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Contents

OP1. PROGNOSTIC FACTORS OF SUSTAINED RESPONSE TO BIOLOGICAL THERAPY IN INFLAMMATORY BOWEL DISEASE

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INTRODUCTION: Biological therapy has proven its efficiency in induction and mantainance of remission in inflammatory bowel disease (IBD) although some patients experience either a primary lack or loss of response, predictors of such events being still unknown. The aim of this study was to investigate potential predictors of response to biological therapy.
MATERIAL AND METHOD: We performed a retrospective analysis of patients prospectively enrolled in MAID study (Multimodal Approach in Inflammatory bowel Disease) at Colentina Clinical Hospital during 2012-2019. We collected demographic data, information about disease (extension, duration, both clinical and endoscopic severity), history of medication and response to biological agents.
RESULTS: Out of the 230 patients in MAID cohort, we included in our analysis 61 (30 with Crohn`s disease – CD and 31 with ulcerative colitis – UC) who received biological therapy during follow-up (a median period of 12 months, minimum 1 – maximum 48 months). After 12 months of treatment, we observed clinical remission rates of 69% (20) for CD and 44.4% (12) for UC and endoscopic remission rates of 37.9% (11) respectively 22.2% (6) (p=0.02, Chi-square test). Lower disease duration (median value of 2 vs. 3 years, p=0.05, Mann-Whitney U) before initiation of biological therapy influenced endoscopic remission rate, while younger age of patients (mean age 34 vs 39 years old, p=0,04, Mann-Whitney U) significantly influenced clinical remission rate. Additionally, for patients with lower inflammatory burden we observed higher response rates to therapy (median value of C reactive protein 2 mg/dl vs 5 mg/dl, p=0.02, median SESCD 2 vs. 8, p=0.01, median Partial Mayo 1 vs. 2, p=0.003, Mann-Whitney U).
CONCLUSION: In our analysis, younger age, shorter duration of disease and lower inflammatory burden (quantified by systemic inflammatory syndrome and endoscopic severity scores) correlate with response to biological therapy.

KEYWORDS: biological therapy, colitis, Crohn`s disease

OP2. RISK OF NEOPLASIA IN INFLAMMATORY BOWEL DISEASE PATIENTS – RESULTS FROM MAID COHORT

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INTRODUCTION: Chronic inflammation and immunosuppressive therapy are the main risk factors for neoplasia in inflammatory bowel disease patients. We aimed to evaluate neoplasia incidence in inflammatory bowel disease (IBD) patients treated in a tertiary center from Romania.
MATERIALS AND METHODS: We retrospectively analysed prospectively collected data for patients included in MAID ((Multimodal Approach in IBD Patients) cohort from 2012 to 2019 at Colentina Clinical Hospital. Patients were evaluated every 12 months and at each visit we collected clinical data (including new onset of intestinal or extraintestinal neoplasia), biologic, endoscopic and histopathologic data. During endoscopic evaluation, we collected biopsies from the colon and additionally from the ileon in Crohn's disease patients. We analysed histopathology results and documented dysplasia or cancer events.
RESULTS AND CONCLUSIONS: We included in the final analysis 229 patients, totalling 452 visits, with a mean follow-up period of 24 months. At the baseline visit, median disease duration was 3 years and 102(44%) of patients were receiving immunosuppressive therapies (azathioprine or anti-TNF agents). We reported 11 cases of de novo neoplasia, of which 3 colorectal adenomas, 6 lymphoma cases, one case of acute leukemia, and one case of high-grade cervical dysplasia, all in patients receiving immunosuppressive agents. No patient developed colo-rectal cancer during follow-up.
In conlusion, although risk of neoplasia is not neglectable in IBD patients, we observed that no colo-rectal cancer case was identified during our study.

KEYWORDS: inflammatory bowel disease, neoplasia, cancer

OP3. DIRECT-ACTING ANTIVIRALS FOR HEPATITIS C VIRUS AND *DE NOVO* OCCURRANCE OF HEPATOCELLULAR CARCINOMA - A SINGLE CENTER EXPERIENCE

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BACKGROUND&AIMS: The advent of direct-acting antiviral agents (DAAs) against hepatitis C virus (HCV) with high-sustained virological response rates, represents a major breakthrough in hepatology. The impact of DAAs on hepatocellular carcinoma risk after obtaining sustained virological response (SVR) in patients with chronic HCV infection and advanced liver fibrosis remains to be clarified. The aim of our study was to assess the incidence of de novo hepatocellular carcinoma in a cohort of patients with SVR after antiviral therapy.

METHOD: We prospectively analyzed a cohort of patients with HCV related liver cirrhosis treated either with paritaprevir/ritonavir, ombitasvir and dasabuvir (PrOD) ± ribavirin, or ledipasvir/sofosbuvir. Patients were followed between 01 December 2015 and 01 February 2020, in the Institute of Gastroenterology and Hepatology, Iasi, Romania. All patients were evaluated pretreatment according to our National Protocol.
RESULTS: We enrolled in our study 925 patients (mean age 60.2±7.1 years), predominantly female (56%), with no prior history of hepatocellular carcinoma. During the study period we recorded a number of 32 (3.4%) de novo hepatocellular carcinoma cases, predominantly males, mean age 63±8.52 years. The mean period between SVR and hepatocellular carcinoma diagnosis was 83±4 weeks. The sonographic findings revealed the predominance of unicentric lesions in 23 (71%) patients and the predominant localization of the lesions were in the VIII liver segment (29%). During follow-up, the main alpha-fetoprotein levels were significantly higher at the time of hepatocellular carcinoma diagnosis compared to baseline (86.01±7.51 vs 10.12±2.1, p<0.0001).
CONCLUSION: In conclusion, obtaining viral clearance does not seem to decrease the risk of hepatocellular carcinoma in patients with HCV-related liver cirrhosis after obtaining SVR with DAAs, the percentage of 3.4% being in the range described for the annual incidence of HCC in untreated HCV cirrhosis (between 3% and 7%). The impact of the DAA therapy impact on hepatocarcinogenesis remains pivotal.

KEYWORDS: direct antivirals, hepatitis C virus, hepatocellular carcinoma

OP4. EUS-FNA SAMPLING FOR MUTATIONAL PROFILING IN BORDERLINE AND NON-RESECTABLE PANCREATIC DUCTAL ADENOCARCINOMA

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PURPOSE: the majority of pancreatic adenocarcinoma (PDAC) cases are diagnosed in a non-resectable stage. Better treatment tactics with a targeted approach are needed as current strategies have not notably improved prognosis. Our study aimed to characterize the somatic mutation profile of borderline and non-resectable PDAC diagnosed by echoendoscopic guided fine needle aspiration (EUS-FNA) using Next Generation Sequencing (NGS). Adequacy of tissue samples for NGS was also investigated.
MATERIALS AND METHODS: During 11.2018-02.2020, patients with borderline and unresectable histologically confirmed PDAC, diagnosed by EUS-FNA were enrolled. Twenty-two Gauge (22G) or 19G needles were used for tissue sampling. Pure Link® genomic DNA kit by Thermo Fisher Scientific was used for gDNA isolation. We performed NGS for a subset of 20 cases for gDNA on a custom-made panel including 1121 somatic mutations in 40 genes. Illumina NextSeq500 NGS platform was used at an average sequencing depth of 11500 x, with a 5% mutation frequency filter for data analysis.
RESULTS: Genomic DNA from 53 patients was isolated. We obtained the following values for gDNA parameters: concentration = 71.78 ng/uL (IQR = 71.05-132.41), purity - A260/280 = 1.85 (IQR = 1.80-1.88), A260/230 = 1.98±0.72, integrity – DNA integrity number (DIN) = 8.11±0.86. Significantly better DIN values were obtained with 19G needles (8.27 vs. 7.15, p = 0.001). In our group 77.27% of EUS-FNA were adequate for downstream NGS applications. The most frequently mutated genes were KRAS (65%), ERBB2 (40%), TP53 (35%), ATM (30%), PALPB2 (10%) and SMAD4 (10%).
CONCLUSION: EUS-FNA yielded adequate quantity and quality of gDNA for downstream NGS applications. Quality of the sample depends on needle type. Performing NGS for mutational profiling in PDAC can reveal potentially druggable gene targets that can guide treatment.

#PDAC #NGS #precision medicine

OP5. MANAGEMENT OF LONG-TERM POUCH COMPLICATIONS FOLLOWING PROCTOCOLECTOMY FOR ULCERATIVE COLITIS IN A TERTIARY IBD CENTRE IN ROMANIA

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INTRODUCTION: Restorative proctocolectomy with ileal pouch-anal anastomosis is the gold-standard procedure for ulcerative colitis (UC) refractory to medical treatment. Multiple adverse outcomes are associated with J-pouch surgery including cuffitis, pouchitis, anastomotic leak, fistula, stenosis, Crohn's disease of the pouch among others. Pouch failure due to complications may lead to pouch excision and permanent ileostomy.
MATERIAL AND METHODS: Retrospective analysis of medical records of all patients with UC who underwent surgical treatment with ileal pouch-anal anastomosis (IPPA) from Gastroenterology Department II in Fundeni Clinical Institute between 2014-2021.
RESULTS: A total of 15 patients with UC underwent IPPA between 2014-2021. Surgical indications were failure of medical treatment in 8 patients (53%) , fulminant UC in 5 patients (33%) and high grade dysplasia on non-targeted biopsy in surveillance colonoscopy in 2 patients (13,3%).
Acute idiopathic pouchitis was reported in 5 patients (33%) and relapsing pouchitis in 2 patients (13.3%). Same symptoms were present in all patients and consisted in increased bowel movements during the day and night, urgency, tenesmus and abdominal pain. The diagnosis was confirmed by endoscopy and histology. One episode of relapsing pouchitis was secondary to Clostridium difficile infection and was treated with vancomicine monotherapy 2 g/day for 14 days. Patients with Clostridium difficile negative pouchitis were

treated with a course of 14 days of ciprofloxacin 1g/day with resolution of symptoms. Treatment with probiotics including prophylaxis was not used. In one patient with IPPA and defunctioning ileostomy cuffitis was reported with anastomotic dehiscence and pouchitis that was refractory to antibiotics, topical 5-ASA ,local and systemic corticosteroids and vedolizumab.
CONCLUSIONS: Pouchitis was the most common complication of IPPA for UC in our Department. Episodes were treated with antibiotics with good response. Prophylaxis with probiotics was not used. One patient had cuffitis with anastomotic dehiscence refractory to medical treatment and was refferd to surgery for pouch excision.

OP6. HEPATITIS C VIRUS PREVALENCE AND RISK FACTORS IN A VILLAGE FROM NORTHEASTERN ROMANIA - THE FIRST STEP TO VIRAL MICRO-ELIMINATION

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BACKGROUND: Hepatitis C has an important global impact in terms of morbidity, mortality and economic costs, being a real public health problem worldwide. The efficacy of the new direct-acting antivirals treatment determined the World Health Organization (WHO) to adopt the ambitious strategy for *Global Health Sector on Viral Hepatitis* in 2016, having as main objective to eliminate hepatitis C virus (HCV) by 2030. In response to this challenge, several countries have already initiated the micro-elimination strategy as part of the global C virus eradication program.
OBJECTIVE: We aimed to evaluate the prevalence of HCV infection and risk factors in a Romanian village population-based *screening* and link these data to the antiviral treatment.
METHODS: We conducted a prospective study from 1 March 2019 to 28 February 2020, based on a strategy as part of a project designed to educate, screen, treat and eliminate HCV infection in all adults, in a village located in Northeastern Romania. All demographic data and risk factors for HCV infection were collected through a questionnaire.
RESULTS: In total, 3507 subjects were invited to be screened by rapid diagnostic orientation tests. Overall, 2945 (84%) subjects were tested, out of whom 78 (2.64%) were found with positive HCV antibodies and were scheduled for further evaluation in tertiary center of gastroenterology/hepatology, in order to be linked to care. A number of 66 (85%) subjects presented for evaluation and 55 (83%) had HCV RNA detectable. Of these, 54 (98%) completed antiviral treatment and 53 (99%) obtained sustained virological response. The main risk factors associated with chronic HCV infection were family history of HCV (OR=2.23, 95%CI=1.37–3.5, p<0.0001), professional exposure to blood products (OR=0.25, 95%CI=0.11-0.53, p<0.0001), blood transfusions performed before 1992 (OR=3.21, 95%CI=2.25-4.52, p<0.0001), abortions undergone before 1990 (OR=1.35, 95%CI=1.02-1.9, p<0.023), multiple surgical interventions (OR=1.32, 95%CI=1.05-1.72, p<0.038) and sharing personal hygiene objects (OR=1.45, 95%CI=1.12-1.73, p<0.002).
CONCLUSIONS: The elimination of hepatitis C worldwide has become a reality, with higher chances of success if micro-elimination strategies based on mass *screening* are adopted. At the same time, sustained effort it required from all. The development of screening programs can facilitate the cascade of care from diagnosis to treatment of all patients and the achievement of WHO objectives.
KEYWORDS: Micro-elimination hepatitis C virus, screening, cascade of care

OP7. ASSESSING BAVENO VI CRITERIA USING LIVER STIFFNESS MEASURED WITH A 2D-SHEAR WAVE ELASTOGRAPHY TECHNIQUE

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AIM: To evaluate the performance of Baveno VI criteria, using liver stiffness (LS) assessed with a 2D-SWE elastography technique, for predicting high-risk varices (HRV) in patients with compensated advanced chronic liver disease (cACLD). A secondary aim was to determine whether the use of spleen stiffness measurements (SS) as additional criteria increases the performance of the 2D-SWE Baveno VI criteria.
MATERIAL AND METHOD: Data were collected on 208 subjects with cACLD, who underwent abdominal ultrasound, liver and spleen stiffness measurements with a 2D-SWE technique from General Electric (2D-SWE. GE) and upper digestive endoscopy (usually in the same admission, but not at more than one-month interval). Reliable measurements were defined as the median value of 10 measurements acquired in a homogenous area with an IQR/M <0.30. HRV were defined as grade 1 esophageal varices (EV) with red wale marks, grade 2/3 EV and gastric varices. cACLD was diagnosed based on clinical, biological and elastography criteria (LS by 2D-SWE.GE ≥ 8.2kPa).
RESULTS: 35.6%(74/208) of patients had HRV. The optimal LS cut-off value for predicting HRV by 2D-SWE.GE was: 12 kPa (AUROC-0.8, Se-94.5%, Sp-60.5%, PPV-56.9%, NPV-95.3%). Using LS cut-off value <12 kPa and a platelet cut-off value >150,000/µl (AUROC-0.87, Se-93.2%, Sp-58.9%, PPV-55.6%, NPV-94%) as criteria, 52/208(25%) subjects were selected, 46/52(88.5%) were without EV, 5/52(9.6%) had grade 1 EV, and 1/52(1.9%) had HRV. Using these criteria, 98% of the subjects were correctly classified as having or not HRV and 25% of the surveillance endoscopies could have been avoided. Using SS <13.2 kPa and a platelet cut-off value >150,000/µl as new criteria for the patients that were outside de initial criteria, 32.7% of the surveillance endoscopies could have been avoided.

