: Dividing our cohort according to the CAP steatosis cut-off values we obtained the following groups: S0- 15 subjects (8.3%); S1- 9 (5%); S2- 26 (14.4%), S3- 130 (72.3%). We obtained a significant positive correlation between CAP steatosis and US liver steatosis quantification (r= 0.50, p< 0.0001).
Conclusions: The correlation between CAP steatosis and US liver steatosis quantification was good (r= 0.50, p<0.0001), when evaluated by beginners. The majority (72%) of type II diabetis subjects presented severe steatosis.
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PP 80. Jaundice syndrome as the first manifestation of a rare congenital disease

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Introduction: Caroli Disease is a rare inherited disorder characterized by sacciforme or spindly non-obstructive dilation of the intrahepatic bile ducts which causes an increased incidence of gallstones vesicular of cholangitis and liver abscesses. The incidence is about 1/1 million people, with an equal distribution by gender and 80% of patients develop symptoms before the age of 30 years.
Presentation case: We present a 34 years old patient who was sent in January 2017 at the Institute of Gastroenterology and Hepatology Iasi for fever (39 degrees), scleral and skin jaundice, itching, loss of appetite, and asthenia. From previous medical history of the patient we mention the onset of symptoms at the age of 18, followed by two episodes of angiocholitis. The patient is nonsmoker and denies the use of hepatotoxic medications. Physical examination revealed scleral and skin jaundice, lesions from scratching, hepatosplenomegaly, increased abdomenal volume on account of the excessive subcutaneous tissue, depression, pain in the right upper quadrant. Hospitalization notes: normochromic normocytic anemia, hepatocytolisis syndrome (GOT = 79 U/L), cholestasis (ALP = 451 U/L, GGT = 199 U/L), bile retention (TB = 4.95 mg/dl, DB = 3.7 mg/dl), hypocholesterolemia, hypoalbuminemia, inflammatory syndrome, negative viral markers (B and C), normal markers of autoimmunity: ANA, AMA, anti LKM1, ASMA slightly increased, but without autoimmune damage criteria. Upper gastrointestinal endoscopy revealed the

presence of small and silent esophageal varices. Abdominal ultrasound described the presence of hepatosplenomegaly and signs of portal hypertension (PV dilated, splenomegaly, ascites in a small amount). In order to determine the etiology of liver disease, the subsequently carried out imaging investigations (CT scan, MRCP) have described the liver dysmorphic, increased in volume on account of the left lobe, without expansive injuries in hepatic parenchyma, sacciforme and linear dilatations of the bilobal intrahepatic bile ducts, predominantly on the right side (segments VII and VIII), circumferentially developed around the portal lobular branches, principal bile duct expanded to a size of 14 mm without detecting a cause of obstruction, dropsical, alithiasic cholecyst, signs of portal hypertension (PV = 22 mm, SV = 18 mm, splenomegaly), significant portosystemic collateral circulation, perispleen, periportal, perigastric and small amount of ascites. The progress has been slowly favorable after the treatment with albumin, bile binders, hepatotrophics, group B vitamins and proper hydration.

Conclusion: Caroli Disease is a long time asymptomatic congenital condition, with nonspecific first symptoms which represents developing complications. The treatment is eminently surgical, the medical one is reserved for the complications. To avoid complications, especially the risk of developing cholangiocarcinoma, the patient is being evaluated for liver transplantation.

Keywords: jaundice, angiocholitis, congenital disorder

PP 81. Colorectal cancer as an inflammatory bowel disease complication: patients awareness

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Introduction: Our aim was to evaluate the inflammatory bowel disease (IBD) patients awareness of the risk of developing colorectal cancer (CRC) as a disease complication.

Material and Methods: 150 IBD patients (84 with ulcerative colitis - UC), from „St. Spiridon" Hospital, Iasi, Romania – Gastroenterology Department, were asked to answer a set of specific questions. The questions included details about the particular aspects of CRC risk in IBD according to the latest guidelines: risk factors (age at diagnosis, disease duration), best screening method, the moment when screening should start, therapeutic options etc.

Results: Only 32% of patients were aware of the possibility of developing CRC as a complication in IBD (UC 42%, Crohn's disease – CD 22%, $p<0,01$). In what concerns the increased risk for CRC in IBD, 68% of patients were aware of it (UC 75%, CD 61%, $p<0,01$). Very few patients knew that young age at diagnosis and disease duration increase the risk for CRC. Only 29% knew that screening colonoscopies should start 8-10 years after diagnosis. But the best majority of patients (89%) indicated colonoscopy as the standard screening test. Moreover, half of the patients knew that dysplasia is a precancerous lesion. Regarding the therapeutic options, only half of the patients would choose to undergo colectomy in case of dysplasia.

Conclusions: This study shows that IBD patients have a low level of education in what concerns CRC as a complication of their disease. Physicians must raise the awareness of IBD patients for a more rigorous disease monitoring and correct therapeutic options in order to reduce CRC prevalence in IBD.

Keywords: inflammatory bowel disease, colorectal cancer, patients awareness

PP 82. Metabolomics in diagnosis of NASH - there is hope

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Introduction and aim: Non-invasive biological markers that distinguish between nonalcoholic steatohepatitis (NASH) and simple steatosis are still a major concern when speaking about progressive fatty liver. The aim of this study was to test the diagnostic value of a panel of serum metabolites derived from the pathophysiological events involved in the development of NASH.

Method: A total of 60 patients were included in the study, 30 diagnosed with nonalcoholic fatty liver disease (NAFLD) and 30 with chronic hepatitis C. Steatohepatitis was assessed using NASH-Test elaborated by Biopredictive (R) (Paris, France). New metabolomic techniques (high performance liquid chromatography coupled with mass spectrometry (HPLC-MS) and principal component analysis (PCA) were used to identify final products of various metabolic pathways correlated with NASH.

Results: Of the whole study group, 12 patients were classified as not having NASH, while 9 patients were included in NASH group. Patients classified as probable NASH were excluded from the study. In univariate analysis, three markers were

predictors of NASH: androstenone, hexadecenoic choline and myristyl laurat – an ester of fatty acids (p=0.01, 0.04 and 0.05 respectively). The diagnostic value of androstenone was 0.760 as expressed by AUROC, while choline and the esters of fatty acids had an AUROC of 0.692 and 0.740 respectively. Using a combination of these three metabolites, the predictive value of serum markers in detecting NASH evaluated through AUROC increased at 0.890, with a sensitivity of 87.50%, specificity of 76.92, positive predictive value of 70.0% and negative predictive value of 90.9%. Androstenone and the esters of fatty acids were described as being associated with fatty liver, while choline was correlated in animal models with inflammation and fibrosis.

Conclusion: Metabolomics is a promising technique in selecting patients with steatohepatitis, the progressive and dreadful form of nonalcoholic fatty liver disease.

PP 83. Detection of protusive lesions by colonoscopy in elderly patients with iron deficiency anemia

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Background: Colonoscopic screening is the ideal method for colorectal neoplasia detection, offering high accuracy in the macroscopic evaluation of the colon in patients with iron deficiency anemia.

Aim: The detection of protrusive lesions through colonoscopy in patients over 60 years old with iron deficiency anemia.

Material and methods: The study included 82 patients (50 males and 32 females), mean age 65, that were evaluated during 1 year by biological samples prior to colonoscopic, abdominal ultrasound and CT scan evaluation, for detecting marks of lower GI bleeding/FOBT (Fecal Occult Blood Test) and iron deficiency anemia. We have also included the partial colonoscopies and all the patients have done exclusion upper digestive endoscopy.

Results: 74 patients were investigated by total colonoscopies over the stated period, the rest being partially explored because of stenotic tumors. There were 47 cases of adenomatous polyps of different sizes that presented dysplasia (26 with high grade dysplasia), and 35 cases of colorectal cancer (43%):10 in the rectum (28%), 5 in the rectosigmoid colon (14%),12 in the descending colon (34%), 2 in the transverse colon (6%), 3 in the ascending colon (9%), 2 in the cecum (6%) and 1case of synchronous tumors located in the descending, transverse and hepatic flexure of the colon (3%). Polypectomy was performed for all the high grade dysplasia polyps, and the patients with stenotic or synchronous tumors underwent surgical treatment and/or radiochemotherapy.

Conclusions: The lesions detected through colonoscopy in patients over 60 years old with iron deficiency anemia included adenomatous polyps with different grades of dysplasia (57%), and colorectal cancer (43%). Increased serum levels of tumor markers like CEA and CA19-9 are associated with advanced stages of neoplasic lesions, and paraclinical investigations such as colonoscopy, abdominal ultrasound and CT scans are useful for tumoral staging and as a surgical treatment inclusion criteria.

Keywords: neoplasm, colonoscopy, anemia

PP 84. Intraobserver reproducibility of two-dimensional shear wave elastography in children

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Background and aim: Assessment of liver fibrosis is vital in establishing the diagnosis, therapeutic options and prognosis of liver diseases. There are a limited number of studies evaluating 2D SWE techniques in children, all focusing on providing cut-offs for fibrosis staging. We aimed to evaluate a 2D SWE technique in children, by investigating intraobserver reproducibility of the method.

Methodology: We conducted a prospective study from November 2015- July 2016, recruiting 73 consecutive children (age range: 3-17 years, mean age 11.7±3.5 years) evaluated in the 2nd Pediatrics Clinic.

We used the 2D-SWE.GE (Logiq E9, GE Healthcare, Chalfont St Giles- UK), with a C1-6-D probe. The trapezoid sample box was placed 1-2 cm under the liver capsule, in full liver parenchymal area, avoiding large tubular structures. We placed the ROI in the most homogenous area of the sample box.

One examiner (with an experience of more than 50 examinations using this technique in adults) performed 10 liver stiffness measurements (LSM) for each child.

For the intraobserver reproducibility analysis we calculated the medians of the first five and last five LSM.

Results: LSM were similar across age categories- children older than 10 years vs younger children: 4.21 ± 1 kPa vs 4.14 ± 1 kPa, p= 0.78. We found higher LSM in obese children: 4.4 ±

0.9 kPa vs 3.9 ± 1.0 kPa, p= 0.06 and in boys: 4.3 ± 1.0 kPa vs girls: 3.8 ± 0.9 kPa, p= 0.05. In 4 children the measurement was unquantifiable due to the heterogeneous elastographic image.
The intraobserver reproducibility showed that there were similar results for the first 5 LSM compared to the last five LSM (4.2±0.9 vs 4.3±0.9, p=ns), for the entire group, as well as for normal weight children (4.0±0.9 vs 4.1±1.0, p=ns) and obese children (4.4±0.9 vs 4.4±0.7, p=ns).
Conclusion: Our study revealed that the use of 2D SWE.GE in children is reliable and highly reproducible. Moreover, we showed that a limited number of LSM is necessary to obtain such good results.

PP 85. The evaluation of helicobacter pylori (H. pylori) infection in patients with gastroesophageal reflux disease (GERD)

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Introduction: The aim of our study was the evaluation of H. pylori status (positive/negative) in those patients with typical symptoms of GERD.
Material and method: We have selected 70 patients with typical symptoms of reflux (heartburn and/or acid regurgitation) addressed in the Ambulatory of the Institute of Gastroenterology and Hepatology (IGH) Iasi in the last 12 months. They were explored with upper digestive endoscopy (UDE), to evaluate the esophageal lesions and with fecal antigen test, to determine the H. pylori status.
Results: The positivity of fecal antigen test was equivalent to positive H. pylori status, and a negative test was considered as negative H. pylori status. UDE showed esophagitis grade A (Los Angeles classification) in 16 patients, esophagitis grade B in 6 patients and short segment Barrett's esophagus in 8 patients. A H. pylori positive status was found in only 12 patients with GERD (17%), including 6 with grade A esophagitis, the other 6 having normal esophageal mucosa.
Conclusions: The majority of patients with typical symptoms of reflux have, in our study, a negative H. pylori status (83%), which correspond to the recent literature data. On the other hand, the severity of reflux esophageal lesions does not correlate to the presence of H. pylori infection.
Keywords: gastroesophageal reflux disease, H. pylori infection

PP 86. Liver stiffness values using ElastPQ in healthy subjects

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Aim: To establish liver stiffness values in healthy subjects, by means of ElastPQ, a point shear wave elastography.
Material and Method: We evaluated 40 healthy subjects (67.5% women, 32.5 % men, BMI=21.9 ± 5.5 kg/m^2), without known liver disease and with a normal abdominal ultrasound, in whom liver stiffness (LS) was assessed using ElastPQ (EPIQ 7, Philips Healthcare, Bothell, WA, USA). Reliable LS measurements were defined as the median value of ten measurements acquired in a homogenous area avoiding large vessels and with an IQR/ median < 30%.
Results: Out of 40 subjects, reliable LS measurements were obtained in 39 subjects (97.5%) by means of ElastPQ. The mean LS values in healthy subjects was 4.24 ± 0.96 kPa, CI 95% (3.93 - 4.56). Both for men and for women, the mean liver stiffness was similar 4.50 ± 1.05 kPa, CI 95% (3.76-4.49) vs. 4.13 ± 0.92 kPa CI 95% (3.83-5.18) (p=0.27).
Conclusion: ElastPQ has a very good feasibility (97.5%) in healthy subjects. The mean LS value obtained in our cohort was 4.24 ± 0.96 kPa.
Key words: healthy subjects, liver stiffness, ElastPQ.

PP 87. Early diagnosis of exocrine pancreatic cancer in patients with chronic pancreatitis

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Introduction: Chronic pancreatitis (CP) is produced by abuse alcohol intake in men and hypertrigyceridemia in women mostly, being a predictive risk factor for the occurrence of pancreatic cancer (PC).
Material and methods: the study includes 94 patients with acute pancreatitis (AP) and chronic pancreatitis (CP), 71 males and 23 females with mean age 56/+/-8 years hospitalized in Gastroenterology and Hepatology Department that have been prospectively examined during 18 months and investigated through clinical, biochemical (pancreatic enzymes, glucose tolerance test, CA19-9, CEA tumoral markers) and imagistic explorations (abdominal ultrasound, CT, MRCP).
Results: In the first group, 44 patients (30 males had toxic AP and 14 females had gallstones and mixed dyslipidemia) presented mild and recurent AP; 21 patients had severe forms of AP (Balthazar score > 4), 11 of them being operated. In the second group, 29 (31%) patients were diagnosed with CP

(calcifications, cysts), of which 8 (28%) had diabetes mellitus type 2 (4 IN-4 NIN); 10 patients had PC: 5 with cephalic localization, 3 patients had body neoplasms and 2 caudal distribution. 4 patients with T1-2N0M0 tumours were in resectable curative phase, the rest being in the T4N1M1 stage.
Conclusions: PC occurs more frequently in patients with CP, but proper treatment and lifestyle changes can prevent the disease evolution towards PC. Tumoral markers for PC are CA 19-9 and CEA that grow significantly in advanced stage of the disease.Imaging monitoring (US, CT, MRI scans) in patients diagnosed with CP must be the target in disease course concerns in order to prevent, treat, or even cure PC in early stages.
Key words: pancreatic cancer, diagnosis

PP 88. Contrast Enhanced Ultrasound in focal liver lesions – a cost efficiency multicenter study

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Contrast enhanced ultrasound (CEUS) has a well established role for the evaluation of focal liver lesions (FLL).
The aim of our paper was to evaluate if CEUS is a cost-efficient method for the first line assessment of FLL.
Material and method: We performed a prospective study that included successive CEUS evaluations performed in 14 departments (February 2011 - March 2017). CEUS examinations were performed in de novo FLL, using low mechanical index ultrasound, following an intravenous bolus of 2.4 ml SonoVue**.** CEUS was considered conclusive if, following contrast, the FLL had a typical enhancement pattern (after EFSUMB Guidelines 2012), allowing its classification as hemangioma, FNH, adenoma, hepatocellular carcinoma, metastasis, fatty-free area, focal fatty infiltration. We compared the costs of a CEUS positive diagnosis, to the cost of contrast CT and/or contrast MRI positive diagnosis. We also included the additional costs of CT and/or MRI, if CEUS was not conclusive. The cost of CEUS was calculated as the cost of 1/2 vial of SonoVue + the cost of abdominal ultrasound (150 + 30 = 180 RON). The costs of contrast CT scan and MRI were 270 and 650 RON respectively (mean costs practiced in Timisoara).
Results: 1790 FLL were included in our study: 650 (36.3%) in patients with chronic hepatopathies, 243 (13.6%) in oncologic patients, 871 (48.6%) incidentalomas and 26 (1.5%) in inconclusive CT or MRI cases. CEUS was conclusive in 1550 (86.6%) of the 1790 cases, the cost for the evaluation of these patients being 279,000 RON. For the other 240 patients, the diagnosis cost will include the cost of CEUS + the cost of contrast CT: 108,000 RON. If contrast MRI would be used for the differential diagnosis, the cost would be 199,200 RON. So the total cost of diagnosing 1790 FLL would be 387,000 RON with CT or 478,200 RON with MRI.
If contrast CT would be used as the first line diagnosis for the 1790 FLL, the cost would be 483,000 RON, by CEUS saving 96,000 RON, or 53.6 RON/lesion (using contrast CT for the differential diagnosis).
If contrast MRI would be used as the first line diagnosis, the cost would be 1,165,500 RON, by CEUS saving 685,300 RON, or 382.8 RON/lesion (using contrast MRI for the differential diagnosis).
Conclusion: CEUS is a cost-efficient method as a first line diagnosis of FLL as compared to first line contrast-CT or first-line MRI.
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PP 89. The adverse effects of inflammatory bowel disease (IBD) treatment in a tertiary referral center

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Background. The treatment of IBD patients encounters adverse effects (reported between 5 to 30% of patients) which represent a major drawback in the use of these drugs. For example, one-third of patients discontinue thiopurines in relation to side effects.

Aim. The present study aimed to investigate the frequency and type of adverse events in a cohort of IBD patients from a gastroenterology service in a tertiary referral centre.
Patients and methods. The records of IBD patients referred to our institution and followed-up between 2012 and 2016 were retrospectively evaluated. There were considered adverse events abnormal, harmful, or undesirable effect that causes anatomical or functional damage, irreversible physical changes. There were appreciated as moderate or severe adverse events those which needed any intervention or hospitalization or were death related.
Results. We included in our study 103 patients, 73 (70.87%) with ulcerative colitis (UC) and 29 (29.13%) with Crohn's disease. Their treatment was Azathioprine (64%), 5-ASA (72%) and anti TNF (25%). Side effects were recorded in 14 (13%) patients. The AZA side effects were considerated as severe: acute pancreatitis (n=2), perineal abscesses in one UC patient, myelotoxicity (n=4) and moderate (mild hepatitis and cholestatic disease, n=2), flush (n=1), gastrointestinal toxicity (n=2). The 5ASA and anti TNF related side effects were alopecia (n=1), acute hepatitis (n=1), and pustular skin disease, respectively.
Conclusions. The frequency of adverse effects of IBD therapy was 13%. The most frequent recorded side effects were AZA related such as myelotoxicity, gastrointestinal toxicity and acute pancreatitis.

PP90. Efficacy of beta-blockers in cirrhotic pacients: a prospective observational study

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Introduction: Beta-blockers are the current mainstay for the treatment of gastroesophageal varices, either for prophylaxis of first variceal bleeding or rebleeding. In this study we wanted to assess whether cirrhotic patients with GEV (gastroesophageal varices) treated with Propranolol are using optimal doses, assessed by HR (heart rate) and MAP (mean arterial pressure) and the effect of beta-blockers on QT interval.
Materials and methods: We performed a prospective observational study on a cohort of 87 consecutive patients with cirrhosis without previous history of cardiovascular disease. Patients' data about beta-blocker dosage, MAP, heart rate and QT interval were recorded at baseline. The aim was to assess if the Propranolol dosage was properly adjusted by heart rate (which is supposed to be 55-60 beats per minute) and MAP (which should not decrease under 70 mm Hg). Also, we wanted to evaluate a possible correlation between patients that are on the right Propranolol dose, i.e. HR between 55-60 and the length of QT.
Results and conclusions: 61 out of 87 patients were using Propranolol, with a heterogeneous dosage between 20 and 160 mg per day. HR varied between 44 and 95 beats per minute (with a median of 66), only 16 out of 61 patients being given the appropriate dose of beta-blocker. MAP was equal to or greater than 70 mm Hg in all treated patients. Median QTc (corrected QT) interval at baseline was 413 milliseconds (range, 372-475 milliseconds) among patients treated with beta-blocker. A value greater than 440 milliseconds was considered a prolonged QT interval. A resting HR between 55-60 mm Hg was not associated with the length of QT interval (p=0.125 chi-square). In conclusion, the majority of cirrhotic patients are treated with improper beta-blocker doses according to heart rate.
Keywords: cirrhosis, beta-blocker

PP91. Two-dimensional shear waves elastography in children: what is the number of liver stiffness measurements needed for a high quality evaluation?

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Background: Pediatric chronic liver diseases are becoming a public health issue. Ultrasound based elastographic techniques have emerged as non-invasive methods of pediatric liver fibrosis assessment. The most recent are two dimensional shear-wave elastographic (2D SWE) techniques. While they are proved to be highly reproducible in children, there is still no consensus regarding the number of measurements to be performed for a high-quality evaluation. **Aim:** We aimed to investigate the number of liver stiffness measurements (LSM) needed for a high-quality evaluation using a 2D SWE technique.
Material and methods: We conducted a prospective study which included 73 children (age range: 3-17 years, mean age 11.73±3.55 years, 37% girls, mean body mass index (BMI) 25.12±7.38 kg/m2). We used the 2D-SWE.GE (Logiq E9, GE Healthcare, Chalfont St Giles- UK), with a C1-6-D probe. One examiner performed 10 LSM for each child. We randomly extracted 1 LSM, 2 LSM, 3 LSM and 5 LSM from all 10 and calculated their respective medians. We employed the Friedman test to compare the medians of 1, 2, 3, 5 and 10 LSMs. We used the interclass correlation coefficient (ICC) to

assess the agreement between the medians of 1, 2, 3, 5 and 10 LSMs.
Results: Medians calculated from 1, 2, 3, 5 and 10 LSMs were similar (4.21±1.05 kPa vs 4.22±0.91 kPa, 4.25±1.03 vs 4.2±0.99 kPa vs 4.19±0.99 kPa, p= 0.94). Furthermore, the agreement between medians calculated from 1, 2, 3, 5 and 10 LSMs was excellent (ICC= 0.960, 95% confidence interval: 0.944-0.974).
Conclusion: We suggest obtaining 5 LSM for a high quality evaluation using this 2D SWE technique.
Keywords: 2D SWE, elastography, children

PP 92. Encephalapp Stroop Test: a modern approach for diagnosing minimal hepatic encephalopathy

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Introduction: Minimal hepatic encephalopathy (MHE) is a condition described in patients with cirrhosis, affecting health-related quality of life and daily functioning of patients; however, MHE diagnosis is still a challenge. The aim of our study was to evaluate for MHE, patients included on the waiting list for liver transplantation by using the new EncephalApp Stroop Test on an Apple iPad Mini 4.
Methods: 19 patients with cirrhosis were evaluated. All participants had a MMSE ≥ 25 and normal neurological exam, except for one patient who had chronic HE.
Results: There were 78.9% males; mean age at evaluation: 49±10.2 years. 36.8% of patients had previous episode(s) of HE. Mean MELD score at evaluation was 17.5±6.2. Mean Stroop result (On+Off) was 169.75±23.79 seconds (range 134.82 – 206.12). Only three participants scored >190 sec. The single patient with HE grade I scored 188.29 sec. Mean value based on etiology was for HCV related cirrhosis 166.83±24.63 sec, for alcohol related cirrhosis 183.13±21.22 and for HBV related cirrhosis 174.14±18.18 sec (p=0.46). There was a statistically significant positive good correlation between test results and MELD score (r=0.54, p value=0.024). No other correlation was found between Stroop results and variables reflecting severity of portal hypertension (platelet count, presence and severity of esophageal varices, presence of ascites) or previous episodes of HE. Brain MRI of four patients showed in all cases raised peak levels of glutamate in the basal ganglia or high signal intensities in globus pallidus.
Conclusion: EncephalApp Stroop Test can be a valuable and easy to use diagnostic tool in clinical practice, that can differentiate between patients with cirrhosis and MHE awaiting liver transplantation. Stroop test time increases with liver dysfunction reflected by MELD score increase. Brain changes detected by MRI can improve the diagnosis of MHE.
Keywords: minimal hepatic encephalopathy, Stroop test, diagnosis

PP 93. Precipitating Factors of Hepatic Encephalopathy at Timişoara County Emergency Clinical Hospital

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Introduction: Hepatic encephalopathy is a frequent complication of liver cirrhosis which manifests as a wide spectrum of neurological or psychiatric abnormalities ranging from subclinical alterations to coma, however it is considered a reversible syndrome once recognized.
The aim of this study was to determine the precipitating factors of HE in patients with liver cirrhosis at Timişoara County Emergency Clinical Hospital.
Material and Methods: We performed a retrospective study on a group of 175 cirrhotic patients admitted with HE (Hepatic Encephalopathy) in our department from March 2015 to March 2017. In each patient precipitant factors for HE were searched for: urinary tract infection, respiratory infections, spontaneous bacterial peritonitis, electrolyte disorder, gastrointestinal bleeding by means of specific tests.
Results: Of the 175 patients 106 (61%) were males. Alcohol consumption was the cause of cirrhosis in 74 (42,5%) followed by Hepatitis C virus in 48 (28%) and Hepatitis B virus in 30 (17,5%). On presentation, 42.2% patients had grade 1 HE, while 31%, 20.1% and 8.6% had grades 2, 3 and 4 respectively. The most common precipitant of HE was urinary tract infection in 44 (25.3%), gastrointestinal bleeding in 40 (23%), electrolyte disorder in 36 (20.7%), respiratory infections in 24 (13,8%), spontaneous bacterial peritonitis in 14 (8%) and other precipitant factors* in 16 (9,2%).
Conclusion: The study concluded that there were different factors which play a key role in hepatic encephalopathy. In these factors, infection was the most common, especially urinary tract infection followed by gastrointestinal bleeding, electrolyte disorder, respiratory tract infections and spontaneous bacterial peritonitis.
Keywords: Precipitating, Factors, Encephalopathy

* other precipitant factors: constipation, excess protein intake and unknown

PP 94. How does the environmental risk factors influence the prevalence of inflammatory bowel disease (ibd) in a retrospective study in Romania ?

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Background. The rapid increase in IBD incidence draw the attention on the importance of environment, besides genetic predisposition, in its pathogenesis or on the course of the disease. The aim of this study was to investigate associations between different environmental risk factors and prevalence of IBD.
Methods. This retrospective study included 65 patients (21 patients with Crohn Disease - CD and 44 with Ulcerative Colitis - UC) from the Internal Medical Clinic and Gastroenterology of University Emergency Hospital Bucharest. All patients completed a detailed questionnaire regarding socio-economic status, breastfeeding, family history, medical history that implied antibiotics, surgical history, smoking and diet.
Results. The group was made of 36 men (25 UC and 11 CD) and 29 women (19 UC and 10 CD) with ages between 24 and 81 years. There is a strong correlation between patients with family history of IBD and CD (Odds Ratio -OR 2,8 [2,11-4,21]), and with active smokers (OR 1,67 [1,4-2,3]) and appendicectomy as well (OR 1,51 [1,24-2,1]). Repeated use of antibiotics in early childhood for different infections was found in CD patients (OR 2,6 [1,26-6,51]) but not in UC cases. City living and the western diet (rich in proteins and fat) are risk factors for developing IBD. Frequency of appendectomy was the lowest in UC patients, as well as smokers (OR 1,67 [1,2502,14]) so their absence increases the risk. Breastfeeding could not be associated with IBD, because of the inconclusive data regarding the period (more or less of 6 months).
Conclusion. This study supports the importance of environmental factors in the development of IBD and on the subsequent evolution. Neither factor in itself is sufficient and also the mechanism behind the association is poorly understood. The effects on modifying these risk factors on natural history and patient outcome, remains to be established.
Keywords. BII, environment, risk factor

PP 95. Risk factors for erosive esophagitis - an endoscopic study

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Aim: To determine the prevalence of erosive esophagitis and stratification of risk factors involved in their development.
Methods: We performed a retrospective study between 01.01.2010-31.12.2015 which included newly diagnosed patients with erosive esophagitis. Classification of esophagitis lesions was classified in 4 degrees, according to Los Angeles classification in A, B, C, D. Patients were stratified into two groups: mild esophagitis (grade A and B) or severe esophagitis (grade C and D).
Results: Our data showed that erosive esophagitis is a frequent disease (2136 patients), the most common forms of esophagitis being grade A and B: 1600 (74.90%), patients with esophagitis grade A, 335 (15.68%) patients with grade B esophagitis, 113 (5.29%) patients with grade C esophagitis and 88 (4.17%) patients with esophagitis grade D. There was a predominance of males.
Of the risk factors involved in the development of esophagitis, hiatal hernia was found in 818 patients with esophagitis (38.29%). The association of hiatal hernia with mild esophagitis was statistically significant $p < 0.05$. Male sex was statistically correlated with severe esophagitis ($p < 0.05$). H. pylori was present in similar proportions in patients with mild esophagitis respectively in the group with severe esophagitis, with no statistical difference between the two groups. Upper gastrointestinal bleeding was statistically correlated with severe esophagitis ($p < 0.05$).
Conclusions: Erosive esophagitis is a frequent disease, the most common forms being grade A and B. Male sex and hiatal hernia are risk factors for the development of erosive esophagitis.
Keywords: esophagitis, hiatal hernia.

PP 96. Esophageal tuberculotic stricture mimicking carcinoma: case-report

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Introduction: Tuberculosis is a common and often deadly infectious disease. Mycobacterial involvement of the gastrointestinal tract is rare both in immunocompetent and imunocompromised hosts, being the sixth most common extra-

pulmonary location. Moreover esophageal tuberculosis is extremely rare counting for only 0.2% of gastrointestinal tuberculosis cases. Most cases occur in the middle part of the esophagus and are seconday to direct extension from infected mediastinal lymph nodes or pulmonary site. We can seldom speak of primary esophageal tuberculosis.

Case-report: This case report describes the clinical and para-clinical features of a 55-year old Caucasian male who presented to the emergency room complaining of solid dysphagia and weight loss (6 kilograms in 2 months). His personal history included ischemic vascular stroke in the left posterior cerebral artery (4 years prior to presentation). Biological profile shows hypocholesterolemia, hyposideremia and inflammatory syndrome. Despite the fact that chest x-ray was within normal range and abdominal ultrasound only showed splenomegaly, the upper endoscopy showed and extrinsec compression in the middle esophagus. At this moment a thorax and abdomen tomography was performed that showed retrohilar mass of 58/44/38 mm that compresses the inferior lobar bronchus at the origin and the thoracic esophagus in the middle part. Moreover multiple adenopathies up to 20 mm were spotted in the right pulmonary hilum, splenomegaly (16 cm) and sigmoidian diverticulosis. Endoscopic ultrasound and fine needle aspiration with Olympus 22G needle – 2 passages were performed. The hystopathological exam revealed inflammatory reaction with neutrophils, lymphocites, multinucleate giant cells and necrotic detritus, highly suggestive for tuberculosis.

Conclusion: Even though the prevalence of esophageal tuberculosis is extremely low, this diagnosis must be taken into consideration at any pacient that presents with dysphagia. Moreover, an early and accurate diagnosis is highly important to the prognosis of the disease.

Keywords: dysphagia, esophageal, tuberculosis

PP 97. The etiology and incidence of acute pancreatitis: a 10 years study in a tertiary gastroenterology center

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Background and aim: Acute pancreatitis is still one of the most challenging acute gastrointestinal disease. The aim of this study was to observ and determine the incidence and the evolution of etiology of acute pancreatitis over the last 10 years.

Methods: We performed a retrospective study that included 1113 patients (58% male, 42% female) with mean age of 55 ± 16.5 years old admitted in our unit from 2006 to 2016 with acute pancreatitis. We looked at the etiology and the incidence and made an overview analysis over the last 10 years and determine the trend and variations.

Results: We could observ that the number of cases admited in our departament during the last 10 years increased from 78 cases in 2006 to 182 cases in 2016 as it follows: 2006 -7,69%; 2007 - 8,67% ; 2008 - 12,32%; 2009 - 12,91; 2010 - 14,29%; 2011 - 11,63%; 2012 - 17,25%; 2013 - 15,18%; 2014 - 18,34%; 2016-17,85%. The most common etiology was gallstones (50%; p=0.2), followed by alcohol (26.7%; p=0.6), 17.3% were of non-gallstone non-alcohol causes, hypertriglyceridemia was found in 3.3% and post-ERCP in 2.7% cases. The trend in the 10 year analysis was the constant increase of gallstones etiology: 35.9% (28) - 2006; 34.1% (29) - 2007; 40.8%(51) - 2008; 47.3%(62) - 2009; 55.9% (81)- 2010; 50% (59)- 2011; 54% (94)- 2012; 54.8% (86)- 2013; 60.7% (113)- 2014; 54,9(100)-2016) and the decrease of alcohol etiology (41%(32) - 2006; 50.5%(43) - 2007; 40.8%(52) - 2008; 29%(38) - 2009; 23.4%(34) - 2010; 33%(47) - 2011; 17.8%(43) - 2012; 19.7%(39) - 2013; 12.4%(37) - 2014, 27.4%(50)-2016.

Conclusions: Our study revealed that acute pancreatitis it is an increasing disease and it is 2.3 time increased. Also, this study showed that the gallstones etiology increased over time, while the alcohol etiology remained constant (which is statistically insignificant).

PP 98. EUS-guided hepaticogastrostomy stent in colangiocarcinoma of the middle port of the common bile duct: case report

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Introduction: Interventional procedures using endoscopic ultrasound (EUS) have gained power in the world of gastroenterology in the last decade. We can now talk of EUS-guided hepaticogastrostomy as the approach of intrahepatic bile ducts via the gastric wall. This procedure was developed as substitute for biliary drainage. Even though it has a high technical rate of success that varies from 65% to 100%, this method has a 23% overall adverse event rate.

Case-report: 56 year-old Caucasian male with no prior history presented to the emergency room for jaundice and abdominal pain, that appeared 3 weaks prior to presentation. Biological profile shows leucocitosis with neutrophilia, cholestasis (total bilirubin of 13 mg/dL with conjugated bilirubin of 9mg/dL) and pancreatic lipase of 1900U/L. Abdominal ultrasound revealed dilated common bile duct (15mm) and intrahepatic bile ducts, multiple hyperechoic liver nodules with hypoechoic halo (suggestive for liver metastasis), globular cholecyst with biliary sludge and dilated Wirsung duct (7 mm). EUS con-firmed the ultrasound aspects and completed them by finding a hypoechoic, heterogenous, imprecisely defined mass in the

middle-distal part of the common bile duct of 36/30 mm with vascular Doppler signal. The presumptive diagnosis was of cholangiocarcinoma with hepatic metastasis. The patient opted for EUS-guided hepaticogastrostomy with the following steps: with a 19Gauge needle the left branch of the bile duct is intercepted, guide wire is inserted followed by metallic tip canula of 5French. Afterwards contrast substance is introduced and the CBP is highlighted with a medial-distal stenosis. The trajectory is dilated with a 6 mm balloon on the guide wire and the expandable fully covered metallic stent of 6cm/8mm is inserted with efficient drainage of bile.
Conclusion: Despite the fact that EUS-guided hepatico-gastrostomy has few indications, it is an innovative and minimaly invasive technique that offers a better prognosis for many patients.
Keywords: hepaticogastrostomy, endoscopic ultrasound, biliary drainage

PP 99. Evaluation with transient elastography and controlled attenuation parameter of a cohort of patients with CLD admitted in a hepatology tertiary center

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Background: Among the noninvasive tools, transient elastography (FibroScan(®), TE) with controlled attenuation parameter (CAP) has demonstrated good accuracy in quantifying the levels of liver steatosis and fibrosis in patients with different chronic liver diseases (CLD). The aim of our study was to assess the presence of steatosis in different CLD and to correlate it with different clinical and biochemical parameters.
Methods: We prospectively evaluated 238 patients with different CLD (HCV, HBV/HDV, NASH, alcoholic, autoimmune diseases) admitted to our hepatology unit with TE and CAP.
Results: There were 50% females and 50% males, with a median age of 55years. There was a moderate correlation between CAP values and body weight (r=0.43, p<0.0001), BMI (r=0.38, p<0.0001), waist (r=0.44, p<0.0001) and thoracic perimeter (r=0.43, p<0.0001). There was a low correlation between CAP values and glycaemia (r=028, p<0.0001) or triglycerides (r=0.23, p=0.0009). Steatosis grade was significantly higher in patients with non-alcoholic steatohepatitis (NASH) (CAP 297.7 ± 11.5 vs 244.5 ± 4.1 dB/m, p<0.0001) and patients with diabetes mellitus (CAP 272.0 ± 10.4 vs 248.7 ± 4.3 dB/m, p=0.03), but not in other etiologies of CLD. Fibrosis stage was significantly lower in patients with HBV related liver diseases (9.7 ±1.4 vs 18.7 ± 1.0 kPa, p=0.001) and reached only marginal significance in patients with NASH (13.1 ± 2.4 vs 18.2 ± 1.0 kPa, p=0.06). No difference was registered for patients with HCV related diseases with regard to fibrosis.
Conclusions: Steatosis evaluated by TE with CAP was significantly higher in patients with NASH and correlated well with features of metabolic syndrome.