CONCLUSION: Baveno VI criteria, using LS assessed

with a 2D-SWE elastography technique instead of TE has a good performance for HRV prediction in cACLD subjects with a satisfactory rate of spared endoscopies.

KEYWORDS: Baveno criteria, portal hypertension, high risk varices, 2D-SWE

OP8. ELASTOGRAPHIC FEATURES OF HEPATOCELLULAR CARCINOMA IN PATIENTS WITH LIVER CIRRHOSIS

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INTRODUCTION: Hepatocellular carcinoma (HCC) is one of the most prevalent malignancies in patients with liver cirrhosis. Several studies showed that elastography could provide information regarding focal liver lesions (FLLs) characterization.
AIM: This study aimed to analyse the elastographic features of hepatocellular carcinoma (HCC) and the factors that influence intratumoral elastographic variability in patients with liver cirrhosis.
MATERIAL AND METHODS: This prospective study included 64 patients with liver cirrhosis and hepatocellular carcinoma evaluated in the Department of Gastroenterology of SCJUT Timisoara. A total of 64 HCC nodules visualized in conventional abdominal ultrasound (US) underwent elastographic evaluation. Elastographic measurements (EM) were performed in HCC and liver parenchyma using VTQ (Virtual Touch Quantification), a point shear wave elastography technique. VTQ was performed using the Siemens Acuson S2000™ ultrasound system. In all patients, the final diagnosis of HCC was established by contrast-enhanced-CT or contrast-enhanced-MRI.
RESULTS: The study group included 64 HCCs in patients (n=64) with liver cirrhosis with a mean age of 61.8 ±10 years, 72% had compensated liver cirrhosis, and 28 % were decompensated. The mean VTQ values in HCCs were 2.2±0.86 m/s. Tissue stiffness (TS) was significantly lower in HCCs than in the surrounding liver parenchyma 2.2±0.86 m/s vs. 2.82±0.94 ($p<0.001$). Tumor size, heterogeneity, and depth correlated with higher intralesional stiffness variability ($p<0.001$).
CONCLUSION: HCCs are softer lesions compared to the surrounding liver parenchyma with a a mean shear-wave velocity in HCC of 2.2 vs. 2.82 m/s. VTQ can be used for HCC elastographic characterization in patients with liver cirrhosis.

KEYWORDS: hepatocellular carcinoma; elastography; liver cirrhosis.

OP9. HYPERVASCULAR PANCREATIC LESIONS ON CONTRAST-ENHANCED EUS: BEYOND NEUROENDOCRINE TUMORS

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AIMS: Although pancreatic neuroendocrine tumors (PNETs) typically have a solid, hypervascular appearance on contrast-enhanced endoscopic ultrasound (CE-EUS), other non-PNET lesions may have a similar appearance. It is important to discriminate hypervascular pancreatic lesions because of different treatment option and prognosis. With this background, we decided to review our single-center experience with regard to hypervascular pancreatic lesions on CE-EUS.
METHODS: Patients from our institutional database who underwent EUS evaluation of a pancreatic lesion and had a hyperenhanced appearance on CE-EUS were retrieved. Microvascularization of the tumor was evaluated over 2 min during CE-EUS after intravenous injection of 4.8 mL SonoVue. Final diagnosis was based on histopathology of surgical specimens or EUS-guided tissue acquisition and clinical follow-up.
RESULTS: Between 2007 and 2020, 77 patients with hypervascular pancreatic lesions on CE-EUS were identified. Final pathology revealed PNET in 34 (44%) and a non-PNET diagnosis in 43 (66%). Of patients with a diagnosis of PNET, the lesion on EUS was solid in 31 (91%) and cystic in 3 (9%). Hypervascular solid lesions were also identified in 43 non-PNET patients with a final diagnosis of focal pancreatitis (25), solid pseudopapillary tumor (5), pancreatic metastases (6), pancreatic ductal adenocarcinoma (3), acinar cell carcinoma (1) and lymphoma (3). There were no significant differences in age, gender, tumor size, tumor location, pancreatic or biliary duct dilation, or contrast enhancement patterns (homogenous vs heterogeneous) between patients with PNET vs non-PNET diagnoses. All patients with hypervascular pancreatic lesions have undergone EUS-FNA/FNB with an overall diagnostic accuracy of 90%.
CONCLUSION: Several other benign and malignant non-PNET diagnoses may have a hypervascular appearance on CE-EUS. EUS-FNA and additional diagnostic modalities should be routinely performed to confirm a diagnosis prior any therapeutic decision.

OP10. PREVALENCE AND PROGNOSIS OF AUTOIMMUNE HEPATITIS – PRIMARY BILIARY CHOLANGITIS OVERLAP SYNDROME IN A ROMANIAN TRANSPLANT CENTER

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BACKGROUND: The overlap syndrome (OS) of two autoimmune hepatopathies describes different features of both autoimmune hepatitis (AIH), respectively primary biliary cholangitis (PBC), including clinical, biochemical

and histopathological criteria. The occurence of OS is rare and the prognosis is less favorable than that of PBC, despite combination treatment.
MATERIALS AND METHODS: This study is a single – center retrospective cohort study, from January 1, 2011 to March, 2021, that included 106 patients diagnosed with PBC. The data collected included: demographic, biochemical, histological features, treatment, prognostic scores, such as model of end-stage liver disease (MELD), albumin-bilirubin score (ALBI), Mayo and UK – PBC score, that were analysed using Wilcoxon-rank test.
RESULTS: From 106 patients with PBC, 32 (30.1%) were diagnosed with AIH – PBC OS, using the Paris criteria, with 100% female predominance and a median age at diagnosis of 46 ± 9.79 years. Liver cirrhosis was identified in 20 patients, with decompensated disease in 30% of cases. During a mean follow-up period of 5-7 years, ALBI, Mayo and MELD scores did not change significantly, even in patients with decompensated disease, with a median ALBI score of -2.66 vs -2.65, a median MELD score of 7±1 vs 8±1.5 and a Mayo score of 4.42±0.64 vs 4.98±1.61. Regarding ALT and AST levels, under corticosteroids and immunomodulatory therapy with Azathioprine, the values decreased statistically significant during follow-up, with an ALT of 80 vs 40 IU/L, P=0.003, and an AST of 57.5 vs 33.5 IU/L, P=0.03. The total bilirubin did not change significantly, with values of 0.73±0.9 vs 0.80±0.47 mg/dl. Alkaline phosphatase decreased, but reached only marginal statistical significance (395±661 vs 178±32 IU/L, P=0.05). The overall UK-PBC score was 2%. In 2 patients (1.88%) liver transplantation was performed, and 3 patients (2.83%) died during the follow-up period.
CONCLUSIONS: Treatment with corticosteroids and immunomodulating theray, along with ursodeoxycholic acid is effective in patients with AIH – PBC overlap syndrome, with low need for liver transplantation and low death rates.

Keywords: PBC, AIH, corticosteroids.

OP11. RELATIONSHIP BETWEEN CIRCULATING CELL-FREE DNA AND TUMOR CHARACTERISTICS IN PATIENTS WITH PANCREATIC DUCTAL ADENOCARCINOMA

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INTRODUCTION: Pancreatic ductal adenocarcinoma (PDAC) remains one of the most aggressive cancers with a poor survival rate, despite recent progresses in treatment options. Considering the limitations of traditional biopsies, there is an urgent need for new tumor biomarkers.
MATERIALS AND METHODS: During September 2018 and November 2019, patients with histologically confirmed PDAC, were enrolled. Peripheral blood was collected for ccfDNA isolation prior to EUS-FNA or chemotherapy treatment. The ccfDNA isolation was conducted using QIAamp MinElute® ccfDNA kit by Qiagen. The quality of ccfDNA thus obtained was assessed using Agilent Bioanalyzer 2100 and the D1000 and High Sensitivity kits. A fluorimetric method was used to quantify the ccfDNA concentration. The correlations between the quantity of ccfDNA per 1 mL of plasma and tumor characteristics were analyzed using IBM SPSS Statistics.
RESULTS AND CONCLUSIONS: Circulating cell-free DNA was isolated from 39 histologically confirmed PDAC patients. All ccfDNA samples had adequate purity by on-chip electrophoresis. The ccfDNA concentration ranged between 0.76 ng/uL and 89.40 ng/uL, eluted in 25 uL of ultra-pure water, with a mean of 7.95 ng/uL (+/-14.03). Mann-Whitney U Test was used to determine the correlations between the ccfDNA concentration and tumor characteristics. A link between increased levels of plasma ccfDNA and tumor burden was found. Venous ($p = 0.018$, $Z = -2.369$) and arterial invasion ($p = 0.024$, $Z = -2.256$) positively influenced the quantity of ccfDNA. T3 or 4 stage ($p = 0.013$, $Z = -2489$) as well as CA 19-9 level >3xN ($p = 0.014$, $Z = -2.451$) were associated with higher concentrations of ccfDNA. A marginally significant correlation ($p = 0.049$, $Z = -1.966$) was found between tumor diameter (>36 mm) and ccfDNA quantity. No significant correlations were found between the ccfDNA concentration and tumor localization or metastatic disease.

KEYWORDS: liquid biopsy, ccfDNA, pancreatic ductal adenocarcinoma

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OP12. A PANCREATIC TUMOR OF UNKNOWN ETIOLOGY

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We report the case of a 36-year-old female with no prior history of interest who was transferred from the general surgery department due to symptoms compatible with pancreatic mass of unknown origin. CT scan showed evidence of a pancreatic tumor developed in the pancreatic body and measuring approximately 70 mm. Lab analyzes showed normal tumor markers and slightly elevated immunoglobulin G4 148 mg/dL (adults: 9–104 mg/dL). Endoscopic ultrasound showed the presence of a homogeneous pancreatic mass, without invasion in the vascular structures, developed on the anterior face of the pancreatic body. The main pancreatic duct and its branches were normal. There were no signs of chronic pancreatitis. Echoendoscopic elastography revealed the presence of a tissue with increased hardness at this level, and the examination with i.v. contrast agent (SonoVue) revealed the presence of an slight diminished enhacement

in arterial time with progressive wash-out in venous time. EUS-FNB and histological and immunohistochemical examination were performed. The pathology results from the pancreatic biopsies were compatible with type 1 AIP because histologically there was extensive fibrosis with an isolated whirl pattern, lymphoplasmacytic aggregates, polyclonal plasma cells, many of which had IgG4 expression in some fields of up to > 50 positive cells / high power field. Given these findings, treatment was initiated with corticosteroids, and the patient is currently under clinical and imaging monitoring.

KEYWORDS: acute pancreatitis, endoscopic ultrasound

OP13. HEPATITIS C VIRUS CHRONIC INFECTION TREATMENT WITH DIRECT ACTING ANTIVIRALS AND METABOLIC CHANGES AFTER VIRAL ERADICATION

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INTRODUCTION: Chronic hepatitis C infection is a systemic disease that affects over 71 million patients all over the world and it is to be considered nowadays a new cardiometabolic risk factor. The aim of this study was to evaluate the lipid profile changes before and after viral eradication in patients with hepatitis C virus (HCV) infection.
METHODS: We conducted a prospective study between October 2015 to January 2020, in a tertiary center, in which we included 132 patients with chronic HCV hepatitis or cirrhosis. All patients received treatment with direct antivirals. During the study we assesed biological data (blood count, TGP, TGO, serum albumin, urea, creatinine, total cholesterol (TC), LDL-cholesterol, HDL-cholesterol, triglycerides). The study group was followed at the initiation of antiviral treatment, after 3 months after the completion of antiviral treatment and within an average follow-up period of 6 months to 12 months after the previous evaluation.
RESULTS: Out of 132 patients, 128 have achieved sustained viral response (SVR). Patients that achieved SVR, registered an increase of the average of TC values (177.01 ± 42.2 mg / dl) compared to baseline. The differences had statistical significance between the initial values of the TC and those obtained at the time of SVR ($p < 0.05$) and post-SVR ($p = 0.049$) surveillance. The same trend in the increase of average values of LDL- cholesterol was observed at SVR and post SVR surveillance compared to the baseline (116.2 ± 35.6 mg / dL vs 124, 24 ± 34.9 mg / dL vs 136.72 ± 22.5 mg / dL). The post-SVR evaluation indicates an important variability of HDL values, being found lower values compared to the second surveillance moment in the study. Also, the serum level of triglycerides had been modified after viral clearance. At the time of the SVR assessment, there is a decrease in the mean values of triglycerides (128.4,8±41.8 mg / dL), followed by a minimal increase to the mean value of 135.4± 45.2 mg / dL in the third evaluations. The differences found between the initial values and those obtained at the time of SVR reached the threshold of statistical significance ($p = 0.008$, $p < 0.05$).
CONCLUSION: Our study highlights that HCV eradication does not improve the lipid profile on the short term, and these patients still have an additional cardiovascular risk factor due to high levels of TC, LDL-cholesterol and triglycerides.

KEYWORDS: HEPATITIS C VIRUS, CARDIOVASCULAR RISK, VIRAL ERADICATION

OP14. CHOLANGIOCELLULAR CARCINOMA OCCURRENCE AFTER HCV ERADICATION THERAPY WITH DAA DESPITE LIVER FIBROSIS REGRESSION

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INTRODUCTION: Hepatitis C viral (HCV) treatment has dramatically advanced with the approval of direct-acting antivirals (DAA), many patients achieving sustained virological response (SVR). Although the risk of liver tumors is greatly reduced, a proportion of patients who achieve SVR still develop hepatocellular carcinoma (HCC), On the other hand, cholangiocellular carcinoma (CLC) is comparatively uncommon liver malignancy.
METHOD: We report a series of four cases of CLC that developed after achieving SVR following HCV treatment with DAA.
RESULTS: A young woman with compensated HCV cirrhosis with SVR after DAA tratment, was diagnosed one year later with multiple hepatic tumors. A transjugular biopsy established the diagnosis of CLC. The patient died 2 months later. A 62-year-old woman with compensated HCV cirrhosis with SVR was diagnosed two years later with a 3cm liver tumor. A left liver lobectomy was performed and the pathological examination revealed that the tumor was a CLC. The noncancerous hepatic tissue was classified as having minimal activity with mild fibrosis. The patient is alive with no recurrence 4 years later. A 59-year-old woman with compensated HCV cirrhosis, treated with DAA was diagnosed 6 months later with a 17mm liver tumor. The lesion was considered a small HCC and was treated by radiofrequency ablatation. She was followed with no tumor recurrence until four years later when she was diagnosed with a 5 cm liver tumor recurrence and hilar adenopathies. A liver biopsy was performed with a typical aspect of CLC and chemotherapy treatment was started. A 65-year-old male treated for compensated HCV cirrhosis with SVR was diagnosed three years later with a large liver tumor. A liver biopsy was performed and a diagnosis of CLC was established. The patient deteriorated and died 3 months later.
CONCLUSION: Only a few cases of CLC have been described in patients who achieved SVR. Hepatologists should recognize the potential development of an aggressive CLC, years later, after achieving SVR, even in

cases with liver fibrosis regression.