PP100. Evaluation of inflamatory status of the patients with disorders of the intestinal transit

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Introduction. Diarrhea lasting at least four weeks is defined as chronic. This pathological condition may be seen at people of all ages, significantly influencing overall health.
Matherial and methtod. 64 patients were included who have met the criteria. They showed that transit disorders diarrhea or alternating diarrhea/constipation, lasting a minimum of four weeks, excluding the pathology of infectious cause. Out of the 64 patients, 25 were men and 39 women, aged between 19 and 89 years of age. The battery of tests included blood biological investigations (complete blood count, inflammatory syndrome, serum proteins), from faeces (coprocitograma, fecal exam, coprocultua, calprotectin) and endoscopic investigations (biopsy where needed).
Results. The medium age was 54 years. There were diagnosed 23 patients were with Crohn's disease, 6 patients with microscopic colitis, 3 patients with ulcerative colitis, 4 patients with celiac disease, 13 patients with colorectal neoplasms and 15 patients with irritable bowel syndrome. Fecal calprotectin value not correlated with blood counts and biological syndrome of inflammation, but was observed a strong connection between endoscopic and calprotectin.
Conclusions. The degree of intestinal inflammation that can be measured by fecal calprotectin is different from systemic inflammation. Calprotectin proved to be a valuable tool in the early detection of intestinal inflammation and can be successfully used in early diagnosis of intestinal organic disorders.
Keywords: chronic diarrhea, calprotectin

PP101. Evaluation of tumor response using alpha-fetoprotein and des-γ-carboxy prothrombin in hepatocellular carcinoma patients who underwent transarterial chemoembolization

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Introduction: We investigated the clinical role of alpha-fetoprotein (AFP) and des-γ-carboxy prothrombin (DCP) in the evaluation of treatment response at one month in patients with hepatocellular carcinoma (HCC) undergoing trans-arterial chemoembolization (TACE).
Methods: From March 2016 to April 2017 we prospectively enrolled a number of 36 treatment-naïve patients with HCC. 27 patients received TACE as an initial treatment modality. Serum levels of AFP and DCP were measured (we used Abbot ARCHITECT® assays) and clinicopathological features were determined for all subjects. Wilcoxon rank test was performed to compare variables at baseline and after one month.
Results: 80.5% of patients with HCC were treated, 22 patients with classical TACE, 5 patients with DEB-TACE and one patient had radiofrequency ablation (RFA). AFP value significantly decreased after one month in patients with HCC that underwent therapy (median value 38 vs 11.8 ng/mL, p=0.002). The same was true for DCP values (median value 170.6 vs 58.2 mAU/mL, p=0.009). The AFP value decreased significantly after one month in patients with classical TACE (30.8 vs 11 ng/mL, p=0.01), and reached only marginal significance in patients in whom DEB-TACE was performed (39.9 vs 11.8 ng/mL, p=0.06). The DCP value decreased significantly after one month in patients with lipiodol TACE (188.4 vs 58.2 mAU/mL p=0.02), and not in patients in whom DEB-TACE was performed (105.5 vs 65.2 mAU/mL, p=0.25). AFP (38 vs 9.9 ng/mL, p=0.0001) and DCP values (160.5 vs 47.4 ng/mL, p=0.0006) were significantly lower only in patients with complete response after TACE and not in patients with partial response. There was noted a down-sizing of the maximum diameter of the tumoral nodule in patients that underwent therapy (30 vs 27mm, p=0.002).
Conclusion: AFP and DCP values significantly decreased after complete response in patients treated with classical TACE. More patients with DEB-TACE should be included into the study.
Keywords: Alpha-fetoprotein, Des gamma carboxy prothrombin, Transarterial chemoembolization, Tumor marker response, Hepatocellular carcinoma

PP102. Metabolic risk factors for the developing of colon polyps

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Introduction: Colon polyps are common in the general population. Performing colonoscopy and polypectomy is part of the colorectal cancer screening programme.
Material and Methods: The study included patients admitted in the Gastroenterology Department of Emergency County Hospital Oradea in 2016, who underwent colonoscopy and who were identified as having colon polyps. We evaluated the presence of non-alcoholic fatty liver (NAFLD), diabetes mellitus, obesity, hypercholesterolemia, hypertriglyceridemia and hypertension. We excluded patients with any current or past malignancy, regardless of location, thise with acute or chronic liver disease of another etiology and those with inflammatory bowel disease.
Results and conclusions: We included in the study a 143 patients, from which 121 patients had biopsies or polypectomy performed. 80 patients had adenomas. The prevalence of NAFLD in the entire group was 72,8% and 35,7% had diabetes, 39,8% had hypercholesterolemia, 34,3% had hypertriglyceridemia and 46,9% had hypertension. Values were higher than in the general population. The presence of hypercholesterolemia (p = 0,03) and hypertriglyceridemia (p = 0,04) were statistically significantly associated with the presence of adenomas. Among those with adenomas, the presence of NAFLD (p = 0,001), diabetes (p = 0,02), hypercholesterolemia (p = 0,002), hypertriglyceridemia (p = 0,03) and hypertension (p = 0,01) was associated statistically significantly with the existence of dysplasia.
NAFLD and metabolic risk factors like diabetes mellitus, dyslipidemia and hypertension have been shown to be more frequent in patients with colonic polyps. Identifying these risk factors seems to add an additional risk for developing colonic polyps and more sever histological changes than in those without these risk factors.
Keywords: colon polyps, dysplasia, metabolic risk factors

PP103. Factors that influence hospital mortality in patients with peptic ulcer bleeding

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Introduction. Peptic ulcer disease is the most frequent cause of upper gastrointestinal bleeding (UGIB).
The **objective** of this study was to determine the factors that influence hospital mortality rate in patients with peptic ulcer bleeding.
Material and methods. Patients presenting peptic ulcer bleeding were recruited in a tertiary medical center, RIGH Cluj

for a period of 14 months. The patients were evaluated clinically, biologically and endoscopically.
The following comorbidities were folowed: myocardial infarction, congestive heart failure, peripheral vascular disease, cerebrovascular disease, hemiplegia, dementia, chronic pulmonary disease, connective tissue disease, chronic hepatitis, cirrhosis, diabetes, moderate/severe renal disease, tumors, leukemia, lymphoma. All of these diseases were quantified using Charlson index.
The rate of rebleeding and hospital mortality were also followed.
Results. Overall, 431 patients with peptic ulcer bleeding were included in the study, with an average age of 63.07 years and the predominance of males (69.1%). The average age of the patients that died was higher compared to those that survived (70.24±14.35 years vs 62.46±15.66 years) (p<0,005).
Rebleeding appeared in 9.3% of the patients. Within this subgroup, hospital mortality rate was significantly higher (22.5%) compared to the subgroup that did not present rebleeding (6.4%) (p<0.001).
Considering the impact of comorbidities, the average Charlson index in the patients that died was significantly higher compared to those that survived (3.06±2.83 versus 1.49±1.82) (p<0,005).
Taking into account blood parameters the average haemoglobin value was significantly lower in patients that died (7.87±2.58) compared to those that survived (9.59±2.81) (p<0,001).
Finally, the average INR value was higher in patients that died compared to those that survived (1.95±1.68 versus 1.41±1.13) (p<0,01).
Conclusion. Rebleeding, comorbidities (Charlson score), the degree of anemia and coagulation disorders were risk factors for mortality in patients with peptic ulcer bleeding.
Keywords: peptic ulcer, mortality, rebleeding.

PP104. Factors influencing infectious complications in acute on chronic liver failure

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Background: Infection is the most important complication in acute on chronic liver failure (ACLF), influencing indication of liver transplantation. There have been little studies done concerning factors influencing infectious complications. Therefore, we investigated factors influencing infectious complications in ACLF.
Methods: Eighty patients (42 female, median age 52 years) comprising were analyzed.
Results: Corticosteroids (CSs) were administered to 63 patients. Thirty-six infectious complications were observed in 25 patients: 21 bacterial, 7 fungal, and 8 cytomegaloviral infections. Median duration from the diagnosis of ACLF to onset of infection was 14 days, and that from the introduction of CS to onset of infection 20 days. Accumulative incidence of infection was 3.8% in 7 days, 5.1% in 10 days, 14.2% in 14 days, and 16.9% in 21 days from the diagnosis of ACLF. Accumulative incidence of infection was 1.6% in 7 days, 6.5% in 10 days, 18.3% in 14 days, and 25.7 % in 21 days from the introduction of CSs. Patients with infection were younger (p = 0.01) and showed lower AST and ALT levels (p = 0.02 and p = 0.04), higher T-BIL level and MELD score (p = 0.001 and p = 0.03). There were no significant differences in clinic pathological factors between patients with and without CS. Accumulative incidence of infection was higher in ACLF (p = 0.003).
Conclusions: Advanced liver failure is risk factor of infectious complications in ALF. CS use dose not influence the occurrence of infection.
Key words: acute on chronic liver disease, infectious complications, risk

PP105. The value of 2D-SWE.GE For the evaluation of liver fibrosis in patients with HCV compensated chronic hepatophaties

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Aim: The aim of this study was to evaluate the performance of the 2D- shear wave elastography technique from General Electrics (2D-SWE.GE), for the evaluation of liver fibrosis in patients with HCV chronic hepatopathies, using Transient Elastography (TE) as the reference method.
Material and Methods: The study included 259 consecutive subjects with HCV compensated chronic hepatopathies, in whom liver stiffness was evaluated in the same session by means of 2 elastographic measurements: TE (FibroScan, EchoSens) and 2D-SWE.GE (LOGIQ E9, GE Healthcare). Reliable LS measurements were defined as follows: for TE – the median value of 10 measurements with a success rate of ≥60% and an interquartile range<30% and for 2D-SWE.GE - the median value of 10 measurements acquired in a homogenous area and an interquartile range (IQR) <30%. To discriminate between various stages of fibrosis by TE we used the following cut-offs: F≥2: 7.1 kPa, F≥3: 9.5 kPa, F=4: 12.5 kPa [1].
Results: Reliable LS measurements were obtained in 246/259 (94.9%) subjects by 2D-SWE.GE and in 247/259 (95.3%) by TE (p=0.9). The final analysis was performed on 234 subjects with valid measurements by both methods. We found a good

positive correlation between the LS values obtained by the 2 methods: r=0.79, p<0.0001. Based on TE cut-off values [1] we divided out cohort into 4 groups: F0-F1: 36/234 (15.5%), F2: 23/234 (9.8%), F3: 23/234 (9.8%) and F4: 152/234 (64.9%). The areas under the receiver operating characteristic curve (AUROC) were 0.944 for significant fibrosis (F≥2), 0.962 for severe fibrosis (F≥3) and 0.942 for cirrhosis (F=4). The best cut-off values for F≥2 was 8.3 kPa (Sensitivity 87.3, Specificity 88.8), for F≥3 it was 9.3 kPa (Sensitivity 89.14, Specificity 91.53) and F=4 it was 10.7 kPa (Sensitivity 81.5, Specificity 87.8).

Conclusions: 2D-SWE.GE seems a reliable method for liver fibrosis staging in patients with HCV compensated chronic hepatopathies. The best 2D-SWE.GE cut-off values for F≥2, F≥3 and F=4 in HCV chronic hepatophaties were 8.3, 9.3 and 10.7 kPa.

Key words: liver fibrosis, 2D-SWE.GE, HCV, Shear-Wave Elastography

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PP106. How to improve the reliability of liver fibrosis evaluation using 2D-SWE.GE

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Aim: To assess the impact of using quality criteria for liver stiffness (LS) evaluation by means of 2D Shear Wave Elastography from General Electrics(2D-SWE.GE), while using Transient Elastography(TE) as reference.

Material and Method: We included 226 subjects in our study, with or without chronic liver disease, in whom LS was assessed using 2D-SWE.GE (LOGIQ E9, GE Healthcare) and TE (FibroScan, EchoSens). Reliable LS measurements were defined for TE as the median value of 10 measurements with a success rate of ≥60% and an interquartile range (IQR)<30% of the median LS values. For 2D-SWE.GE 10 LS measurements were acquired in a homogenous area and the IQR and the IQR/M were calculated in each case. We divided our subjects into 3 groups according to the 2D-SWE.GE IQR/M: *IQR/M < 0.10*:**41** (18.1%) cases;*0.10< IQR/M ≤0.30:* **155** (68.6%)cases; *IQR/M > 0.30*: **30** (13.3%) cases. We calculated the correlation coefficient between TE and 2D-SWE.GE in each group.

Results: All 226 (100%) subjects included had 10 valid measurements by means of 2D-SWE.GE and reliable results by TE. A strong positive correlation was found between LS values obtained by means of 2D-SWE.GE and TE in the IQR/M<0.10 group (r=0.84, p<0.0001). A strong positive correlation was found between LS values obtained by means of 2D-SWE.GE and TE in the 0.10<IQR/M≤0.30group(r=0.80, p<0.0001). A weak positive correlation was found between LS values obtained by means of 2D-SWE.GE and TE in the IQR/M>0.30 group (r=0.41, p=0.02). The correlations were significantly stronger in the IQR/M<0.10 and 0.10<IQR/M≤0.30 groups as compared to the IQR/M>0.30 group (both p=0.0013). No statistical differences were found between the correlations in the IQR/M<0.10 and 0.10< IQR/M≤0.30 groups (p=0.43).

Conclusions: Using the IQR/M<0.30 as quality criteria significantly increases the reliability of LS measurements by means of 2D-SWE.GE. Using IQR/M<0.10 criteria does not significantly improve the reliability of 2D-SWE.GE LS measurements as compared to 0.10< IQR/M≤0.30 criteria.

Key Words: Shear-Wave Elastography, 2D-SWE.GE, liver stiffness, liver fibrosis.

PP107. Assessing liver stiffness in a healthy cohort using 2D-SWE.GE

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Aim: To identify liver stiffness values in healthy subjects, by means of 2D-Shear Wave Elastography from General Electric (2D-SWE.GE).

Material and Method: We included 80 healthy subjects, without known liver disease, in whom liver stiffness (LS) was evaluated in the same session using two elastographic methods, Transient Elastography (Fibroscan, EchoSens) and 2D-SWE.GE (LOGIQ E9, GE Healthcare). Reliable LS measurements were defined for TE as the median value of ten measurements with a success rate (SR) of ≥60% and an interquartile range (IQR) <30%, and for 2D-SWE.GE as the median value of 10 measurements acquired in a homogenous area and IQR <30%.

Results: Reliable LS measurements were obtained in 79 subjects (98.7%) by means of 2D-SWE.GE and in 80 subjects (100%) by means of TE (p=0.9). The mean LS value in healthy subjects obtained by means of 2D-SWE.GE was 5.1±1.3 kPa. The mean LS values by 2D-SWE.GE were significantly higher than those assessed by TE (5.1±1.3 kPa vs. 4.3±0.9 kPa, p< 0.0001). In 2D-SWE.GE mean LS values were significantly higher for men than for women, 5.9±1.2 kPa vs. 4.7±1.2 kPa (p=0.0005).

Conclusion: 2D-SWE.GE has a very good feasibility (98.7%) in healthy subjects. The mean LS value determined by 2D-SWE.GE in healthy subjects is 5.1±1.3 kPa. LS values obtained by means of 2D-SWE.GE are higher than those obtained by TE in healthy subjects.

Key words: Healthy subjects, Liver stiffness, Shear Wave Elastography, 2D-SWE.GE, TE

PP108. Crohn's disease: phenotypic characteristics in western part of Romania

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Introduction: The aim of our study consisted in assessing the particular phenotypic characteristics of patients diagnosed with Crohn`s disease in western part of Romania.

Material and method: We performed a retrospective-prospective study on 149 patients with Crohn's disease (CD) that were diagnosed and followed-up in a tertiary referral center from Timisoara on a 15 years period. Patients were assessed regarding sociodemographic characteristics, familial history, time to diagnosis, clinical features and smoking habits. Disease phenotype classification by age as well as disease location and behaviour for CD, were defined according to the Montreal classification.

Results and conclusions: Out of the 149 CD patients, 77 (51.6%) were male and 72 (48.4%) female, mean age 39 years (range 7-81 years). Mean time to diagnosis was about 18 weeks (range 2 weeks-4 years); 79/149 cases (53%) were diagnosed in private sector, 65 (43.6%) in public sector and only 3.4% by surgery. A number of 31/149 cases (20.8%) were smokers, 58/149 (39%) ex-smokers and 60/149 (40.2%) non-smokers. Previous appendectomy was encountered in 15 patients (10%). Familial history: CD 8/149 cases(5.4%) and ulcerative colitis 4/149(2.7%). Diarrhea (60% of cases) and abdominal pain (54%) were the most frequent clinical features. Extraintestinal manifestations that have predominated were arthritis in 14/16 cases (87.5%), followed by uveitis (6.3%) and erythema nodosum (6.2%). Montreal classification: A1 (<16 years) - 8 cases (5.4%), A2 (17-40 years) - 79 cases (53%), A3 (>40 years) - 62 cases (41.6%); L1 (terminal ileum) - 6 patients (4%) L2 (colon) - 90 patients (60.4%) L3 (ileum+colon) - 49 patients (32.8%), L4 (stomach) - 2 patients (1.4%), L1+L4 (ileum+ duodenum) - 1 patient (0.7%), L3+L4 (ileum+colon+ duodenum) - 1 patient (0.7%); B1 (luminal) - 111 cases (74.5%), B2 (stenosing) - 17 cases (11.4%) and B3 (penetrating/ fistulising) - 21 cases (14.1%); p (perianal lesions) - 9 cases (6%).

In conclusion, the delay between symptoms onset and diagnosis was about 4 month, and the first diagnosis was made mainly in private clinics. More than half of cases were smokers/former smokers. The most frequent extraintestinal manifestation was arthritis. We noticed the predominance of patients less than 40 years of age, colonic location and luminal form of disease, with very few superior or only ileal locations and almost equal gender distribution. It should be noted that a quarter of patients presented complicated disease behaviour.

Keywords: Crohn's disease, phenotype, regional characteristics

PP109. A particular cause of haemorrhagic ascites – case report

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Background: Haemorrhagic ascites may put dilemmas in establishing the etiology and the therapeutic approach. The most frequent causes of haemorrhagic ascites are gastro-intestinal neoplasia, peritoneal tuberculosis and pancreatic diseases.

Aim: We present the case of a young patient with chronic alcoholic consumption and repeated episodes of acute pancreatitis, known also with Grand-Mal seizure, who developed an important haemorrhagic ascites. Finding the etiology of his ascites was very challenging.

Methods: A 39 years old patient known as a chronic alcoholic consumer, with repeated episodes of acute pancreatitis was admitted in IGH Iasi for abdominal pain, enlargement of the abdomen and weight loss.

After clinical examination and laboratory tests, including diagnostic paracentesis, multiple imagistic investigations were made, like abdominal ultrasonography, chest radiography, repeated CT and angio-CT abdominal and pelvic scans.

After the first data showed haemorrhagic ascites with high amilasemia and negative bacteriology, we thought a possible complication of pancreatitis may be the cause of ascites. But the first CT and angio-CT abdominal scans revealed only signs of chronic pancreatitis and the presence of an important ascites. So, multiple investigations were made in order to exclude a peritoneal carcinomatosis and a peritoneal tuberculosis.

Results: The persistence of high levels of amilasemia in ascitic fluid together with high values of seric pancreatic enzymes

guided us to repeat abdominal CT scan, which finally discovered a pancreato-peritoneal fistula.
We addressed the patient for surgical treatment and the evolution was favorable.
Conclusions: Haemorrhagic ascites occured secondary to pancreato-peritoneal fistula is a rare and very severe complication of acute or chronic pancreatitis which involves a complex management. The imaging investigations of high accuracy correlated with various laboratory data led us to the correct diagnose, followed by an adequate therapeutic approach with favorable evolution of the patient.
Keywords: pancreato-peritoneal fistula, haemorrhagic ascites

PP110. The frequency of impaired renal function in liver cirrhotic patients

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Background and aim. Patients with liver cirrhosis have a poor prognosis, even if etiological treatment is available. In patients with hepatitis C virus infection interferon free regimens (IFR) are proved to be efficient for obtaining sustained virologic response and also associated with improvement of liver function.
The goal of this paper was to evaluate the renal function in patients with liver cirrhosis, especially in those with HCV, keeping in mind that some antivirals cannot be used in impared renal function.
Material and method: A retrospective study was performed that evaluated a cohort of 795 patients with liver cirrhosis, admitted over a period of three years (2014-2016) in a tertiary department of Gastroenterology. The following parameters were assed: etiology of liver cirrhosis, Child Pugh score, the presence of ascites or encephalopathy, serum albumin, serum creatinine, urea and coagulation tests. The renal function was evaluated by glomerular filtration rate (GFR) using the MDRD formula based on creatinine, age, race and gender. Based on the GFR value and according to the KDIGO classification of chronic kidney disease, the categories of renal renal function are G1 (normal or high), G2 (mild decrease), G3a (mild to moderate decrease), G3b (moderate to severe decrease), G4 (severe decrease) and G5 (kidney failure).
Results: From 795 patients with liver cirrhosis, 36.2% were female and 63.8% were male, average age 61.4±10.4 years. The predominant etiology was HCV 35.7%, followed by ethanolic cause 31.1% and HBV 8.4%. 27.9% had compensated liver cirrhosis Child Pugh class A, 41.1% had class B, 30.9% had class C.
The mean value of GFR was 77.5 (mild decrease in glomerular filtration rate). According to KDIGO classification of chronic kidney disease we obtained the following results 46.5% are G1, 25.2%-G2, 11.8%-G3a, 7.2%-G3b, 6.3%-G4 and 3%-G5. 9.3% had severe impaired renal function, with GFR below 30 ml/min/1,73 m^2
In the subgroup of HCV liver cirrhosis patients 36.3% were A class on Child Pugh score, 41.5% B class and 22.2% C class. Glomerular filtration rate for HCV liver cirrhotic patients was below 30 ml/min/1,73 m^2 in 29 patients - 10.2% (G4 6.3%, G5 3.9%). In these patients some antiviral based regimens cannot be used.
Conclusions: 9.3% of patients with liver cirrhosis had severe impaired renal function (G4 or G5 KDIGO class). In the HCV liver cirrhosis subgroup, 10.2% had sever impaired renal function.

PP111. Nonvariceal upper gastrointestinal bleeding – monocentric expericence

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Introduction: Nonvariceal upper gastrointestinal bleeding is a gastroenterological emergency and a common cause of hospitalization.
AIM – to evaluate the causes, the management and the evolution of patients with nonvariceal upper gastrointestinal bleeding.
Material and methods: We performed a retrospective study, including all the cases of nonvariceal upper gastrointestinal bleeding, admitted in the Department of Gastroenterology and Hepatology of Emergency County Hospital Timisoara between January 2016 – December 2016, resulting 200 cases [139 men (69.5%) and 61 women (30.5%)], mean age of 64.4±14.4 years. In all cases Rockall score was calculated, endoscopy was performed, complete blood count and clinical outcome were followed.
Results: Depending on the value of hemoglobin (Hb) at admission, patients were distributed as follows: 61 cases with hemoglobin <7 g/dL (30.5%), 45 cases with Hb 7-9 g/dl (22.5%) and 94 cases Hb > 9 g/dL (47%). Rockall score on admission was ≤3 in 45 cases (22.5%), > 3 in 155 cases (77.5%).
The main causes of upper gastrointestinal bleeding were: gastric or duodenal ulcer, 152 cases (76%), 9 cases of diffuse bleeding from gastric and duodenal mucosa (4.5%), 39 cases other causes - gastric/duodenal polyps, Mallory-Weiss syndrome, Dieulafoy lesion, etc. (19.5%). Endoscopic hemostasis was required in 38% of cases (76/200). Rebleeding during hospitalization occurred in 6.5% of cases (13/200).
In 56.5% of cases (113/200) cardiac pathology was associated (essential hypertension, atrial fibrillation, chronic ischemic heart disease). Anticoagulant/antiplatelet treatment has been

associated in 36% of patients (72/200), of which 25% (18/72) presented with coumarinic overdose on admission.
A statistically significant positive correlation between Rockall score at admission and rate of rebleeding was observed p <.0001.
The mortality in the studied group was 6.5% (13/200). Transfer in the surgery department was required in 4% of cases (8/200). Cases of rebleeding, surgery transfer and necessary hemostasis were associated with increased mortality p <.0001.
Conclusions: The most common cause of nonvariceal upper gastrointestinal bleeding is gastric or duodenal ulcer. The risk of rebleeding increases in patients with Rockall score >3.
In 53% cases, patients presented at admission moderate-severe secondary anemia with hemoglobin values below 9 g/dL (53%).
Key words: nonvariceal upper gastrointestinal bleeding, incidence, Rockall score

PP112. Frecventa infecţiei cu Helicobacter pylori la pacienţii cu rezectie gastrica

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Introducere: Infecţia cu Helicobacter Pylori reprezintă una din cele mai frecvente infecţii întâlnite la om; în care manifestările clinice sunt precedate perioadă lunga de timp fara simptome clinice.
Obiective: Având în vedere frecventa infecţiei cu Helicobacter Pylori (HP) în patologia digestiva, am cercetat prezenţa acestuia şi prezenta leziunilor endoscopice la pacienţii cu rezecţie gastrică.
Material şi metodă: Au fost examinati clinic şi endoscopic 78 de pacienţi (56 bărbaţi şi 22 femei) cu stomac rezecat pentru patologie benigna în antecedente, care prezentau greturi, varsaturi alimentare, pirozis, dureri epigastrice, balonari postprandiale, apetit diminuat. Testarea Helicobacter pylori a fost realizată cu testul ureazei in cursul gastroscopiei.
Lotul studiat l-am investigat în Spitalul Clinic CF Oradea în perioada 2012-2016.
Rezultate: Infecţia cu HP a fost confirmată la 41 pacienţi (52,5%), dintre care 28 (68,2%) au fost bărbaţi, iar 13 femei (31,8%).
Pacienţii Helicobacter Pylori pozitivi au prezentat următoarele comorbidităţi:
– 4 pacienţi (9,76%) au prezentat neoplasm de bont,
– 7 pacienţi (17,07%) au prezentat ulcer de bont, iar
– 30 pacienţi(73,17%) au prezentat leziuni de gastrită.
Concluzii: Frecventa infecţiei cu HP la pacienţii cu rezecţie gastrică este mai scăzută decât la pacienţii cu stomac anatomic normal.
Procentul de ulcere şi cancere gastrice pe stomacul restant este redus.
Cuvinte cheie: rezecţie gastric, Helicobacter Pylori

PP113. Upper gastrointestinal bleeding by variceal rupture – monocentric experience

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Introduction: Upper gastrointestinal bleeding by variceal rupture secondary to portal hypertension is a common and severe complication in patients with liver cirrhosis of any etiology.
The AIM this study was to evaluate cases of upper gastrointestinal hemorrhage by variceal bleeding in a tertiary center of Gastroenterology.
Material and methods: We performed a retrospective study including all cases of upper gastrointestinal bleeding by variceal rupture (esophageal and/or gastric varices) admitted in in the Department of Gastroenterology and Hepatology of Emergency County Hospital Timisoara between January 2016-December 2016, respectively 87 cases [58 men (66.6%) and 29 women (33.4%)], mean age 58.6 ± 11.4 years.
Results: The studied group included 34 patients with alcoholic liver cirrhosis (39.1%), 18 patients with HBV liver cirrhosis (20.7%), 24 patients HCV liver cirrhosis (27.6%) and 11 patients (12.6%) with other etiologies (primary biliary cirrhosis, non-viral cirrhosis or non-cirrhotic portal hypertension).
In 82% (72/87 patients) of cases, patients presented the first episode of variceal bleeding.
In 85% (74/87 patients) of cases, variceal bleeding occurred in the setting of decompensated liver cirrhosis (Child-Pugh class B/C). 21.8% (19/87) of the patients had hepatocellular carcinoma and/or portal vein thrombosis.
The mortality in the study group was 18%, increased in cirrhotic patients with Child-Pugh C class, correlation statistically significant (p <.0001).
Conclusions: Upper gastrointestinal bleeding due to variceal rupture is associated with increased mortality (18%) in patients with advanced liver disease (cirrhosis Child-Pugh C class).
Key words: upper gastrointestinal bleeding, variceal rupture

PP114. Lower gastrointestinal bleeding – surgical or gastroenterologic management ?

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Introduction: Lower gastrointestinal bleeding (LGIB) is located below the angle of Treitz and occurs frequently as hematochezia, requiring hospitalization and emergency treatment.

Methods: This is a descriptive, retrospective study which included patients hospitalized with LGIB during the period from 01.01.2014 to 01.01.2017 in the Emergency Clinic Hospital who presented with hematochezia. Before any diagnostic or therapeutic procedures, resuscitation measures and rapid hemodynamic stabilization were applied. After obtaining anamnesis, clinical and biological data, an upper gastrointestinal endoscopy (EGD) was performed to exclude a massive hemorrhage located in the upper digestive tract. Subsequently, a total colonoscopy or a rectosigmoidoscopy were completed after a preliminary preparation with three evacuation enemas; visualization of an active lesion or bleeding stigmata imposed endoscopic hemostasis. In patients with massive bleeding, which neither EGD nor colonoscopy showed a source of bleeding, angiographic or surgical intervention were performed.
Results and conclusions: In 13% of cases presenting with hematochezia, gastrointestinal bleeding was actually located in the upper tract. There were 336 cases of LGIB. In terms of etiology, the most common cause was diverticular with 109 cases (33% of cases) but with no active bleeding at the colonoscopic examination in 85 patients. In decreasing order of frequency, other etiologies were: angiodysplasia, colitis (ischemic, infectious, inflammatory bowel disease, radiation), colon cancer, postpolypectomy bleeding. Depending on the lesion, various procedures were used such as adrenaline injection, thermocoagulation, electrocoagulation, hemoclip application. For every lesion we analyzed the outcomes for each hemostatic method used. A persistent, recurrent bleeding or transfusion of more than 4 units packed red blood cells in a 24-hour period, with active or recurrent bleeding should not delay surgical intervention. In a patient with haematochezia, an EGD is mandatory and identifying a lesion is crucial for adopting the appropriate management.
Keywords: hematochezia, etiology, treatment

PP115. Digestive bleeding in anticoagulated patients for portal vein thrombosis of liver cirrhosis and coexisting cardiovascular disease

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Background: Anticoagulant therapy indicated in patients with non-malignant portal vein thrombosis (PVT) may cause upper, or lower digestive bleeding (DB) in patients with portal decompensated liver cirrhosis (LC), resulting in hemodynamic imbalance and anemia.
Aim: To assess the effectiveness of anticoagulant therapy in patients with LC and PVT associated with cardiovascular diseases and DB.
Material and methods: The study included 41 patients with LC and cardiovascular pathology (18 men and 23 women, mean age 59 ± 8 years) under anticoagulation (Sintrom, Trombex), according to the periodically INR value and DB (rectorrhagia/melena) investigated by blood tests, Doppler abdominal ultrasound, ECG, echocardiography, upper endoscopy (UE), colonoscopy and angio CT.
Results: 31 patients with LC and platelets under 70.000 /mm^3 had DB- 14 melena and 17 with rectorrhagia (8 HBV, 10 HCV, 13 toxic and mixed LC) and PVT.10 patients also had antecedents of myocardial infarction, stents, cardiac valvular prothesis, or atrial fibrillation, cardiac failure, requiring oral anticoagulant therapy. UE revealed silent esophageal varices grade III and portal-hypertensive gastropathy, being under beta blokers and antisecretory treatment. Colonoscopy did not reveal other organic lesions with high risk of bleeding.
Conclusions: DB is a frequent result of anticoagulant therapy in patients with LC, PVT and cardiovascular diseases with thrombotic risk. Chronic oral anticoagulation should be evaluated according to the risk-benefit balance by recurrence of DB, the degree of anemia, or portal recanalization and cardiac comorbidities. The risk of PVT in LC should be diminished in patients following prior anticoagulant cardiac treatment, but DB is considered a side effect to this therapy, if no other organic lesions were found.
Key words: digestive bleeding, anticoagulation

PP116. Vasculita leucocitoclastica asociata hepatitei virale C

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Introducere: Etiopatogenia vasculitei leucocitoclastice este inca necunoscuta, dar recent virusul hepatitic C (HCV) a fost considerat ca factor declansator al bolii.
Material si metoda: Prezentam cazul unei paciente de 45 ani, diagnosticata recent cu Hepatita cronica virala C cu ocazia unei interventii chirurgicale pentru un meningiom cerebral (decembrie 2015). Pacienta se prezinta in Clinica Medicala I a Spitalului Clinic Judetean Constanta pentru purpura localizata la nivelul membrelor superioare si inferioare torace anterior si abdomen,nepruriginoasa cu debut afirmativ brusc dupa un stres emotional.
Rezultate: Rezultatele analizelor de laborator au aratat AST, ALT, GGT in limite normale,AcHCV pozitiv, ARN HCV in titru crescut. Anticorpii antinucleari,anticorpii IgG prezenti,

valorile serice ale complementului C3 si C4 au fost de asemenea scazute. S-a decis efectuarea de biopsie a pielii de la nivelul unei leziuni purpurice care a evidentiat aspectul de vasculita leucocitoclastica cu tromboza vaselor mici si infiltrate inflamator localizat perivascular si intraparietal,extravazare de hematii la nivel interstitial. In acest caz tratamentul antiviral de eradicare a virusului hepatitic C a fost considerat inadecvat datorita riscului potential al tratamentului, in prezent afectiunea cutanata este relativ bine controlata prin administrare de corticosteroizi topici.

Concluzii: Consideram utila necesitatea efectuarii de rutina a scriningului pentru hepatita virala la toti pacientii cu manifestari de vasculita cutanata.

Cuvinte cheie: autoanticorpi, virusul hepatitic C, vasculita

PP117. Hepatoblastomul - tumora rara a adultului - prezentare de caz

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Introducere: Hepatoblastomul, cea mai frecventa tumora maligna a ficatului la copii, este foarte rar si foarte agresiv la adult. El formeaza o masa tumorala mare cu invazie locala si cu determinari secundare. AFP este, de regula, crescuta. Supravietuirea medie este 5 luni.

Material si metoda: Un caz de hepatoblastom la adultul tanar, investigat imagistic, histologic si imunohistochimic, tratat citostatic si chirurgical.

Rezultate: Pacient in varsta de 20 de ani, fara APP semnificative, se prezinta pentru icter sclero-tegumentar, simptomatologie debutata cu 2 saptamani anterior internarii in clinica de gastroenterologie. Examenul clinic a relevat un pacient subponderal, icteric si o hepatomegalie care depasea RC cu 10 cm. Biologic s-a decelat sindrom inflamator nespecific, sindrom de citoliza hepatica si colestaza severa, markeri virali negativi, AFP > 15400 ng/ml in dilutie. Ecografia abdominala a aratat o formatiune hiperecogena, neomogena, de 8 cm diametru in segmentele V-VIII, cu tromboza de ram portal stang. Colangio-RM a identificat tumora ce ocupa in intregime segmentul V cu extindere in segmentele IV b, VI si VIII, cu invazia carrefourului biliar stang. Biopsia hepatica cu examen histopatologic a aratat un hepatoblastom iar imunohistochimia a confirmat (AE1-AE3 si betacatenina pozitive). A fost clasificat ca PRETEXT III. S-a practicat drenaj biliar extern cu ameliorarea completa a biochimiei, ce a permis administrarea chimioterapiei (protocol SIOPEL 4). Dupa 3 serii, tumora s-a diminuat si s-a retras invazia venei porte. In urma deciziei in comisie multidisciplinara s-a intervenit chirurgical practicandu-se hemihepatectomie dreapta cu rezectie de cale biliara principala si carrefour biliar, rezectie segmentara de vena porta si limfadenectomie hil hepatic cu rezultat favorabil. Examenul histopatologic si imunohistochimic (CK8/18, alfa AFP pozitive, EMA, CEA, CD34-negative in celulele tumorale) a confirmat diagnosticul de hepatoblastom. Controalele periodice prin imagistica si biochimie au aratat la 6 luni postoperator remisiune completa.

Concluzii: Tumora maligna a copilului la un adult tanar considerat initial incurabila a dus la un prognostic de viata bun, datorita tratamentului multidisciplinar.

PP118. Idiopathic noncirhotic portal hypertension – rare cause of upper gastrointestinal bleeding

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Idiopathic non-cirrhotic portal hypertension (INCPH) is a rare disease characterized by intrahepatic portal hypertension in the absence of cirrhosis, other causes of liver disease and splanchnic venous thrombosis. The etiological factors with a potential role in the disease can be classified in five categories: immunological disorders, chronic infections, exposure to medications or toxins and prothrombotic conditions. The diagnosis is based on clinical criteria and the formal exclusion of other causes of portal hypertension and is a clinical challenge. Frequently, INCPH is unrecognized and patients are misdiagnosed with liver cirrhosis. Prognosis is generally better than in patients with a similar degree of portal hypertension.

We present the case of a 67 years female patient, known with splenomegaly, but never investigated, who was transferred from another hospital in our emergency care unit for upper gastrointestinal bleeding (melena) and severe anemia (a value of hemoglobin 6,7 g/dl). Upper endoscopy revealed active esophageal variceal bleeding and a band ligation of the varices was performed. Biologically, the patient had anemia, hypoalbuminemia and negative viral markers. An abdominal ultrasound was performed which revealed splenomegaly, partial portal vein thrombosis and ascites. The patient evolved well and was dismissed from the hospital with the diagnosis of liver cirrhosis with unknown etiology.

After two weeks, she presented again with abdominal pain, nausea and vomiting. Biologically, she had leukocytosis (34 000), thrombocytosis, hyponatremia (126 mmol/l), elevated creatinine (2,62 mg/dl), prolonged INR (1,58). The urine analysis and thoracic radiography were negative. A bone marrow biopsy was performed and a myeloproliferative syndrome was excluded. The abdominal radiography revealed air-fluid levels and an abdominal CT exam was done which showed total superior mesenteric vein thrombosis, edema and necrosis of the small bowel . An enterectomy was performed with a good evolution of the patient. Meanwhile, specific tests for thrombophilia were done and were positive for MTHFR deficiency. The patient was referred to a hematological clinic for anticoagulation therapy.
In conclusion, idiopathic non-cirrhotic portal hypertension caused by prothrombotic state (MTHFR) is a rare cause of upper gastrointestinal bleeding that can be frequently unrecognized and misdiagnosed with liver cirrhosis.

PP119. Incidence of hyponatremia in patients with liver cirrhosis related to Child-Pugh class

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Hyponatremia is the most common electrolyte disorder in patients with advanced liver cirrhosis.
The **aim** of this study was to evaluate the incidence of hyponatremia in patients with cirrhosis and the correlation with other complications of cirrhosis.
Material and methods: We performed a retrospective study, including consecutive patients with liver cirrhosis admitted in the Department of Gastroenterology and Hepatology of Emergency County Hospital Timisoara between January 2016-December 2016, respectively 439 patients [163 women (37.1%) and 276 men (62.8%)], mean age 61,4 ± 10.5years.
We analyzed: serum sodium levels at admission, Child-Pugh class, the presence of hepato-renal syndrome and hepatic encephalopathy, mortality.
Results: The incidence of hyponatremia in the study group was 32.5% (143/439). Depending on the serum sodium levels at admission, the patients were divided as follows: 17 cases with Na serum values below 125 mmol / L; 36 cases with Na values between 125-130 mmol / l and 90 cases with Na serum values ≤135 mmol / l.
Hepatic encephalopathy was present in 31.4% (45/143) of patients with hyponatremia.
In 14.6% of cases (21/143) cases, hyponatremia occured in the setting of hepato-renal syndrome.
In patients with advanced liver cirrhosis (Child-Pugh C class) hyponatremia was present in 84/143 (58.7%) of cases.
The mortality in the studied group was 12% (53/439), increased in patients with hyponatremia and Child-Pugh C class - 67.9% (36/53). Hyponatremia, advanced stage of liver cirrhosis (Child-Pugh C class), hepato-renal syndrome have been associated to increased mortality p <.0001.
Conclusions: Hyponatremia in patients with liver cirrhosis is a negative prognostic factor and is associated with increased mortality in advanced stages of disease (Child-Pugh C class).
Keywords: hyponatremia, liver cirrhosis

PP120. The evolution of gastric varices under endoscopic therapy with histoacryl- case presentation

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Introduction. Gastric varices bleeding is a serious complication of portal hypertension, with high mortality. Gastric varices are the cause of 10-30% of variceal bleeding. Variceal injection with Histoacryl has been used successfully in many countries.
Materials and methods. We present the case of a 66 year old female patient, with vascular and parenchimatous decompensated primary biliary cirrhosis,gastric fundus varices GOV2, grade 2 esophageal varices, benign portal thrombosis, with 11 admissions at Gastroenterology clinic from 2012 until 2015, for upper GI bleeding through variceal rupture, with severe post-hemorrhagic anemia: without the possibility of Histoacryl endoscopic therapy. In November 2015, the patient repeated variceal bleeding. Upper GI endoscopy was made and endoscopic therapy of the gastric varices was done, through the Histoacryl injection. After one year, the patient repeated upper GI bleeding. Endoscopic therapy with Histoacryl was repeated. One vial of Histoacryl was injected into gastric varices in the fundus area.
Results and conclusion. One year after therapy, endoscopic reevaluation was made, and we discovered that the esophageal varices have disappeared, the size of the gastric varices has reduced, with the Histoacryl glue still attached. Endoscopic therapy with Histoacryl injection of the gastric varices is an effective method in gastric variceal bleeding, with the decrease of mortality rate, improvement of quality of life, it reduces number of admission and their duration. This therapy is adequate as first line therapy for gastric varices bleeding.
Key words: Gastric varices, Histoacryl

PP121. Clinical implications of molecular HLA typing among suspected adult celiac disease patients: case report

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Introduction: Celiac disease (CD) is a chronic intestinal inflammation, resulting in villous atrophy, occurring in genetically predisposed individuals, in response to the dietary ingestion of gluten. Specific and sensitive serological tests are available as an initial test for CD. A high level of anti-tissue transglutaminase (tTG) antibodies is almost invariably associated with a typical celiac enteropathy evidenced by the small intestine biopsy. HLA DQ2/DQ8 tests are increasingly considered as a solid support in the diagnostic algorithm of CD, mainly for its negative predictive value (~100%) since CD is highly unlikely when predisposing DQ alleles are absent.
Case presentation: We report the case of a 45-year old female patient who was admitted to our clinic for abdominal pain, watery diarrhea (3-5 bowel movements/day) and weight loss, symptoms of insidious onset several months prior admission. Laboratory investigations showed iron deficiency anemia. Fecal studies were negative for bacterial and parasitic infections. The upper endoscopy showed congestion of duodenal folds, with Marsh 3a lesions and absence of *Helicobacter pylori* infection. TTG and AGA IgA antibody levels were assessed by ELISA and values were 2.1 U/ml and 29 U/ml, respectively. Based on the above mentioned clinical and laboratory features, CD was suspected, as a negative CD-specific serology in patients with villous atrophy does not completely exclude this diagnosis. HLA DQ genotyping was performed by HLA-SSP (Sequence Specific Primers) and HLA-DQA1*01, *01, HLA-DQB1*05, *06 were detected. Since none of these genes are involved in the CD susceptibility, the diagnosis of CD was considered as highly improbable.
Discussions: Although the patient presented with signs and symptoms of malabsorption, partial villous atrophy and mild elevation of AGA antibody titer, CD is highly unlikely when HLA-DQ predisposing alleles are absent. In this case, the genetic testing showed discriminatory value by virtually excluding a CD diagnosis.
Keywords: celiac disease, HLA- DQ alleles.

PP122. Antiviral therapy impact in liver transplant reciepents from Republic of Moldova

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Introduction: The main goal of antiviral therapy in patients from waiting list is tackling viral infection in recently transplanted liver, improving liver function in transplant recipients by obtaining aviremy, prevent liver graft reinfection.
Material and Methods: The study covers the evolution of patients transplanted between 2013-2017. 30 liver transplants were performed, age 48.06 ± 1.71, 20 (66.6%) men and 10 (33.4%) women. All patients assessed clinically, immunologically, and imagistically according to the agreed LT (liver transplant) protocol. B virus infection was diagnosed in 4 cases, coinfection B+D recorded in 17 cases, infection with virus C - 6 cases, HCC (hepatocarcinoma cells) -5. B and D hepatitis transplanted patients had treatment administered according to protocols (analogues nucleo(t)ides associated with HBIG (specific antibodies anti-hepatitis B)), whilst C hepatitis patients received treatment with PEG IFN (pegylated interferon)/ ribaverin, new antiviral medication (DAA).
Results: HBV reinfection of the graft was recorded in 5 (23.8%) cases, treated with tenofovir 300 mg associated with HBIG. Viremia negativity obtained in 85%. All patients with hepatitis C (6) had re-infection of the graft, of which two cases with maximum cytolysis and high viremia. 4 patients were administered with anti-viral therapy: IFNpeg/ ribaverin (1), sofosbuvir/ ledipasvir (1), Exviera/ Viekirax (1), sofosbuvir/ daclatasvir (1). In 2 patients sustained virological response was achieved, in the other 2, antiviral therapy is in progress.
Conclusions: The risk of graft infection post-liver transplantation is very high, supporting the need for antiviral treatment pre-transplant with new medicine (DAA). Hepatitis D virus infection requires associated antiviral medication and passive HBIG immunization treatment, continued indefinitely until new efective solutions will appear.

PP123. The incidents of hepatocellular carcinomain cirrhosis of viral and ethanol etiology

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Introduction. Hepatocellular carcinoma (HCC) is a common complication, occurring in patients with liver cirrhosis (LC). The aim was to assess the incidence of HCC associate with LC patients hospitalized on the ward of Gastroenterology Emergency County Hospital in Oradea.
Materials and methods. The retrospective study included patients with chronic ethanolic or viral LC, admitted in the Department of Gastroenterology Emergency County Hospital Oradea, between 01.2016-12.2016.
Results. In terms of gender distribution CH 465 LC patients, 295 (57.6%) were male, 170 female (42.2%), male / female ratio 1.73: 1 .In terms of etiology, ethanolic LC has a high prevalence 238 (51%), followed by viral LC 227 (48%). As the main viral etiologies, 193 cases (84%) were HCV, then 35 cases (16%) of HBV. Incidence HCC with LC was associated with 10% of patients (49 patients): 25 male and 24 female. For male 11 cases are ethanolic LC, 9 cases are with HCV, 5 cases with HBV. For female 5 cases ethanolic, 18 cases HCV, 1 case with HBV.
Conclusions. The incidence of HCC associated with LC is 10% with the male / female ratio 1.25: 1. HCC in men has been associated more often with ethanolic LC (44%), followed by HCV –LC associated HCC (36%) and HBV (20%). HCC in women has been associated more often with HCV-LC, representing 79%, followed by 20% etanolic LC and 1 case of VHB-LC (0.04%).
There are no statistically significant differences between the incidence of HCC in ethanolic LC, HBV-LC or HCV-LC ($p > 0.05$)
Keywords: hepatocellular carcinoma, cirrhosis.

PP124. Incidence and characters of hepato-cellular carcinoma in a group of pacients with hepatic cirrhosis

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Introduction. Hepatocellular carcinoma (HCC) is the fifth most common cancer wordwilde and the third leading cause of cancer-related death. HCC is 2-4x higher rates in men than women, with a mean age between 60-70years. HCC is a redoubtable complication in pacients with liver cirrhosis (LC), regardless of etiology. The aym of this study was to evaluate the incidence and characteristhics of hepatocellular carcinoma in patients with LC evaluated by abdominal ultrasound, computer tomography and alpha fetoprotein levels.
Material and method. We did an observational study, during January 1st, 2016 and June 30st, 2016 in the Clinic of Gastro-enterology of the "Elias" University Emercengy Hospital, using data from ultrasoud and tomography records and hospital database. The study was realised with Ethics Commitee agreement for processing personal data, respecting the rights to medical confidentiality.
Results. The study group included 287 patients with LC evaluated by abdominal ultrasound, computer tomography. 29 patients were identified with HCC, representing 10.10% of study group, with a mean age of 62.5 years, 68.97% male and 31.03% female 48.27% (14 patients) had as etiology of liver cirrhosis -hepatitic C virus. In acording with Barcelona Clinic Liver Cancer for staging HCC, 55.17% of patients (16 patients) were early hepatocellular carcinoma. 31.03% of patients associated lessions as portal vein thrombosis. In 66.66% patients with HCC, alpha fetoprotein levels were > 10 ng/dl.
Conclusions. The incidence of hepatocellular carcinoma in patients with LC was 10.10% in our clinic, 55.17% of this group being early HCC in according with Barcelona Liver Cancer staging system. This allow curative therapies such as surgical resection.

PP125. Incidence of Clostridium Difficile Infection in a tertiary Gastroenterology Department

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Introduction: Clostridium Difficile Infection (CDI) is an important public health problem in hospitalized patients. The incidence of CDI is increasing in hospitals worldwide and is associated with a high risk of morbidity and mortality.
The aim of this study was to evaluate the incidence and risk factors for CDI in our Department over a period of five years.
Material and Methods:We performed a retrospective study in which we evaluated all patients admitted in our Department from January 2012 to April 2017. CDI was diagnosed based on clinical symptoms and by a positive toxin A in a stool sample.
Results: From a total of 13450 patients admitted in our department from January 2012 until April 2017, 108 patients were diagnosed with CDI. In 2012 the incidence was 0.86% (20/2305), in 2013 - 0.92% (25/2715), in 2014 -0.44% (12/2679), in 2015 - 0.93% (24/2565), in 2016-0.61% (15/2432), while in 2017 12/754(1.59%) patients were diagnosed with CDI. Antibiotic treatment was administered to 68 patients (62.96%), 44 patients (40.7%) used proton pump inhibitors and 4 patients (3.7%) received immunosuppresants, known as risk factors. The main admission diagnosis was cirrhosis in 40 (37.03%), followed by chronic inflammatory diseases in 29 (26.85%), upper gastrointestinal bleeding in 14(12.96%), acute pancreatitis in 8 (7.4%), angiocolitis in 7 (6.4%) and other etiologies* in 8 (7.4%).
Conclusion: The yearly incidence of CDI in our department ranged from 0.44% (2014) to 1.59% (2017), and seems to be

increasing. The use of antibiotics and proton pump inhibitors were the main risk factors for CDI in our Department.

* other etiologies: cancer, liver abscesses, biliary obstruction.

PP126. Incidence and specific characters of gastric cancer in a group of patients with dyspepsia

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Introduction. Gastric cancer (GC) is the 4th leading cause of malignancy and the second cause of cancer death worldwide. Age-standardized incidence rate are 2x as high in men as in women, usually after 50 years. The aim of this study was to evaluate the prevalence and characteristhics of GC in patients with dyspepsia evaluated by upper gastrointestinal endoscopy.
Material and method. We did an observational study, during January 1st, 2016 and June 30st, 2016 in the Clinic of Gastroenterology of the "Elias" University Emercengy Hospital, using data from endoscopy records and hospital database. The study was realised with Ethics Commitee agreement for processing personal data, respecting the rights to medical confidentiality.
Results. The study group included 921 patients with dyspepsia evaluated by upper gastrointestinal endoscopy in our clinic, with a mean age of 59.4 years, 43% male and 57% female. 2.17% of study group was diagnosed with gastric cancer (20 patients), with a mean age of 67 years and equal gender distribution. Ninety percent of GC was adenocarcinoma and 10% other less common gastric malignancies, such as gastrointestinal stromal tumors. The prevalence of Helicobacter pylori infection in patients diagnosed with gastric neoplasia was 90% (18 patients). In terms of endoscopic lesions in patients with gastric cancer 25% associated gastritis, 10% gastric ulcers, 10% gastric polyps, 5% duodenal ulcers, 5% esophageal adenocarcinoma, 10% Barret esophagus.
Conclusions. The prevalence of gastric cancer in patients undergoing upper gastrointestinal endoscopy for nonspecific symptoms was 2.17%. Most of patients evaluated for dyspepsia and diagnosed with GC were H. pylori positive and associated chronic gastritis (maybe related to symptoms).

PP127. Helicobater Pylori infection in patients with benign gastroduodenal diseases: prevalence, clinical manifestations and endoscopic findings

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Introduction: Helicobacter Pylori (HP) is a Gram-negative helix-shaped bacterium, capable to infect the gastric epithelium, due to its ability to adapt in the high acid environment of the stomach, and it can be founded in various gastroduodenal lesions (gastritis, ulcer, lymphoma, adenocarcinoma)
The **aim** of the study was to determinate the prevalence of the HP infection in patients with benign gastroduodenal diseases and, at those infected, the clinical manifestation and endoscopic findings.
Material and methods. 2026 patients were included in the study. All of the patients were endoscopic investigated during January-December 2015 in "Prof. Dr. Octavian Fodor" Regional Institute of Gastroenterology-Hepatology Cluj-Napoca and all were tested for HP infections using the rapid urease test. The patients with malign gastroduodenal diseases were excluded. For endoscopy, the indications were: dyspeptic syndrome, anemic syndrome, wasting syndrome, clinical manifestations of the upper gastrointestinal bleeding (UGIB).
Results. The prevalence of HP infection was 23%. The average age of the patients was 55.25±14.527 years and was slightly predominant females (55.2%). 60.3% of patients were living in urban area. The most frequent clinical manifestations in patients with HP infection were: pain (71%), then nausea (24.9%), vomiting (16.1%) and UGIB (12.9%). 17.4% of the patients with HP infection do not show any clinical symptoms. Regarding endoscopic lesions, we found the following results: 42.5% gastritis, 25.8% multiple lesions (gastritis ± esophagitis ± duodenitis), 25.3% ulcers, 3.9% esophagitis and 2.6% duodenitis.
Conclusion.HP infection was present in less of 1/4 of the patients tested with rapid urease test. The most frequent clinical manifestation was pain, and regarding endoscopic findings the predominant was gastritis. Peptic ulcer was present at1/4 patients with HP infection.
Keywords. Helicobacter Pylori, prevalence, gastritis.

PP128. Frequent infections in patients with hepatic cirrhosis C

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Introduction: Patients with cirrhosis are usually immunocompromised with increased risk of infection, which may lead in most cases to decompensated liver disease and even death.
The aim of this study was to evaluate the main causes of infection which complicated evolution of patients with cirrhosis C and evaluate their evolution.

Material and method: We performed a retrospective study including all cases of infections in patients with cirrhosis C hospitalized in the Institute of Gastroenterology and Hepatology Iasi between January 2016- September 2016. There were 234 cases, of which 63.3% men (153 cases) and 34.7% women (81 cases) with a mean age of 63.4 years
Results: The most common infections in cirrhotic patients were urinary tract infections, present in 37.3% of the study group (87 patients). In 24.7% (58 patients) the cause of infection was spontaneous bacterial peritonitis. 27% (63 patients) had respiratory tract infections (pneumonia, bronchopneumonia, laryngitis, pharyngitis, etc). Clostridium difficile infection was detected in 9 patients (3.8%). Other causes of infection were reported in 7.2% cases (17 patients) (skin infections, tuberculosis, phlebitis, abscesses etc). Related to Child Pugh score, infectious complications were present in 68.7% of cirrhotic patients with Child-Pugh class C, 28.8% cases in patients with Child-Pugh class B and only 2.5% of patients with compensated liver cirrhosis (Child-Pugh class A). Mortality of the entire group was 21%, of which 89% cases of patients with Child-Pugh C, 6.7% patients with Child-Pugh B cirrhosis and 4.3% patients with Child-Pugh class A. Only 6 % of the patients required transfer to the department of Surgery and Infectious Diseases.
Conclusions: The most common infections found in patients with cirrhosis were urinary tract infections. Spontaneous bacterial peritonitis complicated evolution of cirrhosis in 25% of the cases. Child-Pugh class C was associated with the highest rate of infections with increased the risk of mortality.

PP129. Infectious complications in hospitalized cirrhotic patients

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Background: Infections are one of the most severe complication of decompensated liver cirrhosis (LC) influencing indication of liver transplantation. There have been little studies done concerning factors influencing infectious complications.
Aim: This prospective study was performed to assess the incidence of infection in decompensated hospitalized cirrhotic patients and to evaluate possible risk factors for this complication.
Methodology: We performed a prospective study in which we included 376 decompensated cirrhotic patients admitted in our tertiary center between January 1st –June 30, 2016. The patients had no clinical evidence of infection at the time of initial presentation, and all were followed-up prospectively for manifestations of infection during admission.
Results: Sixty-nine patients developed infectious complications during hospitalization: 27 urinary tract infections, 12 spontaneous bacterial peritonitis, 13 *Clostridium difficile* infections, 9 lobar pneumonia, 6 skin infections and 2 angiocholithis. Corticosteroids were administered to 43 patients. Median duration from the admission to the onset of infection was 6 days, and that from the introduction of corticosteroids to onset of infection 4 days. Univariate analysis showed that patients who developed an infection were more likely to have a high MELD score, to be admitted for hepatic encephalopathy, to stay in the intensive care unit, and to undergo invasive procedure. Logistic regression identified admission for hepatic encephalopathy [odds ratio (OR) = 2.301, 95% confidence interval (CI) = 1.7–9.8], high MELD score (OR = 2.337, 95% CI = 1.03–1.22) and corticosteroid treatment as the only three variables (OR = 4.127, 95% CI = 2.33–8.27) independently associated with the development of an infection in decompensated LC.
Conclusions: The present study indicates that patients with severe cirrhosis who are admitted for hepatic encephalopathy and receive corticosteroid treatment have a higher risk of developing a bacterial infection during their hospitalization than other cirrhotic patients.
Key words: cirrhosis, infectious complications, risk

PP130. Validation of the Baveno VI Criteria on a cohort of cirrhotic patients

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Background: The Baveno VI guidelines propose that cirrhotic patients with a liver stiffness measurement (LS) <20kPa and a platelet count >150000/μL can avoid screening endoscopy as their combination is highly specific for excluding clinically significant varices. The aim of the study was to validate the Baveno VI criteria.
Methods: We did a retrospentive study, from 2009-2014. We took all the patients with transient elastography data. Inclusion criteria were a LS >12 kPa and an upper gastrointestinal endoscopy within 12 months, with a diagnosis of chronic liver disease. Varices were graded as low risk (grade <2) or high risk (>grade 2).
Results: The study included 774 patients (hepatitis C virus 40.5%, hepatitis B virus 16.1%, 31.6 % etanolics, 11.8% other ethiology, and 47.5% were Child Pugh A). Varices were present in 561/774 (2.4%) cases, with 8% prevalence of high risk varices. 306/774 (39.6%) were at low risk and 468/774 (60.4%) had high risk varices. 59/774 (7.6 %) met the Baveno VI criteria. The Baveno VI criteria gave a Se=62.2%, Sp=80.6%, NPV = 44.6%, PPV = 89.5%, positive likelihood ratio = 3.4, negative likelihood ratio=0.47. If we combined the LS <20 kPa

and platelet count >150.000, the AUROC was 0.73, CI (0.68-0.74), p<0.0001.
Conclusions: The Baveno VI criteria has correctly appoint 98.3% of patients who could safely avoid endoscopy.
Keywords: transient elastography, esophageal varices, Baveno VI criteria.

PP131. Lung function indicators in patients with chronic viral infection B

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Introduction: It is now known that the HBV virus replication occurs as well as within the liver as extrahepatic.
The aim of the study: Estimation of lung function indices in patients with chronic viral infection B.
Material and Methods: The study included 58 people. The control group (group I) presented from 15 healthy people (HBsAg"-"/ anti HBcor "-"). The group of patients with chronic HBV infection, serologic form HBsAg"-"/ anti HBcor "+" (group II) consisted of 28 people, III group with chronic hepatitis B, serologic form HBsAg"+" / anti HBcor "+" consisted of 15 patients. It was carried out a comprehensive clinical, laboratory and instrumental examination of all persons, included in study, with the definition of viral markers in blood serum, biochemical analysis, ultrasonography of the abdomen and spirography.
Results: In the group of patients with chronic HBV infection, serologic form HBsAg "-" / anti HBcor "+" (group II) were found lower values of spirography indicators, compared to the data of group I (healthy individuals) (FVC and PEF (p <0, 05)), as well as of group III (patients with chronic HBV-infection, serologic form HBsAg "+" / anti HBcor "+") (FVC, FEV1 (p <0.01) and the PEF, MEF 25 (p <0.05)).
Conclusions: The most important changes in pulmonary ventilation function identified in patients chronically infected with HBV, serologic form HBsAg "-" / antiHBcor "+", these findings are very important for monitoring patients with different forms of HBV infection.
Keywords: lung function indices, chronic viral infection B.

PP132. Liver focal fatty change evaluated by contrast-enhanced ultrasound. A retrospective study in an ultrasound expert center

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Background and aim: The goal of this paper was to evaluate the liver focal fatty change (either fat infiltration or fatty sparing) assessed by contrast-enhanced ultrasound (CEUS), in a tertiary center.
Material and method: A retrospective study was performed that evaluated a cohort of 2904 de novo focal liver lesions (FLLs) assessed by CEUS (according to EFSUMB guidelines) over a period of seven years (2010-2016). Focal fatty change (FFC) lesions that were referred for contrast assessment were 319/2904 (11%). From 2904 FLLs, 979 (33.7%) were also evaluated by a second line imaging technique or histology (due to the incomplete EFSUMB diagnostic pattern criteria). We evaluated the sensitivity, specificity and accuracy of CEUS for the FFC that were confirmed by a second line imaging technique (CT, MRI) or histology. For the statistical analysis we used OpenEpi software.
Results: From 2904 de novo FLLs, 319 (11%) were FFC, in female 46.4%,in male 53,6%; mean age 54.3+/- 11.9 years, mean lesion size: 3.37±2.13 cm. **233**/319 (73%) - **were fatty sparing** and **86**/319 (27%) - **fat infiltration**. FFC represented by focal infiltration were diagnosed on liver with chronic hepathopaty: 25/319 (7.8%) and 61/319 (92.8%) on liver without fibrosis. CEUS was conclusive (lesions with typical enhancement pattern as presented in EFSUMB guidelines) for the diagnosis of FFC in 97.2% of cases.
From 979 FLLs group (CT, MRI or histology for the final diagnosis), **31/979** (3.2%) **were FFC**. 22/31 (71%) were fatty sparing and 9/31 (29%) were fat infiltration. CEUS performance in the diagnosis of FFC was: **72.73% Sensitivity**; **99.67% Specificity**; **98.28% Accuracy**. The performance of CEUS was influenced by the diameter of the lesion (>5cm) and the presence of sever fibrosis ≥F3.
Conclusion: CEUS is an accurate and specific method for the diagnosis of focal fatty changes; still the results can be influenced by the size of the lesion and the presence of liver cirrhosis.
Keywords: Contrast Enhanced Ultrasound, focal liver lesions, focal fatty change

PP133. A difficult therapeutic approach: CML (chronic myeloid leukemia) associated with acute HCV (Hepatitis C virus)

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Introduction: CML is a clonal disease of the stem pluripotent hematopoietic cell, characterized by the presence of the Philadelphia chromosome and/or the presence of the BCR/ABL rearrangement with a pathogenetic proven role; the best treatment consists of inhibitors of the tyrosin-kinase (TKI). Acute HCV infection refers to the first six months of HCV infection, following a presumed HCV exposure. Association of both diseases rises therapeutic difficulties.
Case report: a 40 years old male was diagnosed in december 2012 with CML, chronic phase, Philadelphia chromosome positive. The initial cytoreductory treatment with Hydroxiurea, than Imatinibum mesylate 400 mg/day, was successful and achieved a major mollecular remission. The molecular response was lost in June 2015 (BCR/ABL transcript 23% IS). Since September 2015 Nilotinib 800mg/day was initiated with frequent dose adjustement related to multiple side effects such pancytopenia and amino-transferase elevation. No B and C hepatitis virus was detected.
In January 2016, the patient was newly diagnosed with acute HCV, which contra-indicates the treatment with TKI for the next six months. The new therapeutic approach must regard now both diseases and the only option remains Interferonum alpha 2B, which is tolerated in doses 3x3mil.IU/week. Despite of this treatment, the haematological disease did not respond and turned to an accelerated phase, with decreasing amino-transferases. In June 2016 the patient presented haemorrhagic complications and died.
Conclusions: When CML complicates with Acute HCV - the only therapy that acts on both diseases is Interferon and this therapy delays CML treatment for six months. The prognosis when CML associates Acute HCV is very poor.
Key words: acute hepatitis C, chronic myeloid leukemia, treatment.

PP134. Prognostic scores including Child-Pugh and meld in evaluating the causes of death in cirrhotic patients

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Introduction:Although Child-Turcotte-Pugh (CTP) and Model for End Stage Liver Disease (MELD) scores have been used to predict mortality term, for patients with liver disease there is little data concerning their sensitivity in the evaluation of the causes of death for these patients.
The aim was to evaluate the sensitivity of severity scores in evaluating the causes of death of cirrhotic patients.
Patients and methods: We retrospectively evaluated all of the patients deceased in the Institute of Gastroenterology and Hepatology Iasi, Romania during 1 year (January 1, December 31 2015). CHILD and MELD scores were used to evaluate the severity of liver cirrhosis and causes of death were determined from the database.
Results: We analyzed 240 cases out of which we selected 148 patients diagnosed with liver cirrhosis (91 alcoholic-61,5%, 29 viral C-19,6%, 9 viral B-6%, 1 viral B and C-0,67%, 5 cryptogenic - 3,3% and 13 with alcohol and viral etiology -8,8%). The causes of death were variceal bleeding 52 patients (59%), hepatorenal syndrome (HRS) 27 patients (30.8%), sepsis 9 patients (10.2%). 64%(57) patients with alcoholic etiology, 55.6% (15) with viral C, 77.8% (7) with viral B and 66.7% (8) of the patients with combined alcoholic and viral etiology had a MELD score higher than 20 (p=0.457). ROC analysis found that both CTP and MELD scores had a high sensitivity [AUC=0.65, 95% CI =0.52-0.78, P=0.02 and AUC=0.68, CI=0.55-0.80, P=0.01, respectively] in predicting sepsis, but not for HRS (P=0.12 and P=0.7, respectively) or for variceal bleeding (P=0.23 and P=0.35, respectively).
Conclusions: During one year period of study most of the patients deceased in our institution had alcoholic etiology. Although the main cause of death was variceal bleeding, both CTP and MELD scores were found to have a high sensitivity in predicting the risk of sepsis, in patients with liver cirrhosis.
Key words: mortality, liver cirrhosis, CHILD and MELD scores.

PP135. *Clostridium difficile* infection status in a tertiary center of gastroenterology - possible insights into management

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Introduction: *Clostridium difficile* infection (CDI) is a major cause of hospital- and community-acquired diarrhea.This infection is associated with antibiotic use, proton-pump inhibitor use and hospitalization.
Aim: In this study, we evaluated the frequency of hospital- and community-acquired CDI in hospitalized patients with gastrointestinal diseases and liver cirrhosis.
Patients and methods: We performed a retrospective analysis of all cases of CDI which occured in patients admitted to the Institute of Gastroenterology and Hepatology Iasi, Romania, from January 1st to December 31th 2016. We analysed the frequency of nosocomial, community-acquired and indeterminate CDI, according to definition criteria. For statistical

analysis we used IBM SPSS Statistics Version 23. The data was expressed in percentage, mean ±SD.

Results: We identified 134 cases of CDI, 63 (47%) female and 71(53 %) male patients with mean±SD for age of 58.46±14.56. There were 69 cases (51.5%) of community-acquired CDI (mean age ± SD 50.47±14.21), 50 patients (37.3%) with hospital-acquired CDI (mean age ± SD 59.56 ± 12.55) and 15 (11.2%) cases of indeterminate CDI. In 53.6% cases of hospital-acquired CDI, the infection was triggered by antibiotic use. Using immunoassay technique, both A and B toxins were isolated in feces in 115 (85.8%) patients ($A^+;B^+$). 17 (12.7%) patients were toxin A-positive ($A^+;B^-$) and only 2 (1.5%) patients had toxin B-positive strains of Clostridium difficile ($A^-;B^+$). The most cases were registered in patients with decompensated liver cirrhosis (82% of hospital-aquired CDI, 23.3% of community-acquired CDI and 58.82% of indeterminate CDI) and inflammatory bowel disease (2.4%, 23.3% respectively).

Conclusions: Although CDI is typically defined as a nosocomial infection, in our study group community-acquired CDI had a higher frequency, suggesting the need of a careful antimicrobial prescription in the outpatient setting. The presence of CDI predominantly in patients with cirrhosis and inflammatory bowel diseases could be explained by the presence of several risk factors (antibiotic and proton-pump inhibitor use).

Keywords: Costridium difficile, liver cirrhosis, hospital and community-aquired infection.

PP136. Can we use serum cholinesterase as a prognostic marker in liver chirrhosis?

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Background: Cholinesterase activity is reduced in liver dysfunction due to impaired synthesis. Several studies, that evaluated serum cholinesterase as a liver function test for cirrhotic patients, highlight the possibility of using this enzyme as a prognostic marker in chronic liver disease.

The aim of this study is to assess the value of cholinesterase as a prognostic factor, in patients with hepatic cirrhosis.

Patients and methods: The study group consisted of 50 cirrhotic patients, admitted to the Institute of Gastroenterology and Hepatology Iasi, Romania, from January 1st 2017 to March 31th 2017. The patients were divided into 3 subgroups (A, B and C), as per the Child-Pugh score. Correlation between cholinesterase activity and serum albumin, prothrombin time (PT). Child-Pugh and MELD score was analysed. For statistical analysis IBM SPSS Statistics Version 23 was used (ANOVA test, Pearson correlation test).

Results: The mean ± SD for age in the studied group was 58.62 ±11.25. Child A subgroup consisted of 10 patients (20%) while Child B and C were present in 18 (36%) and 22 (44%) patients.

In the studied group, low levels of cholinesterase in relation to Child-Pugh score revealed:Child A (4475 ± 714.78), Child B (2841.44 ± 930.62) and Child C (1786 ± 518.14). In all the subgroups, cholinesterase was positively correlated with albumin (Child A: r=0.973; p=0.000. Child B: r=0.903; p=0.000. Child C: r=0.438; p=0.041) and negatively correlated with plasma prothrombin time (Child A:r= -0.966; p=0.000. Child B: r= -862; p=0.000. Child C: r=-638;p=0.01). There was no statistically significant correlation between cholinesterase and MELD score(p=0.8).

Conclusions: Cholinesterase is a good indicator of the liver reserve function of cirrhotic patients and may serve as a useful prognostic marker of advanced liver disease. Long-term follow-up studies are warranted to define its exact role in clinical practice.

Keywords: cholinesterase, cirrhosis, Child-Pugh

PP137. Clinical, therapeutic and progressive particularities of variceal upper gastrointestinal bleeding – retrospective study

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Aim: the assessment of patients with variceal upper gastrointestinal bleeding (VUGIB) with regard to etiology, degree of varices, endoscopic, drug treatment, biological parameters and death rate.

Methods: 73 patients with VUGIB were analyzed (24 females,49 males, middle age 60.06 years).The patients were hospitalized at Oradea Clinical County Hospital between January 2015 - December 2016.We analyzed clinical, biological, evolution data and endoscopic results that were processed statistically using SPSS 20.

Results: The gender ratio was 2:1 (M/F) (67.12 % males, 32.88% females). Regarding the origin of the patients the ratio was 49.39%/53.42 % urban/rural. The main causes of hospitalization were haematemesis with melena (58.91), isolated haematemesis (17.81%) and melena (23.29%).

The main cause that lead to esophageal varices and UGIB was alcohol induced liver cirrhosis (61.65%), followed by hepatitis C virus liver cirrhosis (23.29%), hepatitis B virus (5.48%), alcohol liver cirrhosis + virus C(5.48%), liver cancer with Wilson disease (2.73), autoimmune liver cirrhosis (1.37%). We had grade II varices in 12.92%, grade III 43.83% and grade IV in 36.99%. Regarding anemia we had 6 patients (8.22%) with

severe anemia (Hb<6g%). 29 patients were treated with Glypressin+ligation, just ligation (2 patients) and 29 patients treated just with Glypressin, 4 patients with Blackmore tamponade, and the other 13 patients got only supportive treatment. 23 patients died (6 females, 17 males), and there were significant statistical correlations between alcohol induced liver cirrhosis and the severity of anemia (p=0.02918) also between the severity of anemia and death ratio (p=0.038).
Conclusions: The main cause of VUGIB was alcohol induced liver cirrhosis and the main clinical manifestation was haematemesis associated with melena. The VUGIB was more frequently encountered in patients with grade III and IV varices. Patients with severe anemia and alcohol induced cirrhosis had higher death rates. Patients treated with Glypressin combined with ligation had better survival rates.
Key words: upper variceal gastrointestinal bleeding, haematemesis, ligation

PP138. incidence of colorectal cancer in ORADEA Emergency Clinical County Hospital - Retrospective study

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Introduction: In Romania the colorectal cancer presents an alarming raise in it's incidence and mortality. Eight thousands new cases are recorded each year. Colorectal cancer has become the second cause of death by cancer.
Aim: analyzing the incidence and characteristics of colorectal cancer cases recorded in a county hospital from the western side of the country.
Material and method: We retrospectively assessed all cases diagnosed with colorectal cancer in The Clinical County Emergency Hospital from Oradea during 1st of January 2016 and 31st of December 2016. We analyzed the following parameters: age, sex, location of the tumor, the applied surgical treatment.
Results: From a total number of 41.964 patients hospitalized in our hospital, 141 patients were diagnosed with colorectal cancer. 105 (74.46%) of the patients were above 60 years old; 41 cases (29.07%) were women, 100 cases (70.09%) were men. In terms of localization 43 cases (30,4%) were localized in the ascending colon, 7 cases (4.96%) in transverse colon, 9 cases (6.38%) in descending colon, 45 cases (31.9%) in the sigmoid colon, 37 cases (26.24%) in rectum. In terms of the stage of disease, only 5 cases (3. 54%) were stage I, 51 cases were stage II (36.17%), 42 cases were stage III (29.78%) and 43 cases were stage IV (30.49%). Only 85 cases (60.28%) of the patients diagnosed with colorectal cancer could benefit from a curative surgical intervention, the rest of them were being offered a palliative surgical treatment.
Conclusions: Our study shows a high incidence of colorectal cancer in men, with a predominance of left colon localization. Unfortunately 56 cases (39.71%) were detected in an advanced stage of disease evolution which did not allow a curative surgical intervention. This fact underlines the necessity of implementing a national program for the early screening of colorectal cancer.
Key words: colorectal cancer, incidence, surgical treatment

PP139. Mesenteric ischemia in a 26 year old female with preexisting liver disease

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Introduction: One of the rarer causes of mesenteric ischemia is represented by mesenteric venous thrombosis, accounting for between 5-15% of cases. While surgical intervention is often not required for these patients, anticoagulation therapy must be combined with the treatment of the underlying disease.
Case description: The patient is a 26-year-old woman, who presented to the Emergency Room for diffuse abdominal pain, unaccompanied by nausea or vomiting. On admission her laboratory studies were normal, apart from mild leukocytosis, and an elevated Creatine KinaseMB=37U/L. On examination her liver was enlarged, had a firm consistency and a smooth surface, the abdomen was tender, mainly in the periumbilical region.
Her medical history revealed the patient had been diagnosed with cryptogenic cirrhosis when she was 5 years old, had a banding procedure for esophageal varices a few years prior and that she wasn't on any medication.
A CT performed in the ER revealed a cirrhotic liver, a portal cavernoma, an incomplete thrombosis of the superior mesenteric vein, and a thickening of the intestinal wall.
The patient was started on overlap anticoagulation therapy with Low Molecular Weight Heparin and Acenocumarol, and was investigated for causes of cirrhosis. While viral markers were negative the patient was found to have Kayser-Fleischer rings indicative of Wilson Disease.
Conclusions: This case illustrates one possible presentation of Wilson's disease apart from the more common hepatitis of unknown origin or hepatic failure, as well as the need to investigate liver diseases in children for reversible causes.
Key words: Mesenteric Venous Thrombosis, Wilson's Disease, portal cavernoma.

PP140. Diagnosis of infection with Helicobacter pylori: what methods to use?

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Objective: To assess the reliability of the various methods for determining infection with Helicobacter pylori.
Methods: We evaluated H. pylori infection in 84 patients with oesophageal and gastric symptomatology, with ambulatory and one-day care assessment in IGH Iasi between 01.01.2016 - 15.03.2017. All patients were performed upper gastrointestinal endoscopy and were tested for infection with H. Pylory using stool antigen test, blood antibody test for H.P. and/or biopsy with histology. No patient has undergone treatment for infection with H. pylori before.
Results: The study group contains 84 patients: 20 men and 64 women, with a sex ratio of 1:3.1. Age limits were between 33 and 71 years old, mean age 47.5 ± 2.02 years. H. pylori infection was present in 44 patients (52.3%), the gender incidence was 56.2% for female and 40% for male. In patients whose results of all tests were negative (33.3%) the infection with HP was excluded. Among patients with H. pylori infection, 63.6% had all tests positive (stool antigen test, blood antibody test and histology). The interpretation was more difficult because there was discordance between the different methods of determining HP infection. Thus, 36.4 % of patients infected with H.P. presented 2 tests positive (histology and blood antibody test) and 9.1% had one positive test (stool antigen test).
Conclusions: Detection of H. pylori infection is more reliable when several methods are combined for determining the infection, despite the fact that the interpretation is more difficult. The best sensitivity and specificity was for patients with positive histology, positive stool antigen test associated or not with positive blood antibody test.

PP141. Model to predict clinically significant portal hypertension in patients with hcv liver cirrhosis following svr post-therapy with ombitasvir/paritaprevir/ritonavir and dasabuvir

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Introduction: It is still controversial, whether and to what amount cirrhosis and portal hypertension are reversible in patients with hepatitis C virus associated cirrhosis and sustained virologic response (SVR) after interferon-free antiviral therapy. There is a direct correlation between liver stiffness (LS) measured by transient elastography (TE) and hepatic venous pressure gradient.
Aim: To prospectively evaluate dynamics of liver stiffness in HCV-infected patients with advanced liver disease and SVR after ombitasvir/paritaprevir/r + dasabuvir + ribavirin treatment and to identify predictors of persistence of clinically significant portal hypertension (CSPH), defined as liver stiffness (LS) >20 kPa, following SVR.
Methods: Fibroscan was performed in 389 patients with compensated liver cirrhosis at the beginning of antiviral therapy, at end of therapy and at SVR.
Results: There were included 389 patients with cirrhosis and SVR and 47.6% (185/389) of patients had TE values that increased or remained >20kPa at SVR12. LS measurement had significantly improved between baseline (26.9 ± 0.8kPa), end of treatment (24.1 ± 0.9kPa) and SVR12 (22.7 ± 0.8kPa) ($p<0.0001$). Independent variables associated with CSPH were obtained by multivariate logistic regression analysis: baseline cholesterol level ($p=0.003$), platelet count <120000/mm³ ($p=0.02$), MELD score ($p=0.01$). Based on the logistic regression equation, a predictive model was created, that allows the calculation of a risk score for CSPH despite viral eradication = 1/(1+EXP{- [-0.11 - (0.01 × serum cholesterol) + (0.17 × MELD) + (0.74 × platelet count <120000/mm³)]}.

Conclusions: Advanced liver disease as reflected by initial MELD score and serum cholesterol as well as portal hypertension (low platelets) are predictors of clinically significant portal hypertension after SVR in HCV liver cirrhosis patients.

PP142. The role of microsatellite instability (MSI) in patients with stage II colorectal cancer (CRC)

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Introduction: In stage II colon cancer, the association of adjuvant chemotherapy is controversial due to its efficiency in a small subgroup of patients with high risk of relapse, to whom it is recommended the determination of MSI.
Material and methods: Between 2012-2015 in the Department of Medical Oncology of Fundeni Clinical Institute, 35 patients with stage II CRC that had already received curative surgery were admitted, who had their MSI determined. The MSI status was assessed using the molecular technique (polymerase chain reaction) or immunohistochemistry. The Recurrence Score and the disease-free survival (DFS) at 5 years was calculated at 7 patients using the OncotypeDX assay.
With the help of nomograms from the Memorial Sloan Kettering Cancer Centre (MSKCC) site which takes into consideration clinicopathological factors, we determined the overall survival (OS) at 5 years and DFS at 5 and 10 years.
Results and conclusions: The cohort was composed of 17 men and 18 women followed for a mean period of 22 months. The determination of MSI showed: 6 MSI-High patients, 2 MSI-Low and 27 MS-Stable. No statistically significant associations were found between MSI and sex, original environment, tumor localization or tumor differentiation. The 29 patients with MSI-Low and Stable tumors received adjuvant chemotherapy with fluoropyrimidines+/-oxaliplatin, the majority(93%) having high tumor differentiation, same percentage as in literature. A single patient with MSI-Low had a locoregional relapse. OS at 5 years calculated using the nomogram from MSKCC site was 80.14% and DFS at 5 and 10 years for the same patient were bigger if he didn't receive adjuvant chemotherapy than the one if he received.
Comparing DFS at 5 years (the one obtained through Oncotype DX with the one from MSKCC nomogram), we noticed that the one from the first was bigger, with one exception when the two were equal.
According to the new NCCN guidelines, the MSI assay should be done routinely to all colon cancer patients.
Key-words: MSI, nomogram, stage II colorectal cancer

PP143. Natural course of portal vein thrombosis in liver cirrhosis

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Background: Portal vein thrombosis (PVT), a common complication in the patients with cirrhosis, is often neglected and influenced on clinical manifestation and prognosis for cirrhosis patients.
Aim: To investigate the clinical characteristics and natural course of portal vein thrombosis (PVT) in patients with cirrhosis.
Methodology: In this study we included 65 cirrhotic patients with PVT as study group and 70 without PVT as control group admitted in our hospital between January 1st 2013 to December 31, 2014. General information, laboratory results, imaging findings, clinical manifestations and complications were recorded and analyzed. Clinical characteristics were compared, and corresponding risk factors were selected. All the patients were follow-up until December 31, 2016.
Results: There were no difference regarding baseline characteristics between the two study group. During follow up portal vein thrombosis improved in 11 patients (16.9%), was stable in 36 (55.3%), and worsened in 18 (27.7%). Hepatic decompensation rate at 6 and 18 months was higher in patients with worsened PVT than in those with stable/improved PVT and control group. The survival rate at 6 months was the same in all the study groups. Multivariate analysis showed that Model of End‑Life Disease was the independent predictor of hepatic decompensation [hazard ratio (HR) 2.52; 95% confidence interval (CI): 1.28–6.99, P = 0.032] and survival (HR 4.76; 95% CI: 2.06–6.92, P = 0.027)
Conclusion: Nonmalignant partial PVT remained stable/ improved in over half of cirrhotic patients and aggravated in

more than one fourth in whom it negatively influenced the decompensation rates with no influence on survival.
Key words: cirrhosis, portal vein thrombosis, natural course

PP144. Pancreatic cancer – a retrospective study at a tertiary center of north-east of Romania

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Introduction: Pancreatic neoplasm is one of the most aggressive forms of cancer, which is associated with risk factors as chronic pancreatitis, diabetes, obesity, consumption of ethanol or smoking.
Material and method: A retrospective study was conducted at the Institute of Gastroenterology and Hepatology, Iasi, between January-December 2016. It included selected data from the medical files of 112 patients who were hospitalized due to suspicion of pancreatic neoplasm.
Results: Of the 112 patients, 60 patients (53.57%) were confirmed with pancreatic cancer (46.43% of cases were overturned by computed tomography or nuclear magnetic resonance or were not tracked). Six patients who have confirmed pancreatic neoplasm died during the hospitalisation or right after the transfer to another service (surgery or oncology). From the 60 confirmed cases, 35% were women and 65% were male. According to the age of the patients at diagnosis, 2 patients were under 50 years old, 18 patients were between 50 and 60 years old, 20 patients were between 60 and 70 years old, 14 between 70 and 80 years old and 6 above 80 years old. Two patients were underweight, 37 were normal weight, 14 were overweight and 6 patients had obesity grade 1. Regarding the symptoms at admission, 83.3% of patients had abdominal pain, 76.6% experienced weight loss and 41.6% had jaundice. Approximately 1/3 patients have shown transit disorders (11 patients with diarrhoea, 12 with constipation and 2 with alternation of diarrhoea and constipation). Only 28.3% were chronic smokers and 48.3% declared chronic consumption of alcohol. Of the study group, 11.6% patients had past records of chronic pancreatitis, 8.33% of acute pancreatitis and 41% of had diabetes.
Conclusions: Pancreatic cancer was confirmed in about half of the suspected cases, the highest prevalence being identified in male patients older than 50 years presenting with abdominal pain and weight loss.
Key-words: pancreatic cancer.