KEYWORDS: hepatitis C virus, cholangiocellular carcinoma, susteined virological response

OP15. ALCOHOL USE DISORDER AND ALCOHOL RELATED LIVER DISEASE: TIME FOR SCREENING?

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BACKGROUND AND AIM: Alcoholic liver disease (ALD) is rarely detected at early stages. Non-invasive tests have been developed to determine the severity of liver disease in patients with alcohol use disorder (AUD). The **aim** of this study was to evaluate the severity of liver steatosis and liver fibrosis (LF) in a cohort of patients with AUD.

METHODS: A prospective study was conducted and included 172 patients, without previously known liver disease, evaluated by AUDIT-C score, serum markers (TGO, TGP, platelets), and transient elastography (TE, FibroScan, Echosens) with CAP. AUD was defined by an AUDIT-C test score ≥4 for men and ≥3 for women. For LF evaluated by TE liver stiffness measurement (LSM) we used the proposed cut-offs for ALD: F2≥9kPa, F3≥12.1kPa, F4≥18.6kPa and for liver steatosis by CAP we used the cut-off value for moderate steatosis: S2>260db/m and severe steatosis:S3>290db/m. Four indirect scores were calculated and literature based cut-offs were used for the diagnosis of advanced LF(≥F3): APRI≥1, FIB 4 ≥3.25, AST/ALT ratio ≥1 and Age-platelet index≥6.

RESULTS:172 subjects with positive AUDIT-C test, 156/172(90.70%) males, mean age 56.5±10.45 years were included. TE diagnosed advanced fibrosis(F3) in 13.9%(24/172) and LC(F4) 17.5%(30/172). Moderate and severe steatosis was found in 18.6% (32/172), respectively 52.3% (90/172) patients. Statistically significant correlations were found between LS and AUDIT-C values(r=0.46,p<0.0001), APRI(r=0.33,p=0.001), FIB-4(r=0.31,p=0.0012) and the age-platelet index(r=0.25,p=0.008).
In univariate regression analysis, AUDIT-C(p=0.001), FIB-4(p=0.01) and age-platelet index(p=0.03) were independently associated with the presence of F3. In multivariate regression analysis only the model including AUDIT-C(p<0.001) and age-platelet index(p=0.04) was associated with F3.
Based on AUROC comparison for predicting advanced fibrosis, Age-platelet index(AUC-0.82) performed better, no differences were found when compared to AUDIT-C(AUC-0.74) and FIB-4(AUC- 0.77)(p=0.21 and p=0.35, respectively).

CONCLUSIONS: in a cohort of patients with AUD**,** 70.9% presented moderate and severe liver steatosis and 17.5% were newly diagnosed with LC. These findings could be the basis for screening algorithms in the diagnosis of significant liver involvement in AUD.

KEYWORDS: alcoholic liver disease, screening, non-invasive techniques

EP1. MESENTERIC PSEUDOCYST - A RARE CAUSE OF INTESTINAL OBSTRUCTION IN A YOUNG MALE

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BACKGROUND: Mesenteric pseudocyst is a very rare intra-abdominal mass. Although it may occur in any part of the mesentery, it is located most often in the mesentery of the small intestine and mesocolon. Mesenteric cysts are frequently incidentally discovered on ultrasonography (US) or CT because of the absence of symptoms, but symptomatic mesenteric cysts may be associated with compression or complications of the pseudocysts, including intestinal obstruction, infection or rupture.
MATERIALS AND METHODS: We present the case of a 31-year-old male with no significant medical history hospitalised for bowel obstruction and peri-umbilical intermittent pain. Physical examination revealed a fluctuant, mobile mass of 5x 5 cm palpable in the left lower quadrant. US showed a 60/55mm oval, hypoechoic mass filled with echogenic debris in the left flank. CT revealed a non-enhancing intra-abdominal mass with a heterogeneous pattern with no clear attachments to surrounding organs. Right before the surgery a second US was performed showing the same mass described earlier, but in the right upper quadrant, suggesting the highly mobile character of the lesion. Laparascopy was performed without identification of the mass so conversion to laparotomy was needed with identification of a 5cm mass which originated from the mesentery of the jejunum. No adhesion with intestinal loop was detected, therefore enucleation was performed, without the need of a segmental enterectomy. Histopathological diagnosis was mesenteric pseudocyst with negative cytology for malignancy.
RESULTS AND CONCLUSIONS: The particularity of this case consists of a very rare extrinsic cause of intestinal obstruction and peri-umbilical pain generated by a mobile intra-abdominal mass in a young male. Although mesenteric pseudocyst is associated with prior traumatic or infectious events, in the present case the patient did not have a history of abdominal trauma or abdominal inflammatory disease.

KEYWORDS: mesenteric pseudocyst, bowel obstruction, mobile intra-abdominal mass.

EP2. IS MICROSCOPIC COLITIS MORE FREQUENT IN PATIENTS WITH CHRONIC DIARRHEA?

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INTRODUCTION: The purpose of this paper is to show that patients with chronic diarrhea have a relatively high frecuency of microscopic colitis , confirmed by multiple biopsies obtained throught the colon.
METHODOLOGY: we have looked into the charts of patients hospitalised in the Clinical Hospital Colentina Bucharest, Gastroenterology Department, over a period of 2 years (2018-2019). All of the patients have had chronic diarrhea, lasting more that 3 months, and a normal colonoscopy in terms of macroscopic mucosa appearance. The diagnosis of microscopic colitis was based on biopsy reports.
RESULTS: from all the colonoscopies performed on patients with chronic diarrhea, 112 had no macroscopic changes in the mucosa, however, 24 of these cases, representing 21.42% of total, were later diagnosed, by histopathological examination, with microscopic colitis - 75% of these were collagenous colitis and 25% were lymphocitary colitis. Microscopic colitis was found to be more frequent in females, with 17 cases (70.83%). In terms of age distribution, there were 10 cases in patients aged 51 to 70, 6 in patients over 71 years old and 8 cases in patients aged below 50.
CONCLUSIONS:
- *microscopic colitis was found in 21.42% of patients with chronic diarrhea, whereas 14% is the prevalence mentioned in the medical literature 1*
- *the majority of cases are collagenous colitis, as described in medical literature 2*
- *there are more females affected by microscopic colitis than males*
- *the condition affects more often patients aged over 51 as described in medical literature 3*
- *it's recommended to obtain biopsy samples in all patients with chronic diarrhea even if no macroscopic lesions were found during colonoscopies*

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EP3. THE LINK BETWEEN QUALITY OF CARE AND PATIENT SURVIVAL IN BILIOPANCREATIC TUMORS. A PROSPECTIVE OBSERVATIONAL MULTICENTRIC STUDY

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INTRODUCTION: Biliopancreatic malignancies are among the most aggressive solid neoplasms, and incidence is rising worldwide. Patients with cancers of these organs have extremely poor 5-year survival rates, below 10%. Good patient outcome relies heavily on a multidisciplinarian approach to therapy, including timely access to surgery, chemo/radiotherapy and endoscopic therapy. We aimed to evaluate the quality of care provided to this patients in the setting of a low-resource medical system.
MATERIAL AND METHODS: We conducted a prospective observational multicentric study including all patients with pancreatic cancers and extrahepatic cholangiocarcinomas evaluated in the participanting centers. We collected data including pathology of the tumors, staging at diagnosis (using CT, MRI, EUS), ECOG status, surgical interventions, chemo/radiotherapy and endoscopic drainage where applicable. Data was collected using a standard form and analyzed using SPSS.
RESULTS AND CONCLUSIONS: Among our patients, the most frequent tumor location was the pancreas (72,1%) and most of them had advanced, metastatic cancer stage at diagnosis (42,4% were stage IV), despite the favorable ECOG status at presentation (43,6% of them were ECOG 0 at diagnosis). We identified the following issues with the quality of healthcare provided to our patients: a very low percentage of resectable lesions (only 18,6% were operated with curative intent), limitations of the endoscopic palliative treatment (only 22,9% of the patients who required palliative drainage had a metalic stent implantation at the first admission) and lack of pathological confirmation in 25,6%, including 2,3% patients who received chemotherapy without adequate pathology results. Furthermore, only 12,8% of the patients received adjuvant chemotherapy and an additional 29,1% received palliative chemotherapy, while most patients received no chemotherapy at all.

KEYWORDS: biliopancreatic tumors, multidisciplinarian approach, endoscopic therapy

EP4. A PARTICULAR CASE OF DIGESTIVE BLEEDING MANIFESTED - FROM NORMAL TO THE UNUSUAL – A CASE REPORT

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INTRODUCTION: Digestive bleeding is a challenge in daily practice, being one of the main reasons for addressability in a gastroenterology center, which requires hospitalization and investigations to determine the cause and whose treatment depends on the source of the bleeding.
CASE REPORT: A 61-year-old patient from a urban area, with associated cardio-vascular pathology, with an initial address in the territory for digestive bleeding (melena), without highlight a source with potential for bleeding at endoscopic examinations, presents for the persistence of stools melenic, dizziness, marked physical asthenia and diffuse abdominal pain. Clinical examination reveals: good general condition, afebrile, teguments and pale mucous membranes, normal heart auscultation, bilateral basal tightened vesicular murmur. Laboratory findings show normochromic normocyte anemia, hyponatremia, important enzymatic cholestasis (increased isolated alkaline phosphatase), negative viral and autoimmunity markers, normal tumor markers, except increased PSA (3160 ng/ml), normal kidney function. Abdominal ultrasound: hyperreflective liver, with normal structure and size, at rest, without other pathological changes. The upper digestive endoscopy does not reveal any source with bleeding potential. Colonoscopy show small diverticula throughout the colic, red blood coming from the level of the small intestine, check with bleeding, no lesions. Because the colonoscopy revealed red blood from the small intestine, the exploration was continued with the investigation of this segment, with the help of the capsule endoscopy, which immediately describes after passing through the ileocecal valve, in the vesicle, a vascular lesion with central ulceration, and in nearby - red blood, with an ulcerated venous angiodysplasia aspect. Treatment of hydro-electrolytic rebalancing and blood transfusion was initiated, the main therapeutic measure being the endoscopic coagulation with argon plasma, with the bleeding stopping. In view of the increased PSA marker, abdominal-pelvic TC was performed, which revealed a tumor formation in the prostate and secondary bone lesions (which explains the increase of AP), the histological result being of prostate acinar adenocarcinoma. The particularity of the case is the overlap of an increased isolated AP that together with the increased PSA, directs the diagnosis to prostate neoplasm with secondary bone lesions.
CONCLUSIONS: The explorations performed out in the patient presented with digestive bleeding offered the explanation of the symptomatology, together with the modified biological parameters, further investigations being required. The manifestation of the digestive haemorrhage was masked by the colonic diverticulosis and the biological picture of the neoplastic pathology, the difficulty of the diagnosis being determined by the overlapping of the clinico-biological manifestations.

KEYWORDS: digestive bleeding, angiodysplasia, coagulation with argon plasma

EP5. ANEMIA AND IRON DEFICIENCY IN INFLAMMATORY BOWEL DISEASE - A REAL LIFE STUDY

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BACKGROUND: Anemia is a complication commonly found in inflammatory bowel disease (IBD) with a great impact on the patients quality of life. The frequent cause of anemia is iron deficiency. Less common causes of anemia include deficiency of vitamin B12 and folic acid.

MATERIALS AND METHODS: We conducted a retrospective, observational study, including patients hospitalized in a tertiary center between January 1, 2019 through December 31, 2019. Each patient was evaluated clinical, endoscopic, histopathological and were performed blood tests. We define anemia according with WHO criteria (Hb level < 13 g/dl in male and < 12 g/dl in female). We analyzed the prevalence and main causes of anemia in patients with IBD.
RESULTS: The study included 65 patients and males are mostly affected (42- 64.61%). Ulcerative colitis (43- 66.15%) is more frequent compared to Crohn's disease (22- 33.84%) in our study. The incidence of anemia was found to 25 (38.46%) patients. Anemia was frequently in patients with Crohn's disease (17- 68.18%) versus patients with ulcerative colitis (20- 46.51%). Iron deficiency anemia was present in 17 (68%) of cases, lower values 5 (20%) has vitamin B12 deficiency and 3 (12%) folic acid.
CONCLUSION: Anemia is an important extraintestinal manifestation that often is overlooked and decrease quality of life in IBD patients. Therefore, special attention is needed to improve the quality of care, adequate treatment and proper follow-up to avoid consequences of iron deficiency anemia. To decrease the occurrence of anemia in patients, further studies are required to establish accurate treatment.

KEYWORDS: inflammatory bowel disease, iron deficiency anemia

EP6. PROGNOSTIC FACTORS OF SUSTAINED RESPONSE TO BIOLOGICAL THERAPY IN INFLAMMATORY BOWEL DISEASE

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INTRODUCTION: Biological therapy has proven its efficiency in induction and mantainance of remission in inflammatory bowel disease (IBD) although some patients experience either a primary lack or loss of response, predictors of such events being still unknown. The aim of this study was to investigate potential predictors of response to biological therapy.
MATERIAL AND METHOD: We performed a retrospective analysis of patients prospectively enrolled in MAID study (Multimodal Approach in Inflammatory bowel Disease) at Colentina Clinical Hospital during 2012-2019. We collected demographic data, information about disease (extension, duration, both clinical and endoscopic severity), history of medication and response to biological agents.
RESULTS: Out of the 230 patients in MAID cohort, we included in our analysis 61 (30 with Crohn`s disease – CD and 31 with ulcerative colitis – UC) who received biological therapy during follow-up (a median period of 12 months, minimum 1 – maximum 48 months). After 12 months of treatment, we observed clinical remission rates of 69% (20) for CD and 44.4% (12) for UC and endoscopic remission rates of 37.9% (11) respectively 22.2% (6) (p=0.02, Chi-square test). Lower disease duration (median value of 2 vs. 3 years, p=0.05, Mann-Whitney U) before initiation of biological therapy influenced endoscopic remission rate, while younger age of patients (mean age 34 vs 39 years old, p=0,04, Mann-Whitney U) significantly influenced clinical remission rate. Additionally, for patients with lower inflammatory burden we observed higher response rates to therapy (median value of C reactive protein 2 mg/dl vs 5 mg/dl, p=0.02, median SESCD 2 vs. 8, p=0.01, median Partial Mayo 1 vs. 2, p=0.003, Mann-Whitney U).
CONCLUSION: In our analysis, younger age, shorter duration of disease and lower inflammatory burden (quantified by systemic inflammatory syndrome and endoscopic severity scores) correlate with response to biological therapy.