PP145. Anemia and quality of life in inflammatory bowel disease

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Introduction: Anemia is one of the most common systemic complications of inflammatory bowel diseases (IBD). Although, anemia is often underestimated and undervalued in the management of IBD. Unrecognized and untreated, anemia can affect both IBD course and patients quality of life (QoL). The aim of the study was to assess the presence of anemia in IBD patients and to correlate anemia with QoL scores.
Methods: We performed a prospective study conducted over a period of 12 months (january 2016-december 2016). The study enrolled 96 patients diagnosed with IBD: 70 patients with ulcerative colitis (UC) and 26 patients with Crohn's disease (CD). The presence of anemia was considered from a hemoglobin (Hb) <11 g/dL for female patients and <13 g/dL for male patients. QoL was assessed by the IBDQ-32 (Inflammatory Bowel Disease Questionnaire - 32).
Results: In the study group, the presence of anemia was found in a greater proportion among patients with CD (66.1%) compared with UC patients (52.2%). For UC patients, QoL was not affected by the presence of anemia ($p = 0.184$), but for CD patients, decreased Hb levels were associated with lower values of the IBDQ score ($p = 0.027$). In the UC group, disease activity did not correlate with Hb levels ($p = 0.677$). On the other hand, anemia in CD group was directly related to disease activity ($p = 0.001$).
Conclusions: In this study the presence of anemia determined a negative impact on QoL of CD patients, but not for QoL of UC patients. This data can be justified by the fact that anemia was directly related to disease activity only in the group CD. Thus the lower scores of QoL in CD patients may be due to the severity of the clinical manifestations and not just by the presence of anemia.
Key words: anemia, quality of life, inflammatory bowel disease.

PP146. One disease, three causes. Who's the culprit?

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Introduction: Acute pancreatitis remains one of the most common pathologies presenting in emergency rooms. Despite the great progresses made in diagnosing pancreatitis, meaning specific criteria, laboratory tests and imaging, sometimes establishing etiology and further specific treatment, can be a real challenge.
Case description: A 51 years old male is admitted in emergency rooms for upper abdominal pain accompanied by nausea and vomiting for 48 hours. The patient admits alcohol use and a medical history revealed type 2 diabetes and dyslipidemia. The patient was on oral anti-diabetics. On examination the patient had diffuse abdominal tenderness and tachycardia. Laboratory tests showed leukocytosis (21000/ mm3), moderate cytolysis (TGO=98 U/L, TGP=92 U/L), with normal lipase and amylase, and hypertriglyceridemia (1856 mg/dl). Abdominal ultrasound showed a moderate liver steatosis, increased pancreas volume, with presence of fluid located in the omental bursa and biliary lithiasis. Early phase treatment is similar, based on bowel rest diet, fluid resuscitation, opioid analgesics and proton pomp inhibitors. We have an initial episode of acute pancreatitis with a Ranson score of 1 in a patient with a history of alcohol use, who has biliary lithiasis and an important elevation of serum triglycerides.
Conclusion: Although negative lipase usually rules out pancreatitis, we present a case of acute pancreatitis, with normal pancreatic enzymes and three possible etiologies (hypertriglyceridemia, alcohol use and biliary lithiasis).
Key words: pancreatitis, normal lipase, hypertriglyceridemia

PP147. Clinical and evolutive specifics of liver transplatation in the republic of moldova

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Introduction: LT launchin RM (2013) was conducted with the support of MH, through the organization and functioning of the Transplant Agency, involvement of LT Fundeni Team (Romania) led by Professor I. Popescu. Study reflects patients' evolution during 2013-2017.
Material and Methods: 30 liver transplants have been performed. Patients transplanted according to liver disease severity, degree of urgency (Child-Pugh score, MELD). Indications for LT: viral cirrhosis B (4), C (6), D (17); CHC (5); primary biliary cirrhosis (1); Budd Chiari syndrome (1). LT performed on adults: entire liver, brain dead donor (20/1 retransplanted); living donor liver, LD (10).Average age: recipients 27-61 years, MELD 14 to 19 points. Average age: donors (10) 34.81 ± 11.59 years, including hepatic steatosis (15-20%) confirmed in 6 (60%); 10 cadaver grafts taken from marginal donors (> 65 years).
Results: Early postoperative lethality - 13,3% (4) of which: intracerebral hemorrhage (1), acute graft rejection (1), hepatic artery thrombosis (1), primary graft dysfunction (1). Immediate postoperative survival - 86.7%, graft survival after 1 year - 83.4%. Early complications 25.9% (7): a) vascular: thrombosis in hepatic artery (2) - 1 solved through liver retransplant; intra-abdominal haemorrhage (1); acute graft rejection (2); b) infectious: abdominal (1); skin (1). Late biliary complications (3): stricture liver jejunoanastamosis (1); anastomotic stenosis with endoscopic stenting (1); biliary peritonitis (1). General postoperative complications: kidney (4); neurological (2); respiratory (11) - etiology specific treatment. Syndrome "small-for-size" (2) treated conservatively.Reactivation of viral infection (9): hepatitis C (4) - antiviral treatmentinitiated (3); hepatitis B (5). In patients with recurrence of HBV Tenofovir associated with Ig B treatment administered. Postoperative CMV infection reactivation (4) solved through Valganciclovir treatment.
Conclusions: LT program requires rigorous selection of the recipients, donors, raising awareness for organ donation. Complications occurred require continuous perfection of surgical technique and postoperative management of immunosuppressive therapy.

PP148. The correlation between circulating periostin levels, the metabolic syndrome and nonalcoholic fatty liver disease among obese patients

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Introduction: Recent studies showed that periostin plays a pivotal role in abnormal liver triglyceride accumulation and in the development of obesity-related liver fat accumulation. However, little is known regarding whether periostin plays a

key role in the heightened prevalence of NAFLD and other metabolic phenotypes.

Aim: Assess the correlation between circulating periostin levels, NAFLD and other metabolic syndrome related markers.

Methods: The study group consisted of obese patients with metabolic syndrome an NAFLD. Serum periostin was measured by ELISA methods. The diagnosis of NAFLD was made by liver ultrasonic examination. We used the Ultrasonographic Fatty Liver Indicator (US-FLI) to quantify the level of steatosis.

Results: The study included a group of 96 patients. Among overweight and obese subjects, NAFLD subjects had higher serum periostin levels than those without NAFLD (136.20 ng/ml vs. 80.16 ng/ml, $p < 0.001$). Periostin was associated with a higher risk for NAFLD (OR 1.75 for each SD increase in periostin, 95% CI 1.04– 3.37, $p < 0.001$) among overweight and obese subjects. Furthermore, periostin levels among overweight and obese subjects were correlated with an US-FLI score>4 ($r = 0.154$, $p < 0.001$), aspartate aminotransferase ($r = 0.100$, $p = 0.004$), alanine aminotransferase ($r = 0.107$, $p = 0.003$), waist circumference ($r = 0.110$, $p = 0.002$), homeostasis model assessment index-insulin resistance ($r = 0.155$, $p < 0.001$), fasting plasma insulin ($r = 0.099$, $p = 0.006$) and triglyceride ($r = 0.118$, $p = 0.001$).

Conclusions: Elevated circulating periostin level was associated with an increased risk of having NAFLD and insulin resistance among overweight and obese individuals. It was also positively correlated with the level of steatosis, the cytolysis enzymes and high levels of triglycerides.

The link between circulating periostin levels and NAFLD requires more research.

PP149. Diffuse malignant peritoneal mesothelioma: case report

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Introduction: Malignant peritoneal mesothelioma is a rare, aggressive neoplasia, linked to exposure to asbestos. Clinical presentation is nonspecific, ascites being the most common physical finding, occuring in 90% of the patients. Almost two-thirds of the patients are diagnosed between 45 and 64 years of age, and there appears to be a male predominance.

Case presentation: In this paper we report a case of malignant peritoneal mesothelioma in a 43-year-old male, who was admitted in our clinic for progressive abdomen enlargement due to ascites. Blood panel, endoscopy procedures and imaging techniques could not establish the diagnosis. Paracentesis and fluid analysis with citology and immunehistochemistry oriented the diagnosis to malignant peritoneal mesothelioma but for the certainty diagnosis an exploratory laparotomy with intraoperative biopsy was performed. The histopathological examination and the immunehistochemistry of the biopsy specimen established the diagnosis of diffuse malignant peritoneal mesothelioma.

PP150. Environment pollution and intestinal microbiota-factors involved in the pathogenesis of inflammatory bowel disease

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The role of genetics in the pathogenesis of Crohn and ulcerative colitis is well established today by large international studies with the discovery of more than 50 loci conferring risk for both diseases. But we must not forget that IBD's appeared first during the 1930-1950 period. At that time the population genetics was about the same as today.

Our study is focused on the identification of novel environment/pollution factors which are involved in the pathogenesis of IBD. More than 50 clinical trials, review articles, experimental trials have been included in our research. If cigarette smoking is a well known risk factor in the pathogenesis of Crohn's disease, we cannot stand the same thing about diesel-exhaust particles (DEP). We are forgetting that all larger inhaled particles (>6μm) are quickly cleared from the lungs and transported to the intestinal tract. In this way particulate matter (PM) from the air is swallowed; it is a mix of microbial particles, pollen, organic carbon, sulfates, nitrates, polycyclic aromatic hydrocarbons and metals. Pollutants have greater effect on persons with genetic predispositions to inflammatory conditions; PM induce the expression of IL-6 and TNF-α by mice peritoneal macrophages. Cadmium exposure alters the composition of gut microbioma. Bisphenol A which is omnipresent in our life has recently been classified as environmental obesogen. Dietary BPA in mice has the same effect on gut flora as high-fat diet or high-sucrose diet. There is a significant reduction in species diversity with a concomitant increase of Proteobacteria-a marker of dysbiosis. Such modifications of gut microbioma (including the reduction of the Firmicutes and Bacteroidetes) are typical for IBD and the examples can go on.

Many hypothesis that 10 years ago were purely speculative, today gathered clinical and experimental support. It is hard to modify someone's genes today (but not impossible-let's see what happens with the genetic editing techniques) but it's much more affordable to modify specific environmental factors.

PP151. Prevalence of Helicobacter pylori infection in pacients with dyspepsia and well-defined endoscopic lesions

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Introduction. Helicobacter pylori (H. pylori) infection increases the risk for gastric patology, representing a main risk factor in gastric neoplasia. The estimate risk is 3-6 times higher in group of infected patients rather than non-infected people.
The aim of this study was to evaluate the prevalence of H. Pylori infection in a group of patients with dyspepsia evaluated by upper gastrointestinal endoscopy and gastric mucosa biopsy with rapid urease tests.
Material and method. We did an observational, prospective study, during January 1st, 2016 and June 30st, 2016 in the Clinic of Gastroenterology of the "Elias" University Emercengy Hospital, using data from endoscopy records and hospital medical database. The study was realised with Ethics Commitee agreement for processing personal data, respecting the rights to medical confidentiality.
Results. The study group included 921 patients with dyspepsia evaluated by upper gastrointestinal endoscopy in our clinic, with a mean age of 59.4 years, 43% male and 57 % female. A 52 percent of patients with dyspepsia were H. pylori positive meanwhile the prevalence of H. pylori infection in the gastric cancer (of the 921 patients, 2.17 % was diagnosed with gastric cancer) was 90% , 72% of antral gastritis (63.2% of the study group), 55% of gastroduodenal ulcers (9.1% of the study group).
Conclusions. There was a significantly higher prevalence of H. pylori infection in patients with dyspepsia associated with gastric patology, gastric cancer particularly, which highlights the importance of detection and management of this infection.

PP152. Budd Chiari syndrome – a subacute clinical prezentation în a patient with essential thrombocythemia – hematological diagnosis revealed after liver transplant

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Introductions: Budd Chiari Syndrome (BCS) is an uncommon liver disease defined as hepatic venous outflow obstruction**.**

Material and methods: Our center has an experience of 32 patients diagnosed with BCS between 2001-2016, with age ranged from 19 to 56 years (median: 34 years). 21.8 (n=7) were male and 78.12% (n=25) were female. Underlying etiologies consisted of congenital thrombophilia (10 patients), 17 cases of myeloproliferative disease (including polycythemia vera (PV) and essential thrombocytosis (ET) and one case of myeloid metaplasia with myelofibrosis). Five patients were with unknown thrombogenic disorders. We classify BCS into acute (9 patients) ,subacute (one patient) and cronic (22 patients). Seven patients underwent liver transplant.
We report a recent rare case of a 38-year-old young woman in good health admitted for diagnosis of an ascitic syndrome. She has a history of one birth and one stopped in evolution pregnancy.
BCS was diagnosed by imaging examination. The hepatic out flow obstruction was located in all three suprahepatic veins. The upper digestive endoscopy indicated the presence of 1st degree esophageal varices and hypertensive portal gastropathy. Tests for coagulation disorders, hematological disorders, and antiphospholipid syndrome were all negative. Bone marrow examinations revealed unspecific myeloid hyperplasia.
Despite the anticoagulation with enoxaparin associated with specific therapy for liver cirrhosis,
one month later the patient presented for active thrombotic process. DDimers and FDP were strongly positive and CT highlights in addition to the first for common iliac vein thrombosis. Her general condition worsened. She had tense ascites, grade II encephalopathy and hepatorenal syndrome. She received continuous infusion of heparin and performed LTx one month later.
Short time after the LTx, laboratory data revealed significant thrombocytosis that highlights that ET is the etiology for BCS in this case.
Conclusions: We face a challenging case of BCS due to ET with rapid liver failure *requiring urgent* liver transplantation. Because the thrombocytosis was masked by hepatic disease the hematological condition could not be revealed until after liver transplant.
The patient has an excellent clinical outcome.

PP153. The ANCA and ASCA level in a cohort of IBD patients from Western Romania

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Introduction: Inflammatory bowel diseases are chronic intestinal diseases with increasing incidence signaled in Western Romania. The study aimed to highlight correlations between the type of inflammatory bowel disease (IBD) and the presence of autoimmune antibodies.
Material and method: We performed a retrospective study including all cases with inflammatory bowel disease (IBD) admitted in the Department of Gastroenterology and Hepatology of Emergency County Hospital Timisoara for a period of seven years, 148 cases respectively. Using logistic regression we analyzed the association between IBD and the following parameters: the value of fecal calprotectin, IgA and IgG anti-Saccharomyces cerevisiae (ASCA), anti-neutrophil cytoplasmic antibodies (P-ANCA).
Results: Of the 148 patients, 92 (62.16%) were male and 65 (37.83%) were women; mean age 39.3 ± 14 years.
94 (63.8%) patients had Crohn's disease (CD) and 52 (36.92) and ulcerative colitis (UC). The mean value of calprotectin was 1152.6 ± 50 pg/g feces (between 5-5650 ug/g feces); ASCA IgG mean value of 11.6 ± 4.3 U/ml (considered abnormal values for ASCA> 10 U/ml), and the mean value of IgA ASCA was 5.6 ± 1.3 U/ml.
12 patients with BC (8.10% of the group) had elevated levels of IgA ASCA, 36 patients (24.32% of the group) had elevated levels of ASCA IgG.
5 patients (3.37% of the batch) had positive ANCA.
Univariate and multivariate analysis showed the association of CD with the following parameters: IgA ASCA (p = 0.001), calprotectin (p = 0.05) and ASCA (p = 0.002). In cases of ulcerative colitis, the associated factors were calprotectin (p = 0.05) and ASCA (p = 0.02).
Conclusions: Predictor factors for Crohn's disease were found to be ASCA IgA, ASCA and calprotectin, while in case of ulcerative colitis only calprotectin and ASCA.

PP154. Clinical profile of hepatocellular carcinoma patients treated with Sorafenib

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Keywords: Sorafenib, hepatocellular carcinoma
Introduction: Hepatocellular carcinoma (HCC) is the sixth most common cancer worldwide and the third cause of death by cancer, with limited therapeutic options. Sorafenib is a multikinaze inhibitor molecule and the only agent that has demonstrate an improvement in survival in HCC patients.
Material and methods: Between October 2009 – December 2016, in Oncology Department, Fundeni Clinical Institute, were followed 163 patients with HCC treated with Sorafenib, at least 8 weeks, administrated until progression or as long as they had clinical benefit. We analyzed possible etiological factors, stage disease, previous treatments, treatment outcome, adverse reactions, overall survival.
Results: 163 patients fulfil the EASL diagnostic criteria. Most of them were males (76%), median age 62 years (range: 22 – 84). Hepatitis C virus infection was the most frequent etiological factor 46%, followed by hepatitis B infection 19%, toxic-nutritional cirrhosis 6%, others (porphyria, cryptogenic). Stage C in BCLC classification was the most frequent (59%). Sorafenib treatment was initiate with 800mg/day at 75% of patients, with dose modification due to toxicity. The most common adverse reaction was hand-foot syndrome, at 50% of patients. 17 patients are still under treatment. Median duration of treatment 7.98 months (95% confidence interval CI 8.63 – 16.48), median overall survival 12.55 months (95% CI 6.04 – 9.91), time to response 3.28 months (95% CI 3.12 – 3.44).
Conclusions: Sorafenib, in daily practice, has proven to be more effective than in registration trials regarding overall survival (Sharp 10,7 months), probably explained by administrating Sorafenib beyond progression, until patients had clinical benefit.
Keywords: Sorafenib, hepatocellular carcinoma

PP155. Liver biopsy

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Introduction: Liver biopsy is a diagnostic procedure used to obtain a small amount of liver tissue, which can be examined under a microscope to determine what is causing the liver disease. Liver biopsy is an invasive paraclinical exploration but is necessary in many cases.
Methods: A number of 10 patients needed liver biopsy for a final diagnosis, hospitalized during 2016-2017 at the Clinical County Hospital of Oradea, Internal Clinic 1.
Results:
- there were 3 men (30%) and there were 7 women (70%).
- age group: 50-60 years old (55%) and 60 years old (45%).
- the punctured cases were: 2 possible cases of pancreatic cancer with liver metastases, 5 possible cases of primary liver cancer, 2 cases of gastric cancer with possible liver metastases , and 1 lung cancer metastases liver.
- out of the 10 patients punctured, 4 were confirmed as primary liver cancer, 2 patients were with gastric cancer and

liver metastases and 1 case of lung cancer and liver metastases.
- after performing liver biopsy and histopathological examination, in 70% of cases we managed to find the optimal treatment: surgery/ oncology.

Conclusions:
1. Liver biopsy is an invasive exploration, without it, many times we fail to establish a final diagnosis.
2. Often only liver biopsy manages to make the difference between a primary liver cancer and liver metastases.
3. Only after performing liver biopsy, often, surgeons and oncologist can give the patient the correct treatment.

Keywords: liver biopsy, cancer.

PP156. Ultrasound-guided core needle biopsy for diagnosis of liver lesions

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Introducere: "Core biopsy" şi examenul histopatologic sunt necesare în evaluarea formaţiunilor hepatice de etiologie neprecizată pentru stabilirea naturii exacte a leziunii (mai ales când metodele imagistice au fost neconcludente) sau în cazul metastazelor de cauză neprecizată pentru orientarea asupra tumorii primare.
Scopul lucrării este de a evalua aportul adus de examenul histopatologic în diagnosticul leziunilor tumorale hepatice precum şi de a stabili concordanţa între suspiciunea diagnostică a leziunilor înainte de biopsie şi rezultatul anatomopatologic.
Material şi metodă: Am efectuat un studiu retrospectiv pe un lot de 243 pacienţi (55% bărbaţi, 45% femei) vârsta medie de 68.5 ± 8 ani, evaluaţi în Clinica de Gastroenterologie şi Hepatologie Timişoara prin "core biopsy", intre 2002 si 2016 cu scopul stabilirii diagnosticului. Am urmărit procentul de cazuri în care examenul histopatologic al fragmentului hepatic a adus un diagnostic concret, procentul de diagnostice malign/benign, precum şi cuantificarea tipului de leziuni diagnosticate histopatologic. Concordanţa între suspiciunea clinico-imagistică a leziunilor hepatice înaintea biopsiei şi diagnosticul histopatologic s-a stabilit folosind coeficientul kappa Cohen (> 0,75, concordanţă excelentă, 0,40- 0,75 o concordanţă moderată şi < 0,40 o concordanţă slabă).
Rezultate: În 88% din cazuri examenul histopatologic al fragmentului hepatic a adus un diagnostic, iar în 12% din cazuri rezultatul a fost neconcludent. În 82.8% din cazuri leziunea evaluată a fost de natura malignă, iar in 17.2% a fost benignă. Din totalul de leziuni maligne 23% au fost reprezentate de tumori primare (hepatocarcinom, colangiocarcinom), iar 77% au fost determinări secundare (metastaze). În cazul metastazelor, examenul histopatologic a putut sugera punctul de pornire în 54.3% din cazuri, şi anume: cu punct de plecare gastro-intestinal (19.6%), de la nivelul unui melanom malign (7.8%), cu punct de plecare neuroendocrin (2.9%), cu punct de plecare bilio-pancreatic (7,8%), leziune de tip angiosarcom (2.4%), schwannom (1,8%), epitelială (1,8%), leiomiosarcom (1,8%). În restul cazurilor de metastaze nu s-a putut preciza punctul de pornire (45.7%). În cazul hepatocarcinoamelor s-a observat o concordanţă între suspiciunea clinică şi rezultatul examenului anatomopatologic de 88% cu un coeficient kappa de 0.48 (concordanţă moderată), iar în cazul metastazelor hepatice s-a observat o concordanţă de 82.9% cu un coeficient kappa de 0.6 (concordanţă moderată).
Concluzii: „Core biopsy" reprezintă o metodă bună de diagnostic a leziunilor hepatice ce nu au putut fi caracterizate prin metode clinico-imagistice, cu un procent de diagnostic de 88%. Concordanţa dintre suspiciunea clinico-imagistică înainte de biopsie şi diagnosticul anatomopatologic a fost moderată atât în cazul hepatocarcinoamelor cât şi a metastazelor hepatice.
Cuvinte cheie: biopsie, leziuni hepatice, leziuni maligne/ benigne.

PP157. What to do when Transient Elastography is not feasible?

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Purpose: The purpose of this study was to find an alternative to Transient Elastography when this can not be use or when we can not obtain valid reliable measurements.
Methods and Materials: Liver stiffness values were assessed with transient elastography [TE- (Fibroscan)], 2D shear wave elastography (SuperSonic Shear Imaging-SSI) and point shear wave elastography (pSWE) using VTQ and ElastPQ, in a cohort of 148 patients with chronic liver diseases. With the help of linear regression, we made a multivariate analysis to test the relationship between TE and the other three methods (ElastPQ, SSI, VTQ). Giving the fact that the factors were very well correlated, we consider them predictors for our model.
Results: The model made with all the factors- ElastPQ + SSI + VTQ compared with TE explained the 90.5% of the model variability (R=0.905). We tempted the probability to exclude

one by one the factors. SSI+VTQ explained 90% of the model variability (R=0.90). ElastPQ+VTQ explained 78% of the model variability (R=0.78) and SSI+ElastPQ explained 89% of the model variability (R=0.89).
Conclusion: SSI in combination with ElastPQ or VTQ is as good as the TE single. Therefore these combination can be used when TE can't be made or is not valid.
Keyworlds: transient elastography, VTQ, ElastPQ, SSI, liver stiffness

PP158. Clinical efficacy and treatment benefit in recurrence prevention of pseudomembranous colitis

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Introduction: Pseudomembranous colitis (PMC) with Clostridium difficile (Cl.diff.) is a bacterial infectious colonic disease which appears much more frequent in elderly because of decreased imunity, associated chronic diseases and long hospitalizations.
Material and methods: The study includes 21 patients (11 women, 10 men) mean age 68+/-5 years, hospitalized in our Institute for diarheea, lower bleeding, abdominal pain, fever, iron deficiency anemia. They were explored by biological and imunocromatographic tests (toxins A,B), total colonoscopy with biopsy samples, abdominal ultrasonography and angiocomputed tomography.
Results: Patients were diagnosed with Cl.difficile colitis and endoscopic aspect with biopsy specimens confirmed PMC, being parenterally treated with Metronidazol/ Vancomycine 10 days, hydroelectolytic and acidobasic solutions, iron substitutive treatment. 9 patients presented episodes of recurrency (43%) and they were treated with vancomycine 1-2 g/day, 10 days/month. Rifaximine 400 mg × 2/day with probiotics treatment recovered intestinal transit and microbiota, being considered an adjuvant useful treatment. 11 patients also presented diverticular disease (52%) and 6 angiodysplasia of ascending colon (29%).
Conclusions: Therapeutic benefit and recurrency prevention of Cl.difficile infection in elderly increase with administration of Vancomycin, Rifaximine and probiotics, after the first infection,which are also useful in diverticular disease. Longer follow-up studies with cost-benefit analyses would be useful for confirmation of clinical efficacy and the duration treatment benefit.
Keywords: Clostridium Difficile, recurrence

PP159. Red blood cell distribution width - a prognostic marker in patients with compensated HCV cirrhosis

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Background: The interferon free regimen with Ombitasvir/ Paritaprevir/Ritonavir+Dasabuvir in association with ribavirin was available in Romania in 2016, for patients with compensated HCV cirrhosis.
The aim of this study was to evaluate if red blood cell distribution width can be a prognostic marker in patients with compensated HCV cirrhosis.
Material and methods. We conducted a multicenter prospective study including 90 patients with compensated HCV cirrhosis treated with Ombitasvir/Paritaprevir/Ritonavir + Dasabuvir and Ribavirin regimen for 12 weeks. We split them into two groups: naive patients (A) and patients who had previous treatment (B). Each patient had follow-up visit at four, eight, twelve weeks after treatment initiation. For each group we evaluated at baseline and after treatment initiation: the hemoglobin level, ALT and AST levels, total bilirubin and red blood cell distribution width (RDW). We defined anemia as Hb<12 g/dl in women and Hb <13 g/dl in men. RDW has a normal range up to 14.5% and total bilirubin has a normal range up to 1.2 mg/dl.
Results: 49% (44) patients were female and 51% (46) were male. The mean age of patients in the study was 61 years old. The A group included 22 patients and the B group included 68 patients. In the A group it was noticed that 23% (5) patients had anemia, 91% (20) patients had cytolysis and 14% (3) of patients had hyperbilirubinemia at baseline. The high level of RDW was associated with anemia in 18% (4) patients and with cytolysis in 23% (5) patients at baseline. After the initiation of treatment there was noticed an increasing of number of patients

with anemia and high RDW (27%).In the B group, at the baseline, it was noticed that 16% (11) patients had anemia, 81% (50) patients had cytolysis and 18% (12) patients had hyperbilirubinemia. At baseline, the RDW was associated with anemia in 19% (13) patients and with cytolysis in 12% (8) patients. After the initiation of treatment the number of patients with anemia who associated high RDW was increasing (31% - 21 patients).

Conclusion: RDW predicts development of anemia and cytolysis and should be considered a marker for the need of close follow- up of patients

Key words: RDW, anemia**,** compensated HCV cirrhosis

PP160. Results of a survey completed by practicians concerning the real-life perception of ACLF in Romania

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Introduction: Acute-on-chronic liver failure (ACLF) is a recently introduced syndrome developed in order to better assess the risk of death for liver cirrhosis patients with acute decompensation. The diagnostic criteria are currently still under debate, but the most recent definition is based on acute decompensation of liver cirrhosis associated with organ failure according to the CLIF Consortium Organ Failure Score (CLIF-C OF score). The diagnosis can be established in the absence of liver failure as the most common organ dysfunction in ACLF patients is renal failure. Moreover patients with ACLF are more commonly younger and alcoholic with no previous history of decompensation.

Aim: To establish the real-life perception of ACLF among gastroenterologists and internal medicine interns, specialists and consultants in a northeastern Romanian university tertiary care center.

Methods: We assessed current diagnosis patterns for ACLF. We developed a dichotomous question survey addressing the current knowledge on ACLF. We evaluated the specialty of the practitioners included, the professional degree, and the participant's clinical and diagnostic abilities concerning the assessment of ACLF.

Results: Two hundred and seventy four practitioners were included, 73.7% gastroenterologists and 23.6% internal medicine specialists. 34.3% were interns, 35% specialists and 30.7% consultants, most of which were working in a university hospital (63.5%). The majority of the participants had heard of ACLF (96.4%) and 79.6% of them considered ACLF to be different from the "simple" acute decompensation of liver cirrhosis. 63.2% considered that there were no unanimously accepted criteria for the diagnosis of ACLF and 77.4% acknowledged the utility of the CLIF-C OF score in establishing the diagnosis. However, while most participants (60.2%) did not find the presence of organ failure compulsory for the diagnosis of ACLF, more than a half (57.9%) said that ACLF could be diagnosed in the absence of liver failure but 72.6% stated that this was the most frequent organ failure encountered in ACLF patients. While most agreed that patients with ACLF had a much higher mortality risk than patients with acute decompensation of cirrhosis (71.6%) most considered that the prognosis was worse for patients with prior decompensation of the liver disease (90.3%). Most participants agreed that the younger and alcoholic patients had a higher risk for developing ACLF (85.8%) and that ascites degree was not relevant for the diagnosis (67.2%).

Conclusion: The results show that knowledge of the diagnosis and characteristics of ACLF among practitioners in Romania diverge from the current ACLF published criteria. Certain apparent paradoxes which have been proven by large prospective multicentric studies cannot be easily deducted by practitioners without previous thorough documentation. ACLF is not currently being routinely diagnosed in Romania and information concerning this syndrome is scarce.

Keywords: Acute-on-chronic liver failure, liver cirrhosis, acute decompensation, CLIF-C ACLF Score, survey

PP161. Helicobacter pylori Clarithromycin resistance in a group of subjects from western Romania - preliminary results

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Background and aim: Considering the fact that the frequency of Helicobacter Pylori (HP) in Romanian general population is quite high and that clarithromycin is mostly empirically prescribed, we aimed to determine the resistance of HP to clarithromycin, in a group of subjects from western Romania.

Material and method: The study included 23 patients divided into 2 distinct groups of subjects: 19 naiv subjects and 4 subjects pretreated with HP clarithromycin based eradication therapy. the inclusion criteria were: age over 18 years, with positive hp serological test and/or fecal test, together with dna hp detection by real-time pcr and resistance to Clarithromycin.

Results: The distribution according to sex was quite equal: 11 female and 12 men, with a mean age of 47.3 years. The majority of subjects 95.6% (22/23) were from urban areas.

Most of them were naiv subjects 82.6% (19/23), whereas 17.4% subjects received previously treatment with clarithromycin.

Resistance to clarithromycin was found in 26% of cases (6 out of 23 subjects), underling the fact that it occurred both in naiv (21%) as well as in previously treated subjects (50%).
Conclusion: Our results showed a quite high resistance to clarithromycin (26%), thus larger number of patients are needed in order to assess the real impact on the eradication treatment.

PP162. Evaluarea fibrozei hepatice la pacienții cu ciroză hepatică virală C tratați cu schema "interferon free"

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Intoducere: Elastografia hepatică (Fibroscan) este o tehnică non-invazivă utilizată pentru cuantificarea fibbrozei hepatice. Scopul acestui studiu este de a evalua gradul de fibroză hepatică la pacienții cu ciroză hepatică virală C, înainte și după terapia antivirală cu schema fără interferon.
Materiale şi metode: Am studiat un lot de 98 de pacienţi cu ciroză hepatică virală C compensată, care au urmat tratament antiviral fără Interferon (Viekirax, Exviera şi Ribavirină), conform protocolului CNAS pe o perioadă de 12 săptămâni. Pacienţii au avut genotip 1b, cu o singură excepţie, un pacient cu genotip 4. Bolnavii au fost evaluaţi prin elastografie impulsională atât înainte de a începe tratamentul, cât şi la finalul tratamentului. S-au determinat 10 măsurători valide folosind sonda M sau XL, în funcţie de indicele de masă corporală.
Rezultate şi concluzii: Lotul de studiu a curpins 98 de pacienţi, 67 de femei şi 31 de bărbaţi, iar vârsta medie a grupului a fost de 60 de ani. Valorile obţinute la Fibroscan pentru acest lot, la începerea tratamentului, au fost cuprinse între 11.4 kPa şi 38.2 kPa, cu o medie de 22,89 kPa. În studiul nostru s-a observat o scădere a valorilor obţinute la Fibroscan la sfârşitul tratamentului antiviral în comparaţie cu valorile iniţiale cu o valoare medie de 4.5 kPa. În urma acestui studiu, concluzionăm faptul că tratamentul antiviral scade gradul de fibroză hepatică evaluat prin elastografie impulsională.

PP163. Long-term PEG-J Tube aftercare in patients with advanced Parkinson disease – a prospective study

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Introduction: The aim of this study is to present aftercare procedures and device-associated adverse events diagnosed with long-term delivery via percutaneous endoscopic gastro-jejunostomy (PEG-J) of levodopa-carbidopa intestinal gel in patients wih advanced Parkinson's disease.
Method: 86 consecutive patiens were taken in study during january 2011 and january 2016. All patients were diagnosed with advanced Parkinson's disease and all were carrying a PEG –J system with levodopa-carbidopa continuous pump device. All the events related to the PEG-J system were taken in count, including abdominal pain, excessive granulation tissue, skin irritation, system clogging, jejunal catheter knotting, jejunal catheter slip, catheter breaking, displacement of the connectors, catheters pulling.
Results: The mean exposure to the PEG-J device was 3,05 years. 5,81% experienced abdominal pain, 13,95% excessive granulation tissue at the tube insertion site, 25,58% skin irritation arround the tube insertion site, 18,60% clogging of the jejunal catheter with minerals, 3,48% knotting of the jejunal catheter in the stomach, 20,9% jejunal catheter slip, 5,81% catheter breaking outside of the digestive tract, 11,62% displacement of the connectors, 1,16% gastric catheter pulling. Al these events were more common in the first year after procedure. All these events were solved endoscopically or with minor intervention such as local treatment of the skin or connectors replacement.
Conclusions: In our experience carrying a PEG-J device with levodopa-carbidopa pump for advanced Parkinson's disease is a safety therapy, with acceptable adverse events, manageable through minimally invasive measures.
Key words: PEG-J, levodopa-carbidopa, Parkinson's disease

PP164. High efficacity of the interferon-free treatment in patients with viral C liver cirrhosis Child A

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Chronic liver hepatitis and liver cirrhosis have still a high incidence: about 140 million people worldwide have hepatitis C, and about 9 million people have the infection in Europe.
Scope. Aim of the study is to evaluate the interferon-free treatment, at the first group of patients with viral C liver

cirrhosis Child A. In all the patients the treatment with VIEKIRAX® (ombitasvir / paritaprevir / ritonavir tablets) + EXVIERA® (dasabuvir tablets) and Ribavirin have been initiated for 12 weeks.

Material and methods. A total of 79 patients (49 male, mean age 57.2 years) entered the treatment. 10(12,65) of the patients have variceal hemorrhage, ascites, but at the time of the treatment they were compensated and fit into Child A. From the patients only one had genotype 1a, all the rest were with genotype 1b. The most important side effects were: headache in 10 patients (12,65)%, joint pain 6 (7,59%), itching 6 (7,59%), high blood pressure 6 (7,59%), nausea 6 (7,59%) insomnia 4 (5.06%). Rare symptoms, anemia, loss of appetite, weight loss, diarrhea, pain in the spine, epistaxis, burning of the anus and lips. Laboratory: 36 (45,56%) of patients experienced elevations in total bilirubin, the highest value being 5 (wave normal <1.2). In 5 patients the administration of the ribavirin was discontinued.

One patient required hospitalization, developing anemia (Htc 24%) and received transfusion.

In all 79 patients under treatment the HCV-RNA was undetectable at the end of the treatment and at 12 weeks after.

Conclusion: The interferon–free treatment with Exviera and Viekirax is generally well tolerated, even when applied to patients with liver cirrhosis. 100% from the patients had SVR/12 at the end of the treatment.

PP165. Proton pump inhibitors – risk factor for *Clostridium difficile* infection

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Introduction: Hospitalization and antibiotic use are well-established risk factors for *C. difficile* infection. Recently there were documented other risk factors, including acid-suppressive drugs, in particular proton pump inhibitors (PPIs).

Aim: Analysis of frequency of *C. difficile* infection in a Gastroenterology unit, in relation to the administration of the PPIs as a risk factor, alone or with other recognized risk factors.

Materials and methods: We retrospectively studied the observation charts of patients admitted to The Institute of Gastroenterology and Hepatology Iasi, a tertiary center in the northeast of the country, between January 2016 - December 2016, for various pathologies. We analyzed the frequency of cases of *C. difficile* infection, related to the administration of PPIs and/or other risk factors.

Results: Of all cases admitted to the Institute of Gastroenterology and Hepatology Iasi in the period January 2016 - December 2016, 3729 patients were analyzed. *C. difficile* infection was diagnosed in 69 cases (1.9%). Among them, 53 patients (76.8%) were being treated at diagnosis with PPIs, while 16 patients (23.2%) were not. In the group of patients with C. difficile infection diagnosed during hospitalization, 38 (55%) patients were treated with antibiotics for various indications (spontaneous bacterial peritonitis, angiocholecystitis, urinary tract infection, respiratory tract infections.

Conclusion: PPIs are a risk factor for *C. difficile* infection, both as single factor associated to hospitalization and associated to the antibiotic treatment. For the avoidance of nosocomial infection with *C. difficile*, judicious use of both PPIs and antibiotics is required.

Key words: C. difficile, PPIs, antibiotics

PP166. The importance of colonic biopsy – collagenous colitis

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Introduction: Collagenous colitis is a relatively rare chronic intestinal inflammatory condition characterized by watery nonbloody diarrhea that can last for months. The incidence has a slightly ascending trend, with 1.1 to 5.2 cases per 100,000 persons/ year and affects more frequently people over 40 years, with a peak incidence between 60 and 70 years, being more common in women. Endoscopically, the colonic mucosa can appear normal, therefore the diagnosis is based on histological findings.

Methods: We present the case of a 38 years old woman admitted in the Gastroenterology Department for chronic watery diarrhea, diffuse abdominal pain, bloating, weight loss and the presence of blood in stool for two days. Blood tests reveal slight anemia (Hgb = 11.9 g/dl), increased ESR (50 mm/h), normal CRP, while the tests for stool culture and Clostridium Difficile were negative. Abdominal ultrasound was normal and gastroscopy describes a small hiatus hernia and bile reflux with negative biopsy for celiac disease. Colonoscopy shows a slightly friable mucosa with small red points and grade II internal hemorrhoids - the source of blood in stool. Microscopic examination of the colonic biopsies was suggestive for collagenous colitis. Treatment with mesalamine was not tolerated, the pacient complaining of exacerbation of abdominal pain and diarrhea, therefore the treatment with bismuth subsalicylate was initiated and that led to alleviation of symptoms.

Results and conclusions: The particularities of the case consist in the rarity of the condition, relatively young age of the patient, intolerance for mesalamine treatment and association

of blood in stools that raises the question of differential diagnosis for Crohn's disease and ulcerative colitis. Normal endoscopic appearance of the colonic mucosa does not exclude the presence of inflammatory pathologies, therefore biopsies are necessary to investigate a chronic diarrhea that can be misdiagnosed as irritable bowel syndrome.
Key words: biopsy, collagenous colitis

PP167. The link between IBS symptoms and autoimmune thyroiditis

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Introduction: Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder whose pathogenesis is not completely understood. The association between IBS and thyroid disorders has been previously reported. Although there is no direct causal relationship between irritable bowel syndrome and autoimunne thyroiditis, some people find themselves having to deal with both problems simultaneously. However, a systematic assessment of this relationship has only sporadically been investigated. The aim of this study was to compare the literature data with those from our Medical Database.
Materials and methods: We performed a systematic review study using data from literature. We decided to look only for papers, thus having at least English abstract. We searched on literature following keywords: irritable bowel syndrome, symptoms, autoimmune thyroiditis. Subsequently, we performed a retrospective study on IBS patients, using data from our Medical Database, from Second Medical Department, Cluj-Napoca, during 2013 – 2016.
Results: We identified only a few papers appropriate to this survey. There are no explicit evidence in the literature for correlations between IBS and autoimmune thyroiditis. In our study, from 803 patients with IBS, the majority were women from urban area. We identified 26 patients with IBS and autoimmune thyroiditis (3,23%), 21 women and 2 men. 21 patients were with IBS- constipation and 5 patients were with IBS- diarrhea.
Conclusions: It seems that the symptoms of the IBS patients, can be influenced in patients with autoimmune thyroiditis. Hypothyroidism can cause decreased gut motility, which can aggravate IBS constipation and hyperthyroidism can increase gut motility, which can aggravate IBS diarrhea. However, there is no definite association between IBS and autoimmune thyroiditis. Further research is needed.
Key words: IBS, symptoms, autoimmune thyroiditis.

PP168. Prevalence of gastrointestinal bleeding at patients having anticoagulant or antiplatelet treatment

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Introduction: The incidence of gastrointestinal (GI) bleeding increases with age. Also old age population is most commonly subjected to various treatments with anticoagulants for certain cardiovascular diseases. The aim of our study was to examine the digestive bleeding in patients taking anticoagulants or antiplatelet drugs. Material and Methods: We studied retrospectively, patients admitted between January 2014 - December 2015 in the Gastroenterology Clinic, Emergency Clinical County Hospital, Tirgu Mures. We followed the diagnosis of the upper- and lower GI bleeding. We compared data from patients under anticoagulant or antiplatelet therapy with those who experienced GI bleeding but were not anticoagulated. Results and conclusions: From 2621 patients admitted, at 589 was found GI bleeding, of which 95 received vitamin K antagonists, 53 platelet aggregation inhibitors and 26 have both medications. The average age was different at patients taking anticoagulants/antiagregants - 72 years to 60 years at those without treatment ($p < 0.05$). Male/female ratio was 1.02 / 1 in patients anticoagulated/antiplatelet and 1.94 / 1 at those without treatment. Upper GI bleeding was more frequent than the lower in both groups. In patients anticoagulated/ antiplatelet most common etiology of bleeding was duodenal ulcer - 23% in those without treatment was esophagus varices bleeding- 23.1%. The severity of anemia increase with the INR ($p < 0.05$). We didn`t find differences between the two groups, concerning data of the patients mortality. At patients with GI bleeding and anticoagulant therapy, often INR was not in an appropriate range. Patients with GI bleeding and anticoagulat/ antiplatelet treatment required more frequent blood products for severe anemia.
Key words: gastrointestinal bleeding, anticoagulant/anti-platelet treatment

PP169. Determination of VEGFR2 (KDR) – 604A>G Polymorphism in pancreatic cancer

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Introduction. Pancreatic cancer is one of the most aggressive forms of malignancy and is the 5th leading cause of cancer death worldwide. The incidence is increasing, with severe prognosis and the diagnosis is delayed. Consequently it is very important to know exactly which mechanisms are involved in their pathophysiology. The aim of the study is to investigate whether there is a possible correlation between single nucleotide polymorphisms (SNP) of the vascular endothelial growth factor - receptor 2 (VEGFR2) and pancreatic cancer using genetic analysis.
Material and methods. Biological samples with peripheral blood were obtained from patients admitted on Gastro-enterology, Internal Medicine and 1st Surgery clinics of the Emergency County Hospital of Craiova, between March 2015 – September 2016. Genomic DNA was extracted from blood samples from patients diagnosed with pancreatic cancer (n = 82) and healthy subjects without tumoral pathology (n = 164). VEGFR2 (KDR) - 604A> G polymorphism was genotyped and allelic variants were identified by the technique Real Time PCR with TaqMan probes. It was also assessed the association of genetic polymorphisms with clinical and pathological data of patients.
Results and conclusion. The polymorphism we studied was in Hardy-Weinberg equilibrium for both pancreatic cancer and healthy control groups. We have found significant statistical association between this polymorphism and an increased risk of developing pancreatic cancer. In Romanian studied population, the risk of developing pancreatic cancer is increased by the presence of VEGFR-2 (KDR) – 604A>G polymorphism.

PP170. Oral and periodontal health status of patients diagnosed with viral hepatitis C

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Introduction: The periodontal disease is an inflammatory condition which affects the supporting tissues of the teeth and that has a strong connection with some diseases such as rheumatoid arthritis or diabetes mellitus. Some scientific data suggests that such link could exist between the periodontal disease and the viral hepatitis C, but they are mainly inconclusive. This idea has given the purpose of our study, to evaluate the oral and periodontal health of patients diagnosed with viral hepatitis C.
Material and method: Two groups of patients were set up for the study: group A – patients diagnosed with periodontal disease and group B – patients diagnosed with both periodontal disease and viral hepatitis C. The patients underwent a dental check-up which aimed to evaluate the oral hygiene level, the number of missing teeth, teeth mobility and previous prosthodontic work. The periodontal evaluation included a full-mouth periodontal probing which enabled us to determine the level of gingival bleeding as well as the depth of the gingival groove or periodontal pocket as an indicator of the disease progression.
Results and conclusion: Group B of patients had poorer oral hygiene levels than the other group of patients. The patients of group B had the highest number of missing teeth of the two groups. The periodontal evaluation revealed higher degrees of gingival bleeding for the patients in the B group as well as more periodontal pockets deeper than 4 mm. In conclusion, we can say that patients diagnosed with viral hepatitis C often have a neglected and low-level oral heath, which can be a favoring factor to the development of the periodontal disease.
Key words: viral hepatitis C, periodontal disease, oral health

PP171. Noninvasive methods of diagnosing esophageal varices in patients with cirrhosis

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Introduction and Aims. Screening for esophageal varices (EV) using upper gastrointestinal endoscopy (UGE) is recommended for all patients with cirrhosis. New noninvasive methods for screening EV are currently being researched to potentially substitute UGE. The aim of our study was to evaluate if biochemical tests, spleen diameter, portal vein diameter, spleen elastografy (SE) and hepatic elastografy(HE) using ARFI were viable methods of diagnosing EV.
Material and Methods. 64 patients with compensated hepatitis C cirrhosis underwent biochemical tests, abdominal ultrasound, UGE, spleen and liver elastography using ARFI. Diagnostic performance of predicting VE was assessed with Spearman correlation coefficients and the area under the ROC curve (AUROC); the area under the ROC curve was used to pick the best cutoffs for optimal balance between sensibility (Sen) and specificity (Sp).
Results SE with AUROC 0.807(Sen 87.5%, Sp 66% for cutoff of 3.00 m/s) was superior to HE, biological tests, spleen diameter, portal vein diameter for EV diagnostic. For the prediction of large EV (>5mm) SE had an AUROC 0.963 (for cutoff 3.3 m/s: Sen 95% and Sp 90%).

Conclusions. ARFI spleen elastography is a good method for predicting EV (AUROC 0.807) and is an excellent method for predicting large varices (>5 mm) with risk of bleeding in pacients with hepatitis C cirrhosis.
Keywords: ARFI, spleen, cirrhosis

PP172. Acute pancreatitis – etiology, evolution, survival - a retrospective study

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Introduction: Acute pancreatitis is an inflammatory condition of the pancreas whose cause varies, with an uncertain predictability and the mortality rate may reach 30% in severe forms. In Romania there are few reported data about the prognosis of acute pancreatitis, which is changed by the implementation of the new guides of therapy.
Aim: The aim of this study is represented by the establishment of the etiology of the acute pancreatitis, their forms, the evolution of the patients and their survival on two years of retrospective assessment in a tertiary medical center.
Patients and Methods: *384 patients diagnosed in 2015 and 2016 with acute pancreatitis* in the Regional Institute of Gastroenterology and Hepatology "O. Fodor" were considered for inclusion (*58 patients* – in Anaesthesia and Intensive Care and General Surgery departments). The data were collected retrospectively from the data base of the Institute. 37 patients were excluded - insufficient data for analysis. So, there were *347 patients evaluated in the study.*
Results: The average age was 55. There were 211 male and 136 female. The etiology was: biliary (n=115; 33,1%), alcohol (n=82; 23,6%), metabolic (n=21; 6%), combined (n=21; 6%), iatrogenic (n=22; 6,3%), pancreas divisum (n = 5;1, 44%), medication (n=5;1, 44%), cancer (n = 8; 2,30%), autoimmune (n=1; 0,28%), hereditary (n=1;0 ,28%), hypercalcemia (n=1; 0,28%) and trauma (n=1; 0,28%). However, the etiology of acute pancreatitis was unknown in 65 patients (18,7%).
The severity was: mild (n=169; 48,7%), severe (n=88; 25,37%) and moderate (n=90; 25,93%). 29 patients suffered septic local complications and they needed surgery. There have died only patients with severe forms, 10 in the first 30 days. The overall mortality was about 10%.
The evolution was: well (n=289), stationary (n=29) and cured (n=19).
Conclusions: Biliary and alcohol etiology still remain the main causes of the appearance of acute pancreatitis. Although medicine has progressed a lot in recent years, a large part of the causes of acute pancreatitis are still unknown-18,7%.
Key words: pancreatitis, etiology, severity

PP173. Clinical presentation, diangostic workup and therapeutic approach for pancreatic cancer in a tertiary gastroenterology center

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Introduction: Worldwide, pancreatic cancer is the eighth leading cause of cancer deaths in men and the ninth in women. The prognosis of pancreatic cancer is poor even in those with potentially resectable disease. Patients often present with advanced-stage disease. The aim of the study is to investigate the presentation pattern, the diagnostic algorithm and the therapeutic strategy of pancreatic cancer patients in our clinic.
Materials and methods: A retrospective study of 268 consecutive patients with pancreatic cancer, admitted to the Gastroenterology and Digestive Oncology Departments between January 1st 2016 and December 31st 2016. We analyzed data referring to clinical presentation, diagnostic workup and therapeutic approach.
Results: The mean age at diagnosis was 63.5 yrs, ranging between 32 and 89 yrs old. The male to female sex ratio was 1.31:1. At presentation, 74.71% had abdominal pain or discomfort, 78.14% had weight loss - an average of 6.57 kg during the last 2.38 months and 40.83% had jaundice. All the patients were investigated by abdominal CT or MRI and 31.08% had an endoscopic ultrasound (±FNA). The TNM stage at presentation was: T1 – 5.61%, T2 – 22.09%, T3 – 29.96 % and T4 – 42.32, 56.92% were N1 and 51.31% had distant metastases. Histology was available in 80.97% of cases: 82.94% adenocarcinomas, 13.36% neuroendocrine tumors, 1.38% GISTs (gastrointestinal stromal tumors), 0.92% MANECs (mixed adenoneuroendocrine carcinomas), one PanIN lesion, one mucinous cystic neoplasm and one solid-pseudopapillary tumor. Resectable disease at diagnosis was present in 31.46% of cases. Chemotherapy was initiated for 72.65% of patients, with palliative intention in 68.55% of cases, adjuvant in 28.86% and neoadjuvant only in 4.25%.

Conclusion: A large proportion of cases are diagnosed in an advanced stage. This highlights the need for a screening program for high-risk individuals. Pancreatic cancer patients present with a complex pathology, therefore their management should be based on a multidisciplinary approach.
Key words: Pancreas, cancer, epidemiology

PP174. "Wash out" phenomenon in CEUS - obstacle in the diagnosis of benign liver tumors - monocentric study and case presentations

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Introduction. In CEUS, "wash out" phenomenon is important to differentiate benign from malignant lesions. This term represents the decrease of echogenity of the lesion, compared to the adjacent liver's, but " wash out" does not refer only to the quantity of blood flow into the lesion, but also the hemodynamic character of the liver. This phenomenon is most commonly found in malignant lesions, but there are studies that show that this can be found also in benign tumors (Bhayana D,et al). Our study assesses the prevalence of this phenomenon in our center.
Materials and Methods. We assessed in the period of May 2014-March 2017, 64 patients diagnosed in our department with benign tumors, with equal proportion between men and women, with 59% of them aged between 50-70 years old. The liver lesions include hemangioma, adenoma, FNH, fatty free area, focal steatosis, and regeneration nodule. After that, we will present 2 cases of FNH and hemangioma, both having "wash out"
Results and conclusions. Out of 64 patients, 40 (63%) have hemangioma, out of which 10 (25%) presented "wash out". Out of 5 cases of HNF, 3 (60%) presented "wash out". Out of all cases of benign tumors, 14/64 (22%) presented "wash out". We discovered that out of those 14 benign tumors with "wash out" at CEUS, 8 cases are associated with hyperlipidemia, and 7 cases are associated with fatty liver, with 3 of them having both. Although there are few studies that discuss this problem, "wash out" phenomenon can also appear in benign tumors, therefore it is indeed an obstacle for gastroenterologists in diagnosing benign lesions. It may redirect them to other imaging methods (CT/RMN) or even liver biopsy. Although there are very little data, this phenomenon can be associated with hyperlipidemia or fatty liver.
Key words: CEUS, washout, benign

PP175. Gastric polyps - classification, frequency, diagnosis. retrospective study based on upper gastrointestinal endoscopy

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Introduction: Gastric polyps are usually found absolutely incidentally by performing an upper gastrointestinal endoscopy, for various indications. They are found in approx. 6% of upper gastrointestinal endoscopy in US. Lower rates were found in developed countries. Hyperplastic polyps and adenomas are more frequent as compared with fundic gland polyps, in region where Helicobacter pylori (Hp) infection is more common. Most gastric polyps are asymptomatic. Symptomatically polyps are most likely to present gastrointestinal bleeding and rarely obstruction. For patients with solitary and smaller polyps is recommended to perform biopsy and endoscopic resection.
Material and method: Two years retrospective study (January 1st 2015- December 31, 2016) based on upper gastrointestinal endoscopy dates. The study was performed in the Gastrointestinal Endoscopy Department of the Emergency Clinical Ilfov County Hospital.
Results: 2429 upper digestive endoscopy performed, 135 gastric polyps, 111 female and 24 male. 56 antral polyps, 47 vertical part, 32 localized on the horizontal part of the body. The biopsy revealed 112 hyperplastic polyps, 11 adenomatous polyps, 8 were inflammatory polyps and 4 were fundic gland polyps. We found 7 polyps with bleeding and 2 presented intermittent obstruction. The polyp dimensions varied between 5 and 18 mm.
Conclusions: Frequency of the gastric polyps was not high (5, 5%). 82% were female. Most of the polyps were hyperplastic (82, 9%), located mostly in antrum and vertical part of the gastric body. Bleeding and obstruction were rare occurrences. Frequency was higher in patients between 60 and 80 years old. Helicobacter pylori infection was found in all inflammatory polyps, and in 86% of the hyperplastic ones.
Keywords: polyp, gastric, diagnosis

PP176. Assessment of liver metastases, acording to primary tumor, using contrast enhanced ultrasound

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Introduction: Metastasis is one of the most common liver malignancies. Contrast enhanced ultrasound is used increasingly in assessing liver metastases, due to the advantage of detecting dynamics of the tumor microcirculation, portal vein changes, and wash-out phenomenon of tumor.
The **aim** of this retrospective study was to characterize CEUS patterns of secondary liver lesions according to the primary tumors.
Materials and Methods: The study followed 35 patients, 21 men and 14 women, aged between 47 and 80 years old, with known primary malignancies and indication for diagnostic evaluation of potential liver metastases by contrast enhanced ultrasound. In this study, we analyzed the character of liver metastases, hipoenhanced / hyperenhanced correlated with primary tumor.
Results and conclusions: We found that out of 35 enrolled patients, 18 cases metastases have hyperenhanced character, and 17 cases hypoenhanced. Hyperenhanced metastases were more common in prostate, ovary, pancreas tumors, melanoma, hepatocarcinoma and oro-pharyngeal tumors and hypoenhanced metastases are common in patients with tumors in the digestive tract: esophagus, stomach, colon, sigma, rectum; gall bladder, lung and uterus. Contrary to literature, in our study, pancreatic tumors had a higher incidence among hyperenhanced metastasis, due to their histological type: neuroendocrine adenocarcinoma.
Although the experience of using CEUS is still limited , it has the potential to become a method of choice in the management of patients diagnosed with liver metastases.
Keywords: CEUS, metastasis, enhancement.

PP177. Comparative study regarding epidemiological, endoscopic and histological aspects of gastric cancer diagnosed in two centers of western Romania

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Introduction. Gastric cancer occupies the fourth place worldwide regarding the incidence and the second regarding the mortality through cancer.
Objectives. To identify and compare the epidemiological, endoscopic and histological aspects of gastric cancer diagnosed in two centers of western Romania, Timișoara and Oradea.
Materials and methods. We retrospectively followed 100 patients with presumptive diagnosis of gastric cancer, hospitalized on the gastroenterology department of County Emergency Hospital (C.E.H) from Timișoara and 115 hospitalized on the gastroenterology department of C.E.H. from Oradea, between 2014 and 2016. We analyzed data related to clinical presentation, imagistic examination (ultrasound / CT), endoscopic character of the lesions and histological result**.**
Results. Out of 100 cases presumptively diagnosed with gastric cancer in Timișoara, 77% were confirmed after histological exam, in comparison to Oradea, where 72% out of 115 cases were confirmed as cancer. Furthermore, the reference groups were constituted of confirmed cases. The ratio regarding incidence men/women was 2,8 in Timișoara and 2,3 in Oradea. The representative age group was 71-80 years in both centers (40% Timișoara, 32% Oradea), 67 years being the average age. 9% have a history of gastric surgery, in both studies. The location of the gastric lesions was predominantly distal (41%) in Timișoara and corporeal (56%) in Oradea. The macroscopic aspect of the lesions was predominantly infiltrating-ulcerated type (36%), intestinal type of adenocarcinoma (60%) and diffuse type of adenocarcinoma being the most frequently encountered microscopic aspects, in both cases. In Timișoara, there were been identified 31% with metastatic lymph nodes, 11% with neoplastic ascites and 28% with liver metastases, whereas in Oradea, 23% had adenopathies, 9% ascites and 18% liver metastases.
Conclusions. There are no significant differences between these two studies.
Keywords: cancer gastric, Romania.

PP178. Cholecysto-cutaneous fistula in a patient with biliary lithiasis

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Introduction: Cholecystocutaneous fistulas represent a rare pathology with approximately 220 cases reported in the literature, developing especially in chronic and untreated calculous cholecystitis, with various locations and involvement of adjacent organs (cholecysto-gastric, cholecysto-colonic, cholecysto-duodenal fistulas).
Case report: We report the case of a 67 year old patient, smoker (20 PA), with medical history of type 2 diabetes who presented at the Clinic of Gastroenterology of Fundeni Institute in march 2016 for fever, right upper quadrant abdominal pain, discharge of a purulent secretion in the right subcostal space (Fig. 1). The clinical examination at presentation revealed the existence of a cutaneous orifice. Further explorations consisting of the injection of dye, upper endoscopy and colonoscopy didn't offer additional information. A CT scan

was performed and it underlined the dilatation of the main bile duct and the presence of a calculous in the gallbladder (Fig. 2)
In order to explore the dilatation of the main bile duct an ERCP was performed that showed the presence of a calculous and sludge in the main bile duct that were extracted and the presence of a cholecysto-cutaneous fistula during contrast injection (Fig. 3 and Fig. 4).
Discussion: The first case of a cholecysto-cutaneous fistula has been described by Thilesus in the XVIIth century. Nowadays it is a rare complication of chronic calculous cholecystitis because of the medical advances with early diagnosis and treatment of gallstones. Usually the gallbladder fistulation in acute cholecystitis involves an internal organ with the formation of a biliary - enteric fistula - the duodenum (70%), colon (15%), or rarely into the bronchial tree, urinary tract, stomach. An external fistula is a rare scenario. The occurence of the fistula in our case can be attributed to the presence of biliary lithiasis with neglected cholecystitis which lead to perforation and spontaneous external drainage of the biliary content, in the context of a poorly controlled diabetes.
Conclusions: Here we illustrate a rare complication of gallbladder lithiasis, a cholecystocutaneous fistula, that resolved after cholecystectomy and fistulectomy.

PP179. Cyclic vomiting syndrome – case report

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Introduction. Cyclic vomiting syndrome (CVS) is a rare chronic idiopathic functional gastrointestinal disorder that is characterized by recurrent, stereotypical, episodes of nausea and incoercible vomiting that last an hour to few days, interspersed with symptom-free intervals which vary from weeks to months. The diagnosis of CVS is based on Rome III criteria: 1) stereotypical episodes of vomiting regarding onset (acute) and duration (less than one week); 2) three or more discrete episodes in the prior year; and 3) absence of nausea and vomiting between episodes and absence of metabolic, gastrointestinal, central nervous system structural or biochemical disorders. As this is an exclusion diagnosis, in most of the cases there is a delay in establishing the correct diagnosis ranging between three and eight years.
Material and methods. To report a case of cyclic vomiting syndrome.
Results. A male patient of 38 years-old, smoker, was admitted in our department for nausea and incoercible vomiting. Anamnesis identified multiple similar episodes, lasting from few hours to 4-5 days (treated in the emergency room and in different departments of the hospital) and separated by asymptomatic intervals of 3-4 months. Patient denied any family medical history or comorbidities. Physical examination indicated only dehydrated skin and mild epigastric pain at deep palpation. Cranial MRI, endocrinologic and neurologic evaluations were normal. Laboratory tests showed prerenal kidney failure, hypokaliemia, without any abnormality of hemoleucogram or metabolic panel (liver function tests, serum and urinary amylase, tumour markers, serum calcium, serum magnesium, markers of celiac disease). Abdominal ultrasound, abdominal computed-tomography, upper digestive endoscopy and routine barium studies were normal. Based on the presence of typical symptoms and examinations, the patient was diagnosed as having CVS. Treatment included intravenous fluids, pump proton inhibitors, 5-HT3 receptor antagonists (because vomiting didn't disappeared after administration of metoclopramide), tricyclic antidepressant (amitriptyline) with full resolution of all symptoms. After discharge, patient received recommendation to have an equilibrate diet, to identify and avoid trigger factors and to continue amitriptyline for preventing further vomiting episodes.
Conclusions. CVS is a difficult to diagnose condition and may negatively affect patients' quality of life. It should be considered in patients requiring health care for frequent episodes of incoercible vomiting associated with dehydration and electrolyte disturbances.
Keywords: cyclic vomiting syndrome; vomiting; amitriptyline.

PP180. Increased red blood cell distribution width correlates with liver fibrosis in patients with chronic hepatitis B infection

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Introduction: Assessment of liver fibrosis is essential in patients with chronic hepatitis B infection for establishing whether antiviral therapy is necesary. The use of a routine hematological parameter for assesment of hepatic fibrosis is attractive.
Objective: To identify whether red blood cell distribution width (RDW) is an indicator of the extent of liver fibrosis in patients with chronic hepatitis B.
Material and methods: We studied retrospectively 90 patients with chronic hepatitis B infection evaluated in our clinic during August 2016 – March 2017 for initiation of antiviral therapy. Hepatic fibrosis was quantified by Fibrotest (FibroMax). Patients were divided into 2 groups: group A included 51 patients with mild hepatic fibrosis (F1-F2) and group B comprised of 39 patients with advanced fibrosis (F3-F4). Advanced stage of hepatic fibrosis was correlated with increased values of RDW.
Results: A total of 90 patients were enrolled (32 men and 58 women) aged between 51 and 67 years. Patients with advanced fibrosis had increased values of RDW compared to patients with mild fibrosis (16.27% ± 0.27% vs. 13.34%± 0.17%).

Advanced liver fibrosis positively correlated with high values of RDW (p = 0.05).
Conclusions: RDW is a routine haematological parameter that can be used to estimate liver fibrosis in patients with chronic hepatitis B.

PP181. Proton pump inhibitors – a story of success, but a problem of excess

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Introduction: Proton pump inhibitors (PPIs) have revolutionized the management of acid-related gastrointestinal disorders and have become one of the most commonly used medications worldwide. The widespread use of PPIs in clinical practice is the result of their efficacy. The tendency of overusing these drugs is likely to outweigh the beneficial effect by the increasingly documented adverse events (risk factor for *C. difficile* infection, osteoporosis, hypergastrinemia, acute interstitial nephritis).
Aim: To analyze the frequency of PPIs administration to patients hospitalized in a gastroenterology service, in relation to the prescribing indication.
Materials and methods: We retrospectively studied the observation charts of patients admitted to The Institute of Gastroenterology and Hepatology Iasi, a tertiary center in the northeast of the country, between January 2016 - December 2016, for various pathologies. We analyzed the administration of PPIs during hospitalization, overall and correlated with the prescribing indication; we considered as strong justified indication the following: peptic ulcer disease (including complicated by hemorrhage), gastro-esophageal reflux disease, and reflux esophagitis (including complicated with esophageal ulcers or peptic stenosis).
Results: Of all cases admitted to the Institute of Gastroenterology and Hepatology Iasi in the period January 2016 - December 2016, 3729 patients were analyzed. Of these, 1428 (38.3%) did not receive PPIs, while 2,301 patients (61.7%) received PPIs during hospitalization. In the group of patients who received PPIs, a number of 517 (22.5%) had a strong indication, and 1784 (77.4%) - representing 47.8% of all study patients, were not included in the justified indication category. The most common diagnoses for patients without firm indication which received PPIs were: liver cirrhosis, chronic hepatitis, acute alcoholic pancreatitis, colon cancer, acute cholangitis.
Conclusion: PPIs were administered to most patients admitted to the gastroenterology service. Among patients who received PPIs, only about one quarter showed strong indication; the trend in the clinical practice to extensively prescribe PPIs without a consolidated indication, may be a risk factor for adverse events. Besides the already documented - enteric infections, pneumonia, osteoporosis with bone fractures, interstitial nephritis, drug interactions, probably the list remains open, so caution and solid therapeutic reasoning in their recommendation is required.
Key words: PPIs, acid-related gastrointestinal disorders, overuse, adverse events.

PP182. Anaemia in patients with inflammatory bowel disease

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Background: anaemia is the most common systemic complication in patients with inflmmatory bowel disease (IBD). In the majority of cases, anaemia associated with IBD is a combination of chronic iron deficiency and anaemia of chronic disease.
Aim: to determine the prevalence of anaemia in patients with IBD related with: gender of patients, disease acitvity and followed treatment.
Materials and methods: we performed a retrospective study of 128 patients conducted for a period of 9 months (april-december 2016). Disease activity was evaluated by CDAI for Crohn's disease (CD) and Mayo score for ulcerative colitis (UC). Anaemia was defined using WHO criteria.
Results: we studied 128 patients with IBD aged between 34-56 years: 52,6% were females, 37% with CD, 62% with UC and 1% with unclassified inflammatory bowel disease. The ongoing treatment was: aminosalicylates (58,3%), corticosteroids (9,7%), immunomodulators (31,3%), and anti-tumor necrosis factor (21,9%). Anaemia was identified in 24 patients, representing a prevalence of 18,5%. In the majority of cases (84%), anaemia was mild/moderate (mean hemoglobin 10,8 ± 0,6 g/dl).
Anaemia was more frequent in patients with active disease than in those in clinical remission (28,4% vs 12,9%, p<0,001) and in patients on steroids (31,6%) vs. other treatments (p<0,001). Also it was significantly higher in females but there were no differences between CDs (21,8%) and UCs (23,2%, p<0,688).
Conclusion: anaemia was more frequent in females, patients with active disease and in those on corticosteroids with a prevalence of 18,5% of all 128 patients included.

PP183. The risk of develop gastric cancer at patients with precancerous changes and history of infection with Helicobacter pylori

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Introduction: The aim of our study was to establish the risk of develop gastric cancer at patients with the precancerous changes (PC) and the history of eradicated infection with Helicobacter pylori (HP).

Methods: Our multi-annual retrospective study was performed on 125 patients with preexistent PC. A group consist of 77 cases with history of HP infection, who was eradicated three years ago (HP absence was monitoring in last three years) and B group contain 48 patients never infected with HP. The history and duration of HP eradication was also quantified. We monitored evolution of PC and evaluated the cancer risk comparatively in these groups.

Results: The incidence of the PC were: atrophic gastritis (66 cases), gastric ulcer (18 cases), gastrectomy (23 cases), gastric polyps (13 cases) and Menetrier gastritis (5 cases). A group contain all Menetrier gastritis cases, atrophic gastritis (41 cases), gastric ulcer (12 cases), gastrectomy (9 cases), gastric polypus (10 cases). GC was develop in 29 patients (37.66%) of the A group and in 8 cases (16.66%) of the B group. Majority of Menetrier gastritis cases (4 cases) developed GC. In A group, endoscopic forms of the early GC were: type I (polypoid) in 8 cases, type II (superficial) in 4 cases and type III (ulcerated) in 5 cases. In advanced GC we found type Borrmann I in 4 cases, type II in 7 cases and Borrmann IV only one case. Group B had advanced GC in Borrmann forms: II (4 cases), III (3 cases). The early GC we found in only one case.

Comparative with other PC, atrophic gastritis was more frequent associate with history of HP infection ($p=0.01$). The risk of GC development was not corelated with duration of HP eradication ($r=0.103$, $p>0.05$) and number of therapy cures.

Discussion/Conclusion: The precancerous changes in association with the history of eradicated infection with HP induce a increased risk of develop gastric cancer, comparative with never infected patients. Atrophic gastritis was more frequent associate with history of HP infection.

Key words: gastric cancer, precancerous changes, Helicobacter pylori infection

PP184. Risk factors and survival in pancreatic adenocarcinoma

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Introduction. Pancreatic adenocarcinoma is associated with a 5-6% survival at 5 years and a poor quality of life. In Romania there are few information about the prognostic influence of known risk factors for pancreatic cancer.

The aim of this study is to evaluate the association between risk factors and the occurrence of pancreatic adenocarcinoma and patients' survival, which may constitute a theoretical basis for screening.

Methodology. It was performed a prospective, multicentric study of patients with suspected pancreatic tumors detected in abdominal ultrasound or CT examination, during January 2015-December 2016, in which were analyzed risk factors and possible association with survival adjusted statistically according to tumor stage (Chi square test, ANOVA, log-rank test).

Results. There were 279 patients with pancreatic adenocarcinoma included in the study. Male patients were 58% from all patients, and the mean age was 63.5 years. Smoking, new-onset diabetes and history of chronic pancreatitis are risk factors for pancreatic adenocarcinoma ($p<0.05$). At 12 months of follow up, almost one third of patients with pancreatic adenocarcinoma died (median survival = 5 months). It was demonstrated a statistically significant association adjusted for tumor stage between the presence of new-onset diabetes and survival: 5 months vs 3 months with a HR = 3. Other risk factors (alcohol, obesity, sex, genetics, coffee intake, some infections and abdominal surgery, history of chronic pancreatitis) had no prognostic role.

Conclusion. In our study, the risk factors for pancreatic cancer were smoking, history of chronic pancreatitis and new-onset diabetes, but the only prognostic factor was diabetes.

Keywords: pancreatic adenocarcinoma, risk factors, survival

PP185. Controlled attenuation parameter: a noninvasive method for the detection of hepatic steatosis in patients with chronic liver diseases

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Background: Controlled attenuation parameter (CAP) using transient elastography (Fibroscan) is a recent non-invasive tool for assessment of steatosis.
Our **aim** was to evaluate steatosis in patients with chronic liver diseases using CAP.
Materials and methods: We included 49 patients with chronic liver diseases (hepatitis B, Hepatitis C, cirrhosis, steatohepatitis and primary biliary cholangites). All patients were measured using the 3,5 MHZ standard M probe. We simultaneously evaluated both steatosis and fibrosis using Fibroscan. Hepatic steatosis (any grade involving more thean 10% of hepatocytes) was defined as CAP 230 dB/m. Liver stiffness was defined as a value above 7.1 kPa.The valid measurements included ten shots and an IQR (an interquartile range of all successful measurements) <30%.We analyzed the relationship between CAP and the following clinico-biological parameters:age, gender, liver stiffnes, level of cholesterol and tryglicerides.We defined hypercholesterolemia as a value above 200 mg/dl and hypertriglyceridemia above 150 mg/dl.
Results: 53% (26 patients) were female and 47% (23 patients) were male.The mean age was 62 years old. 56% (22) of patients were diagnosed with hepatitis C, 13% (5 patients) with hepatitis B , 13% (5 patients) with steatohepatitis and 15% (6) with cirrhosis .Steatosis (CAP) was predominantly associated with hepatitis C in 46 % of patients. A higher value of CAP was also seen in patients with cirrhosis (35%). We also noticed an important association between steatosis and hypercolesterolemia in 60% patients and with hypertriglyceridemia in 100% patients.In contrast, a normal value of CAP was associated with a higher value of liver stiffnes (in 57% patients).
Conclusions: CAP offers an immediate assessment of steatosis simultaneously with liver stiffness measurements. The accurate assessment of liver steatosis is crucial in clinical practice for the management of patients with chronic liver diseases and in clinical research.
Keywords: transient elastography, steatosis, controlled attenuation parameter.

PP186. The role of serum sodium in liver cirrhosis evaluation

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Introduction: Severe hyponatremia has an increased frequency in patients with hepatic cirrhosis and leads to multiple admissions and is associated with high mortality.
The aim of the study was to corelate sodium value with hepatic failure stages in pacients with liver cirrhosis.
Material and methods: A prospective study was conducted for 2 months (december 2015 – january 2016), which included pacients who were first diagnosed with hepatic cirrhosis in The Institute of Gastroenterology and Hepatology Iasi.
The exclusion criteria were: hemochromatosis, malignant lesions (with the exception of hepatocarcinoma) and acute infections during the last two weeks.
For the subjects who were included in the study serum sodium level and the stage of hepatic failure using Child-Pugh score were evaluated.
Results: 62 patients were included (medium age 56 years old, 37 men and 25 women); 14 patients presented Child-Pugh A, 29 patients – Child-Pugh B and 19 patients Child Pugh C.
The subjects were divided in two groups: group A (low serum sodium level < 136mmol/l) and group B (normal level of serum sodium 136-146mmol/l). Group A represented 43% (28 patients) and group B 57%.
The number of patients who were diagnosed with liver cirrhosis class Child A was lower in group A (7% - 2 patients) vs group B (33% - 12 patients). (p>0,01)
The same relationship was found for patients diagnosed with hepatic cirrhosis class Child B, group A (36% - 10 patients) vs group B (52% - 19 patients). (p>0,01)
However, the number of patients diagnosed with liver cirrhosis class Child C was higher in group A (56% - 16 patients) vs group B (8% - 3 patients). (p<0,005)
Conclusion: This study showed that, in patients with hepatic cirrhosis, low values of serum sodium (<136mmol/l) presented a significant statistical correlation with hepatic failure class Child-Pugh C.

PP187. Current incidence of Helicobacter Pylori and the corelation with gastric premalign lesion in our area

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Introduction: Hp (Helicobacter Pylori) is an important public health issue. The screening and treatment are essential for the prevention of premalign lesions (chronic gastritis, intestinal metaplasia, atrophic gastritis and dysplasia).
Methods: I conducted a retrospective study in which I included 406 patients hospitalized at Spitalul Clinic Judetean de Urgenta Targu Mures suffering from chronic gastritis (196 men and 210 women with mean age of 62.11 years). They have performed an upper gastrointestinal endoscopy and biopsy.
Results: Of all patients biopsied with chronic gastritis 224 were HP+ and 182 were HP-.When I watched the occurrence rate of the histopathological changes I obtained the following results: for the HP+ patients 25 % of them developed incomplete intestinal metaplasia (p=0,0001), 17.41% developed complete intestinal metaplasia (p=0,0001), 16.51% developed atrophic gastritis (p=0,0001) and 1.78% developed dysplasia (p=0,149). I notice that the incidence of infection with HP if increased for urban population and the female are the more prone to infection but with no statistical significance.
Conclusion: HP infection is still increased but it has descreased compared to previous studies conducted, screening and treatment being very important for the prevention of premalign lesions.
Keywords: Helicobacter Pylori, premalign lesion

PP188. The prevalence of iron deficiency anemia in patients with inflammatory bowel disease

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Introduction. Anemia is the most frequent extraintestinal manifestation in patients with inflammatory bowel disease (IBD). Anemia in IBD is associated with poor quality of life, necessitating prompt diagnosis and appropriate treatment. The aim of this study was to evaluate the different types of anemia in a group of patients with IBD.
Methods. We evaluated 120 patients (68 CD, 52 UC) admitted at the Institute of Gastroenterology and Hepatology Iași between december 2013-december 2016. Hemoglobin, serum ferritin, transferrin saturation, serum iron, CRP and vitamin B_{12} levels were measured in all patients enrolled in the study. Iron deficiency anemia (IDA) was defined as serum iron levels <10 ng/ml, decreased transferrin saturation and ferritin level and normal CRP.
Results. 120 patients with diagnosed IBD were enrolled in the study. Median age at diagnosis was 29±1 in CD and 35±2 in UC. Median duration of disease was 10±4 in CD group and 12±3 in UC group. The overall prevalence of anemia was 67.5%. In the CD group 68% had IDA, 17% had vitamin B12 deficiency and 15% had chronic disease anemia. In UC group the prevalence of IDA was 65.38%. There was no statisticaly significant difference in the prevalence of IDA between CD and UC patients.
Conclusion. In our study IDA was the most common type of anemia in both CD and UC patients. Iron deficiency and anemia are important factors for the quality of life of IBD patients and close monitoring is necessary.
Keywords: anemia, inflammatory bowell disease, iron deficiency

PP189. The Lille Score – from theory to practice

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Introduction: Alcohol abuse represents both the main cause of liver chronic disease and the main ethiological factor that can be prevented. The liver afflictions generated by alcohol are steathosis, hepatitis and chirrosis, their coexistence being frequent. We are presenting the case of an adult pacient, with an intake of over 160g pure alcohol/day, a continuos imbibition of over 10 years, known with toxical-nutritional liver cirrhosis, mixed decompensation and type 2 diabetes.
Method and material: 44 years old pacient, chronic drinker, emergency admission to CMEUH – Gastroenterology for altered general state, large quantity ascites liquid, leg edema and sclero-tegumentary jaundice. After the biological-clinical balance sheet, he is classified as a Class C Child Pugh (12 points) with a MELD Score of 30 points and Maddrey Score of 33 points, reason for which corticotherapy is recommended.
Results: After testing for hepatitis B and C, HIV, abdomen ultrasound, hemoculture, uroculture, diagnostic paracentesis and optimal control of the serum glucose levels, it is decided that the corticosteroid treatment must be initiated – Prednison 40mg/d, which is being stopped after the 7th day due to Lille score 0.8, meaning that the patient is classified in the non-responder category. He is then reffered to a Liver Transplant Center in order to establish a therapeutic opportunity. 10 days after the discharge, in an other center a new cure of Prednison 40mg/d is initiated , this time the patient responding favourably, Lille Score 0.34.
Conclusions: Lille Score>0.45 predicts a high mortality rate of 75% at 6 months. Pacient comes in for routine check after 3 months with his health status being favourable. Given the

presented case, the value of the scores used in day by day practice still remains a debatable issue and continuing Prednison treatment at a Lille Score over 0.45 can still have its benefits.