KEYWORDS: biological therapy, colitis, Crohn`s disease

EP7. MEDICAL AND SURGICAL APPROACHES IN THE TREATMENT OF POSTOPERATIVE PERITONITIS

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The study presents the experience of our Clinic in the treatment of severe postoperative peritonitis in one's group of 1124 patients during last 30 years. The etiology of peritonitis was dominated by anastamotic dehiscences and intestinal fistulas, developed in 30.21% cases after programmed surgeries, in 52.31% cases after urgent surgeries, in 11.56% cases after abdominal surgeries for traumatic injuries of abdominal organs, in 5.87% cases after obstetric and gynecological surgeries. In 41.28% patients the source of peritonitis was located in supra-mesocolic region, in other 47.06% patients – in medial abdominal region and in in 11.70% cases – pelvic region. Our experience shows that the clinical evolution was determined by physiopathogenetic syndromes: endogenous intoxication, compartment syndrome, enteral insufficiency, bacterial secondary immunodeficiency, which contributed to clinical prognosis. In the most of the cases, laparatomies or programmed relaparotomies were applicated according to well defined indications. The diagnostic and treatment approaches applied in our Clinic, allowed us to reduce the level of postoperative mortality from 82.7% in 1975 to 21.4% in 2019.

CONCLUSIONS: Our etiopathogenetic study revealed the increased incidence of upper-mezocolic peritonitis in 41.28% cases, due to progression of the intoxication process, interpretation errors of clinical evolution and late addressability. In most of the cases, postoperative peritonitis has created difficulties and problems in surgical treatment, followed by high rate of mortality. In all those cases, the complex treatment will be provided by experienced surgical teams and specialists in intensive care, postoperative complications and abdominal sepsis.

EP8. INTERLEUKIN-4 SINGLE NUCLEOTIDE POLYMORPHISMS IN ROMANIAN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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INTRODUCTION: Inflammatory Bowel Diseases (IBD), mainly represented by Crohn's Disease (CD) and Ulcerative Colitis (UC), are chronic, immune mediated diseases of unknown etiology. Multiple cytokines have been investigated for their role in the pathogenesis of IBD along with their gene polymorphisms that may influence the risk of disease and/or its clinical characteristics. Interleukin-4 (IL-4) is responsible for the development of T helper 2 (Th 2) cells and mediates the inflammatory response by inhibition of Th 17 cells which have been shown through extensive studies to be highly active in IBD. The aim of the present study was to investigate a single nucleotide polymorphism (SNP) of IL-4 gene with regard to IBD susceptibility and disease characteristics in Romanian patients.
MATERIALS AND METHODS: We included in the present study 160 IBD patients (74/86 UC/CD, 91M/69F, mean age 30.5 years old) and 160 healthy controls (84M/76F, mean age 37.7 years old). Extraintestinal manifestations(EIM) were documented in 36 IBD patients (22 CD and 14 UC). All subjects were genotyped for rs2243250 (-590C/T) using TaqMan Allelic Discrimination Assay (Applied Biosystems, USA). Association tests were performed with DeFinetti online software
RESULTS AND CONCLUSION: Controls and patients were in Hardy-Weinberg equilibrium for the investigated SNP. The frequency of the minor allele 590*T was significantly lower in IBD patients (11%) than in controls (17.5%, p=0.01, OR=0.579). The carriers of this allele (genotypes CT+TT) were significantly less frequent among patients with IBD (20.6% versus 33%, p=0.01, OR 0.525). Crohn's disease patients with EIM had a higher frequency of the minor allele 590*T (20.4% vs. 7.6%, p=0.04, OR=3.114), the same result being noticed on CT+TT genotype frequency analysis (40.9% vs. 15.25%, p=0.01, OR=3.846). Our results show that IL-4 gene polymorphism -590C/T plays a role in disease susceptibility and clinical characteristics of IBD in Romanian patients.

KEYWORDS: Interleukin-4, Inflammatory Bowel Disease, Extraintestinal Manifestations

EP9. UPPER GASTROINTESTINAL BLEEDING: AN UNUSUAL FINDING. A CASE REPORT OF AGORAPHOBIA

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INTRODUCTION: Agoraphobia is the leading type of phobias, accounting for up to 60% of all panic disorders. The patient's symptoms cannot be explained by a medical condition or a physiological effect of a substance, making the diagnosis a real challenge.
CASE PRESENTATION: A 20-year-old man presented to the emergency department with 2 episodes of painless hematemesis and weight loss. One week prior admission, the patient reports having an episode of vomiting, which consisted of about 50 ml of bright red blood and another episode which occurred five hours later; however, this time the vomitus had a similar amount of coffee-colored blood. Overall, the patient had five such episodes over a period of 6 weeks. He denies smoking, drinking alcohol, or using illicit drugs. Further questioning revealed that the patient had a particular fear that something bad will happen, if he will go out of his apartment, associated with panic-like symptoms every time he tries to leave the apartment: shortness of breath, tightness in his chest, sweaty hands, tremors and sudden jolts of fear that coincide with his vomiting episodes. Esophagogastroscopy showed an esophageal hiatal hernia with longitudinal superficial mucosal lacerations (Mallory-Weiss tears) and a small amount of digested blood inside the stomach. A psychiatric consult was recommended and the diagnosis of agoraphobia was confirmed.
CONCLUSIONS: This case suggests that this mental condition may become a serious, debilitating and burdensome for the patient and close family members. Regular follow-up can improve the patients condition, along with therapy and psychiatric counseling.

KEYWORDS: Upper gastrointestinal bleeding, Anxiety; Agoraphobia.

EP10. EXTRAINTESTINAL MANIFESTATIONS ASSOCIATED WITH CROHN'S DISEASE - A DIAGNOSTIC TRAP?

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INTRODUCTION: Crohn's disease (CD) represents a chronic idiopathic inflammatory condition, that affects gastrointestinal tract with extraintestinal manifestations and associated immune component.
MATERIAL AND METHODS: A 54 year-old patient accused diffuse abdominal pain, vasculitic symptoms located in upper and lower limbs and 7-8 diarheic stools with bloody stripes per day. We performed a full medical assessment including physical examination, laboratory tests, abdominal CT, upper and lower digestive endoscopy and biopsy.
RESULTS: Clinically, the patient presented petechial rashon upper and lower limbs, pale mucosa, pauciarticular

arthropathy of the knees, diffuse abdominal pain and excessive abdominal fat. Laboratory testing revealed thrombocytosis, iron deficiency anemia, hypoproteinemia and positive results for Clostridium difficile toxins. CT scan detected wall thickening of terminal jejunum. Upper digestive endoscopy showed ulcerations in the distal and middle esophagus, a 0,5 cm ulcer localized on the lesser curvature, erosive antral gastritis, billiary reflux and multiple duodenal erosions. Colonoscopy found external and internal hemorrhoids, multiple aphthous ulcerations with uneven distribution, aphthoid ulcer in cecum and ileo-cecal region. Histopathologycal exam indicated preserved architectural crypts, focal depletion of mucin, polymorphous inflammatory infiltrate, microhemorrhages, edema, congestion and a microfragment of fibrinous-leucocytary exudate. Therefore, we established the following diagnoses: Crohn's disease with extraintestinal manifestations (CDAI score of 250-moderate activity) and Clostridium difficile colitis. In order to achieve remission for CD, the patient was treated with 9 mg of Budesonide per day, for 12 weeks and follow-up after 3 months.Vancomycin was also administered in doses of 250 mg every 6 hours, for 14 days with favourable evolution.
CONCLUSIONS: Our patient developped extraintestinal symptoms like pauciarticular arthropathy that overshadowed the common clinical features of CD. Corticotherapy successfully induced remission in this case.

EP11. RARE CAUSE OF TUMOR INDUCED ACUTE PANCREATITIS – CASE PRESENTATION

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BACKGROUND: Early identification of the etiology in acute pancreatitis is an essential step towards choosing the best therapy. The main causes are gallstone migration and alcohol abuse. Tumors that obstruct the main pancreatic duct are considered an uncommon cause of acute pancreatitis.
CASE PRESENTATION: A 57-year-old male, with associated severe cardiovascular pathology, was admitted with clinical and biological manifestation of acute pancreatitis. Biliary and alcoholic causes were excluded. Abdominal CT scan identified some enlarged abdominal lymph glands and the main biliary duct dilation, without any radio-opaque obstacle. The CT scan also described nodular lesions in the inferior pulmonary lobes, with associated hilum and mediastinal adenopathy (confirmed by thoracic CT). Bronchoalveolar lavage results were inconclusive and we couldn't exclude a possible neoplastic etiology or sarcoidosis. An IRM was discussed, but due to contraindications (recent coronary stent implantation) was deferred. A new episode of acute pancreatitis occurred and a second abdominal CT described circumferential thickening of the duodenum wall, from DII to the inferior duodenal flexure, periampullary and papillary nodular aspect with non-homogenous contrast enhancement, irregular margins, with no separation limit from the pancreatic parenchyma and associated nodular hepatic lesions. Upper digestive endoscopy described congestive hypertrophic mucosae folds with irregular aspect, suggestive for tumor infiltration and we performed biopsy. The pathology and immunohistochemistry reports state the diagnosis as large cell neuroendocrine carcinoma with duodenal starting point. The patient was redirected to oncology and specific treatment was initiated (chemo-radiotherapy).
CONCLUSION: This case illustrates that, although often obvious, the etiological identification of acute pancreatitis can sometimes be challenging, making the therapeutic strategy difficult and pleads for the utility of the upper digestive endoscopy in such circumstances.

KEYWORDS: acute pancreatitis, neuroendocrine tumor, etiology

EP12. DIAGNOSING CELIAC DISEASE: A NO-BIOPSY APPROACH

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INTRODUCTION: Currently, the ESPGHAN 2012 guidelines for CD diagnosis of pediatric patients permit the omission of duodenal biopsies in selected cases. The recommendations for a no-biopsy approach in adult patients with high TGA-IgA levels is currently under debate.
MATERIAL AND METHODS: The study was performed retrospectively. The cohort included adult patients with biopsy proven CD evaluated at a tertiary referral centre. Electronic or paper patient records were collected and information about presenting symptoms, serology, laboratory parameters, and histological assessment of biopsy samples were obtained manually and stored into one data base.
RESULTS: A total of 102 patients were enrolled, predominately female (n=80,78.4%), median age at diagnosis 40 years. At baseline, TG2-IgA levels were good predictors for identifying severe mucosal injury with a statistically significant difference when comparing patients with mild enteropathy versus those with VA, 35.10±61.53U vs 132.82±108.85U, p=0.002. Marsh 3c was observed in 34 (33.3%), subtotal VA (Marsh 3b) in 18 (17.6%) cases, partial VA (Marsh3a) in 27 (26.5%) cases, while the reminder had mild enteropathy (Marsh I, II) in 23 (22.5%) cases. Negative TG2 levels and different degrees of VA were documented in 12, 11.7% cases. TTG IgA levels had a sensitivity of 82.56% and a specificity of 91.78% for identifying mucosal atrophy at diagnosis (AUC=0,909; IC95%: 0.86-0.95)
CONCLUSIONS: High serum tTG-IgA levels predict enteropathy (Marsh 2/3) and could be used as a criterion for CD diagnosis without biopsies in adult populations.

KEYWORDS: celiac disease, sensitivity, anti-tissue transglutaminase antibodies.

EP13. ANEMIA AND IRON DEFICIENCY IN INFLAMMATORY BOWEL DISEASE

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INTRODUCTION: Anemia is one of the most common systemic complications of inflammatory bowel diseases (IBD) and contributes significantly to the morbidity of the disease. The most frequent cause is iron deficiency. Less common causes of anemia include deficiency of vitamin B12 and folic acid.
MATERIALS AND METHODS: We conducted a retrospective study including all patients with IBD admitted at a tertial referral center between December 2018 and January 2020. Hemoglobin, serum ferritin, transferrin saturation, serum iron, C reactive protein and vitamin B12 levels were measured in all patients enrolled in the study. The presence of anemia was considered from a hemoglobin (Hb) <11 g/dL for female patients and <13 g/dL for male patients. We analysed the prevalence and main causes of anemia in patients with inflammatory bowel disease in our study group.
RESULTS: We included 61 patients, 27 men (60.65%), with a mean age of 68.7 ± 11.4 years. Ulcerative colitis (59.01%) is more frequent compared to Crohn's disease (40.98%) in our study and males are mostly affected. The incidence of anemia was found in 27.86% of cases. Anemia was found frequently in patients with Crohn's disease (36%) versus patients with ulcerative colitis (22.22%) and was associated with increased hospital admission. Iron deficiency anemia was present in 16.39% of cases, 6.55% patients had vitamin B12 deficiency and 4.91% folic acid.
CONCLUSION: Anemia is an important extraintestinal manifestation that often is overlooked. Patients with IBD should be checked carefully and routinely for anemia and iron deficiency. If detected, special attention is needed and appropriate workup should be initiated.

KEYWORDS: anemia, inflammatory bowel disease, iron deficiency

EP14. ROKITANSKY DIVERTICULUM AND BARRETT'S ESOPHAGUS IN A PATIENT WITH DYSPHAGIA

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INTRODUCTION: One potential cause of dysphagia is represented by esophageal diverticulum, an outpouching of mucosa through the muscular layer of the esophagus. Another cause is Barrett's esophagus, secondary to gastroesophageal reflux disease, which is a premalignant condition in which the stratified squamous epithelium is replaced by metaplastic columnar epithelium.
MATERIAL AND METHOD: We present a 65-years-old male who presented for dysphagia, heartburn, regurgitations, chest pain, nausea and bilious vomiting. In order to establish a certainty diagnostic, we performed a full medical assessment including physical examination, laboratory tests, abdominal ultrasound, upper gastrointestinal endoscopy and biopsy.
RESULTS: Clinically, the pacient presented upper quadrant abdominal pain. Laboratory findings indicated dyslipidemia. Abdominal ultrasound showed nodular hepatomegaly, gastric stasis and hypertrophy of the prostate. Upper gastrointestinal endoscopy described a 3 cm red appearance of the lower esophagus mucosa, and ulcerations with a tendency to confluence. A large 2 cm diverticulum of the middle esophagus classified as Rokitansky diverticula without signs of inflammation was found at 30 cm distance from the dental arch.The gastroscopy showed congestive antral mucosa, bilious and hypersecretion fluid, with a spastic but permeable pylorus and the duodenoscopy revealed an inflammation of the duodenal mucosa, without ulcer. The biopsy objectified intestinal metaplasia by the presence of some calciform cells, lymfoplasmacytic infiltration, ulcerations and congestion without dysplasia.
TREATMENT: A 12 weeks treatment with Omeprazole 40mg/day was recomended. For early detection of dysplasia and esophageal adenocarcinoma we recommended endoscopic surveillance every 3 years for the long segment Barrett's esophagus. If the symptoms persists, the laparoscopic treatment should be considered for the Rokitansky diverticula and an anti-reflux procedure should be performed to treat gastroesophageal reflux.
CONCLUSION: In our case dysphagia represents a common sign for two distinct and relatively rare pathologies: Barrett's esophagus and Rokitanksy diverticulum.

KEYWORDS: dysphagia, Barrett's esophagus, Rokitansky diverticulum.

EP15. PREVALENCE OF CLOSTRIDIUM DIFFICILE INFECTION IN A TERTIARY DEPARTMENT OF GASTROENTEROLOGY AND HEPATOLOGY

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Clostridium difficile is a gram-positive, anaerobic bacillus, with the ability to form spores, considered as the primary etiologic agent of a diarrheal syndrome associated with antibiotic therapy, especially in hospitalized patients.