Key words: Alcoholic chirrosis, Lille Score, prognosis.

PP190. Dynamic of liver stiffness values by means of Transient Elastography in patients with HCV liver cirrhosis undergoing Interferon free treatment

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Keywords: liver stiffness, liver cirrhosis, interferon free treatment.

Introduction: Liver stiffness (LS) measurements by Transient Elastography (TE) has been widely accepted as a tool for fibrosis assessment. The **aim** of this study was to assess LS dynamics in a group of patients with HCV liver cirrhosis after interferon free treatment (IFT).

Material and methods: This bicentric clinical trial included 276 patients with compensated HCV cirrhosis (all genotype 1b), who received IFT for 12 weeks. All patients were evaluated by means of TE at the beginning and at the end of treatment (EOT), and a subgroup (180 patients) also 12 weeks after EOT, all of them with sustained viral response (SVR 12). Reliable LS measurements (LSM) were defined as median value of 10 valid LSM, with IQR<30% and SR≥60%. Both M and XL probes were used. For diagnosing cirrhosis we used a cut-off value of 12 kPa as proposed by the Tsochatzis meta-analysis. We considered a decrease or increase of more than 10% in LSM as being significant.

Results: Out of 276 subjects, reliable measurements were obtained in 92.7%, so that the final analysis included 256 patients. The mean LS values decreased significantly after IFT: 25.±11.7 vs. 22.5±12. kPa (p=0.009). Most patients, (59.7% - 152/256) presented more than 10% decrease in LS values, 23% (59/256) had stable LS values, while in 17.3% (45/256) cases, the LS values increased. In the subgroup of 180 patients where LSM were also performed 12 weeks after EOT (SVR 12), the mean LS values were significantly lower 12 weeks after EOT as compared to baseline: 20.3±10.8 kPa vs. 25.5±11.4 kPa (p<0.0001) and also as compared to EOT: 20.3±10.8 kPa vs. 22.8±12.2 kPa, (p=0.04).

Conclusion: In our group mean liver stiffness values evaluated by TE significantly decreased after antiviral treatment at EOT and also 12 weeks after EOT as compared to baseline. Overall, in our study almost 60% of patients had EOT liver stiffness values lower than at baseline, while 12 weeks after EOT almost 75% of patients had liver stiffness values lower than at baseline.

PP191. The nutritional status of patients with chronic pancreatitis

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Introduction: Chronic pancreatitis (CP) is characterized by the emergence of irreversible functional and architectural changes of the pancreas. The loss of the exocrine and/or endocrine function has as consequence the installation of malabsorption and malnutrition with clinical response especially in patients with ethanolic CP.

Purpose: To assess the nutritional status of patients with P ethanolic CP using anthropometric indices and biomarkers.

Material and methods: We performed a retrospective descriptive study in which we included patients with ethanolic CP admitted between 01.01.2016 - 31.12.2016, in the Section II of the Institute of Gastroenterology and Hepatology, Iasi. For the assessment of nutritional status, anthropometric indices (weight, height, body mass index BMI), and biological markers were used (blood counts, total proteins, albumin, iron, vitamin B12, folic acid, creatinine index - height ICI).

Results: The study included 65 patients with ethanolic CP, with a mean age of 53 ± 7 years, with a predominance of males (46-71%). The most frequent symptoms at time of presentation were: upper abdominal pain (63-97%), nausea (59-90%), vomiting (48-74%), asthenia and fatigue (46-71%), weight loss (35-54%) and steatorrhea (20- 31%). Average BMI was 19.1 ± 3,94 kg/m^2, 48 patients (74%) having a BMI <18, 5 kg/m^2, of which 4 (6%) had a BMI <16 kg/m^2. The average values of serum pancreatic enzymes were: 201 ± 257 U/L for lipase and 269 ± 223 U/L for amylase. Albumin was 3.5 ± 1.1 g/dL, total protein 6.2 ± 2.3 g/dL, sideremia 30.25 ± 80.5 mcg/dL, vitamin B12 200 ± 137.5 mcg/ml, folic acid 10.5 ± 9.1 ng/mL. for 4 patients (6%) ICI was > 30%, indicating severe malnutrition. 48 patients (74%), had deficiency anemia, of which 31 (48%) folate and B12 deficiency anemia. Lymphopenia was found in 19 patients (29%). 28 patients (43%) had associated secondary diabetes.

Conclusions: Patients diagnosed with CP often have both protein-calorie malnutrition as well as varied biological

deficits, conditions associated with pancreatic exocrine insufficiency and ethanol consumption. Poor nutritional status puts these patients at increased risk of mortality and morbidity. The prognosis could be improved both by stimulating patient's compliance to therapeutic recommendations, as well as formulating individualized nutritional principles based on the clinical features of each patient – stage of the disease, degree of deficits, comorbidities.

PP192. Gastroesophageal reflux disease – a complication of post-corrosive esophageal sticture

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Introduction: Esophageal stenosis caused by ingestion of caustics in childhood, followed by esophageal plasty using stomach or colon is encumbered by major complications at adulthood like gastroesophageal reflux disease.
Material and method: A prospective study was conducted at the Institute of Gastroenterology and Hepatology, Iasi, Romania, between January 2015 and March 2017 and. It included 10 adult patients (50% women, 50% male, mean age: 21±5.62 years old) with a history of postcaustic esophageal stenosis and esophageal plasty with colonic or gastric tube under 18 years old. The patientes were clincally and endoscopic evaluated and the diagnostic of gastroesophageal reflux diseas was based on a GERD-Q score higher than 8.
Results: Of the 10 patients, 5 had plasty with gastric tube (group A) and 5 with colonic tube (group B). Most of the patients in group A were women but male were more pevalent in group B. Except one of the patients with gastric tube, all the other patients came from rural areas. The mean age was 25 years in group A and 20.2 years in group B. The diagnostic of gastroesophageal reflux disease was established at 4 patients (40%), all having esophageal plasty with gastric tube. The 4 patients had beside the typical symptoms of gastroesophageal reflux disease also nocturnal chronic cough. None of the patients declared the chronic consumption of alcohol or tobacco.
Conclusions: Gastroesophageal reflux disease is a common complication of the adult patient who had an esophageal plasty with gastric tube for postcaustic stenosis after accidentally ingestion of caustic soda in childhood.
Key-words: Esophageal stricture, ingestion of caustic, gastro-esophageal reflux diasease

PP193. Smoking influence in oxidative stress in the patients with chronic pancreatitis

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Introduction: Smoking has been identified as a significant and independent risk factor for the installation and development of chronic pancreatitis.
Materials and methods: 100 patients with chronic pancreatitis were examined, m/f-55/45, median age-47,02±0,93 (19-59 years). Oxidative stress has been evaluated by determining the parameters of the lipid peroxidation (LPO): early lipid hydroperoxides (early-LHP), intermediate lipid hydroperoxides (interm.-LHP), late lipid hydroperoxides (late-LHP) in hexane (hexan.) and isopropanol (izopr.) phases, Malondialdehyde (MAD); and of the antioxidant activity: total antioxidant activity (TAA) in hexane and isopropanol phases, Superoxide dismutase (SOD), Catalase, Glutationreductaza (GR).
Results: The results of the study show the presence of smoking in 45% of patients. In the smoking patients with chronic pancreatitis *vs* nonsmoking patients increased LPO indices have been determined: early hexan.-LHP, cu/ml (16,29±0,34 *vs* 14,92±0,43, F=5,96, p<0,05), interm. hexan.-LHP, cu/l (6,27±0,39 *vs* 5,44 ±0,30, F=2,94, p>0,05), late hexan.-LHP, uc/ml (3,73±0,46 *vs* 2,77±0,31, F=3,12, p>0,05), early LHP-izopr., cu/ml (14,42 ± 0,29 *vs* 13,22±0,21, F=11,83, p<0,001), interm. izopr. LHP, cu/ml (7,77±0,35 *vs* 7,34±0,26, F=1,02, p>0,05), late izopr.-LHP, cu/ml (1,84±0,08 *vs* 2,21±0,33, F=0,95, p>0,05), DAM, μM/l (22,62±1,13 *vs* 20,34±0,61, F=3,56, p>0,05) and decreased antioxidant activity values: hexan.-TAA, mMDPPH /l (7,07±0,31 *vs* 7,63±0,25, F=2,03, p>0,05) izopr.-TAA, mMDPPH/l (6,61±0,30 *vs* 6,91±0,33, F=0,42, p>0,05), SOD, u/c (1205,42±24,89 *vs* 1299,51±25,04, F=6,95, p<0,01), catalase, μM/s.l (7,98±0,35 *vs* 9,62±0,48, F=6,98, p<0,01), GR, μM/s.l (4.03±0,12 *vs* 4,25±0,11, F=1,64, p>0,05).
Conclusion: The influence of the of smoking in the patho-physiology of chronic pancreatitis is demonstrated by the induction of oxidative stress, expressed with statistical significance by the increase of the LPO parameters (early hexan.-LHP, early izopr.-LHP) and the decrease in the antioxidant activity (SOD, catalase).
Key words: Chronic pancreatitis, oxidative stress

PP194. The importance of HER2/NEU in rectal cancer prognosis

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Objectives: HER2 oncogene is a member of the tyrosine kinase family similar to the epidermal growth factor receptor (EGFR) which activates pathways that are essential for cell proliferation and differentiation . Clinically amplification or overexpression of this oncogene has been shown with poor prognosis in a number of tumours. Because of the conflicting data in literature about the prevalence of HER-2/neu and overexpression in colorectal cancer, the objective of the study was to assess the contribution of Her2/Neu in rectal cancer prognosis .
Materials and methods: We present a prospective study which continues a previous study based on 46 rectal resection pieces from patients operated for rectal cancer in Surgery Clinics of Emergency County Hospital Craiova. We have used the immunohistochemical marking method to determine the degree of aggressiveness. The correlations between mean survival time and immunohistochemical markers were calculated with the Kaplan Meier survival curves and log rank test for a period of 60 months postoperatively.
Results: 26 cases (56,25%) had positive nuclear immuno-histochemical staining for Her2/Neu antibody without a case with strong intensity expression (score 3 from Haufmann's corresponding classification, 2008). Patients Her2 negative have the highest average duration of survival, followed by those with moderate and reduced intensity, results statistically confirmed by the survival index and Chi -square =7.18 (p = 0.02) .
Conclusions: The value of the Chi-square test showed that Her2/Neu is a strong prognostic factor for patients in our study (Chi-square test 7.18, p = 0.02)
Analysis of the Kaplan Meier survival curves shows a high rate of survival at patients with Her2/Neu reduced staining at all years of follow up.

PP195. The intracellular cytoskeleton marker is overexpressed in pancreatic ductal adenocarcinoma

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Background. Intracellular cytoskeleton in pancreatic ductal adenocarcinoma (PDAC) might be a key point in its poor outcome. Reliable biomarkers estimating the cytoskeleton involvement are lacking and their relationship with the cachexia is not known. Ezrin is involved in intracellular signaling and adhesion, by linking in the PI3K/Akt pathways.
The goal: to assess the significance of ezrin protein expression in PDAC related to the clinical stage and survival.
Methods. There were included patients with histological proven of adenocarcinoma (n=51) and a matched control group (n=51). The plasma levels of ezrin were analyzed using western blot. The t test was used to determine the difference between the two groups, Kaplan-Meier curve and log-rank tests were used to determine the differences in survival curves of studied patients.
Results. The ezrin was overexpressed more frequently in PDAC compared to controls (p=0.009 and p=0.05). Ezrin expression has been closely related to advanced clinical stage (p=0.03), but not with the presence of metastasis No relationship between ezrin levels and the patients age, sex or tumor size and location of tumor was found. The survival of patients with high or low levels of ezrin expression was similar.
Conclusion. Ezrin pathway as a intracellular cytoskeleton biomarker is related to the local spread of PDAC, but not in metastasis or survival.
Keywords: Pancreatic ductal adenocarcinoma, ezrin, biomarker

PP196. The importance of KI-67 (MIB-1) in rectal cancer prognosis

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Objectives: Antigen KI-67 also known as MKI67 is a protein that in humans is encoded by the MKI67 gene and is asociated with cell proliferation. The Ki-67 labeling index(the fraction of Ki-67-positive tumor cells) was correlated in many studies with the clinical course of cancer. The objective of the study was to

assess the contribution of Ki-67 (MIB-1) in rectal cancer prognosis.
Materials and methods: We present a prospective study which continues a previous study based on 46 rectal resection pieces from patients operated for rectal cancer in Surgery Clinics of Emergency County Hospital Craiova. The degree of tumour aggressiveness was established with immunohistochemical marking method and the correlations between mean survival time and these immunohistochemical markers were calculated with the Kaplan Meier survival curves and log rank test for a period of 60 months postoperatively.
Results: All the 46 carcinomas examined have positive nuclear immunohistochemical staining for Ki-67 antibody. The Ki-67 mean index was 49.78% with values between 15% to 75% indicating a significant variation in proliferative activity in colorectal cancer (45 % in well-differentiated adenocarcinomas , 48.75 % in moderately differentiated adenocarcinomas, 57.7 % in poorly differentiated adenocarcinomas and 75 % in anaplastic cancer). Analysis of Kaplan Meier survival curves revealed a clear difference of survival between the group with reduced Ki67 and intense Ki67 staining with a Chi-square test 1.23, p=0.023.
Conclusions: Analysis of the survival curves shows a high rate of survival at Ki67 reduced staining cases at all years of follow up with a value of the Chi-square test for the 2 groups (Chi-square test 1.23, p=0.023).

PP197. Therapeutic profile in ulcerative colitis

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Introduction: Ulcerative colitis is a chronic inflammatory disease of the colon of unknown cause that is characterized by alternating intervals of active and inactive disease in 80-90% of patients. The primary goal of treatment is to induce and maintain remission using therapy tailored to the individual patient.
Aim: The aim of this study was to analise the therapeutic profile of patients diagnosed with ulcerative colitis.
Material and methods: We followed prospectively 230 patients diagnosed with ulcerative colitis from 2004 to 2016 in a tertiary centre of Timisoara.
Results: Of all patients, 190 (82%) are using 5aminosalicilates (5ASA) preparations (oral or/and topical). From this, 137 patients are using only 5ASA for maintain remission, and 53 patients are using 5ASA in addition with other drugs (Azathioprin, corticosteroids, anti TNF agents). Side effects (nausea, headache, fever, rash a.o.) occur in about 20% of patients. Most patients tolerate doses of 2-4 g/day.
Corticosteroids can induce remission in ulcerative colitis flares but do not maintain remission. 23 patients (10%) are steroid-dependants.
Azathioprine can be used to induce and maintain remission in ulcerative colitis. They can be used to decrease the dose or completely stop steroids in patients who have improved with steroids and in patients with chronic active disease not fully controlled with steroids. 32 of our patients (13%) are using azathioprine.
Biological agents for inflammatory bowel diseases are used for 63 patients (27%), including anti-tumor necrosis factor agents, anti-adhesion molecules, downstream signaling blockade. Adverse effects in ulcerative colitis patients are limited. Injection site reactions are common but not serious. Acute infusion reactions (anaphylactic reaction- 2 patients, 0.8%) and delayed infusion reactions (infectious complications like bacterial pneumonia 4 patients - 1.7%, tuberculosis at 1 patient 0.4%, worsening symptoms - 2 patients, 0.8%) occurred.
Surgery is contemplated when medical treatment fails or when a surgical emergency (eg, perforation of the colon) occurs. 2 (0.8%) patients with acute severe pancolitis had total colectomy and ileoanal pouch reconstruction after failing medical treatment.
Conclusions: Although the above-mentioned drugs and treatment strategies have been fairly effective, there are still 2 patients(0.8%) who do not respond to them and who require a colectomy. With new biologic agents, new treatment options for ulcerative colitis continue to evolve
Keywords: ulcerative colitis, therapy, biological agents

PP198. Biological goals of treatment in Inflammatory bowel disease

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Objective. Targets of biological treatment in inflammatory bowel disease (IBD) have changed in recent years. In recent years it introduced element "mucosal healing" as therapeutic target in the treatment of IBD. The authors have proposed to analyze the achieved therapeutic targets in patients with IBD treated biologically.
Material and method. Therapeutic results were analyzed, "mucosal healing" in a group of 13 patients with UC treated with Infliximab and 9 patients with CD treated with Adalimumab (6) and Infliximab (3).
"Mucosal Healing" has been appreciated by: clinical remission, endoscopic and biological. CDAI <50 and Mayo score <1.

Results.

1. In patients with UC:
   - "mucosal healing" was obtained in 70% of cases with 30% relapse
   - in 15% of cases the biological treatment was suspended because of side effects
2. In patients with CD:
   - in patients treated with Adalimumab, "mucosal healing" was obtained in 83% of cases, and in those treated with Infliximab in 33% of cases;
   - 66% of those treated with Infliximab was carried out at Adalimumab switch, "mucosal healing" obtained in 50% of cases

Conclusions.

1. In patients with UC, treated with Infliximab, "mucosal healing" was obtained in 70% of cases
2. In patients with CD, "mucosal healing" was obtained in 83% of cases with Adalimumab and 33% of Infliximab.
3. In patients with CD, which was made the switch Infliximab - Adalimumab "mucosal healing" was obtained in 50% of cases
4. In 9% of cases, biological treatment was discontinued due to side effects

PP199. Prognostic Value of the different pre-treatment biomarkers for Patients with Neuroendocrine Tumors

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Introduction: Several inflammatory response materials could be used for prediction of prognosis in cancer patients. The neutrophil lymphocyte ratio (NLR), platelet lymphocyte ratio (PLR), thrombocytosis (the platelets number $>400*10^3/mm^3$) have been introduced for prognostic scoring system in various cancers.

Aim(s): The objective of this study was to determine whether the NLR, the PLR or thrombocytosis could predict the clinical outcomes in G1-G2 neuroendocrine tumors.

Material and methods: We performed a retrospective review of 31 patients with neuroendocrine tumors with ki 67 below 20% diagnosed in Fundeni Clinical Institute between 2011-2017. Data about site of the primary tumor, presence of metastasis, NLR, PLR, thrombocytosis (platelet count>400) and survival were collected and analysed.

Results: The patients characteristics were: primary tumor location was: 61.29% pancreas, 22.58% gastrointestinal tract, 16.13% unknown, 61.29% had hepatic metastasis, 6.45% had locally advanced tumor. The primary tumor was resected in 35.48% patients. The overall 2-year survival rate was 77.42%. The Ki 67 index ($p<0.04$), PLR (cut off >300) $p<0.01$ have statistical significant impact on survival in univariate analysis and on multivariate analysis ($P<0,05$). Other factors like ki 67 index, metastatic disease, thrombocytosis and NLR have an impact on survival statistical significant on multivariate analysis.

Conclusion: This study demonstrates the prognostic role of different variables like Ki 67 index, PLR and PLT value, thrombocytosis and metastasis. This factors may be integrated in different scoring systems for prognosis that could guide clinicians for a better management in patients with neuro-endocrine tumors.

Key words: neuroendocrine tumors, prognostic factors, treatment.

PP200. The frequency and clinical presentation of portal vein thrombosis in cirrhotic patients

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Key words: portal vein thrombosis, liver cirrhosis.

Portal vein thrombosis is a frequent complication of liver cirrhosis.

The **Aim** of this study was to evaluate the frequency and clinical presentation of portal vein thrombosis in cirrhotic patients.

Material and methods: We performed a retrospective study that included all the patients with liver cirrhosis admitted in the Department of Gastroenterology and Hepatology between January 2016 – December 2016. The diagnosis of portal thrombosis was determined by ultrasound examination by an expert in the field. The nature of portal vein thrombosis was assessed by contrast-enhanced ultrasound (CEUS), sustained by another imaging method with contrast (CT scan/MRI).

Results: The study included 439 patients with liver cirrhosis, 163 women (37.2%) and 276 men (62.8%), with the mean age of 61.4 years. Of the 439 patients evaluated, portal vein thrombosis was described by ultrasound in 49 (11%) of patients. Portal vein thrombosis was complete in 21/49 patients (43.8%). CEUS examination of portal thrombosis showed 34 malignant portal thrombosis (69.4%) and 15 benign portal thrombosis (30.6%). Hepatocellular carcinoma was seen in 94.1% (32/24) of patients with malignant portal thrombosis and only in 1 patient with benign portal thrombosis.

Esophageal and gastric varices were present in 37/49 patients with portal thrombosis (75.5%).

35.1% of these patients (13/37) experienced upper gastrointestinal bleeding by variceal rupture, with a mortality of 23%

(3/13). Patients with liver cirrhosis, without portal vein thrombosis presented upper gastrointestinal bleeding by variceal rupture in 22% of cases.
Ascites was present in 69.4% of patients (34/49).
The mortality of patients with portal vein thrombosis was 24.4% (12/49), of which 66.7% in patients with Child-Pugh C class, 33.3% in patients with Child-Pugh B cirrhosis and 8.3% in patients with Child- Pugh A class.
Conclusions: Portal vein thrombosis was present in 11% of cirrhotic patients. In the majority of cases (69.4%), the thrombosis was malignant, associated with hepatocellular carcinoma. The presence of portal vein thrombosis in patients with esophageal and gastric varices is associated with increased risk of upper gastrointestinal bleeding due to variceal rupture p<.0001.

PP201. Etiologic spectrum of nonvariceal upper gastrointestinal bleeding in patients suffering from liver cirrhosis

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Background: Nonvariceal upper gastrointestinal bleeding (UGIB) represents a major complication of liver cirrhosis, having a various etiologic spectrum. Prevention of these episodes influences disease's evolution and patients' prognostic.
Objectives: Study of the nonvariceal UGIB's etiologic spectrum in patients with liver cirrhosis and the identification of some correlations with certain clinical and laboratory parameters.
Material and method: The study was performed on a group of 62 patients (average age 48 years) suffering from liver cirrhosis, who were examined by endoscopy for an episode of UGIB in the IInd Medical Clinic of the Emergency County Hospital of Craiova, within a period of 18 months. The diagnostic of liver cirrhosis was based on clinical, biological and imagistic criteria. Patients suffering from portal vein thrombosis and hepatocellular carcinoma were excluded from the study. All patients were completely examined, starting with anamnesis (alcohol intake, NSAIDS or other drugs, genetic diseases), clinical, hematological (hemoglobin, leukocytes' number, platelets' number), biological (ASAT, ALAT, bilirubin with its fractions, level of albumin in the blood, prothrombin-time, viral markers, antibodies against Helicobacter-Pylori), imagistic (liver, spleen, PV, ascites) and endoscopic (determining UGIB's cause) evaluation.
Results and conclusions: From the 62 patients, 44 had alcoholic etiology, and the rest viral (B,B+D,C), autoimmune etiology and alpha-1-antitrypsin deficiency. Nonvariceal bleeding was observed at 39 (62.9%) patients. The most common causes of nonvariceal bleeding were: gastric/duodenal ulcer, portal hypertensive gastropathy, erosive gastro-duodenitis. The main factors associated with nonvariaceal UGIB were: elderly age, alcohol intake, thrombocytopenia, splenomegaly, portal vein's size, prothrombin-time, level of albumin in the blood, NSAIDS' intake, infection with Helicobacter Pylori. These bleeding events' occurrence can be prevented by careful monitoring of the clinical, biological and imagistic elements frequently associated with nonvariceal UGIB episodes.
Key words: liver cirrhosis, upper gastrointestinal bleeding.

PP202. Study of NT PRO-BNP serum values in patients suffering from liver cirrhosis in relation with etiology

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Background: Subclinical cardiac dysfunction is sometimes observed in patients with liver cirrhosis by disruption of diastolic relaxation and decrease contractility in the absence of an organic cardiac cause.
Objectives: Evaluation of the serum level of NT-pro-BNP, of the subclinical cardiac damage's prevalence in patients with liver cirrhosis, of its severity in relation with liver function and the etiology of liver disease.
Material and method: The study was performed on a group of 54 patients with liver cirrhosis, hospitalized in the IInd Medical Clinic of the Emergency County Hospital of Craiova within a period of 24 months, average age 57 years, 35 (64.82%) of which are male. For each patient anamnestic data, duration of the disease, alcohol intake, smoker status, clinical examination, blood cells' count, ASAT, ALAT, bilirubin, prothrombin-time, serum proteins' electrophoresis, viral markers, serum level of NT pro-BNP were evaluated. Abdominal ultrasound (liver, spleen, portal vein, ascites fluid), Doppler echocardiography and upper gastrointestinal endoscopy (esophageal-gastric varices, portal hypertensive gastropathy)
Results and conclusions: Serum value of NT pro-BNP was high in patients with liver cirrhosis, that also had a degree of cardiac dysfunction, and its severity seems to be correlated with age, smoker status, duration of the disease, cirrhosis' alcoholic etiology, splenomegaly's degree, size of portal vein and of esophageal-gastric varices, severity of liver disease.
Key words: liver cirrhosis, cardiac dysfunction, NT pro-BNP

PP203. A rare case of overlapping pancreatic tumors in a patient with variceal bleeding

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Keywords: variceal bleeding, HCV chronic hepatitis, multiple pancreatic tumors, total pancreatectomy.

Background. Pancreatic adenocarcinoma is the second leading cause of digestive cancers in the US, with more than 24% discovered are operable; endocrine pancreatic tumors and cysts are even more rare.

The objective of this paper is to present a patient who has undergone total pancreatectomy (for pancreatic head and tail tumors), with histopathological examination showing the presence of three different synchronous tumors.

Material and methods. A 63-year-old patient admitted for GOV I gastroesophageal variceal bleeding with emergency variceal banding.

Personal pathological history of HCV chronic hepatitis, pancreatic cancer - total pancreatectomy with duodenectomy, splenectomy and extensive lymph nodes resection in January 2015, insulin-dependent diabetes. Pathological examination – pancreatic head adenocarcinoma; neuroendocrine tumor distal to the pancreatic head; IPMN (low grade) with ductal involvement of the pancreatic tail. Undergoes radiochemotherapy and biochemical and imaging follow-ups (tumor markers, 6 months MRI).

On admission - severe general state of health, coma (GSC = 6), HR = 66 bpm, BP = 105/60 mmHg, clinical signs of severe anemia, hepatomegaly.

Laboratory data on admission show moderate anemia, hyperglycemia, hypoalbuminemia, hypokalemia, impaired coagulation.

Upper gastrointestinal endoscopy - grade II esophageal varices; GOV I esogastric varices with recent bleeding stigmata - variceal ligation; gastric resection with gastrojejunal anastomosis.

Contrast abdominal MRI- complex postpancreatectomy, splenectomy and digestive tract anastomosis imaging. A diffuse intraperitoneal structure located in the pancreatic lodge with large vessels (aorta, celiac trunk and mesenteric vessels) jointing, without contrast penetration, suggestive imaging of postoperative fibrosis.

Results. The patient received hemodynamic and hematological rebalancing, vasopressin analogue, pancreatin, insulin, beta-blocker and was discharged with fair general state of health and endoscopic and oncologic follow-ups recommendation.

Conclusions. The particularity of the case lies in the combination of three pancreatic cancers in the same patient which led to pancreatectomy and postoperative retroperitoneal fibrosis imaging.

PP204. A new treatment for anal fissures

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Introduction: Anal fissures have become very common among both adolescents, adults and the elderly. The bleeding tendency to become chronic, the pain during defecation are the most common symptoms.These lead to fecal incontinence by physical damage to the patient, apearance of depression and isolation from peers. Currently, worldwide anal fissures can be treated both allopathic such as Ca channel blockers and complementary. In this paper we focused on completing treating anal fissures, by using a new 100% natural healing that is clinically evaluated at Medical clinic 2 of Cluj-Napoca, Romania. The formulation of the healing was conducted by the authors of this paper and will be filed for patent application.

Materials and Methods: It was conducted a double-blind randomized trial versus placebo for thedetermination of effectiveness of the new treatment for anal fissures.

Results and conclusions: The new treatment is effective and the expanding of the clinical trial follows at the European level, by registering in the EU Clinical Trials Register.

Keywords: anal fissures, healing, natural, side effects.

PP205. The diagnostic value of liver cirrhosis with different etiologies in hepatocelullar carcinoma

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Background: Liver cirrhosis (LC) represents a major risk factor for hepatocellular carcinoma (HCC), regarding the disease and etiology, the incidence of HCC in patients with cirrhosis being 8% per year.

Material and methods: The study included 165 patients (103 males and 62 females), mean age 60 years, with different stages and etiologies of LC that were categorized as following: viral etiology including 20 cases of HBV, 15 of HBV and HDV, 25 of HCV, 9 of HBV and HCV and alcoholic etiology including 96 cases +/- HBV or HCV. All patients admitted into GE Department *have been evaluated through clinical and imagistic investigations, including* abdominal ultrasound, upper

digestive endoscopy and contrast CT/ MRI scans during 2 years.
Results: 36 patients (9 with alcoholic LC, the rest with viral etiology LC: 10 with HBV,4 with HBV,6 with HBV+ HDV,7 with HBV+HCV) with liver nodules between 3 cm and > 5 cm, associated with > 400 serum levels of alpha fetoprotein (AFP), were suspected of HCC. Contrast CT/MRI scans confirm the malignant nature of the nodules. The rest had regenerative nodules, liver hemangioma or hepatic cysts. 6 patients with HCV cirrhosis Child-Pugh stage A that were unresponsive or relapsers after receiving treatment with IFN or RBV presented undetectable levels of ARN HCV after 3 months at the end of IFN free treatment, and the patients with HBV non D receiving Entecavir therapy have favourable outcomes.
Conclusions: HCC is more frequent in males over 60 years old, suffering from LC with HBV and HCV that were untreated, unresponsive or relapsers after the antiviral treatment. Biannual monitoring, using AFP serum levels and imagistic investigations (abdominal ultrasound, CT, MRI) is crucial in early diagnosis and treatment of HCC, establishing the liver transplant opportunity depending on the MELD score, with improving the quality of life.
Keywords: cirrhosis, hepatocellular carcinoma, diagnosis.

PP206. Valoarea predictivă a ecografiei abominale in prezicerea evoluţiei spre severitate a pancreatitei acute

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Scop: Deoarece pancreatita acută rămâne una dintre cele mai dificile patologii acute ale gastroenterologiei, cu mortalitate în continuare ridicată în formele severe, necesitatea identificării unor parametrii cu potenţial predictiv al severităţii, persistă. Scopul acestui studiu a fost de identificarea valorii predictive ecografiei abdominale în precizerea evoluţiei pancretite acute.
Metoda: S-a realizat un studiu retrospectiv, ce a inclus 1113 pacienţi internaţi în Clinica de Gastroenterologie şi Hepatologie Timişoara, pe o perioadă de 10 ani (2006-2016). Au fost analizate datele clinice, paraclinice şi demografice. Vârsta medie a pacienţilor a fost de 55 ± 16.5 ani (16-94). Pacienţii au fost împărţiţi în 3 grupe, după severitatea pancreatitei, conform clasificării Atlanta revizuită 2012. Toţi pacienţii internaţi în departamentul nostru au fost evaluaţi ecografic atât la internare precum şi la 24 de ore.
Rezultate: Din numărul total de pacienti, 727 (65.2%) au prezentat formă uşoară, 330 (29.6%) forma moderată şi 56 (5.2%) formă severă. Mortalitatea în acest studiu a fost de 3.2% (39 pacienţi). În 91 de cazuri s-a evidenţiat ecografic bursa omentală hiperreflectogenă. În urma analizelor statistice (analiza riscului folosind regresia logistică) s-a identificat un risc al evoluţiei spre formă moderată şi severă crescută de 4,6 ori.
Concluzii: Identificarea, printr-o ecografie de bună calitate, a bursei omentale hiperreflectogene prezintă o bună valoare predictivă pentru evoluţia spre formă moderată şi severă a pancreatitei acute.

PP207. Vitamin B12 and Vitamin D deficiencies in patients with IBD

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Introduction: Patients with inflammatory bowel disease are at risk for vitamin and mineral deficiencies because of long-term inflammation in the gut mucosa and decreased oral intake.
The aim of this study is to investigate the correlation between Vitamin B12 and Vitamin D deficiencies and fecal calprotectin levels in patients with IBD in our department during a period of 3 years.
Material and method: We performed a prospective study including all cases with inflammatory bowel disease (IBD) diagnosed and followed-up a tertiary referral center from Timisoara from June 2015 to March 2017, 148 cases respectively, 92 men (62,1%) and 56 women (37,8%), mean age 39,3 ± 14. We analyzed in this group the serum levels of vitamin B12, vitamin D and the values of fecal calprotectin as expression of gut inflammation and severity of the disease.
Results: From the total of 148 patients, 54 patients (51%) with ulcerative colitis (UC) and 94 patients (49%) were with Crohn disease (CD).
In patients with IBD the mean value for vitamin D was 14.3±6.8 pmol/l and the mean value for Vitamin B12 was 371.1 ±13.4 pg/ml.
The mean value of calprotectin in the study group was 1159.6±50 ug / g feces with values between 5-5650ug /g feces.
Our study reveals a direct proportional correlation between calprotectin values and Vitamin D3 serum leves ($p = 0.04$)and the absence of a correlation between Vitamin B12 serum levels and calprotectin values ($p>0.05$).
Conclusions: We observed an increased prevalence of Vitamin B12 and Vitamin D deficiencies in patients with active inflammatory bowel diseases admitted in our department, vitamin B12 deficiency being correlated with the activity of the disease.
Key words: Vitamin B12, Vitamin D, calprotectin.

PP208. What is the best clinical tool to evaluate malnutrition in patients with liver cirrhosis?

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Background and Aim: Malnutrition in patients with liver cirrhosis has a negative impact on morbidity, mortality and quality of life. More than half of patients suffer from malnutrition.
The aim of this study was to evaluate the nutritional status of hospitalized cirrhotic patients, using different clinical tools.
Methods: We evaluated 100 patients with liver cirrhosis admitted in Fundeni Clinical Institute during 2015-2016. Patients with suspected or confirmed hepatocellular carcinoma were excluded.
Disease severity was evaluated using Child- Pugh, MELD and MELD-Na.
Nutritional assessment was performed in all patients, using the Subjective Global Assessment (SGA) score and anthropological measurements: body mass index (BMI), triceps skinfold and mid- arm circumference. We also tested handgrip strength, using a dynamometer.
Results and conclusions: 72% of our patients were men with the mean age of 58.19±10.8years. Most patients had alcoholic liver disease (49%), followed by chronic viral infections (37%). According to Child- Pugh classification, 46% of patients were Child- Pugh B, while 31% were Child Pugh C.
Anthropometrical measurements detected malnutrition in 44% of patients (triceps skinfold) and 45% (mid- arm circumference), respectively. The handgrip strength was significantly low in 31% patients.
According to SGA score, the majority of patients had various degrees of malnutrition: 19% had severe malnutrition, while 47% had moderate malnutrition; 34% had a good nutritional status (SGA A). Mean BMI value for each SGA category was as follows: 28,7% (SGA A), 27,2 (SGA B) and 24,3 (SGA C).
Malnutrition is common in patients with advanced liver disease and should be evaluated in all patients, no matter what tool is preferred, as nutritional intervention might improve patient's outcome.

PP209. The results from the first year of the AP-ENDO program

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Introduction. Upper gastro-intestinal bleeding (UGIB) is the most frequent emergency in gastroenterology and the leading cause of mortality. AP-ENDO is a program meant to optimize the UGIB treatment by performing endoscopy during the first 24 hours. The aim of the study is to evaluate the mortality and surgery necessity for patients with UGIB during the first year of AP-ENDO, compared to the previous year.
Material and method. We monitored 2 gropus of patients admitted in the Gastroenterology and General Surgery Clinics of Oradea Emergency County Hospital that were diagnosed with UGIB in 2015 (group 1) and 2016 (group 2).
Results and conclusions. The first group consisted of 647 patients with UGIB: variceal haemorrhage (VH) 9,42%, gastric ulcer (GU) 30,29%, duodenal ulcer (DU) 15,61%, esophageal ulcer (EU) 2%, gastropathies 19,93%, duodenitis (D) 3,09%, tumors 6,02%, other causes (Dielafoy lesion, Mallory Weiss, angiodysplasia, esophagitis, esophageal fissure, no certain cause) 7,26%. 6,33% of the SDB patients didn't undergo endoscopy.
The second group had of 612 patients: VH 13,07%, GU 29,08%, DU 15,03%, UE-2.61%, G 18,46%, D 4,73%, tumours 4,08%, other causes 8,98%, 3,92% didn't undergo endoscopy.
Global mortality in the first group was 8,19%: 65,85% in patients who didn't undergo endoscopy, VH 9,83%, GU 2,04%, DU 6,93%, tumors 7.69%.
In the second group the global mortality percentage was 6,37%: 37,5% for patients without endoscopy, VH 13,75%, DU 4,34%, GU 5,05%, UE-6,25%, G-0,88%, tumors 8%, other causes-7.27%.
18.70% patients from the first group needed surgery p: 33.16% GU, 34.65% DU, 15.38%UE, 47.36% tumors, and in the second group: 12.9% patients, which means statistically significant decrease compared to the first group (p=0.04): 24.15% GU, 27.15% DU, 6.25% UE, 28% tumors, other causes-5.45%.
In conclusion the mortality and surgical interventions rates have lowered since the AP-ENDO implementation.
Keywords: UGIB, AP-ENDO

POSTERE CU DISTINCŢIE

PD 1. Experience of a Romanian Department of Medical Oncology with Bevacizumab in Metastatic Colorectal Cancer

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Background: Bevacizumab (Bev) is approved in Europe and US in combination with fluoropyrimidines (FP)-based chemotherapy for the treatment of adult patients with metastatic carcinoma of the colon or rectum (mCRC) as the first, second-line, as well as a postprogression treatment.
A retrospective analysis was performed on patients(p) with mCRC treated with Bev-based therapy in successive lines in the department of medical oncology from Fundeni Clinical Institute.
Material and Method: We collected patient demographics, clinical characteristics, disease stage at first diagnosis, tumour pathology, type, duration, line of therapy, grades 3 and 4 adverse events (AE), response rate (RR), progression free survival (PFS) and overall survival (OS).
236 patients were treated between January 2010 and January 2015 starting within 3-6 months from diagnosis. 182(77.1%)p had synchronous metastases and 54(22.8%) had metachronous metastases.
Results: 123(52.1%)p received first-line treatment with Bev plus mFOLFOX6/CAPOX; 113(47.8%)p received Bev plus mFOLFIRI/CAPIRI.
Furthermore, Bev monotherapy+/-capecitabine was administered as maintenance first-line treatment to 34(27.5%)p in the oxaliplatin(OX) group, to 29(25.6%)p in the irinotecan(IRI) group. 105(44.5%)p received second or further lines of therapy after failure.
The median duration of chemotherapy for the patients who received OX was 7.9(1.3-43.3) months and for those who received IRI 8.9(0.7-50) months.
Overall tumour RR were 51.4% with Bev-FP-OX; 47.5% with Bev-FP-IRI. Median PFS were 9.5(95% CI 7.2-11.7) months for Bev-FP-OX and 8.9(95% CI 6.6-11.3) months for Bev-FP-IRI. 135(47%) serious AE (grade 3-4) were registered; 5(2.1%)p with gastrointestinal perforations; 10(4.2%)p with bleeding; 2 (0.08%)p with posterior reversible encephalopathy syndromes; 30 (12.7%)p with deep vein thrombosis +/- pulmonary embolism; 20(8.4%)p with grade 3-4 neutropenia; 30 (12.7%)p with grade 3-4 diarrhoea; 45(19%)p with grade 3 hand-foot syndrome and 18(7.6%)p with grade 3-4 stomatitis.
Conclusion: In our experience Bev-FP-OX was associated with similar efficacy as Bev-FP-IRI.
Key Words: Bevacizumab, mCRC, PFS

PD 2. Proton pump inhibitors therapy response assessment of patients with asthma and gastroesophageal reflux disease

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Introduction: There is still great controversy regarding the role of antireflux therapy in asthma patients. Proton-pump inhibitor (PPI) therapy is less or more effective on symptoms resolution due to asthma, but has minimal effects on controling pulmonary function. Although, there are studies that reported positive effects on controling respiratory symptoms and pulmonary functions.
Material and methods: A prospective case-control study including 39 patients (56.4% men, 43.6% women, mean age: 51±13.43 years) with bronchial asthma associated gastroesophageal reflux disease (GERD) was conducted at the Institute of Gastroenterology and Hapatology Iasi, between November 2012-November 2015. All patients were treated with double-dose PPI (pantoprazole 40 mg twice a day) and they were clinically evaluated after one and three months.
Results: After one month of PPI, 82.1% of patients reported clinical improvement and after three months the response rate was higher, of 87.2%. Women responded less well to treatment than men both at one ($p<0.05$) and three months ($p<0.05$). The failure to respond to PPI was also associated with increased age, but there was no statistically significant difference

between the response rate to PPI of patients with urban or rural origin. Patients with typical GERD symptoms were more likely to present improvement of asthma symptoms at one and three months ($p<0.05$). Additionaly, clinical improvement was reported by 78% patients with erosive esophagitis after one month and by 85% after three months of therapy. *Helicobacter pylori* infection did not significantly influence the response to therapy. The improvement of asthma symptoms was identified in 82% of obese patients after one month and in 85% of patients after 3 months of PPI.