AIM: to identify the prevalence, risk factors and mortality associated with Clostridium difficile infection.
METHODS: We performed a retrospective study that included patients admitted to the Department of Gastroenterology of SCJUT Timisoara over two years (between January 2018-December 2019), respectively, 5124 patients. We analyzed patients' age, the period of

hospitalization, associated pathologies and infections, antibiotic treatment, mortality.
RESULTS: The prevalence of Clostridium Difficile infection in the studied group was 1.1% (57/5124), with a mean age of 64.7 ± 12.1 and a prolonged period of hospitalization days (13.4 ± 7.7). Of the total patients infected with Clostridium difficile, more than half (54.4%) had liver cirrhosis, 15.8% biliary obstruction, 8.8% acute pancreatitis, the rest of the patients had various pathologies (neoplasms, acute diverticulitis, inflammatory bowel diseases). The most important risk factor for the onset of Clostridium difficile infection was antibiotics (cephalosporins, fluoroquinolones, carbapenems), found in 32/57 patients (56.2%). The administration of antibiotics was justified by the presence of positive cultures (35 cases, 61.4%, respectively). The use of proton pump inhibitors was found in 32 cases (31.6%). In the studied group, the mortality rate related to Clostridium difficile infection was 22.8% (13/57).
CONCLUSIONS:
The prevalence of Clostridium difficile infection in the studied group was 1.1%.
Prolonged hospitalization period, use of antibiotics, and proton pump inhibitors were the main risk factors for Clostridium Difficile infection.

KEYWORDS: Clostridium difficile, prevalence, antibiotic.

EP16. EOSINOPHILIC ESOPHAGITIS: A RARE OR UNDERDIAGNOSED DISEASE?

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INTRODUCTION: Eosinophilic esophagitis(EoE) is a chronic immune disease of the esophagus characterized by esophageal eosinophilia and symptoms of esophageal dysfunction. The diagnosis of adult eosinophilic esophagitis is rarely made in North Eastern Romania, the disease is still regarded uncommon although the incidence has been increasing in the last years.The clinical manifestations are subtle and nonspecific in early childhood, and even in older patients, its symptoms and endoscopic features overlap with gastroesophageal reflux disease (GERD).
METHODS: We conducted a retrospective study over a period of 2 years(January 2018- December 2019) at the Institute of Gastroenterology and Hepathology Iasi; we included all the cases where the EoE was suspected and the esophageal biopsies were taken.
RESULTS: The suspicion of EoE was found in 37 of 9488 patients (0.38%); the histological diagnosis of EoE was made in 13 cases (0.13% from all endoscopies), 8 men and 5 women, aged between 21 and 57 years . The most common symptoms were dysphagia (47.67%), food impaction (30.11%), GERD symptoms – refractory to proton pomp inhibitors (24.78%), vomiting (8.46%) and abdominal pain (6.40%). Personal history of atopy (mostly allergic rhinitis) and food allergies (most common milk) was reported in 9/13 (69.23%), respective 7/13 (53.84%). Familial history of allergic disease was present in 6/13 (46.15%) patients. Endoscopic findings included ringed esophagus(44.11%), longitudinal furrows (19.52%), white exudates (30.11%), esophageal strictures (16.53%) and normal esophagus (20.26%) (some patients had more than one endoscopic change).
CONCLUSION: EoE seems to be a rare or underdiagnosed disease in our region. Most patients are young, with personal or familial history of allergic diseases. Dysphagia, food impactation and refractory GERD may suggest EoE; the endoscopic appearance is not always specific.

KEYWORDS: Eosinophilic esophagitis, endoscopy, dysphagia

EP17. GASTRIC CANCER EPIDEMIOLOGY IN A TERTIARY HEALTHCARE CENTER FROM TIMIȘ COUNTY

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INTRODUCTION: Gastric cancer remains one of the most common and deadly cancers worldwide being an important cause of mortality and morbidity. The purpose of this study was to investigate the epidemiology of gastric cancer focusing on various features that were found in patients diagnosed with this disease.
MATERIAL AND METHODS: We studied the medical records of 213 patients admitted in the Gastroenterology Department of the County Emergency Hospital of Timisoara diagnosed with gastric cancer between 2011-2019. All patients met relevant diagnostic criteria of gastric cancer based on the clinical symptoms and endoscopical findings. Biopsy results confirmed gastric cancer in all patients.
RESULTS: Considering the entire cohort, our study showed that out of 213 patients diagnosed 69.1% were men more frequently than women 30.9% ($p<0.0001$). Regarding the environment the incidence is higher in urban areas, 57.7% in urban area vs 42.3% in rural area ($p=0.02$). The mean age at the time of diagnosis was 67.3 ±10.7 years. The most frequently symptoms were epigastric pain (66.8%), weight loss (69%), upper digestive bleeding (37.3%) and dysphagia (20.5%). Upper endoscopy was performed, 50.5% cancers were found on the body of the stomach and 18.9% in the antro-pyloric segment. Histologically, using the Lauren's classification the most frequently aspect found was the intestinal type 66.8% followed by diffuse type 23.7%, 9.5% with other histological type ($p<0.0001$). Using the histological grading - moderate G2 (42.5%) and poorly differentiated types G3 (40.6%) were more frequently found ($p<0.0001$).
CONCLUSIONS: The onset age was mainly 67 years old, the incidence was higher in men and those living in urban areas were more likely to develop gastric cancer. On the other hand gastric body was the most affected part. Histologically the most frequently aspect found was the intestinal type with a moderate G2 grading.

KEYWORDS: gastric cancer , epidemiology, histology.

EP18. THE EFFECT OF BUCKWHEAT INTAKE IN CELIAC DISEASE PATIENTS

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INTRODUCTION. Gluten-free diet (GFD) in celiac disease (CD) patients is a permanent challenge for them, on which the therapeutic success depends. Of the food alternatives available to patients on the GFD food market, buckwheat is often tested by them.
MATERIAL AND METHOD:. The present observational study is performed on a group of 12 patients (8 women, 4 men) with CD between 2017-2019, outpatient, for a period of 6 months for each patient, who have introduced and used, as an alternative food, the buckwheat. Patients initially had a controlled disease with GFD. Buckwheat sources had the „gluten-free" specification. The parameters studied were: clinical evolution and specific immunological markers (IgA-type antitransglutaminase antibodies-tGT, IgG-type antigliadin antibodies and IgA-type anti-endomysium antibodies), without duodenal biopsy.
RESULTS AND CONCLUSIONS:. In 10 patients CD remained therapeutically controlled. Of these, in 9, the immunological parameters remained within the limits comparable to the previous ones and in one patient there was a significant increase (x10N) of the anti-tGT antibodies, which is why it was recommended prophylactically to give up the buckwheat intake. One patient presented with severe diarrhea (over 15 watery stools / day) and in the another one a severe herpetiform dermatitis appeared, which we considered an expression of the disease recurrence, without digestive symptoms; both had significant immunological changes, the one with dermatitis including IgA-type epidermal antitransglutaminase antibodies, which imposed to stop the buckwheat intake. In conclusion, buckwheat may be an acceptable alternative in the GDF but in some cases it has not proven its therapeutic efficacy, possibly related to the sources of provenance of the product or to the individual reactivity of some patients, requiring strict follow-up of patients when introducing some new gluten free products.

KEYWORDS: celiac disease, gluten-free diet, buckwheat

EP19. ACUTE PANCREATITIS IN RELATIONSHIP TO CHRONIC PANCREATITIS AND RISK OF PANCREATIC CANCER - PROSPECTIVE STUDY

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BACKGROUND: Acute pancreatitis (AP) has medical and surgical therapeutic approach, depending on the severity of the disease and its complications. Clinical and paraclinical monitoring of patients with history of AP is essential, in order to prevent chronic pancreatitis (CP) and finally, pancreatic cancer (PC).
MATERIAL AND METHODS: The study included 72 patients with AP (48 men and 24 women, meanage 64+/- 8years) hospitalised and monitored from 2015 in Gastroenterology Institute : 44 ethanolic, 10 dyslipidemic, 11 colelithiasis, 7 with type 2 diabetes and obesity, who were evaluated by blood tests (amylase, lipase, CRP, CA19-9), abdominal ultrasound, PET/CT and MRI.
RESULTS: 33 patients had recurrent toxic AP, dyslipidemia and colelithiasis had a good evolution with lipid-lowering therapy and cholecystectomy. Patients with diabetes and obesity were treated with oral antidiabetics +/- insulin, specific diet and 8 severe AP, in which CRP was > 100mg/l and Balthazar score 6, were treated surgically. 29 of patients developed CP, of which 6 were diagnosed with PC, 4 in curative stage and 2 patients with palliative treatment.
CONCLUSIONS: Ethanolic recurrent AP in smokers men, dyslipidemia and obese diabetes type 2 in women can be prevented by lifestyle changes and diet regime. CT is essential in establishing the severity score of AP and for the differential diagnosis of pancreatic lesions. PET/CT can detect early PC, but also postoperative recurrences and contrast MRI is useful in detecting small tumors,. CRP >100 mg/dl is a useful biological marker in severe AP and elevated CA19-9 is suggestive for PC, in clinical and imagistic context.

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KEYWORDS: acute pancreatitis, chronic pancreatitis, pancreatic cancer

EP20. NUTRITIONAL STATUS EVALUATION USING NUTRISCORE IN GASTROINTESTINAL CANCER PATIENTS

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Loss of weight in cancer patients represents one of the most frequent symptom of cancer and it is a problem that affect the entire history of the disease, from the time of the diagnosis until the end of cancer treatment. The incidence of malnutrition is different, varying from 25% and up to 84%. The aim of this study is to evaluate

nutritional status of gastrointestinal cancer patients at their first presentation in Oncology Clinic and to assess the nutritional risk. Material and Method: The study it is an observational study, conducted in a single center, on a group of 82 patients diagnosed with gastrointestinal cancer in 2019. Patients were evaluated using Nutriscore, at their presentation in our clinic and Oncology doctor carried a face to face interview with patients. Evaluation of patients also included actual weight, number of kilograms lost in last 3 month, performance status, values of seric albumin, reactive C protein and lymphocites. Results: Study lot included 49 males (59.7%) and 33 females (40.24%), diagnosed with esophageal, gastric, pancreatic, colorectal and liver cancer. Mean age of patients was 64.33 ± 9.08 years. According to our results 29 patients (35.3%) are underweight, 12 (14.63%) are supraponderal and 8.53% patients have grade 1 or 2 obesity. Almost all patients reported involuntary loss of weight (94.7%). Assessment of Nutriscore revealed an mean score of 5.56 ± 2.04 and the fact that 59 patients (71.95%) in our analysis are at risk for malnutrition. Conclusions: Nutriscore is a valid and easy to use tool for screening of nutritional risk of cancer patients. Nutritional screening should be implemented for all cancer patients in order to early detect and implement treatment.

KEYWORDS: nutritional status, nutriscore, gastrointestinal cancer

EP21. ECHOENDOSCOPIC CHARACTERISATION OF PANCREATIC NEUROENDOCRINE TUMORS

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INTRODUCTION: Pancreatic neuroendocrine tumors (PNETs) are considered to be rare, however, the incidence has risen, generally thought to be due to improved detection,rather than an actual increase in frequency (1,2). Most commonly, PETs appear hypoechoic, homogeneous, and well defined on EUS, though they may be isoechoic and, on rare occasions, hyperechoic with irregular margins. (2,3)

MATERIAL AND METHOD: We made a retrospective study between 2017-2019, with the aim of describing the appearance of the PNETs diagnosed in our tertiary medical center. We included 19 patients at which the diagnosis of NET was confirmed histopathologically, and we evaluated the ultrasound characteristics, Ki-67 index and in the cases which underwent surgery, the correspondence between the histology obtained through FNA and respectively through surgery.

RESULTS: For the total of 19 patients, the ultrasound aspect was of an hypoechoic mass in the majority of cases, 68 % (n=13), 16% (n=3) hyperechoic, 11% isoechoic (n=2) and 5% (n=1) heterogenous. CEUS was performed in 6 cases showing a hypervascular and hypercaptant lesion in all of the cases.

Regarding the grade of differentiation, according to Ki-67 index, there was 48 % (n=9) grade 1 (Ki-67 <3%), 26 % grade 2(Ki-67 3-20%) and the same percent grade 3 (Ki-67 >20%).

We had 3 patients who underwent surgery in our surgical tertiary center, of whom 2 had the same degree of differentiation (Ki-67 <3%) on the EUS-FNA sample as on the resection piece. 1 patient had a Ki-67 index of 1% on FNA and of 10% on the surgical sample.

CONCLUSION: PNET are lesions of the pancreas with a well known hypoechoic hypercaptant appearance at ultrasound and CEUS, but there are some cases of other forms such as isoechoic or hyperechoic.

in this study we had few patients at which we could analyse the histology before and after surgery to quantify the level of correlation between EUS-FNA and surgery.

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EP22. PREDICTORS FOR SMALL BOWEL TUMORS IN PATIENTS WITH OBSCURE GASTROINTESTINAL BLEEDING UNDERGOING CAPSULE ENDOSCOPY

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BACKGROUND AND AIM: Since the development and implementation into clinical practice of the small bowel (SB) capsule endoscopy (CE), obscure gastrointestinal bleeding (OGIB) is no longer an answerless question. Nowadays, in many cases of small bowel pathology, a definite diagnosis is made by SBCE, while other cases (for instance, SB tumors) require additional investigations. Our aim was to identify predictors for SBT tumors as cause of OGIB.

MATERIAL AND METHODS: We retrospectively studied all patients with OGIB who underwent SBCE in a two-year period. Only patients with positive findings were included in the analysis. Patients with SBT were compared with patients with non-tumoral cause of OGIB, and univariate and multivariable statistical analyses for different possible predictors (gender, age, bleeding type – overt/occult, anticoagulant treatment, comorbidities, hemoglobin level) were performed.

RESULTS: 109 SBCE examinations were performed for OGIB. Positive findings were noted in 78 patients (male gender: 47, female gender: 31; mean age 68 years, range 21-79): 12 cases of SBT, and 66 cases with non-tumoral causes responsible for bleeding (angioectasia, Crohn's disease, NSAIDs enteritis, and other). SBT patients

underwent further investigations, for confirmation and stadialization: enteroscopy/entero-CT/entero-IRM. Patients age < 65 years (OR 2.18, p=0.001), lack of anticoagulant treatment (OR 2.4, p=0.001) and overt type of bleeding (OR 1.76, p=0.004) were significant independent predictors for SBT. Gender and level of hemoglobin were not predictors for SBT. Chronic liver disease and cardiovascular disease were not associated with SBT, while chronic kidney disease and diabetes were more frequent in patients with non-tumoral cause of OGIB.

CONCLUSIONS: Young age, overt bleeding and lack of anticoagulant treatment are predictive factors for SBT. Because SBCE is only a visual technique, additional investigations are needed. Thus, predictors could anticipate the need for additional explorations and could help optimizing the investigational plan in terms of time and resources.