Conclusions: Prolonged treatment with PPI from one month to three months increased the response rate of patients with GERD and asthma.

Key-words: Gastroesophageal reflux disease, asthma.

PD 3. Endoscopic biliary drainage vs. US guided percutaneous biliary drainage in the treatment of hilar cholangiocarcinoma

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Introduction. There is still debate regarding the preferred palliative biliary drainage technique in patients with Klatskin tumors because few comparative studies exist. This study compared outcomes of endoscopic biliary drainage (EBD) and percutaneous transhepatic biliary drainage (PTBD).

Materials and Methods. A total number of 620 patients were diagnosed with cholangiocarcinoma in our hospital during 2010 and 2014. Among them 70 patients underwent a biliary drainage procedure and were included in the study. In the PTBD group we used ultrasound for the guidance and extra-vascular contrast-enhanced ultrasound (EV-CEUS) to evaluate the biliary system instead of conventional fluoroscopy. The primary endpoint was the therapeutic success (TPS) defined as the decrease of bilirubin level with more than 50% from the initial measurement.

Results. EBD was the first biliary decompression procedure performed in 51 patients. The PTBD group consisted of 30 patients (19 patients as first biliary decompression procedure and 11 patients with initially failed EBD). The technical success rate (78.88% with EBD vs 96.66% with PTBD; p= 0.00014) and TPS (90% vs 70.3%, respectively; p= 0.049) were significantly lower in the EBD group than in the PTDB group. Eleven patients in the EBD group (21.56%) subsequently underwent PTBD before TPS was achieved. The median TTS (the time from initial biliary decompression procedure until therapeutic success) was significantly lower in the PTBD compared to EBD (5 days vs 3 days; $p < 0.001$). The average costs per patients 66.66 ± 22.602 € in the PTBD group were significantly lower as opposed to 1603 ± 512 € in the EBD ($p < 0.001$). In terms of major complications there were no significant differences (16% in PTBD vs 23% in EBD; p= 0.511).

Conclusions. PTBD should be seriously considered for biliary decompression when treating patients with Klatskin tumor.

Key words: EBD; PTBD, therapeutic success.

PD 4. Real life experience with DAA's in resource limited settings

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Backgrounds & Aims. In era of direct-acting antiviral (DAA) for chronic hepatitis C, the Romanian National Health System is struggling to combine a safe, but cost-effective regimen to obtain sustained virologic response (SVR) for patients with compensated advanced liver disease (cALD). Currently, the only DAA regimen available in our country is Viekiera-pak for 12 or 24 weeks. In the light of the new Viekiera-pak's "black box" warning for acute on chronic hepatic failure (ACLF) is essential to identify patients with high risk of ACLF.

Methods. We analyzed all patients with cALD approved for treatment in our center, with a focus on causes of decompensation or treatment interruption due to adverse events.

Results. One hundred and eighty four patients were included (59(38-84) years, 49,5% males) since December 2015. At baseline, all patients were compensated ChildAcirrhotics, with no episodes of previous decompensation. By June 2016, 13 (7%) already finished therapy, 100% achieving SVR12. 7 patients (3.8%) interruptedtherapy, 5 (2.7%) with decompensation. The causes for decompensation were: ACLF (3 patients), stroke (1 patient), rash (1 patient), variceal bleeding (2 patients). Two patients (1.08%) died.

Decompensated patients had at baseline significantly lower platelets count (p=0.006) and Albumin(p=0.024), higher ALT (p=0.022), GGT (p=0.016), INR (p=0.007) and liver stiffness (p=0.05). Also, all patients with decompensation had PLT<150.000 (p=0.027), LS>20kPa (p=0.018) and 4/7 also had varices (p=NS). Combination of low PLT and increased LS had the strongest association with decompensation (p=0.004). In multivariate analysis, however, none of the above variables was independently associated with decompensation.

Conclusions. The real life experience in a tertiary Romanian center with ritonavir/paritaprevir/ombitasvir and dasabuvir regimen with RBV shows excellent virologic response, but also significant (3.8%) adverse events and not negligible (1%) mortality. Although none of variables was independently predicted decompensation, low platelets and increased liver stiffness seem to be indicators of bad outcome.
Key words: chronic hepatitis C, direct-acting antiviral, acute on chronic hepatic failure

PD 5. The role of cystatin c in the diagnosis and prognosis of early acute kidney injury after liver transplantation

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Introduction: Acute kidney injury (AKI) after liver transplantation (LT) is common and is associated with increased morbidity and mortality. The role of cystatin C in the diagnosis and prognosis of AKI has not been well established.
Methods: We prospectively analyzed a group of 28 liver transplanted patients from May to October 2016. Patients with renal failure pre- LT were excluded from the study. It was analyzed the values of Cystatin C and creatinine before LT, at 4 hours and 24 hours after hepatic reperfusion, demographics, intraoperative data as well as laboratory data for 72 hours after LT.
Results: The mean age group was 51 years (range 31-65), 18 males and 10 women with a median of the MELD score of 16 (range 7-29). 7 patients underwent acute kidney injury after LT (28%). Cystatin C values increased significantly at 24 hours compared with pre-transplantation in the AKI group (1315 vs 2116, $p = 0.0072$) , whereas in the non-AKI group decreased (1169 vs. 999.6, $p = 0.1789$) . Cystatin C at 24 hours correlated much better with intraoperative bleeding and "cold" ischemia time, but with no statistical significance ($r = 0.541$, $p = 0,21$ vs $r = 0.725$, $p = 0.165$) compared with creatinine ($r = 0.057$, $p = 0.903$ vs $r = 0.644$, $p = 0.024$). There was a statistically significant correlation between the value of cystatin C at 24 hours and the creatinine value at 48 and 72 hours ($r = 0.744$, $p = 0.048$, respectively $r = 0.861$, $p = 0.013$). The value of cystatin C at 4 hours after liver reperfusion generally decreased in both groups compared to pre-transplant values.
Conclusions: Cystatin C can be a useful biomarker in the diagnosis and prognosis of AKI, superior to creatinine. Early therapeutic intervention in patients at risk may prevent the occurrence of renal failure.
Keywords: cystin C, acute kidney injury, liver transplantation.

PD 6. Decompensated cirrhosis is associated with significant changes in phosphatidylcholine metabolism

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Background: During the course of cirrhosis the occurrence of decompensation impaires the prognosis. The causes for decompensation are only partially known.
Previous metabolomic analysis studies have shown a core metabolic phenotype represented by decreased serum lysophosphatidylcholines and increased serum bile acids.
Aim: The aim of the study was to assess the metabolic profile of patients with compensated and decompensated cirrhosis and to identify potential new biomarkers for decompensation.
Metodology: Between December 2015 and September 2016, 92 patients with liver cirrhosis were included (55 with ascites decompensation and 37 with compensated cirrhosis).
After a specific purification protocol metabolomic analysis was performed using Thermo Scientific UHPLC UltiMate 3000 system, equipped with a Dionex quaternary pump delivery system and a Bruker Daltonics MaXis Impact MS detection equipment (version 2012).
Biostatistical analysis. The chromatograms obtained were processed using Compass Data Analysis 4.2 software (Bruker, Germania) and about 3000-4000 molecular masses were identified. Those data were further processed using Profile Analysis (Bruker, Daltonics): time alignment, normalization by sum of bucket values in analysis, 80% bucket filter, internal recalibration, etc. The matrix obtained was further processed by MetaboAnalysis, to analyze samples through univariate and multivariate statistical analysis.
Results: Univariate and multivariate statistical analysis by MetaboAnalysis highlighted a different metabolic phenotype for the two groups. Thirteen potential biomarkers were identified for decompensated disease. From these biomarkers two, with m/z = 830.542 (phosphatidylcoline 20:4), and with m/z = 558/293 (lysophosphatydilcholine 18:2), had significant lower serum concentration in decompensated stage.
Conclusion: There is a different metabolic profile for patients with decompensated cirrhosis, expressed primarily through

phosphatidylcholine metabolism disorders. Targeted metabolomical studies are required in order to confirm the results and to evaluate the possible applications in current clinical practice.

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PD 7. The HCV compensated cirrhosis prevalence in Romania: new epidemiological data

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Introduction: The most recent epidemiological data regarding HCV infection in Romania are from 2008 [1]. From December 2015 to October 2016, 5891 HCV compensated cirrhotic Romanian patients received DAA treatment consisting of Paritaprevir/Ombitasvir/Ritonavir and Dasabuvir with Ribavirin. The aim of this study is to report new data regarding the prevalence of HCV compensated cirrhosis in Romania using the results of the last Romanian census [2].

Methods: We conducted a prospective, longitudinal cohort study using data from National Health Agency. The only inclusion criteria in this study was the HCV compensated cirrhosis diagnosis (Child-Pugh score ≤6). The following additional data were taken into account: address (county), age, sex, Fibromax test, comorbidities and simultaneously treatment.

Results: This cohort was 51 % females, mean age 60 years (25÷82), 67 % pre-treated, 70% associated NASH, 67% with severe necro-inflammatory activity (severity score 3-Fibromax), 37% with co-morbidities, 10.4 % with Child Pugh A6. The median MELD score was 8.09 (6 ÷ 17). Most of the subjects (75%) were in the 6^{th} and 7^{th} age decade. The highest prevalence was encountered in Bucharest ($61,3/10^5$), Bihor ($47/10^5$), Iasi ($46/10^5$) and Constanta ($43/10^5$), and the lowest one was in Ilfov ($2,8/10^5$), Harghita ($3,7/10^5$), Covasna ($5,4/10^5$) and Maramures ($8,8/10^5$) ($p<0.001$). If we take geographical regions into account, the following data were found: Muntenia and Dobrogea ($37/10^5$) have the highest prevalence, followed by Banat, Crisana ($34/10^5$) and Moldavia ($31/10^5$) and the lowest one is encountered in Maramures ($9/10^5$) and Transylvania ($19/10^5$) ($p<0.001$).

Conclusions: There are significant differences regarding HCV compensated cirrhosis distribution along Romanian territory, the highest rates being found in Bucharest, Bihor, Iasi and Constanta. On geographical region distribution, Muntenia, Dobrogea, Banat, Crisana and Moldavia had the highest endemic rates. These data can be very useful for future screening programs.

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PD 8. Iron deficiency in a tertiary gastroenterology center in Bucharest: prevalence and significancy

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Introduction: Iron deficiency has been known to cause significant mitochondrial malfunction and tissue remodeling (cardiac fibrosis), resulting in functional impairment, lower quality of life and higher morbidity and mortality. The aim of this study was to estimate the prevalence and significance of iron deficiency in patients admitted in our gastroenterology & hepatology department.

Material and methods: We performed a prospective longitudinal study: In July 2016 383 people were screened for the presence of iron deficit and divided in 2 groups: Group of patients: 325 patients and group of medical staff: 58. Transferrin saturation(TSAT), serum ferritin(SF) and complete blood count were performed. Absolute iron deficiency was diagnosed if SF<100 ng/ml and TSAT<20%. Relative iron deficiency is defined by SF>100 ng/ml and TSAT<20%.

Results: The whole group is 63%females, with a median age of 59(17÷88), a median BMI of 25.5(12,2÷49). The 2 groups are statistically comparable regarding all parameters, except for sex, female sex being more prevalent among medical staff (86.2% vs 59.8%). The prevalence of Absolute iron deficiency was 22.5% in patients and 43.1% in medical staff (p=0.002), while the relative iron deficiency was present in 15% of patients and 1.7% of medical staff (p=0.002). We found iron deficiency anemia in 6.3% of patients and 3.4% of medical staff (p=0.01)

Among patients, the absolute iron deficiency is significantly correlated with the female sex (p=0.002) and pre-menopausal status (p=0.01), but does not correlate with the diagnosis, the age, BMI, NSAID, Aspirin or Acenocumarol consumption. The relative iron deficiency is associated with advanced age (p=0.03) and diagnosis of cancer and liver cirrhosis (p=0.01). The iron deficiency anemia correlates significantly with advanced age (p=0.03) and diagnosis of neoplasia, liver cirrhosis, erosive gastritis and inflammatory bowel diseases (p=0.01).

Conclusions: Absolute iron deficiency has a big prevalence among patients admitted in our Department (22.5%), but there is even a bigger issue among medical staff (43.1%), which suggests a degree of self neglect.

PD 9. In how many patients we will misdiagnose esofageal varices by using the baveno vi criteria?

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The **aim** of this study was to evaluate the applicability of the Baveno VI criteria in a cohort of known compensated HCV liver cirrhosis patients, to see how often we misclassify the presence of esophageal varices (EV).

Material and method. We did a prospective multicentre study, from September 2015 to December 2016, which included all patients with perfectly compensated HCV liver cirrhosis, diagnosed by means of elastography, ultrasound, endoscopic and biological criteria prior to interferon free treatment. All patients were evaluated by upper gastrointestinal endoscopy, transient elastography (TE) and biological tests. By using Baveno VI criteria we classified the patients in: probably without EV (liver stiffness - LS<20 kPa and thrombocites >150.000), probably with EV (LS≥25 kPa) and the "gray zone" in between these criteria.

Results. Out of 403 patients, 127 (30.7%) had LS<20 kPa, 89 (22%) had LS between 20-25 kPa, 190 (47.3%) had LS>25 kPa, 120 (29.7%) had thrombocytes >150.000, while 283 (70.3%) had thrombocytes <150.000. For the subgroup probably with EV, the Baveno VI criteria had PPV=84.6% (Se=40.7 %, Sp=74.6%, NPV=26.8%), for the subgroup probably without EV had NPV=80.3% (Se=50.2%, Sp=58.6%, PPV=75.6). The subgroup that had LS <20 kPa and Tr >150,000, was compound of 60 patients. Using these criteria we correctly classified 80% patients, with a Se=80%, Sp= 28.3%, PPV=50%, NPV=61.2%, AUROC=0.70, CI=(68.2-71.3).

The best cut-off value for TE for predicting the presence of EV of any grade in our group was >23 (SAU MAI MARE SAU EGAL?) kPa, AUROC 0.79 (Se=68.8%, Sp=56.9%, PPV= 44.7%, NPV=78.4%).

Conclusion. By using the Baveno VI criteria in patients with liver cirrhosis for the prediction of presence of esophageal varices, we can misclassify only 20 % patients.

Keywords: transient elastography, Baveno VI criteria, esophageal varices

PD 10. Comparison of Mortality Rates in Upper Gastrointestinal Bleeding After Implementing of a National Pilot Program for Endoscopic Treatment

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Background: Upper gastrointestinal hemorrhage (UGIH) is a potentially life threatening emergency that has an estimated annual incidence of 40−150 cases per 100 000 population, frequently leading to hospital admission, with an overall mortality rate of around 10%. The aim of this comparative study was to evaluate the mortality rate in upper gastrointestinal bleeding (UGIB) in the department of Gastroenterology, Hepatology and Liver Transplant of Fundeni Clinical Institute after implementing a national program for endoscopic treatment of UGIH.

Methods: The study included 245 patients representing all the cases of UGIB diagnosed in our clinic during January, 2016 and December, 2016.. The data was collected retrospectively and the mortality rates were calculated- both global and for

each etiology. The etiology of UGIB was identified by upper gastrointestinal endoscopy. The results were compared with previous data from 2015. Bleeding was considered the cause of death only in cases when it occurred within the first 5 days from diagnosis.

Results: The overall mortality rate was 5.7 % of which the identified etiologies were as follows: Varrices– esophageal and gastric– 64.8 %, other lesions associated with Cirrhosis– 13.5 %, Both Varrices and Other lesions associated with Cirrhosis– 8.1%, Gastric Ulcer– 5. 6%, Duodenal Ulcer– 2.7%, Other Lesions– including tumors, Dieulafoy lesions, Mallory Weiss, angiodysplasia, hemorrhagic esophagitis, gastritis and duodenitis and esophageal ulcer- 5.4%. In about half the cases (52.6%) there was active bleeding at the moment of endoscopy and the rest presented only hemorrhagic stigmata. The current overall mortality rate was lower by comparison with prior data (5.7% vs.10.8%) but the difference was not statistically significant (p=0.62, chi-square=0.245). The mortality rate in those with active bleeding was 10.8%.

Conclusions: After employing the national pilot program for endoscopic treatment of UGIB, decreasing trend of mortality was observed due to higher accessibility of therapy. The mortality rate in active bleeding corresponds to data reported in the literature.

Key words: Upper gastrointestinal bleeding, endoscopic treatment, mortality.

PD 11. Cyanoacrylate injection for gastric and ectopic variceal bleeding

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Introduction: Gastric and ectopic variceal bleeding is an uncommon, serious complication of portal hypertension. The significant morbidity and mortality resulting from bleeding from gastric or ectopic varices presents a challenge for gastroenterologists. The management of this complication has not been yet standardized. Although transjugular intrahepatic portosystemic shunt (TIPS) is used in many centers in order to treat gastric varices, endoscopic treatement with the tissue glue cyanoacrylate (N-butyl-2-cyanoacrylate) has been used successfully in many countries over the past 20 years and is considered by many clinicians to be the optimal initial treatment for bleeding gastric or ectopic varices.

Methods: We present the case of a 61 year old patient known with chronic hepatitis B, hepatic cirrhosis, multiple episodes of gastric variceal bleeding who presented at the emergency unit with acute variceal bleeding after a previous injection of Glubran (N-butyl-2-cyanoacrylate) that led to the dissection of the dilated submucosal veins. The acute bleeding episode was stopped by extracting the Glubran with the polypectomy snare and band ligation of the remaining bleeding source. Paraclinical investigations showed severe microcytic hypochromic anemia, trombocitopenia and prolonged PT. The endoscopic hemostasis using band ligation after the removal of the remaining Glubran resulted efficient and the patient had a good clinical evolution over the following weeks, up to the present day.

Conclusion: Taking into consideration the fact that the previous attempt of hemostasis using the injection of N-butyl-2-cyanoacrylate led to early rebleeding we conclude that this method of treatement has not been yet fully standardized and still makes room for various types of complications that need to be further studied.

Keywords: Gastric variceal bleeding, N-butyl-2-cyanoacrylate injection, Glubran.

Abbreviations: TIPS: transjugular intrahepatic portosystemic shunt.

PD 12. Job Stress in Irritable Bowel Syndrome

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Introduction: Irritable bowel syndrome (IBS) is a functional disorder which affects up to 20% of the population and is the result of interaction between genetic and environmental factors. The aim of this study is to look for the possible correlation between IBS and Pressure Management (PM), assessed by a specific questionnaire: Pressure Managment Indicator (PMI).

Materials and methods: A total of 39 patients with IBS, according to the Rome III criteria and 37 gender and age-matched healthy controls were investigated using a self-administered questionnaire: PMI. Patients were classified into groups of IBS with diarrhea (IBS-D): 22, IBS with constipation (IBS-C): 14 and IBS with mixed symptoms (IBS-M): 3.

Results: Significant correlation between IBS and PM evidenced by organizational satisfaction, mental wellbeing, physical wellbeing, sources of pressure, type A behavior, coping was found ($p<0.001$), but there was no correlation between occupational classification, workout program, norm, health status, major disease, negative pressure in the last 3 months, smoking, alcohol consumption, work hours, number of years in the organization and IBS.

Conclusions: This is the first assessment of job stress in IBS using a validated specific questionnaire. PMI scores are higher in IBS than in controls, emphasizing the role of professional stress in this condition.

PD 13. Contrast Enhanced Ultrasound in focal liver lesions – a cost efficiency multicenter study

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Contrast enhanced ultrasound (CEUS) has a well established role for the evaluation of focal liver lesions (FLL).
The aim of our paper was to evaluate if CEUS is a cost-efficient method for the first line assessment of FLL.
Material and method: We performed a prospective study that included successive CEUS evaluations performed in 14 departments (February 2011 - March 2017). CEUS examinations were performed in de novo FLL, using low mechanical index ultrasound, following an intravenous bolus of 2.4 ml SonoVue**.** CEUS was considered conclusive if, following contrast, the FLL had a typical enhancement pattern (after EFSUMB Guidelines 2012), allowing its classification as hemangioma, FNH, adenoma, hepatocellular carcinoma, metastasis, fatty-free area, focal fatty infiltration. We compared the costs of a CEUS positive diagnosis, to the cost of contrast CT and/or contrast MRI positive diagnosis. We also included the additional costs of CT and/or MRI, if CEUS was not conclusive. The cost of CEUS was calculated as the cost of 1/2 vial of SonoVue + the cost of abdominal ultrasound (150 + 30 = 180 RON). The costs of contrast CT scan and MRI were 270 and 650 RON respectively (mean costs practiced in Timisoara).
Results: 1790 FLL were included in our study: 650 (36.3%) in patients with chronic hepatopathies, 243 (13.6%) in oncologic patients, 871 (48.6%) incidentalomas and 26 (1.5%) in inconclusive CT or MRI cases. CEUS was conclusive in 1550 (86.6%) of the 1790 cases, the cost for the evaluation of these patients being 279,000 RON. For the other 240 patients, the diagnosis cost will include the cost of CEUS + the cost of contrast CT: 108,000 RON. If contrast MRI would be used for the differential diagnosis, the cost would be 199,200 RON. So the total cost of diagnosing 1790 FLL would be 387,000 RON with CT or 478,200 RON with MRI.
If contrast CT would be used as the first line diagnosis for the 1790 FLL, the cost would be 483,000 RON, by CEUS saving 96,000 RON, or 53.6 RON/lesion (using contrast CT for the differential diagnosis).
If contrast MRI would be used as the first line diagnosis, the cost would be 1,165,500 RON, by CEUS saving 685,300 RON, or 382.8 RON/lesion (using contrast MRI for the differential diagnosis).
Conclusion: CEUS is a cost-efficient method as a first line diagnosis of FLL as compared to first line contrast-CT or first-line MRI.
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PD 14. Encephalapp stroop test: a modern approach for diagnosing minimal hepatic encephalopathy

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Introduction: Minimal hepatic encephalopathy (MHE) is a condition described in patients with cirrhosis, affecting health-related quality of life and daily functioning of patients; however, MHE diagnosis is still a challenge. The aim of our study was to evaluate for MHE, patients included on the waiting list for liver transplantation by using the new EncephalApp Stroop Test on an Apple iPad Mini 4.
Methods: 19 patients with cirrhosis were evaluated. All participants had a MMSE ≥ 25 and normal neurological exam, except for one patient who had chronic HE.
Results: There were 78.9% males; mean age at evaluation: 49±10.2 years. 36.8% of patients had previous episode(s) of HE. Mean MELD score at evaluation was 17.5±6.2. Mean Stroop result (On+Off) was 169.75±23.79 seconds (range 134.82 – 206.12). Only three participants scored >190 sec. The single patient with HE grade I scored 188.29 sec. Mean value based on etiology was for HCV related cirrhosis 166.83±24.63 sec, for alcohol related cirrhosis 183.13±21.22 and for HBV related cirrhosis 174.14±18.18 sec (p=0.46). There was a statistically significant positive good correlation between test

results and MELD score (r=0.54, *p* value=0.024). No other correlation was found between Stroop results and variables reflecting severity of portal hypertension (platelet count, presence and severity of esophageal varices, presence of ascites) or previous episodes of HE. Brain MRI of four patients showed in all cases raised peak levels of glutamate in the basal ganglia or high signal intensities in globus pallidus.
Conclusion: EncephalApp Stroop Test can be a valuable and easy to use diagnostic tool in clinical practice, that can differentiate between patients with cirrhosis and MHE awaiting liver transplantation. Stroop test time increases with liver dysfunction reflected by MELD score increase. Brain changes detected by MRI can improve the diagnosis of MHE.
Keywords: minimal hepatic encephalopathy, Stroop test, diagnosis

PD 15. Etiological spectrum of obtructive jaundice in the department of gatroenterology – ERCP role

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Introduction. Endoscopic Retrograde Cholangiopancreatography (ERCP) is the most common therapeutic procedure for jaundice due to bile duct obstruction.
The aim of this study was to determine the etiological spectrum of obstructive jaundice in a tertiary care hospital and the role of ERCP in bilio-pancreatic pathology.
Material and methods. We performed a retrospective descriptive study, including all patients with biliary obstruction and ERCP indication admitted in the Department of Gastroenterology and Hepatology of Emergency County Hospital Timisoara between January 2015-December 2015. The study included 351 patients, 190 women (54.1%) and 161 men (45.9%), mean age 65.5 ± 13.7 years.
Results. The causes of biliary obstruction in the studied group were: gallstones in the common bile duct 208/351 (59.2%) cases; malignant pathology 119/351 (33.9%) of cases [(cephalic pancreatic cancer (16%), cholangiocarcinoma (8.8%) vaterian ampulloma (7.4%), and other causes of extrinsic malignant obstruction (1.7%) (lymph nodes, liver metastases)]. Chronic pancreatitis and pancreatic pseudocysts had indication for ERCP in 2.5% of cases. In the studied group 4 cases had sclerosis of Oddi`s sphincter. In 11/351 (3.2%) cases the obstruction cause was not identified.
61/351 (17.3%) patients admitted had biliary obstruction complicated with acute colangitis.
Sphincterotomy with endoscopic biliary drainage and stone extraction using a basket or balloon retrieval catheter was the most used therapeutic approach for common bile duct litiasis (56% of cases), followed by stenting -24.5% of cases. In malignant pathologies stenting was the most common therapeutic procedure used - 78/119 (65.5%) cases.
Conclusions. In our study the most common cause of biliary obstruction with indication for ERCP was choledocholithiasis - 59.2% (208/351) cases.
Keywords: biliary obstruction, ERCP.

PD 16. Is routine polipectomy necessary for gastric polyps detected by endoscopy?

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Background and aim. Gastric polyps are incidentally discovered during endoscopy. The aim of this study was to assess the frequency of two subsets of benign gastric polyps in clinical practice.
Material and methods. We performed a retrospective study of a database of all patients who were evaluated by upper endoscopy and were diagnosed with benign (hyperplastic and adenomatous) polyps, between January 2015 - December 2016. The study group included 104 patients aged 26-83 and described 105 polyps. The following parameters were assessed: gender, age, size, number, grade of dysplasia and histology of all polyps.
Results. The mean age of the 104 patients was 65.4 ±13.3 years, 52.8% (55/104) male, 47.2% (49/104) female. Out of 105 polyps , 84.7% (89/105) were hyperplastic and only 15,3% (16/105) were adenomatous (p< 0.0001). Regarding the adenomatous polyps, 62.5% (10/16) presented low grade dysplasia, 12.5% (2/16) low + high grade dysplasia and 25% (4/16) high grade dysplasia.
Conclusion. The most frequent gastric polyps found in clinical practice are hyperplastic. Because the hyperplastic polyps don't present any dysplastic areas on biopsy, routine polypectomy isn't necessary.
Key words: gastric polyps, hyperplasic, adenomatous.

PD 17. High resolution manometry metrics in different types of achalasia

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Introduction. High Resolution Manometry (HRM) has an important role in diagnosing and classification of achalasia. This study evaluated the differences regarding the symptoms and the HRM metrics in achalasia subtypes.

Key words: high-resolution manometry, achalasia, dysphagia

MATHERIAL AND METHODS. The study included 24 adult patients diagnosed with achalasia based on HRM findings during January and December 2016. For diagnosing and classification of achalasia we used Chicaco Classification Criteria. HRM was conducted using the solid state catheter (Sandhill). The manometric protocol included 30 seconds baseline recording and 10 swallows of 5 ml of saline solution. The HRM results were analyzed using the Bioview analysis software (Sandhill).

The following metrics were recorded: integrated relaxation pressure (IRP), lower esophageal sphincter (LES) resting pressure (LESP), LES length (LESL), distal esophageal pressure (DEP).

Results. No differences regarding the gender, age at diagnosis or symptoms' duration were obtained comparing type I and II achalasia patients.

The median age at diagnosis was 50.16 years +/- 14.4. The median symptoms` duration was 21.66 months +/-15.2.

Most of the patients complained of symptoms with moderate severity. The mean value for Eckardt score was 6.875+/- 2.2. The dominant symptom, that composed most of the Eckardt score was dysphagia, and the least dominant was chest pain.

Patients with type II achalasia had significantly higher scores for dysphagia and chest pain compared with patients with type I (p=0,016; p=0,02). No statistically significant differences between type I and II were obtained for total Eckardt score, regurgitation and weight loss score.

IRP and DEP mean values were significantly higher in type II achalasia compared with type 1 (p=0.011; p=0.03).No differences were noted between the two types of achalasia regarding LESP or LESL.

Conclusions. Symptoms seem to be similar in different types of achalasia, but according to the present study, type II patients had more pronounced dysphagia and chest pain, and also higher values for IRP and DEP when compared to type I.

PD 18. Antiviral therapy impact in liver transplant reciepents from Republic of Moldova

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Introduction: The main goal of antiviral therapy in patients from waiting list is tackling viral infection in recently transplanted liver, improving liver function in transplant recipients by obtaining aviremy, prevent liver graft reinfection.

Material and Methods: The study covers the evolution of patients transplanted between 2013-2017. 30 liver transplants were performed, age 48.06 ± 1.71, 20 (66.6%) men and 10 (33.4%) women. All patients assessed clinically, immunologically, and imagistically according to the agreed LT (liver transplant) protocol. B virus infection was diagnosed in 4 cases, coinfection B+D recorded in 17 cases, infection with virus C - 6 cases, HCC (hepatocarcinoma cells) -5. B and D hepatitis transplanted patients had treatment administered according to protocols (analogues nucleo(t)ides associated with HBIG (specific antibodies anti-hepatitis B)), whilst C hepatitis patients received treatment with PEG IFN (pegylated interferon)/ ribaverin, new antiviral medication (DAA).

Results: HBV reinfection of the graft was recorded in 5 (23.8%) cases, treated with tenofovir 300 mg associated with HBIG. Viremia negativity obtained in 85%. All patients with hepatitis C (6) had re-infection of the graft, of which two cases with maximum cytolysis and high viremia. 4 patients were administered with anti-viral therapy: IFNpeg/ ribaverin (1), sofosbuvir/ ledipasvir (1), Exviera/ Viekirax (1), sofosbuvir/ daclatasvir (1). In 2 patients sustained virological response was achieved, in the other 2, antiviral therapy is in progress.

Conclusions: The risk of graft infection post-liver transplantation is very high, supporting the need for antiviral treatment pre-transplant with new medicine (DAA). Hepatitis D virus infection requires associated antiviral medication and passive HBIG immunization treatment, continued indefinitely until new efective solutions will appear.

PD 19. Genetic predisposition to primary lactose intolerance and its influence on children's quality of life and dairy intake

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Background: Primary lactose intolerance (PLI) is a frequent condition caused by a genetically programmed and progressive loss of lactase expression. It is considered that PLI is the

ancestral variant, while lactase persistence is caused by 2 polymorphisms: the dominant C/T13910 and G/A22018. Homozygotes (CC or GG) have undetectable lactase levels. In clinical practice only half of people with PLI have symptoms. However, some studies showed that PLI subjects have lower dairy intake.

Aim: To investigate whether genetic predisposition to PLI influences the quality of life and dairy intake in a group of Romanian children.

Material and methods: We conducted a prospective study, recruiting consecutive children evaluated in our unit in May-August 2016. Our study population included 87 children aged 6-17 years (mean age 10.64±3.51 years), 45 (51.72%) girls. We used strip genotyping to identify genetic predisposition to IPL. Subjects were asked to complete a validated quality of life questionnaire and a dairy intake questionnaire. We used Spearman's test to evaluate the correlation between IPL and quality of life and dairy intake.

Results: 45 (51.7%) subjects had a CC genotype. 30 (34.5%) subjects had a GG genotype. Our results were consistent with Hardy-Weinberg equilibrium. We found no correlation between homozygosity for PLI and dairy intake (CC: r= -0.06, p= 0.54; GG: r= -0.01, p= 0.86). We found no correlation between either CC, or GG homozygosity and quality of life (r= -0.11, p= 0.3 and r= -0.1, p= 0.34).

Conclusions: In our group genetic predisposition to IPL followed European trends. It did not influence quality of life and dairy intake.

Keywords: lactose intolerance, polymorphisms, children

PD 20. Prevalence of hepatic viral infection in ulcerative colitis patients in Republic of Moldova

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Prevalence of HBV and HCV infections in IBD patients in general, and of ulcerative colitis (UC) particularly, is much ununiformed in different regions and is studied insufficiently in Eastern Europe. These data are important for elaboration of national and regional recommendations for hepatitis B and C screening in IBD patients before often-recommended immuno-suppressive therapy.

The study purpose was to evaluate prevalence of hepatitis B and C in UC patients from Moldova – endemic region for both infections.

Method and Materials. This prospective cross-sectional study included 230 patients with UC (56% female), aged from 18 to 67 years (41.7 ± 5.7) consecutively recruited in republican referral center in 2015. For viral screening were tested HBsAg, anti-HBc, anti-HCV, and HBV-DNA and/or HCV-RNA in case of positive viral markers. Control group included 66283 blood donors from the same year.

Results. Present or past HBV infection was found in 20.4% of UC patients in Moldova: active infection (HBsAg + anti-HBc with detectable level of HBV-DNA – 4.3%; occult infection (isolated anti-HBc) – 6.1% and past infection (anti-HBc + anti-HBs + negative HBV-DNA) – 3.9%.

In the control group anti-HBc were identified often, in 36% of persons, more often than in UC patients (p<0,001), but markers of active HBV infection were found in 1.35% of patients, significantly less often than in UC patients (p<0,001).

Present or past HCV infection was found in 3.9% of UC patients (anti-HCV), and all of them had active viral hepatitis C with detectible level of HCV-RNA. In the control group anti-HCV was positive in 0.7% of donors (p<0,001).

Conclusion. Prevalence of active HBV and HCV infections in UC patients from Moldova – endemic region for both viruses – is significantly higher than in control group. The screening for HBV and HCV infections is necessary in IBD patients in endemic regions. IBD patients are at higher risk of viral hepatitis infection and need vaccination and more strong measures against nosocomial infection.

Keywords: ulcerative colitis, hepatitis B infection, hepatitis C infection

PD 21. Lactulose and Clostridium difficile infection in cirrhotic patients

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Introduction: Infection with Clostridium difficile (CD) is a disorder becoming more frequent, more severe and difficult to treat, resulting in prolonged hospitalization, increased mortality and cost of patient care.

Methods: The purpose of this case-control study was to demonstrate that lactulose in cirrhotic patients is associated with a lower rate of infection with CD. Were included in the study patients with decompensated cirrhosis hospitalized in Emergency Clinic Hospital during the period from 01.01.2014 to 01.01.2017. Patients were selected based on diagnostic codes used on discharge in the Hipocrate medical information system. Exclusion criteria were: length of hospital stay less than 24 hours, incomplete medical data regarding the patient, CD infection in the last six months, and diarrhea manifested at time of presentation. For this group of patients were identified cases of infection with CD diagnosed during hospitalization. Control patients without CD infection were selected based on age, sex, date and length of stay. The minimum dose of lactulose was 20 g/ day for a period of at least 48 hours. The data was processed using SPSS Statistics 17.0.

Results and conclusions: The study included 133 eligible cases and 852 control patients. Lactulose correlated with a lower rate of infection with CD (unadjusted OR: 0.55, 95% CI: 0.41 to 0.84, p <0.001). This association was independent of concomitant co-morbidities or antibiotic treatment. OR adjusted for variables such as hepatic encephalopathy, antibiotic use was 0.73 (95% CI: 0.55 to 0.91). In conclusion, the use of lactulose in patients with decompensated liver cirrhosis was associated with a significantly lower risk of infection with CD. Further studies in other populations are needed to confirm these results.

Keywords: lactulose, Clostridium, cirrhosis

PD 22. Frequency and causes of malnutrition in liver disease patients: results from a multi-centric cross-sectional survey from gastroenterology tertiary clinics

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Background and aims: Nutritional status is an important prognostic factor for patients with liver diseases. The aim of our study was to evaluate the frequency of malnutrition and the dietary habits of patients with liver diseases as compared with patients with other digestive diseases.

Methods: We performed a one day cross sectional survey (Nutrition Day in Hospitals) to evaluate the nutritional status of all inpatients from seven tertiary Gastroenterology Centers. Patients responded to specific questionnaires. The following variables were evaluated by medical staff: diagnosis, weight, height, fluid retention, BMI/BMI for ascites, weight changes, dietary habits/food intake, causes of low intake. Patients with liver diseases (LD) were compared with patients with neoplastic diseases (ND) and with patients with non-neoplastic gastrointestinal and pancreatic diseases – other diseases (OD)

Results: 373 patients were included (52.6% males, mean age 59.58+/-13.35 years), 59.48% with LD, 18.77% with ND, and 21.75% with OD. A large proportion of patients (57.79%) reported reduced food intake, similar in LD and ND groups. The causes as reported by the patients were: anorexia (38.48%), pain (20.39%), nausea or vomiting (19.35%), early satiety (5.92%), altered bowel habits (constipation 3.15% or diarrhea 1.57%a), changes in taste (4.48%) or smell (2.9%). Weight loss in the last three months was more frequent (p=0.016) and the amount higher (p=0.043) in ND versus LD patients. From LD patients with weight loss the majority (61%) lost less than 3 kg, but the proportion of patients with significant (over 5 kg) weight loss was also important (19%). BMI did not differ (p=0.81) between the three groups (LD 26.2, ND 25.5 and OD 25.9 kg/m^2). Malnutrition as defined by BMI<18.5 was infrequent (3.21%) and did not differ between groups while defined as BMI<20 and weight loss>5% in the last 3 months was encountered in 5.25% of patients and significantly associated with LD (p=0.006). Loss of appetite was similarly reported in LD and ND patients. LD patients complained more frequently of fatigue (p<0.0001) while patients with ND of pain (p<0.0001), depression (p<0.001) and altered bowel habits (p=0.0042).

Conclusion: A high proportion of liver disease patients lose weight and doing so are at risk of developing malnutrition. The main cause is reduced food intake as a consequence of reduced appetite. Nutritional evaluation, counselling and therapy represent an important part of the management of liver disease patients.

PD 23. The role in lower digestive endoscopy (colonoscopy) in the diferential diagnosis of lower gastrointestinal bleeding

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Introduction: Lower gastrointestinal bleeding (LGIB) represents a major emergency requiring explorations to establish the cause of bleeding.

Methods: A total of 350 patients hospitalized between 2014-2016 in the1st InternalMedicine Clinic of Clinical County Hospital of Oradea, with admission diagnosis of LGIBwere colonoscopy was performedand differential diagnosis wasattempted for LGIB.

Results:

- ratio in the group studied: 65% were men and 35% were women.
- age group 20-30 years (10%), 31-40 years (15%), 41-50 years (25%), 51-60 years (40%), more than 60 years (10%).
- origin: urban (55%) and rural (45%) areas
- LGIB in patients was associated with clinical asthenia (80%), dyspnea (55%), abdominal pain (75%), fatigue (35%), dizziness (25%) and laboratory analysis mild anemia(35%), average (45%) severe (20%)).
- colonoscopyhas succeeded toshow the diagnosis in more than 85% of the cases, the remaining 15% of cases required abdominalCT + pelvis due to a refusal of colonoscopy / failure of examination of the entire colon due to improper preparation for colonoscopy
- 85% of cases colonoscopy detected:
- 55% colon cancer (45% localized in the recto-colic section, 20% in the descending colon, 30% in the ascending colon and 5% in the transverse colon).
- 20% of cases were inflammatory bowel disease
- 18% of cases werehemorrhoid disease /anal fissures.
- 5% the fistula between the colon and the urinary bleeder.
- 2% pseudomembranous colitis.

- after performing colonoscopy on patients with LGIB, 60% required surgery
- 5% of patients died shortly after surgery

Conclusions:

1. Colonoscopy is an important exploration inthe differential diagnosis of LGIB, establishing in over 80% the cause of bleeding.
2. Colonoscopy before surgery bring important data in localizing the source of bleeding, easing the work of surgeons.
3. Colonoscopy besides aparaclinical role in the diagnostics, is also a method for solving the cases of LGIB.

Keywords: colonoscopy, lower gastro intestinal bleeding.

PD 24. Nutritional status of patients with Inflammatory Bowel Disease in Romania

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Background. Patients with inflammatory bowel disease are prone to develop malnutrition due to various factors (poor oral intake, severe inflammation, malabsorption, complications of the disease) and may worsen disease prognosis. The aim of this national, multicentric study was to evaluate the prevalence of malnutrition in IBD patients.

Methods. We analyzed available data from 614 patients registered in the IBDProspect multicenter national registry during the last 6 years. We defined malnutrition as involuntary weight loss that occurred during the 3 months prior to the examination: mild (loss of <5% of initial weight) and moderate-severe (loss of ≥5% of initial weight).

Results. Mean age of all patients was 40 ±17.9 years. Malnutrition was found in 30.1% of them (10% mild and 20% moderate-severe). Among patients with ulcerative colitis (UC), 35% had malnutrition (22% moderate- severe, 13% mild). Prevalence of malnutrition was significantly lower in proctitis than in more extensive disease (p=0.004). In patients with Crohn's disease (CD), malnutrition was found in 25% of cases (18% moderate- severe, 7% mild) and was associated with the presence of complications (intraabdominal fistulas, abscesses or intestinal bleeding; p=0.036) and was marginally statistically significant more frequent in patients with ileo-colonic extension (p=0.053).

Conclusions. Nutritional assessment should be performed in all IBD patients. Malnutrition is more frequent in active, more extensive or complicated disease and failure to improve nutritional status may lead to poorer outcome.

PD 25. Medium-term prognosis in patients with primary biliary cholangitis – experience of a tertiary hepatology center

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Background: Primary biliary cholangitis (PBC) is an autoimmune liver disease characterized by gradual destruction of intralobular bile ducts. Ursodeoxycholic acid (UDCA) is the standard treatment of PBC. The aim was to assess treatment efficacy and variation of different prognostic scores during a period of 5 years of follow-up in a slowly progressive cholestatic disease.

Materials and methods: This was a single – center retrospective cohort study from January 1, 2011 to April 1, 2017 that included patients diagnosed with PBC. Data including demographic, biochemical, histological features, prognostic scores such as Mayo risk score, albumin-bilirubin score (ALBI), model of end-stage liver disease (MELD) were recorded and analyzed using Wilcoxon rank test.

Results: From a total of 96 patients, there were 94 females, with median age at diagnosis of 47 years and liver cirrhosis in 65.6% of cases. There were 33.3% autoimmune overlap syndromes. MELD and ALBI scores did not change significantly during the 5 years of follow-up, even in patients that had complications of liver cirrhosis. MELD-Na score increased after 5 years of follow-up, but reached only marginal statistical significance (8.1±0.5 vs. 9.9±1.0, p=0.05). Mayo score increased statistically significant (4.8±0.3 vs. 5.4±0.3, p=0.01). ALT value decreased significantly during the follow-up (101.3±21.8 vs. 43.2±4.5 IU/L, p=0.01) regardless of cortisone or azathioprine administration. The same was true for AST values (76.5±12.6 vs. 43.6±4.1 IU/L, p=0.009), GGT (283.6±62.1 vs. 104.4±24.8 IU/L, p=0.002), alkaline phosphatase (306.7±57.6 vs. 190.1±26.5 IU/L, p=0.03). Total bilirubin did not change over time. In only 5 cases (5.2%), liver transplantation was performed. A total of 4 patients (4.16%) died during follow-up.

Conclusions: UDCA is an effective treatment, improving liver biochemical tests and reflecting the reduction of injury from toxic bile acids. Mayo score was the best to estimate progression of advanced liver disease.

PD 26. Model to predict clinically significant portal hypertension in patients with HCV liver cirrhosis following SVR post-therapy with ombitasvir/paritaprevir/ritonavir and dasabuvir

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Introduction: It is still controversial, whether and to what amount cirrhosis and portal hypertension are reversible in patients with hepatitis C virus associated cirrhosis and sustained virologic response (SVR) after interferon-free antiviral therapy. There is a direct correlation between liver stiffness (LS) measured by transient elastography (TE) and hepatic venous pressure gradient.
Aim: To prospectively evaluate dynamics of liver stiffness in HCV-infected patients with advanced liver disease and SVR after ombitasvir/paritaprevir/r + dasabuvir + ribavirin treatment and to identify predictors of persistence of clinically significant portal hypertension (CSPH), defined as liver stiffness (LS) >20kPa, following SVR.
Methods: Fibroscan was performed in 389 patients with compensated liver cirrhosis at the beginning of antiviral therapy, at end of therapy and at SVR.
Results: There were included 389 patients with cirrhosis and SVR and 47.6% (185/389) of patients had TE values that increased or remained >20kPa at SVR12. LS measurement had significantly improved between baseline (26.9±0.8kPa), end of treatment (24.1±0.9kPa) and SVR12 (22.7±0.8kPa) ($p<0.0001$). Independent variables associated with CSPH were obtained by multivariate logistic regression analysis: baseline cholesterol level ($p=0.003$), platelet count <120000/mm³ ($p=0.02$), MELD score ($p=0.01$). Based on the logistic regression equation, a predictive model was created, that allows the calculation of a risk score for CSPH despite viral eradication = 1/(1+EXP{- [-0.11 - (0.01 × serum cholesterol) + (0.17 × MELD) + (0.74 × platelet count<120000/mm³)]}.
Conclusions: Advanced liver disease as reflected by initial MELD score and serum cholesterol as well as portal hypertension (low platelets) are predictors of clinically significant portal hypertension after SVR in HCV liver cirrhosis patients.

PD 27. Percutaneous gastrostomy - monocentric experience

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Background: Endoscopic percutaneous gastrostomy (EPG) is a maneuver for patients whose food or fluid intake is not possible or is partially possible and for medication intake for better absorption by placing a tube in the stomach / jejunum.
Aim: To evaluate procedural and sedation complications and subsequent evolution of patients receiving gastrostomy.
Material and Methods: 125 patients diagnosed with Parkinson's disease with EPG / EPJ (jejunal tube introduced through percutaneous gastrostomy) for medication (Duodopa) and 14 patients with EPG feeding (one patient with neurological pathology - stroke, a patient with laryngeal cancer, a patient with gastric cancer and a patient with polytrauma), admited in Timisoara County Hospital during seven years.
Results: In patients with EPG feeding 20 Fr probes were mounted. In patients with EPG / EJP for medication the gastric probe was 15 Fr and the jejunal probe was 9 Fr. The mean duration of the procedure was 30 minutes. For all patients the same scheme of sedation was used, the average dose of 2 mg Dormicum, 0.1 mg Fentanyl, Propofol 150 mg. 2 patients presented pneumoperitoneum, as complication related to the

procedure. It was treated conservatory. There has been one complication related to sedation (one patient experienced bronchospasm – due to Propofol allergy).
Conclusions: Percutaneous gastrostomy proved to be a simple, minimally invasive, with no major complications therapeutic method. All patients had a neurological improvement after the EPG/EPJ placing.
Keywords: percutaneous gastrostomy, complications

PD 28. Contrast-enhanced ultrasound in the diagnostic of liver abscesses. A prospective multicenter experience

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Background & Aim: Liver abscess is a rare medical condition in which therapeutic success depends on a correct and rapid diagnosis. Contrast-enhanced ultrasonography (CEUS) in the evaluation of liver abscesses (LA) might be the solution. The goal of the study was to evaluate the performance of CEUS for the diagnosis of LA in a prospective multicenter study.
Methods: A prospective multicentre SRUMB study was performed, which included 1725 CEUS examinations from 14 centers in Romania, over a six years period (02.2011-02.2017). All lesions were "de novo" focal liver lesions (FLLs), maximum three/patient and inconclusive at standard ultrasound evaluation and with a reference method (contrast CT or MRI or biopsy) as gold standard. We evaluated the sensitivity (Se), Specificity (Sp), and accuracy (Ac) of CEUS for liver abscesses from the cohort. CEUS was considered to be conclusive if the enhancement pattern was typical for an LA according to the EFSUMB guidelines (1).
Results: From the 1725 FLLs, 43.5% were discovered in women and 56.5% in men, with the mean age of 52.4 years. CEUS was conclusive in 1496/1725 (86.4%) of cases. From all FLL, 45/1725 (2.6%) were diagnosed by the gold standard as LA. CEUS achieved: 86.6% sensitivity, 99.8% specificity, 95.1% positive predictive value, 99.5% negative predictive value and 90.4 % diagnostic accuracy for the diagnosis of liver abscesses.
Conclusions: CEUS is a confident diagnostic technique, with very good performance for the diagnosis of liver abscesses.
Keywords: Contrast Enhanced Ultrasound, focal liver lesions, liver abscesses
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PD 29. Presepsin as an indicator of infection in patients with liver cirrhosis

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Introduction. Sensitive biomarkers are required for early diagnosis of infection in patients with liver cirrhosis. Soluble CD14 subtype (sCD14-ST), also known as presepsin, is a novel and promising biomarker that has been shown to increase significantly in patients with infection.
The aim of the study was to determine the diagnostic accuracy of presepsin measurement for bacterial infections in patients with liver cirrhosis of all causes.
Methods. A total of 86 patients were enrolled in this study, 41 patients with decompensated cirrhosis (DC), 45 with compensated cirrhosis (CC).
Presepsin was measured in serum of all patients. We considered a high presepsin level over 500 pg/ml.
Results. 40 patients had documented infection: 29 patients (72%) with DC and 11 patients (28%) with CC.
SBP and spontaneous bacteremia occured in 16 patients (40%), urinary tract infections (UTI) occured in 14 patients (35%), lower respiratory tract infections and pneumonia occured in 5 patients (12.5%), and soft tissue infections occured also in 5 patients (12.5%).
Presepsin levels were higher in cirrhotic patients with bacterial infection (35 out of 40 patients -87.5%), than those without infection (3 out of 46 patients - 6.5%).
All 29 patients with DC and infection had high presepsin levels. 9 out of 11 patients (81%) with CC and infection had high presepsin levels.

High presepsin levels had 15 out of 16 patients with SBP (94%), 12 out of 14 patients with UTI (85%), 4 out of 5 patiens with respiratory tract infection (80%) and 2 out 5 patiens with skin and soft tissue infection (40%).
Conclusions. Presepsin provided satisfactory diagnostic accuracy in differentiating bacterial infections in patients with all causes of liver cirrhosis.
Presepsin on its own is a sensitive test for the presence of bacterial infections in cirrhosis (decompensated or compensated).

PD 30. Neutrophil to lymphocyte ratio: predictive marker for assessing the severity of ulcerative colitis?

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Introduction: Several markers have been proposed along the time to assess the severity and the progression of ulcerative colitis (UC) but they are expensive and some of them not specific for intestinal inflammation. Thus, new simpler and cheaper tools are required to evaluate the severity of the disease. The aim of our study was to evaluate the contribution of the neutrophil/lymphocyte ratio (NLR) for assessing the severity of UC.
Patients and Methods: We performed a retrospective study over a 5 year period (January 2012- December 2016), including 68 UC patients, from ambulatory or hospitalized, divided into two groups: the first group of 23 patients (33.8%) with active disease and the second group of 45 patients (66.2%) of inactive UC. Disease activity was assessed using the Mayo score and the data was statistically analyzed using SPSS20.
Results: Mean age of patients was 39 years (19-78 yrs). Female-male ratio was 0.78 and the average disease duration was 8 years. Seven cases (10.3%) were diagnosed with pancolitis. Of the 23 patients with active UC, 14 patients had mild to moderate disease and 9 patients had a severe form. In patients with inactive disease, average NLR was 2.36 (0.79 to 10.84), while in patients with active UC average NLR was 4.28 (2.18 to 11.59) with a significant difference ($p < 0.01$). No significant NLR variations were observed between the patients with mild to moderate disease and those with severe forms.
Conclusion: In our study, NLR was significantly higher in the cases of active UC. This can be a useful marker in the assessing and follow up of the UC activity, without giving information on the disease severity.
Key words: ulcerative colitis, neutrophils/lymhocytes

PD 31. Gastric vein diameter - a predictive factor for variceal bleeding in patients with portal hypertension

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Introduction. Portal hypertension is a syndrome characterized by an increased portal pressure gradient representing the perfusion pressure of the liver with portal blood. Is triggered by an increased resistance to portal blood flow and aggravated by an increased portal-collateral blood flow. The normal portal pressure gradient ranges between 1 and 5 mmHg. Any increase up to 10 mmHg or above leads to appearance of clinically significant portal hypertension and clinical complications.
Material and methods. We retrospectively analyzed 87 patients with portal hypertension, mainly due to liver cirrhosis. The patients were divided into hemorrhage and non-hemorrhage groups. The endoscopic aspect of esophageal and gastric varices was correlated with the imaging aspect of collateral pathways.
All of them had upper GI endoscopy (Olympus Exera II) and contrast enhanced computed tomography-examinations made on a 16-slice machine (Siemens Emotion 16, Erlangen, Germany). For all of them endoscopic staging for esophageal and gastric varices, the caliper of the left gastric vein and the presence of esophageal, gastric, speno-renal collaterals were assessed.
Results. A diameter of the left gastric vein larger than 4 mm directly correlates with the esophageal varices bleeding. Also patients with esophageal or gastric varices, visualizable on CT-scan, associated with small collaterals in other territories are correlated with the risk of bleeding from esophageal varices. A patent falciform ligament with a caliper larger than 6 mm or spleno-renal collaterals with a caliper larger than 5 mm are protective factors for esophageal varices bleeding.
Conclusion. CT-mapping of porto-caval collaterals in the setting of portal hypertension can predict the risk of variceal bleeding.
Key words: portal hypertension, collateral pathways, CECT (contrast-enhanced computed tomography).

PD 32. Endoscopic diagnosis of mucosal atrophy and gastric metaplasia

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Introduction: Gastric mucosal atrophy is a pathological state with major impact for cancerogenesis. Pair intestinal metaplasia, certainly increases the risk of gastric cancer, depending on the form of the metaplasia. The diagnostic and evaluation of the dynamics of this pathology is important. The primary role is attributed to endoscopy. The aim of the study was to evaluate the relationship between chronic gastritis and intestinal metaplasia within the field of endoscopy.
Methods: A prospective study was performed by evaluating 59 patients (group I) with standard endoscopy (SD, WLE) and another 64 patients (group II) advanced endoscopy (HD, NBI, Focus Near), all of them diagnosed with atrophic gastritis. The biopsy was collected from 5 areas recommended by the Sydney System. The biopsy for the group II was performed through optical guidance in areas with pit and vascular pattern characteristics.
Results: Histopathology confirmed intestinal metaplasia in 31.60% of patients from group I and 65.4% of patients from group II, for the most part (51.3%) complete metaplasia. It was histologically determined enteric type of metaplasia for 23.7% and 25.0%, enterocolic for 20.4% and 28.1%, colonic for 55.9% and 46.9% of patients from group I and II, respectively. Based on the techniques used four topographic models of localizing intestinal metaplasia with gastric atrophy background were highlighted: (1) single area in 29 (23.5%) patients; (2) wide strips with small curvature (subcardial pylorus) in 51 (41.5%) patients; (3) multiple area /diffuse in the antrum in 13 (10.6%) patients; and (4) multiple area/diffuse gastric expansion in all regions except the fornix in 24 (19.5%) patients. 6 (4.9%) cases were documeneted with SPEM-metaplasia which was localized exclusively in the subcardia and the fornix were documented.
Conclusions: Areas of atrophy of the gastric mucosa must be diagnosed and typified endoscopically. Endoscopic technology to enhance image quality, by contrasting peculiarities of pit and vascular patterns, highlights areas of metaplasia, while guided biopsy increases rate to confirm the diagnosis.
Key words: atrophic gastritis, gastric metaplasia, endoscopic findings, gastric cancer.

PD 33. Postbanding ulcer hemorrhage after endoscopic band ligation

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Introduction: Esophageal variceal ligation (EVL) is the gold standard treatment option in the management of acute variceal bleeding. One of the complications after EVL is the life-threatening hemorrhage caused by postbanding ulcers (PBUH).
Methods: We conducted a retrospective study of EVL procedures performed at our hospital to estimate the incidence of PBUH and to determine the predictive factors associated with its occurrence. We retrospectively analyzed data from patients who underwent EBL during a two year period (January 1st 2015 – January 1st 2017). We analyzed several data points, including patients' characteristics, data laboratory, indication for the procedure (active bleeding versus prophylactic banding) and the time interval between EBL and bleeding. Furthermore, we incorporated in the study the number of ligation bands placed before the apparition of PBUH, the grade of varices estimated endoscopically, the correlation between the Child Pugh / MELD score and the post-EVL evolution, the possible beneficial effect of beta-blockers or proton pump inhibitors.
Results and conclusions: The incidence is 6 %, with 26 cases of PBUH from a total of 433 procedures. Rebleeding events after elective banding were significantly lower than those after the treatment for acute variceal hemorrhage ($p<0.05$). Neither beta-blockers nor proton pump inhibitors had a significant effect on the development of esophageal ulcers. Previous upper variceal digestive bleeding, a high platelet ratio index score (APRI), a severe coagulopathy, MELD score, all were independent predictive factors of rebleeding. The Sengstaken-Blakemore tube is useful for stopping the initial bleeding, but it's a temporary solution. Patients who underwent EBL for treatment of acute variceal bleeding have a higher risk of PBUH and should be monitorised closely. This complication is rare but very difficult to manage and is associated with a mortality rate of up to 50%.
Keywords: postbanding, ulcer, hemorrhage

PD 34. Screening instruments to detect alcohol consumption in cirrhotic patients included on the waiting list for liver transplantation

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Background: Monitoring alcohol consumption and related harm in cirrhotic patients included on the waiting list for liver transplantation is important to identify high-risk groups and trends in alcohol use in order to elaborate strategies to avoid alcohol relapse after LT. The aim of our study was to detect the pattern of alcohol consumption in cirrhotic patients by using three Alcohol Screening Tests.
Methods: 59 patients with liver cirrhosis admitted to our hepatology unit between February-April 2017 were prospectively evaluated by CAGE, AUDIT-C and FAST (based on AUDIT 10 questions) questionnaires. Sensitivity, specificity and areas under the receiver operating characteristic (AUROC) curves were measured in order to predict active drinking.

Results: There were 11 females and 48 males with a mean age was 53.8±9 years, 27.11% being active drinkers and 55.7% had stopped alcohol consumption or had non-alcohol related chronic liver disease. There was a significant negative weak correlation between ALT values and AUDIT-C score (r= -0.25, p=0.04) and a positive correlation between GGT values and AUDIT-C score (r=0.28, p=0.02). CAGE (p=0.02) and FAST (p=0.006) scores differed statistical significant according to the type of alcohol consumption (binge/chronic/social), while AUDIT-C reached only marginal statistical significance (p=0.06). The calculated area under the ROC curve was 0.96 for FAST, 0.89 for CAGE and 0.82 for AUDIT-C questionnaires (significantly statistical difference between AUROC of FAST and AUDIT-C p=0.01). The cut-off scores for each questionnaire to detect active drinking were: >9 for FAST (sensitivity 100%, specificity 86.4%), >2 for CAGE (Se 86.7% and Sp 84.1%) and >3 for AUDIT-C (Se 80% and Sp 81.9%).
Conclusions: FAST, CAGE and AUDIT-C questionnaires have a very good clinical utility in detecting active drinking in patients with various end stage liver diseases included on the waiting list for liver transplantation.
Key words: Alcohol; Alcohol Screening Questionnaires; ALT and GGT.

PD 35. Non-alcoholic fatty liver disease (nafld) in patients with type 2 diabetes mellitus (T2DM)

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Introduction: NAFLD is considered to be an expression of metabolic syndrome and insulinoresistance. The relationship between liver and insulinoresistance (IR) is bidirectional: IR and secondary hyperinsulinism causes liver injury due to accumulation of fat and liver injury worsens insulinoresistance, causing overt T2DM.
Aim: to evaluate the presence of liver steatosis in patients with T2DM, compare the effect of therapy on ultrasonographic aspect and to make correlations with metabolic parameters.
Material and method: we performed a prospective study in patients known with T2DM admitted in the Internal medicine department in february-march 2017. Study included 46 patients divided in 2 groups: group A - 24 patients treated with oral antidiabetics (OAD) and insulinotherapy; group B -22 patients treated with OAD. They were evaluated by: clinical examination (BP, waist circumference, BMI), abdominal ultrasonography, biological parameters (fasting glucose, HbA1c, LDL, HDL- cholesterol, VLDL, tryglicerides, uric acid,CRP, GOT, GPT, GGT, ALP, total and direct bilirubin).5 diabetic patients with concomitant liver pathology due to viruses/ alcohol were excluded.
Results (partial): In group A patients, mixt dyslipidemia was present in a proportion of 45%, grade 1 obesity in 50% , grade 2 obesity in 12,5% of cases. Average HbA1c value was 8,6% and liver steatosis was present in 37,5% of cases.
In group B patients, mixt dyslipidemia was present in a proportion of 68%, grade 1 obesity in 68% , grade 2 obesity in 13,63% of cases. Average HbA1c value was 7,06% and liver steatosis was present in 68,1% of cases.
Conclusions: Patients with T2DM, treated with OAD, have NAFLD in a higher percentage compared with T2DM patients treated with OAD and Insulin. There is a direct correlation with changes in lipid parameters and the presence of obesity.
Explanation might be the fact that Insulinotherapy provides a better metabolic improvement, with the regression of steatosis.
Key words: NAFLD, T2DM, oral therapy, insulinotherapy

PD 36. Dynamic of liver stiffness values by means of Transient Elastography in patients with HCV liver cirrhosis undergoing Interferon free treatment

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Introduction: Liver stiffness (LS) measurements by Transient Elastography (TE) has been widely accepted as a tool for fibrosis assessment. The **aim** of this study was to assess LS dynamics in a group of patients with HCV liver cirrhosis after interferon free treatment (IFT).
Material and methods: This bicentric clinical trial included 276 patients with compensated HCV cirrhosis (all genotype 1b), who received IFT for 12 weeks. All patients were evaluated by means of TE at the beginning and at the end of treatment (EOT), and a subgroup (180 patients) also 12 weeks after EOT, all of them with sustained viral response (SVR 12). Reliable LS measurements (LSM) were defined as median value of 10 valid LSM, with IQR<30% and SR≥60%. Both M and XL probes were used. For diagnosing cirrhosis we used a cut-off value of 12 kPa as proposed by the Tsochatzis meta-analysis. We considered a decrease or increase of more than 10% in LSM as being significant.
Results: Out of 276 subjects, reliable measurements were obtained in 92.7%, so that the final analysis included 256 patients. The mean LS values decreased significantly after IFT: 25.±11.7 vs. 22.5±12. kPa (p=0.009). Most patients, (59.7% - 152/256) presented more than 10% decrease in LS values, 23%

(59/256) had stable LS values, while in 17.3% (45/256) cases, the LS values increased. In the subgroup of 180 patients where LSM were also performed 12 weeks after EOT (SVR 12), the mean LS values were significantly lower 12 weeks after EOT as compared to baseline: 20.3±10.8 kPa vs. 25.5±11.4 kPa (p<0.0001) and also as compared to EOT: 20.3±10.8 kPa vs. 22.8±12.2 kPa, (p=0.04).

Conclusion: In our group mean liver stiffness values evaluated by TE significantly decreased after antiviral treatment at EOT and also 12 weeks after EOT as compared to baseline. Overall, in our study almost 60% of patients had EOT liver stiffness values lower than at baseline, while 12 weeks after EOT almost 75% of patients had liver stiffness values lower than at baseline.

Keywords: liver stiffness, liver cirrhosis, interferon free treatment.

PD 37. The prognostic role of acute-on-chronic liver faliure in patients with decompensated liver cirrhosis

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Introduction: Acute-on-chronic liver failure (ACLF) is a newly characterized syndrome developed in order to better assess the prognosis of liver cirrhosis patients with acute decompensation. ACLF is diagnosed in the presence of acute decompensation with organ failure according to the CLIF Consortium Organ Failure Score.

Patients and Methods: We prospectively assessed the prevalence of ACLF in consecutive patients with liver cirrhosis hospitalized for decompensation in the Institute of Gastroenterology and Hepatology Iasi, Romania between January 2015 and February 2016. Patients were followed for 90 days. We analyzed the relation between ACLF and mortality both at 28 and at 90 days as well as the death rate according to ACLF stage.

Results: One hundred forty one patients were included, mean age 63.3 ± 7.7 years, mostly men, 86 (61%). ACLF was diagnosed in 97(68.8%) of the participants, 25(18%) ACLF 1 stage, 24(17%) ACLF 2 stage, and 48(34%) ACLF 3 stage. In the ACLF group the mean MELD score was 32.4 ± 6.1, the median Child-Pugh score was 13(12-14), total bilirubin 12.6(5.2-17.3 mg/dl), creatinine 2.3(1.68-3.10 mg/dl), sodium 129(124-132 nmol/l), and INR 1.9(1.7-2.4). There were significant differences between the patients with and without ACLF concerning, the incidence of ascites (87.6% vs 47.7%, P<0.001), hepatic encephalopathy (97% vs 70%, P<0.001), acute kidney injury (85.6% vs 31.8%, P<0.001), spontaneous bacterial peritonitis (37.1% vs 4.5%, P<0.001), and sepsis (53.1% vs 6.8%, P<0.001). 28-day mortality was 24% in ACLF 1 stage, 60.9% in ACLF 2 stage, and 91.7% in ACLF 3 stage, P<0.001. 90-day mortality was 56% in ACLF 1 stage, 95.5% in ACLF 2 stage, and 98% in ACLF 3 stage, P<0.001.

Conclusion: ACLF is frequently diagnosed in patients hospitalized for acute decompensation of liver cirrhosis. The patients diagnosed with ACLF are more likely to present complications and have worse 28-day and 90-day prognosis.

Keywords: Acute-on-chronic liver failure, liver cirrhosis, acute decompensation

PD 38. The usefulness of polyp detection rate in an opportunistic colorectal cancer screening programme as a predictive measurement for adenoma detection

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Background. Adenoma detection rate (ADR) is established as the most important quality standard in screening colonoscopy but measuring ADR is time consuming, which has been an obstacle for widespread adoption among practices (1).

The **aim** of this study is to evaluate if the polyp detection rate (PDR) can be used in the daily practice as a surrogate for ADR.

Material and methods. We performed a retrospective study of a database of all patients scheduled for outpatient colorectal cancer screening colonoscopy between 2008 and 2014. 2106 screening colonoscopies in patients aged between 50-75 yrs, with no prior colonoscopy and no other screening test perform, were included in the final analyze. Colonoscopy was performed by both, experienced and non-experienced endoscopists. We included data on patient gender, age, the presence, size, location and histology of all polyps. We calculated the PDR, ADR, and the adenoma to polyp detection rate quotient (APDRQ), using data from the entire colon and then for each colonic segment separately, right colon (cecum, ascendent, transvers) and left colon (descendent, sigmoid, rectum). Actual ADR was compared with estimated ADR based on the measured adenoma to polyp detection rate quotient (APDRQ).

Results. A total of 2106 colonoscopies were performed and 594 polyps were resected. The PDR was 21.1% (445/2106) and the ADR 16.6% (350/2106). We had a significantly higher ADR in the left colon (10.7%) compared to the right colon (5.8%) (p<0.0001). A significantly higher proportion of

adenomatous polyps was found in the left colon (46.8%) compared with those found in the right colon (38.8%) (*P*<0.0001). The APDRQ for the entire colon was r=0.78 (95% confidence interval, 0.73-0.82), then the estimated ADR was 16.4%. The correlation between the estimated ADR and the actual ADR was significantly higher for the right colon (*r*=0.82; 95% CI, 0.80–0.85) than for the left colon (*r*=0.73; 95% CI, 0.69–0.77) (*P*<0.0001). There were no statistical differences between estimated ADR and actual ADR (16.4% vs 16.6 %) (p=0.89)

Conclusion. PDR can be used as a surrogate for ADR, but this study has its limitations so further multicentric studies are needed.

Key words: adenoma, cancer, screening

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PD 39. Utility of measurement of alpha-fetoprotein and des-γ-carboxy prothrombin for diagnosis of hepatocellular carcinoma in patients admitted in a large transplant center in Romania

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Introduction: This study aimed to investigate the clinical utility of simultaneous measurement of alphafetoprotein (AFP) and des-γ-carboxy prothrombin (DCP) for hepatocellular carcinoma (HCC) diagnosis in patients admited to a transplant center from Romania.

Methods: From March 2016 to April 2017 we prospectively included a number of 51 patients, 36 were with HCC and 15 patients with liver cirrhosis. Serum levels of AFP and DCP were measured (we used Abbot ARCHITECT® assays) and clinicopathological features were determined for all subjects. To compare the diagnostic value of DCP and AFP in distinguishing HCC from nonmalignant chronic liver disease, receiver operating characteristic (ROC) curves were constructed for each assay.

Results: There was a significantly higher baseline AFP value in patients with HCC outside Milan criteria compared to those with HCC inside Milan (2081.4 ± 1238.3ng/mL vs 281.6 ± 196.3ng/mL, p=0.01); the same was true for baseline DCP value (4848.5 ± 1907.9mAU/mL vs 551.7 ± 276.6 mAU/mL, p=0.0002). Receiver operating curves (ROC) indicated the optimal cut-off value was 63mAU/ mL for DCP with a sensitivity of 86.1% and specificity of 58.3%, and 18.9ng/mL for AFP with a sensitivity of 55.6% and specificity of 100%. The area under ROC curve was 0.75 for DCP and 0.79 for AFP for HCC diagnosis.

There was a moderate significant correlation between initial DCP value and maximum diameter of the tumoral nodule (r=0.50, p=0.001), but no correlation between AFP value and tumoral diameter.

Conclusion: Our study indicates that DCP is better for screening of HCC for a value of 63 mAU/ml and AFP for diagnosis if elevated over 18.9 ng/mL. DCP has a better correlation with tumor size compared AFP.

Keywords: Alpha-fetoprotein, Des gamma carboxy pro-thrombin, Hepatocellular carcinoma.

C. NURSING (SECȚIUNEA ASISTENTE)

OPN 1. Calitatea vietii şi aderenţa la tratament a pacienţilor cu tratament antiviral interferon-free

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Introducere. Tratamentul antiviral Interferon-free reprezinta o speranta pentru pacientii cu hepatica virala C.
Succesul terapiei incepe cu selectarea corecta de catre medicul curant a pacientilor care au beneficiat de acest tratament si administrarea corecta a tratamentului.
Material si metoda. Am urmarit un lot de pacienti care au initiat tratamentul antiviral Interferon-free in perioada decembrie 2015 – octombrie 2016, aceasta s-a efectuat prin discutii personale cu pacientii in cadrul consultatiilor programate de medici, precum si prin dialog telefonic sustinut.
Vom analiza si feedback-ul pacientilor care au obtinut rezultat sustinut.
Rezultate. Modul in care pacientii au constientizat importanta tratamentului a fost primordial.
Determinarea, implicarea, rigurozitatea in respectarea indicatiilor au reprezentat alte linii importante in obtinerea de rezultate foarte bune.
Am urmarit gradul aderentei la tratament al pacientilor, modul de imbunatatire a calitatii vietii acestor pacienti.
Vom prezenta proportia pacientilor:
– Cu rezultate pozitive
– A pacientilor cu reactii adverse
– A pacientilor la care au aparut complicatii
Concluzii. S-a inregistrat un grad mare de satisfactie, complianta si aderenta, aspecte care au contribuit la cresterea calitatii vietii.

OPN 2. Pyoderma gangrenosum - cutaneous manifestation in ulcerative colitis

Asistent medical Lenuta Rosca

Coautori: As. Iuliana Claudia Hutanu, As. Nicoleta Melinte, Dr. Oana Cristina Stoica, Prof. Dr. Carol Stanciu

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Introduction: Pyoderma gangrenosum is one of the extra-intestinal manifestations of inflammatory bowel diseases, being a noninfectious dermatosis with unknown etiology characterised by the presence of painful cutaneous ulcers with rapid progressive evolution.

Case report: A 30 year old patient diagnosed in 2011 with ulcerative colitis and treated with mesalazine and cortico-steroids is admitted in our clinic for bloody diarrhea (6-8 stools/day) and abdominal pain. The clinical examination revealed pallor and a painful profound ulcerative lesion with irregular violaceous margins, 7/5 cm in diameter on the anterior surface of the left calf. The initial lesion appeared 4 weeks ago as a small red pustule with progressive enlargement for which the patient consulted the surgical department; however, after local incision and debridement, the lesions progressed into multiple pustules which evolved to profound ulcers. Laboratory investigations showed iron deficiency anaemia, leukocytosis, thrombocytosis and an important inflammatory syndrome. Cultures taken from the cutaneous lesions were sterile and the skin biopsy was inconclusive. Clostridium difficile toxins were negative, coproculture and uroculture also negative. The colonoscopy showed a typical aspect of ulcerative colitis in active stage. Consequently, in the context of an inflammatory bowel diseases with the typical aspect of the skin lesions and sterile cultures, the diagnosis of Pyoderma gangrenosum was established. Corticotherapy along with mesalazine and prophylactic anticoagulants were initiated for inflammatory bowel diseases, local wound care and at the same time local mild antiseptics were used for the skin lesion to avoid any other local trauma; as a result the evolution was favorable with healing of the cutaneous ulcers and remission of digestive symptoms.

Conclusion: The presence of a cutaneous lesion associated with a biological inflammatory reaction in a patient with active inflammatory bowel diseases, sterile cultures, and worsening of the skin lesion after surgical procedures can be suggestive for pyoderma gangrenosum.

Keywords: pyoderma gangrenosum, inflammatory bowel disease.

OPN 3. Polipectomia de colon dificila

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Cancerul colorectal (CRC) este una dintre principalele cauze ale decesului cauzat de cancerul din lume. Stim ca 90% din CRC se dezvolta din polipi adenomatosi. Polipectomia adenomului de colon a dus la reducerea semnificativă a CRC. Marea majoritate a polipilor colorectali identificați la colonoscopie sunt mici și nu reprezintă o provocare semnificativă pentru un endoscopist instruit și calificat. Tehnicile avansate de polipectomie sunt destinate îndepărtării polipilor de colon dificili. Am definit un polip dificil orice leziune care datorită dimensiunii, formei sau localizarii reprezintă o provocare pentru colonoscopist.Deși mulți "polipi dificili" vor fi o țintă ușoară pentru endoscopistii avansați, polipii care sunt mai mari

de 15 mm, au un pedicul mare, sunt plati și extinsi, sunt greu de văzut sau sunt localizați în cec sau în orice porțiune angulată a colonului ar trebui să fie întotdeauna considerati dificili. Deși foarte reușite, tehnicile avansate de rezecție pot provoca complicații grave postpolipectomie si sunt mai frecvente în prezența polipilor dificili. Prin urmare, orice tehnici avansate de polipectomie presupun prezenta unui endoscopist cu experienta, personal mediu bine instruit si dispozitive auxiliare pentru o polipectomie complexa. Această lucrare descrie câteva sfaturi utile pentru a face față polipilor dificili.

OPN 4. Comaparative study on patients preparing for colonoscopy

Ileana Mateas; Georgiana Micula; Amelita Tirnaveanu;

"Centrul Medical Prof. Dr. Augustin Lenghel" - Oradea

Background and aims. Colonoscopy is an elected investigational method in colonic pathology, especially for colorectal prevention. A proper preparation of colon, is essential for diagnose performance. An inadequate preparation is often asociated with a low detection rate of colorectal polyps. It also can causes high costs becouse of colonoscopy repeating necessity.

The autors have proposed to analyse the preparation effectiveness of three medication used in the last two years at "Professor Dr Augustin Lenghel Center" - Oradea

Material and method. There were used the following medications for colonoscopy preparation:

- Endofalk (Macrogol 3350); Fortrans (Mcrogol 4000); Moviprep (Macrogol 3350)
- The administration methodology was provided in medications prospect. There were analysed 200 colonoscopies of persons with ages between 18-94 years old, with Endofalk – 80 patients; Fortrans – 80 patients; Moviprep- 40 patients;

The preparation was appreciated so:

- Very good (colon contains no faeces)
- Good (colon contains minimum faeces)
- Inadequate (faeces are present in more segments of colon)

Results.

1. Preparation with Endofalk – 80 pacients (46-M(Male); 34-F(Female))
   - Very good – 62% (B-60%; F-40%);
   - Good – 35% (B-51%; F-49%);
   - Inadequate -3%(B-66%; F34%);
2. Preparation with Fortrans – 80 pacients (41-M;39-F)
   - Very good – 75% (B-50%; F-50%);
   - Good – 22% (B-60%; F-40%);
   - Inadequate -3%(B-34%; F66%);
3. Preparation with Fortrans – 40 pacients (20-M;20-F)
   - Very good – 30% (B-40%; F-60%);
   - Good – 58% (B-60%; F-40%);
   - Inadequate -12%(B-33%; F67%);

Conclusions.

1. Very good preparation: Fortrans: 75%; Endofalk:62%; Moviprep:30%;
2. Good preparation: Moviprep:58%; Endofalk 35%; Fortrans 22%;
3. Inadquate preparation: Moviprep 12%; Endofalk 3%; Fortrans:3%;

Key words: endofalk, fortrans, moviprep

OPN 5. Strategii de evaluare a riscului profesional in sectiile de gastroenterologie vs endoscopie

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Mai mult si mai rapid decat alte specialitati, gastroenterologia a suferit mutatii profunde ce au modificat coordonatele activitatii asistentei medicale prin gradul de tehnologizare si profesionalizare a actului medical.

Progresele tehnice au realizat instrumente cu o ampla gama de functiuni diagnostice si terapeutice.

Tributul pentru aceste progrese pentru personalul medical, este riscul infectios prin produse patologice, riscul unor substante toxice folosite la sterilizarea din endoscopie, riscul unor iradieri excesive, risc de electrocutare, stres profesional, etc.

Cunoasterea strategiilor de gestionare a riscurilor existente este esentiala pentru diminuarea sau eliminarea pericolelor specifice activitatii intr-un serviciu de gastroenterologie (sectie si laborator endoscopie) si desfasurarea activitatii in conditii de securitate.

Care sunt procedurile de risc, care sunt rutele de contaminare, care sunt masurile de protectie, cum gestionam riscurile si ce stategii urmam legate de factorii de risc comuni pentru personalul din sectie si endoscopie? Care sunt masurile specifice pentru personalul din endoscopie? Ce stategii avem pentru viitor pentru optimizarea conditiilor de munca? Acestea sunt intrebarile supuse dezbaterii si analizei .

Strategiile de evaluare a riscului profesional in sectiile de gastroenterologie si endoscopie

se efectueaza prin respectarea recomandarilor si a standardelor impuse pentru fiecare manopera in parte, o mai buna organizare a programului de lucru, distributia corecta a sarcinilor, asigurarea formarii profesionale si verificarea periodica a personalului implicat privind respectatarea precautiunilor standard: supravegherea si controlul accidentelor cu expunere la produse biologice, manipularea si expunerea la substante toxice, expunerea la radiatii ionizante, monitorizarea conditiilor de igiena, prevenirea si controlul infectiilor.