KEYWORDS: small bowel tumor, obscure gastrointestinal bleeding, small bowel capsule endoscopy

EP23. INTESTINAL TUBERCULOSIS VERSUS CROHN'S DISEASE – A CHALLENGING DIAGNOSIS

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INTRODUCTION: Since the advent of highly effective antituberculosis therapy, extrapulmonary tuberculosis (TB) has become rare, being encountered in patients with immunodeficiency, HIV and pulmonary disease. Clinical and endoscopic features of Crohn's disease (CD) overlap with intestinal TB and thus, the diagnosis can be overlooked.

CASE REPORT: A 24 year old female patient was admitted in our department with a 3 month history of abdominal pain in the left lower quadrant, with 3 to 4 bloody stools per day, low grade fever and loss of appetite and weight. Clinical examination revealed a painful abdomen at medium compression in the left lower quadrant; the digital rectal examination found blood traces. Laboratory investigations revealed leukocytosis, thrombocytosis, microcytic hypochromic anemia, high erythrocyte sedimentation rate (ESR) and high C-reactive protein level. Colonoscopy detected at 4 cm from the anal margin 2 transverse ulcers of 45 mm and 25 mm respectively, with slightly irregular, stemmed margins, from which multiple biopsies were taken. More ulcers with similar appearance but of smaller size were found in the rectum and sigmoid. Histological examination found granuloma with caseation necrosis and the chest X-ray revealed infiltrative pulmonary tuberculosis. The patient received antituberculosis therapy for 6 months with significant clinical and endoscopic improvement.

CONCLUSION: Our case illustrates the importance of reviewing the diagnosis by including intestinal TB in the differential diagnosis of intestinal diseases. As intestinal TB may mimic CD, it is mandatory for health professionals to know that intestinal TB should be considered as differential diagnosis of intestinal diseases in immunocompetent patients also.

KEYWORDS: tuberculosis; intestinal tuberculosis; immunocompetent patient.

EP24. LATENT CROHN'S DISEASE UNCOVERED DURING TREATMENT WITH SECUKINUMAB IN A PATIENT WITH ANKYLOSING SPONDILITIS

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INTRODUCTION: The inflammatory bowel diseases (IBD) are a group of heterogeneous disorders with multifactorial etiology, in which a chronic inflammation of the digestive tract is caused by disturbances in the immune response to the pathogenic gut microbiota.
Ankylosing Spondylitis (AS) is a chronic inflammatory rheumatic disease involving primarily the axial skeleton. An association of these pathologies is found in a third of the patients. The overexpression and the complex immunoregulation of IL-17/IL-23 axis is of main importance in the interconnection of these entities. While IL-17 is a pro-inflammatory cytokine, current data suggests a protective role on the gastrointestinal tract in IBD patients. The importance of this paradox is to be seen in patients that benefit of biological treatment with IL-17 inhibitors, such as Secukinumab.

MATERIALS AND METHODS: We present the case of a 40 years old male, smoker, diagnosed with AS for 14 years. For the past 5 years, he was having brief episodes of mesogastric abdominal pain, nausea and diarheea, that didn't remit with medication, but eased spontaneuosly after aproximately 24 hours. After only 2 weeks of treatment with Secukinumab, these episodes worsened and became weekly. A colonoscopy was performed, but the terminal ileon could not be inspected. The MRI Enterography revealed an ileal inflammatory stenosis, next to the ileocecal valve, explaining the impossibility of ileocecal valve intubation. The histopathological diagnosis was of ileocecal Crohn's disease. Secukinumab was discontinued and treatment with Adalimumab was indicated. At 3-months follow-up, the patient's intestinal symptomatology completely remmited.

CONCLUSION: We strongly believe that Secukinumab had a role in triggering the activation of CD. Recent data warn on using this therapy in IBD patients. Monitoring of digestive symptoms in all patients should be considered, more cases of newly diagnosed IBDs emerged during treatment with this agent being published lately.

KEYWORDS: Crohn's disease, IL-17A Inhibitors, Secukinumab

EP25. THE ROLE OF THE BMI IN THE ACUTE PANCREATITIS EVOLUTION

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INTRODUCTION: The etiological factors involved in acute pancreatitis are multiple, both pancreatic and extra-pancreatic, having a predisposing or triggering role.
The aim of our study was to evaluate the role of BMI (body mass index) in the evolution of acute pancreatitis.
MATERIAL AND METHODS: The study was performed between January 2017 - October 2019 on a lot of 110 patients diagnosed with acute pancreatitis and admitted to the 1st Surgery Clinic and the 2nd Medical Clinic of the Craiova Emergency County Clinical Hospital, the study was prospective. The control lot consisted of patients who were not diagnosed with acute pancreatitis (n = 232).
RESULTS AND CONCLUSIONS: Comparing the distributions according to the body mass index of the two groups by the Chi square test, a statistically significant difference is observed (p <0.05) regarding the obese patients who are diagnosed with acute pancreatitis. Obesity patients have an increased risk of developing acute pancreatitis compared to non-obese patients.

KEYWORDS: body mass index, obesity, acute pancreatitis

EP26. FATIGUE IN INFLAMMATORY BOWEL DISEASE- BEYOND ANEMIA

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INTRODUCTION: Fatigue is a common patient reported outcome among inflammatory bowel disease (IBD) patients. Considering its multifactorial etiology, our aim was to identify potential factors associated with fatigue in IBD patients with no or mild anemia.
MATERIAL AND METHODS: We prospectively enrolled 52 IBD patients who presented in our Outpatient Clinic claiming fatigue. The exclusion criteria were moderate/severe anemia, hypothyroidism, corticosteroid use the previous month, associated liver or kidney disease, failure to obtain informed consent. Clinical, psychological and sleep (PSQI and HADS) evaluation, biochemical profile were performed.
RESULTS: 76.9% of the patients included in the study were either in remission or exhibiting mild disease activity (based on CDAI/MAYO scores). The median for PSQI was 8(normal ≤5), and for HADS-A- 8, HADS-D-7(normal ≤7) in the study group. There was no statistically significant difference in PSQI score among patients with mild anemia compared to non-anemic patients (p=0.230, using Mann-Whitney test). PSQI and HADS scores were not statistically significant between patients undergoing biological therapy compared to patients under non-biological therapy (Mann-Whitney test-p=0.728, p=0.195-depression, p=0.445-anxiety).
DISCUSSION: Fatigue was present among IBD patients even in the absence of anemia, hypothyroidism, liver or kidney disease. However, the patients in the study group exhibited psychological distress and sleep impairment as potential causes of fatigue. In the study group, medication used did not appear to influence fatigue, although patients with corticosteroid use were excluded from the study, considering their potential influence on the psychological status.
CONCLUSIONS: Anemia should not be considered the solely cause of fatigue in IBD patients, since fatigue is also present in non-anemic IBD patients; ongoing treatment might contribute to this, although in the study group this did not play a key role. Fatigue should be investigated and targeted in IBD patient management, addressing comorbidities, including psychological distress and beyond correcting anemia.

KEYWORDS: fatigue, anemia, IBD

EP27. HIGH ANTI-TRANSGLUTAMINASE ANTIBODY LEVELS CAN PREDICT VILLOUS ATROPHY IN PATIENTS WITH CELIAC DISEASE?

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INTRODUCTION: The no-biopsy approach for CD diagnosis in children with high anti-tissue transglutaminase IgA values (≥10 times the upper limit of normal) is safe. The value of tTG levels in diagnosing CD without biopsy among adult patients is argued.
MATERIAL AND METHODS: The retrospective study included only adult patients with biopsy proven CD evaluated in the Institute of Gastroenterology and Hepatology, a tertiary referral centre. Patient records were systematically collected and general information and information about presenting symptoms, serology, laboratory parameters, immune mediated disease and histological assessment of biopsy samples were obtained manually and stored into one data base.
RESULTS: Of 138 adults with an initial CD diagnosis, 102 were enrolled of whom 80 (78.4%) were females, mean age 40.36±12.31 years (range 20-73years). The initial histopathology showed complete VA (Marsh 3c) in 34 (33.3%), subtotal (Marsh 3b) in 18 (17.6%) cases, partial VA (Marsh3a) in 27 (26.5%) cases, while the reminder had mild enteropathy (Marsh I, II) in 23 (22.5%) cases. Tissue transglutaminase antibodies results were available for all 102 CD patients at diagnosis, with a mean IgA-tTG value of 115.92±103.94U. At baseline, IgA-tTG levels were good predictors for identifying severe mucosal injury. There was a statistically significant difference when comparing patients with mild enteropathy versus those with different degrees of VA 35.10±61.53U vs 132.82±108.85U, p=0.002. Further subgroup analysis showed when comparing

Marsh 2 vs Marsh 3c that tTG antibody levels were good predictors for VA (31.03±12.59U vs 247.39±83.55U, p<0.001).
CONCLUSIONS: High serum tTG IgA predict enteropathy (Marsh 2/3) and could be used as a criterion for CD diagnosis without biopsies.

KEYWORDS: celiac disease, atrophy, anti-tissue tranglutaminase.

EP28. PREVALENCE OF BIOPSY PROVEN HELICOBACTER PYLORI INFECTION IN PATIENTS WITH BENIGN GASTRIC ULCER

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INTRODUCTION: Helicobacter pylori infection is the main etiopathogenetic factor in complicated and uncomplicated peptic ulcer disease, one of the most common chronic bacterial infections affecting humans.
AIM: The purpose of this study was to assess the prevalence of biopsy proven Helicobacter Pylori infection in patients with benign gastric ulcer.
Methods
We performed a retrospective study on a group of 85 patients evaluated by means of upper endoscopy and gastric biopsy. We reviewed the endoscopy description and histopathological findings. Helicobacter pylori infection was evaluated on biopsy specimens with Hematoxilyn Eosin staining.
RESULTS: Out of 85 patients enrolled, 61.1 % (52) were men, mean age 64±11.6 years. Among these patients, the endoscopy was performed for upper GI bleeding in 44.7 % (38) cases, for dyspepsia in 16.4 % (14) of cases, for the assessment of esophageal varices in cirrhotics in 17.6 % (15) and in 21.1 % (18) for anemia. 84.7 % of the patients had benign lesions, 13 patients out of 85 had malignant ulcers (15.2 %), 46.1 % of them with signet ring cell carcinoma.
Among the patients with benign lesions, 34.7% (25) had mucosal colonization with H. Pylori, 24 % (6) with upper GI bleeding.
CONCLUSION: In our group, more than one third of patients with benign gastric ulcer have Helicobacter Pylori infection. In a quarter of cases the ulcer was complicated with upper GI bleeding.
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EYWORDS: Ulcer, Helicobacter, Endoscopy, Histopathology

EP29. THE RESULTS OF HLA DQ2/DQ8 GENOTYPING IN ADULT PATIENTS WITH CELIAC DISEASE (CD), IN THEIR FIRST DEGREE RELATIVES AND IN HEALTHY CONTROLS

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INTRODUCTION: CD is characterized by an inappropriate T-cell–mediated response to gluten in small bowel in genetically predisposed individuals, carriers of haplotype human leukocyte antigen (HLA) DQ2 and/or DQ8. The aim of this preliminary study was to do HLA typing in adult patients with CD, in their first degree relatives and in healthy controls.
MATERIAL AND METHODS: 118 cases with CD, 41 first degree relatives and 57 healthy controls were included in the study in 2018-2020. Their clinical and demographical parameters were recorded, along with the endoscopic and histopathological features. HLA typing for DQ alleles was with DNA extracted from peripheral blood, using SSP HLA-DQB1 kit (Innotrain Diagnostik GmbH, Germany).
RESULTS: Patients with CD were 67% females, with a median age of 36(24-59), the median diagnostic delay was 2 years(0÷10). 94% of CD subjects had Marsh 3 histology. The most prevalent symptoms were: iron deficiency anemia(55.6%), weight loss(40%), chronic diarrhea(28%), abdominal pain and bloating(17% each). HLA DQ2 was encountered in 100% of patients, and the combined haplotype HLA DQ2/DQ8 in 11%. In healthy controls we encountered HLA DQ2 in 30% (p<0.001), HLA DQ8 in 11% and the combined haplotype in 1.8%. Screening adherence for 1st degree relatives was very low: only 16%, most of them offsprings of CD patients (children aged 6-14): trough screening we diagnosed 4 cases of asymptomatic celiac disease, 32(78%) had HLA DQ2 haplotype, 5 carried HLA DQ8, 4 didn't carry any risk haplotype .
CONCLUSIONS: HLA typing is of crucial importance in confirming celiac disease: 100% of our adult patients had haplotype HLA DQ2 and 11% combined haplotype HLA DQ2/DQ8. Healthy controls had HLA DQ2 in 30% and DQ8 in 11%. Adherence rate to screening was only 16%, but allowed us to diagnose 4 asymptomatic cases and a carrier rate of 78% of risk haplotype.

EP30. ACUTE PANCREATITIS DUE TO PRIMARY HYPERPARATHYROIDISM-CASE REPORT

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BACKGROUND: Primary hyperthyroidism is a rare cause of acute pancreatitis. Ectopic paraesophageal parathyroid adenomas account for about 5%–10% of primary hyperparathyroidism and surgical resection results in cure of the disease.
CASE PRESENTATION: A 68-year-old patient was

admitted in our department with acute, moderate severe pancreatitis. He had a history of arterial hypertension and acute ileo-femural veins thrombosis 3 months previously, kidney stones disease and hypercalcemia whose etiology was neglected. Further laboratory investigations of the hypercalcemia (total calcium level 11,1 mg/dl, NV 8,7-10,4 mg/dl) revealed increased serum parathyroid hormone levels (321pg/ml, NV 18,5-88 pg/ml), normal levels of serum free T4 (fT4), thyroid stimulating hormone (TSH), calcitonine, carcino embryonic antigen (CEA), carcinoma antigen CA 19-9. During the investigation of hypercalcemia, a mediastinal ectopic parathyroid mass was detected by 99mTc-MIBI scintigraphy.
CONCLUSIONS: An ectopic paraesophageal parathyroid adenoma may be manifested with an episode of acute pancreatitis. Despite of rarity is important to recognize this etiology of pancreatitis.

KEYWORDS: pancreatitis, hypercalcemia.

EP31. A RARE CASE OF CAVITARY PULMONARY METASTASES FROM PANCREATIC ADENOCARCINOMA

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INTRODUCTION: Cavitary pulmonary metastases from pancreatic adenocarcinoma are extremely rare, with only a few cases reported. We present the case of a patient with synchronous atypical lung metastases from pancreatic adenocarcinoma.
CASE REPORT: A 63 years old patient with a personal history of viral B infection and gastric ulcer, was admitted for diffuse abdominal pain and weight loss (7 kg) in the last 4 months. Laboratory tests show elevated CA 19-9 (278 U/mL) and hepatic cytolysis. Computer tomography (CT) examination revealed multiple pulmonary nodules, some of which were cavitated, throughout both lungs. The abdominal CT scan revealed peripancreatic fat stranding associated with minimal pancreatic ductal dilation and multiple loco-regional adenopathy. Endoscopic ultrasound (EUS) shows multiple retroperitoneal adenopathy, with no evidence of a pancreatic tumor. Fine needle aspiration was performed on one of the enlarged lymph nodes.
RESULTS AND CONCLUSIONS: The cytology examination with immunocytochemistry of the material obtained by fine-needle aspiration confirmed the diagnosis of pancreatic adenocarcinoma metastasis. The particularities of this case are: the lack of evidence of the primary tumor on CT examination and EUS and the presence of cavitary pulmonary metastases.

KEYWORDS: cavitary pulmonary metastases, pancreatic adenocarcinoma

EP32. ANEMIA IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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BACKGROUND: Anaemia is the most frecquent extradigestive manifestation in patients withInflammatory Bowel Disease (IBD). Up to 74% patients developes anemia during life time.
AIM: To evaluate the prevalence and the risk factors for anaemia in patients with IBD hospitalized during two years.
METHODS: We conducted a prospective study between 1st January 2017-31st Decembre 2018 which enrolled 187 patients with ulcerative colitis (UC) and 85 patients with Crohn's disease(CD). A complet clinical and biological exam was performed to each patient. The diagnosis was establish by colonoscopy and biopsy. The localization of lesion and the behavior of the disease was classified according to Montreal classification.The activity of the disease of the disease was establish by using UCDAI(ulcerative colitis disease index) for UC and CDAI (Crohn disease activity index) for CD. We define anaemia according to OMS definition: <13g/dl for men, <12 g/dl for women. Results: The prevalence of anaemia was 32.08% in UC and 36.4% in CD. The most frecquent form of anemia was iron-deficiency anaemia (79.66% of patients with UC and 80.64% of patients with CD). Factors associated with anaemia were similar for those with CD and UC and included extended forms of the disease, more severe forms of the disease, a longer period from diagnosis and smoking.
CONCLUSIONS: The prevalence of the anemia is still important, one third of the patients with IBD developed anemia. The most frecquent form of anemia was iron-defficiency anemia. Incorporation of screening for anemia and, in particular, iron deficiency, should be a component of monitoring and treatment of these patients.

EP33. ENVIROMENTAL FACTORS IN ULCERATIVE COLITIS

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BACKGROUND: Ulcerative colitis (UC) is a chronic, idiopathic disease. Although multiple pathophysiological mechanisms have been described, a „trigger" factor could not be determined with certainty. Aim: Highlighting the impact of environmental factors on phenotype and severity. Methods: We performed a prospective

study lasting three years, January 2016 - December 2018. The study included patients with UC diagnosed and monitored in Center of Gastroenterology and Hepatology, „St. Spiridon „ Hospital Iasi . All patients were evaluated by colonoscopy to assess the extension of the lesions and biopsies were taken for histological confirmation. UC activity was quantified by Truelove-Witts score. Results: One hundred and five patients were studied. Demographic analysis showed: a predominant male gender (51%), the average age of diagnosis was 42 years, with a bimodal distribution (first peak 18-35 years and another between 55-65 years) without significant differences from the urban than in rural areas. 13.7% had a first degree relative with inflammatory bowel disease (IBD), 31.8% were non-smokers and 24.5% former smokers. To 12.4% of patients the lesions were limited to the rectum, 28.5% had proctosigmoiditis, 30.7% as left colitis and 10.2% lesions were extended to the entire colon. Disease activity was significantly correlated only with the extension of lesions. Gender, age, smoking status / non-smoking, family history of IBD did not influence the activity and extension lesions.Conclusions: The study showed bimodal distribution of age of diagnosis. Environmental factors had no significant influence on the activity or extension of lesions.

EP34. FECAL CALPROTECTIN- WHICH TEST DO WE USE?

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BACKGROUND: The aim of this study is to compare two methods for measuring the concentration of faecal Calprotectin (FC) and assess the possibility of distinguishing between ulcerative colitis (UC) and irritable bowel syndrome (IBS).

METHODS: Fifty-three patients with UC and 46 patients with IBS were prospectively included in the study. All patients were performed colonoscopy to confirm the diagnosis. Faecal calprotectin levels were analyzed by semiquantitative rapid test (CalDetect ®) and an enzyme-linked immunosorbent assay (ELISA) . Sensitivity and specificity of both assays were calculated.

RESULTS: The sensitivity of the test set for direct semiquantitative directly to a value of 15µg / g was 78% and specificity of 83% for diagnosis of ulcerative colitis. For the ELISA to a value of 50 mg / g sensitivity and specificity were 83% and, respectively 93% (p = 0.068).

CONCLUSIONS: Although the ELISA test has a higher diagnostic accuracy, it is not significantly higher compared to the semi-quantitative test directly CalDetect®). In addition, direct semiquantitative test has the advantage of having immediate results is much easier to use in ambulatory patients.

EP35. EUS-FNA SAMPLING FOR MUTATIONAL PROFILING IN BORDERLINE AND NON-RESECTABLE PANCREATIC DUCTAL ADENOCARCINOMA

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PURPOSE: the majority of pancreatic adenocarcinoma (PDAC) cases are diagnosed in a non-resectable stage. Better treatment tactics with a targeted approach are needed as current strategies have not notably improved prognosis. Our study aimed to characterize the somatic mutation profile of borderline and non-resectable PDAC diagnosed by echoendoscopic guided fine needle aspiration (EUS-FNA) using Next Generation Sequencing (NGS). Adequacy of tissue samples for NGS was also investigated.

MATERIALS AND METHODS: During 11.2018-02.2020, patients with borderline and unresectable histologically confirmed PDAC, diagnosed by EUS-FNA were enrolled. Twenty-two Gauge (22G) or 19G needles were used for tissue sampling. Pure Link® genomic DNA kit by Thermo Fisher Scientific was used for gDNA isolation. We performed NGS for a subset of 20 cases for gDNA on a custom-made panel including 1121 somatic mutations in 40 genes. Illumina NextSeq500 NGS platform was used at an average sequencing depth of 11500 x, with a 5% mutation frequency filter for data analysis.

RESULTS: Genomic DNA from 53 patients was isolated. We obtained the following values for gDNA parameters: concentration = 71.78 ng/uL (IQR = 71.05-132.41), purity - A260/280 = 1.85 (IQR = 1.80-1.88), A260/230 = 1.98±0.72, integrity – DNA integrity number (DIN) = 8.11±0.86. Significantly better DIN values were obtained with 19G needles (8.27 vs. 7.15, p = 0.001). In our group 77.27% of EUS-FNA were adequate for downstream NGS applications. The most frequently mutated genes were KRAS (65%), ERBB2 (40%), TP53 (35%), ATM (30%), PALPB2 (10%) and SMAD4 (10%).

CONCLUSION: EUS-FNA yielded adequate quantity and quality of gDNA for downstream NGS applications. Quality of the sample depends on needle type. Performing NGS for mutational profiling in PDAC can reveal potentially druggable gene targets that can guide treatment.

KEYWORDS: PDAC, NGS, precision medicine

EP36. ROLE OF CALPROTECTIN IN THE MANAGEMENT OF IRON DEFICIENCY ANEMIA IN INFLAMMATORY BOWEL DISEASE

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INTRODUCTION: ECCO guidelines on anemia provides an algorithm for diagnosis and treatment of iron deficiency anemia (IDA) in inflammatory bowel disease (IBD) patients and criteria depends on whether the patient is in remission or in the active phase of the disease. For a long time, C-reactive protein (CRP) and ESR were used to assess disease activity; nowadays, these tests were replaced by fecal calprotectin (fC) but not yet in the guideliness on anemia. Aim of the study was to identify IDA in patients with IBD according to the values of fC and CRP and to asssess if iron therapy is effective in this category of patients.

MATERIAL AND METHOD: The present study included 87 patients, of which 54 (62%) met the criteria for anemia according to ECCO guidelines [Hb < 12 g/dl (female) or < 13 g/dl (male), transferrin saturation (TfS) < 20%] and had CRP < 0.5 mg/dl. FC was assessed and patients were divided into the following groups:

Group 1 (G1, real inactive disease): fC < 50 mg/kg (32 patients = 59.2%)

Group 2 (G2, false inactive disease): fC > 50 mg/kg (22 patients = 40.7%)

According to ECCO, a ferritin level < 30 µg/L in inactive disease and < 100 µg/L in active disease is characteristic for IDA. Each group was categorized by ferritin levels in three categories (IDA, IDA + anemia of chronic disease, and non-IDA) and iron replacement therapy was started in thouse with IDA (± anemia of chronic disease): oral iron if Hb > 10 g/dl or intravenous iron if Hb < 10 g/dl. Response to iron therapy was defined as an increase of at least 2g in the Hb level after four weeks of treatment.

RESULTS: In G1 (real inactive disease): 21 (65.6%) patients had IDA and 11 (34.4%) patients had mixed anemia (IDA and anemia of chronic disease). In G2 (false inactive disease according to CRP), 20 (90.9%) patients had IDA, including 8 patients with ferritin between 30-100 µg/L (still IDA according to disease activity assessed by fC) which otherwise would be missed if CRP alone would be used to assess disease activity, and 2 patients had ferritin > 100 µg/L (anemia of chronic disease). Response to iron therapy was achieved in 23 (72%) patients in G1 and 15 (68%) patients in G2.

CONCLUSIONS: Calprotectin identifies a group of patients which otherwise, based only on CRP, would not be considered as having IDA and would not be treated with iron preparates. Moreover, guidelines recommend endoscopy when uncertainity regarding normal values of CRP is present; existing data supports the good correlation between endoscopy and fC, and implementing fC in the anemia algorithm would avoid endoscopy which is inconvenient for the patient and would also decrease healthcare utilization.

KEYWORDS: inflammatory bowel disease, iron deficiency anemia, fecal calprotectin

EP37. A RARE CASE OF ISCHEMIC COLITIS WITH ANGIODYSPLASTIC LESIONS CLINICALY AND ENDOSCOPICALLY MISDIAGNOSED AS ULCERATIVE COLITIS

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BACKGROUND: Ischemic colitis is a medical entity that develops when blood flow to the colon is insufficient to maintain normal physiological function. It seems to be the most common vascular disorder of the gastrointestinal tract in patients over 60 years .

It is the most common vascular disorder of the intestinal tract in patients over 60 years of age (2)

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Angiodysplasia is the most common vascular lesion of the gastrointestinal tract, and this condition may be asymptomatic, or it may cause gastrointestinal bleeding. Inflammatory bowel diseases (IBD) are chronic gastrointestinal diseases that can affect individuals of all ages. The symptomatology is dominated by diarrhea (often bloody diarrhea), abdominal pain or cramps, urgency and tenesmus, fatigability and weight loss.

METHODS: The case is based on a single patient V.I., aged of 65 years, known from his pathological history with diabetes mellitus type II(2007), ethanolic liver cirrhosis (2010), grade III hypertension and oesophageal varices. The patient is admitted several times to the Gastroenterology Clinic of the SCJU Craiova for pain in the lower abdominal floor, acceleration of the intestinal transit, rectoragy, weight loss, physical asthenia and fatigue.

RESULTS: Inferior digestive endoscopy reveals: ileocecal valve with edema and hyperemia, splenic flexure with vascular dilatations, edema and erythema, and at the level of the recto-sigmoid junction several areas of necrosis and several linear ulcers. CT Siemens 20 slice exam with automatic injection bolus tracking reveals the following: abdomen- liver with irregular contour and regeneration nodules; pelvis- at the recto-sigmoid level a marked parietal thickening, iodophilic with infiltration of adjacent peritoneal fat with tortuous vascular paths at the same level and loco-regional inflammatory adenopathy with a maximum size of 1,2/0,9 cm; Histopathological examination: histopathological aspect is highly suggestive of an ischemic colitis, possibly in the context of the diabetic disease. Angiography of the superior mesenteric artery and inferior mesenteric artery: an early crossing of the contrast substance from the arterial system to the venous system (3 distinct images at the level of the superior mesenteric artery and 1 image at the level of the inferior mesenteric artery) - Angiodysplasia is suspected in the small intestine and in the large intestine portions examined angiographically.

KEYWORDS: Ischemic colitis, angiodysplasia, ulcerative colitis.

EP38. A RARE CASE OF SINGLET RING CELL GASTRIC ADENOCARCINOMA MIMICKING GASTRIC ULCER

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INTRODUCTION: Gastric cancer is the fifth most common malignancy in the world, singlet ring cell adenocarcinoma being a rare and distinct histological subtype. Endoscopy (with biopsies) is the gold standard for the diagnosis, but missed gastric cancers may occur in patients who have undergone previous endoscopy.
CASEREPORT: A 42 years old pacient, with history of gastric ulcer with upper gastrointestinal bleeding six weeks ago, presented for a control oesophagogastroduodenoscopy. The oesophagogastroduodenoscopy showed on the anterior wall, along the lesser curvature, an unhealed gastric ulcer, with protruding swelling that spreads to the gastric angle. Biopsies were taken, revealing a poorly differentiated adenocarcinoma with signet ring cell histology. The pacient underwent total gastrectomy
RESULTS AND CONCLUSIONS: Although gastric cancer is one of the most frequent cancers woldwide, endoscopy without biopsies can miss an early cancer. This case report highlights the importance of biopsies in ulcerative lesions.

KEYWORDS: signet ring cell adenocarcinoma, gastric ulcer

EP39. A LINK BETWEEN PLATELET TO LYMPHOCYTE RATIO, NEUTROPHIL TO LYMPHOCYTE RATIO AND HELICOBACTER PYLORI INFECTION

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INTRODUCTION: Gastritis is a progressive disease, evolving from a non-atrophic to atrophic state and progresses through intestinal metaplasia, even leading to gastric cancer. Gastritis is defined by an inflammatory process of the mucosal lining of the stomach. We aimed to identify any association between Helicobacter pylori positive gastritis and simple inflammatory markers derived from a complete blood count: mean platelet volume (MPV), platelet to lymphocyte ratio (PLR) and neutrophil to lymphocyte ratio (NLR).
MATERIAL AND METHODS: We performed a retrospective case-control study in which we include patients that underwent an upper digestive endoscopy with biopsy between January to December 2020 and were diagnosed with gastritis. The Helicobacter pylori status was determined from the histopathological examination and complete blood count was performed from venous blood sample. Patients with acute infection, gastric or duodenal ulcer, malignancy, cirrhosis, other inflammatory diseases and incomplete data were excluded from the study. The final study group included 31 patients with Helicobacter pylori positive chronic gastritis and the control group was formed by 43 patients without Helicobacter pylori infection.
RESULTS AND CONCLUSION: Out of 74 cases, 31 (41.9%) were Helicobacter pylori positive and 43 (58.1%) were Helicobacter pylori negative. We found significantly higher PLR ($p = 0.029$) and NLR ($p = 0.046$) values in patients with Helicobacter pylori infection when compared to control group and MPV was not statistically different. In conclusion, serum NLR and PLR levels could be a good predictor of inflammation in Helicobacter pylori infection. There are still conflicting publications on this issue and further prospective studies are needed to confirm or reject the association between gastric inflammation degree and MPV, PLR and NLR levels.

KEYWORDS: Helicobacter pylori, Platelet to lymphocyte ratio, Neutrophil to lymphocyte ratio

EP40. WORKPLACE AND PANCREATIC CANCER

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INTRODUCTION: Multiple epidemiologic studies have shown an increased risk of developing different types of cancer depending on the workplace and exposure to various substances such as pesticides, radiation and sedentary work. Pancreatic cancer is a neoplasm with a relatively low incidence but a very high mortality. The incidence of this type of neoplasia is constantly increasing in recent years, but nevertheless the risk factors could not be identified and validated.
MATERIALS AND METHODS: We conducted a retrospective case-control study in 2018-2019, in Fundeni Clinical Institute, which included a number of 154 people, of which 74 patients diagnosed with pancreatic cancer, and 80 persons without neoplastic diseases. The identification of certain risk factors, as well as of the workplaces prior to the diagnosis was made through a questionnaire addressed to the patients through a direct interview.
RESULTS AND CONCLUSIONS: The study included 74 patients with pancreatic cancer, aged between 45 and 86 years and a mean age at diagnosis of 65 years, with a ratio of women: men 1.1: 1. In the group of patients with pancreatic cancer it was observed that 40.54% of them worked in either foundries, paint or pesticide factories being thus exposed throughout life to various metals such

as steel, nickel, ferrous materials, and other substances like petrol or aromatic hydrocarbons. Regarding the presence of other risk factors, 55% were smokers or former smokers at the time of diagnosis, and affirmatively 22% were cronically drinking alcolic beverage and 45% didn`t drink. This study outlines the need for a cohort prospective study on risk factors in which to evaluate the workplace and exposure to various substances in order to establish a screening program for people at risk.

EP41. A PARTICULAR CASE OF DIGESTIVE BLEEDING MANIFESTED - FROM NORMAL TO THE UNUSUAL – A CASE REPORT

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INTRODUCTION: Digestive bleeding is a challenge in daily practice, being one of the main reasons for addressability in a gastroenterology center, which requires hospitalization and investigations to determine the cause and whose treatment depends on the source of the bleeding.
CASE REPORT: A 61-year-old patient from a urban area, with associated cardio-vascular pathology, with an initial address in the territory for digestive bleeding (melena), without highlight a source with potential for bleeding at endoscopic examinations, presents for the persistence of stools melenic, dizziness, marked physical asthenia and diffuse abdominal pain. Clinical examination reveals: good general condition, afebrile, teguments and pale mucous membranes, normal heart auscultation, bilateral basal tightened vesicular murmur. Laboratory findings show normochromic normocyte anemia, hyponatremia, important enzymatic cholestasis (increased isolated alkaline phosphatase), negative viral and autoimmunity markers, normal tumor markers, except increased PSA (3160 ng/ml), normal kidney function. Abdominal ultrasound: hyperreflective liver, with normal structure and size, at rest, without other pathological changes. The upper digestive endoscopy does not reveal any source with bleeding potential. Colonoscopy show small diverticula throughout the colic, red blood coming from the level of the small intestine, check with bleeding, no lesions. Because the colonoscopy revealed red blood from the small intestine, the exploration was continued with the investigation of this segment, with the help of the capsule endoscopy, which immediately describes after passing through the ileocecal valve, in the vesicle, a vascular lesion with central ulceration, and in nearby - red blood, with an ulcerated venous angiodysplasia aspect. Treatment of hydro-electrolytic rebalancing and blood transfusion was initiated, the main therapeutic measure being the endoscopic coagulation with argon plasma, with the bleeding stopping. In view of the increased PSA marker, abdominal-pelvic TC was performed, which revealed a tumor formation in the prostate and secondary bone lesions (which explains the increase of AP), the histological result being of prostate acinar adenocarcinoma. The particularity of the case is the overlap of an increased isolated AP that together with the increased PSA, directs the diagnosis to prostate neoplasm with secondary bone lesions.
CONCLUSIONS: The explorations performed out in the patient presented with digestive bleeding offered the explanation of the symptomatology, together with the modified biological parameters, further investigations being required. The manifestation of the digestive haemorrhage was masked by the colonic diverticulosis and the biological picture of the neoplastic pathology, the difficulty of the diagnosis being determined by the overlapping of the clinico-biological manifestations.

KEYWORDS: digestive bleeding, angiodysplasia, coagulation with argon plasma

EP42. BIOLOGIC THERAPY IN INFLAMMATORY BOWEL DISEASE AND PSORIASIS – BENEFITS AND SIDE EFFECTS

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INTRODUCTION: Inflammatory bowel disease (IBD), Crohn's disease (CD) and ulcerative colitis (UC), are systemic disorders not limited to gastrointestinal tract, since many patients may develop extraintestinal symptoms, the dermatological ones being the most common.
Psoriasis and IBD share the same genetic and pathogenic pathways, which has led to significant advancements and highly effective treatments.
METHODS: 1) A PubMed search was realized to screen the clinical trials from the last 10 years, regarding the biologic therapy used in IBD and psoriasis. Words used were: "Crohn disease", "ulcerative colitis", "inflammatory bowel disease", "psoriasis", "paradoxical psoriasis", "palmoplantar pustulosis", "anti-TNF", "anti-IL23", "ustekinumab", "anti-IL17", "vedolizumab". 2) A retrospective, single-center study based on the scanning of the hospital records of all the IBD patients currently undergoing treatment with biologics from the Hipocrate database used in the Gastroenterology departments in Fundeni Clinical Institute.
RESULTS AND CONCLUSION: Out of the 407 IBD patients that are being treated with biologic therapy (infliximab, adalimumab, vedolizumab and ustekinumab) 3 patients were found with plaque psoriasis associated with IBD (CD) – 0,73% and 2 patients with anti-TNF alfa induced psoriasis (1 patient with CD and 1 patient with UC) – 0,49%.
In the literature, plaque psoriasis is more frequently associated with CD (3,6%), and iatrogenic psoriasis has a prevalence of 1,6-2,7% in individuals with genetic predisposition.
The aim of this paper is to raise awareness for the need

of a national registry to monitor all patients with IBD also from a dermatological point of view and to record the effects of the biologics on the skin. For this, a 3-year prospective study will be carried out on all patients with IBD within the Gastroenterology departments of the Fundeni Clinical Institute.

KEYWORDS: inflammatory bowel disease, psoriasis, biologic therapy

EP43. MANAGEMENT OF LONG-TERM POUCH COMPLICATIONS FOLLOWING PROCTOCOLECTOMY FOR ULCERATIVE COLITIS IN A TERTIARY IBD CENTRE IN ROMANIA

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INTRODUCTION: Restorative proctocolectomy with ileal pouch-anal anastomosis is the gold-standard procedure for ulcerative colitis (UC) refractory to medical treatment. Multiple adverse outcomes are associated with J-pouch surgery including cuffitis, pouchitis, anastomotic leak, fistula, stenosis, Crohn's disease of the pouch among others. Pouch failure due to complications may lead to pouch excision and permanent ileostomy.
MATERIAL AND METHODS: Retrospective analysis of medical records of all patients with UC who underwent surgical treatment with ileal pouch-anal anastomosis (IPPA) from Gastroenterology Department II in Fundeni Clinical Institute between 2014-2021.
RESULTS: A total of 15 patients with UC underwent IPPA between 2014-2021. Surgical indications were failure of medical treatment in 8 patients (53%) , fulminant UC in 5 patients (33%) and high grade dysplasia on non-targeted biopsy in surveillance colonoscopy in 2 patients (13,3%). Acute idiopathic pouchitis was reported in 5 patients (33%) and relapsing pouchitis in 2 patients (13.3%). Same symptoms were present in all patients and consisted in increased bowel movements during the day and night, urgency, tenesmus and abdominal pain. The diagnosis was confirmed by endoscopy and histology. One episode of relapsing pouchitis was secondary to Clostridium difficile infection and was treated with vancomicine monotherapy 2 g/day for 14 days. Patients with Clostridium difficile negative pouchitis were treated with a course of 14 days of ciprofloxacin 1g/day with resolution of symptoms. Treatment with probiotics including prophylaxis was not used. In one patient with IPPA and defunctioning ileostomy cuffitis was reported with anastomotic dehiscence and pouchitis that was refractory to antibiotics, topical 5-ASA ,local and systemic corticosteroids and vedolizumab.
CONCLUSIONS: Pouchitis was the most common complication of IPPA for UC in our Department. Episodes were treated with antibiotics with good response. Prophylaxis with probiotics was not used. One patient had cuffitis with anastomotic dehiscence refractory to medical treatment and was refferd to surgery for pouch excision.

EP44. NEW THERAPEUTIC OPTIONS FOR THE MANAGEMENT OF IBD - „THE MORE, THE MERRIER", BUT NOT NECESSARILY EASIER...

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BACKGROUND: Inflammatory bowel diseases are complex diseases involving multiple pathogenic mechanisms, such as immune activation, epithe¬lial destruction and stromal cell proliferation, that are still largely unknown, leading to a lack of well established and curative treatment at this moment.
Taking into account that IBD has a rising incidence, especially in developing countries, such as Romania, with a large number of severe forms, non-responsive to existing therapies, affecting young, active people, IBD can turn into a public health problem in the next years.
Although anti-TNF has revolutionised the treatment of IBD, after twenty years of anti-TNF domination, unmet medical needs still exist, particularly as most patients on biologics are either primary non-responders or lose responsiveness during maintenance treatment; from the clinician's point of view, expectations have evolved, have refined as we are looking deeper and deeper, beyond the clinical aspect, beyond even the endoscopic aspect - we expect a „wonder" molecule which can achieve histological healing and maintain it as long as possible, at the lowest price (minimal adverse events); from the patient's point of view, the „wonder" molecule should be able to improve quality of life as quickly as possible, to be easily accepted and well tolerated and to have an excellent safety profile.Therefore, there is a constant preoccupation in this field of research and new therapeutic targets are rapidly identified allowing the development of new treatments.
However, in order to choose the right drug to fit a patient, it is indispensable to understand the pathomechanism involved in IBD.
AIM: The purpose of this paper is to present the most important signaling pathways involved in the pathogenesis of IBD and the new molecules targeting this pathways, that are already available or will become available very soon. New molecules can be classified into: biologic agents targeting inflammatory cytokines (anti-TNF agents, anti- IL-12/-23 agents, and specific inhibitors of IL-23), biologics blocking leukocyte trafficking to the gut (anti-integrin antibodies), small molecules inhibiting the JAK-STAT pathway (JAK inhibitors - 'Jakinibs') , molecules preventing lymphocyte trafficking (sphingosine-1-phosphate modulators). Some of them are already available in some parts of the world, some of them have been approved or are under investigation.
KEY MESSAGE: More and more therapeutic options become available offering new hopes and possibilities for both the physician and patient, but in the same time it becomes harder and harder to make the right choice. Therefore, physicians should understand the different mechanisms of action of the potential therapies for IBD and should be aware of their efficacy and safety profiles to select the right drug for the right patient.

KEYWORDS: IBD, inflammatory pathways, therapeutic targets

EP45. INULIN, CHOLINE AND SILYMARIN SUPPLEMENT FOR IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

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Irritable bowel syndrome (IBS) is a common medical problem. Only a few therapies have proven effective. The intake of inulin has been linked to the bowel peristalsis regulation, stool consistency and frequency.
AIM: to assess the benefit of a combined therapy with inulin, choline and sylimarin in constipation predominant IBS patients (IBS-C).
MATERIAL AND METHOD: A randomized case-control study was conducted at the Institute of Gastroenterology and Hepatology Iasi. Thirty six patients (28 females, mean age 53.03 years) diagnosed with IBS-C according to ROME IV were assigned into two groups: group A (18 patients) received a specific constipation-diet and group B (18 patients) received the diet and the medicine containing inulin, choline and sylimarin (Stoptoxin®, Fiterman Pharma, Iasi, Romania). After 4 weeks we performed the crossover of the two groups: group A received diet and Stoptoxin and group B received only diet. All the patients were evaluated after 28 and 56 days for assessing the severity of IBS symptoms using a questionnaire.
RESULTS: The two groups were homogenous in terms of demographic features and initial IBS symptoms. Administration of Stoptoxin was followed by the improvement of all IBS symptoms, with the best outcome being obtained for bloating, frequency and stools consistency. The global improvement of IBS symptoms was statistically more significant after 28 days (63.3%) comparative to 56 days (36.7%) irrespective of the regimen used first ($p<0.01$). Group B patients had a greater improvement in IBS symptoms than group A patients (67.6 % versus 59.2%) after the first 28 days. An improvement of IBS symptoms was also noted in group A, but not so significant. After 56 days, the group B patients had a slightly improvement compared to group A regarding all the symptoms.
CONCLUSION: The combination therapy with inulin, choline and sylimarin associated with constipation-specific diet showed a better effect in patients with IBS-C than diet alone.

KEYWORDS: inulin, irritable bowel syndrome.

EP46. ROLE OF VEDOLIZUMAB IN POSTOPERATIVE MANAGEMENT OF CROHN'S DISEASE - SHORT CASE SERIES

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BACKGROUND: Despite of the extensive use of new drugs in treating CD, there is still a great percent of CD patients (nearly 70%-80%) who will require surgery at some point during their lifetime. Surgery does not cure and is followed by recurrence in the absence of a preventive therapy. The increasing number of patients with previous exposure to numerous immunosuppressants and biologics at the time of surgery is a new challenge in postoperative management of CD.Prior exposure to anti-TNF therapy is associated with a high risk of relapse and a poorer response to new anti-TNF therapy. Beside anti-TNF there is another therapeutic option available in our country - Vedolizumab. It's efficacy in inducing and mantaining remission in both CD and UC (especially in anti-TNF naive patients) has been prooved by GEMINI trials, but it's effectiveness in preventing postoperative recurrence is unknown.
AIM: The aim is to present a short case series of patients with CD, treated with VDZ after surgical resection, in order to show the possible role/efficacy of VDZ in preventing postoperative recurrence in CD.
METHODS AND PATIENTS: Our experience included 6 patients with CD, which have been treated in our unit before and after surgical treatment; all of them had CD with prior surgery in the last 3 years; we retrospectively collected data from their charts regarding their duration of disease, use of biologics, use/need for corticoids, smoking status; all of them were assigned to receive VDZ as prevention therapy for recurrence after surgery. All of them were evaluated clinically and endoscopically after induction period, between weeks 10 and 14. We took into account CRP levels, endoscopic aspect, clinical status based on CDAI score, need for corticotherapy.
RESULTS: In our unit we have 6 patients (3 women and 3 men) treated with VDZ as preventive therapy for post-surgical reccurence. The average age was 37,83 years and the average duration of the disease was 4,16 years (minimum - 1 year; maximum - 10 years). Three patients were naive to biologics before surgery, while one of them had been treated with one biologic (Infliximab) and two had both of them. Before surgery four of them were smokers, but after surgery only one of them continued smoking. At weeks 10-14 CRP levels ranged between 0,3 mg/dl - 65,2 mg/dl (normal value - 5mg/dl); endoscopically active disease was found in 2 patients; four patients were on corticoids and clinical response/improvement was observed in 5 patients, based on CDAI scores, while one of them had a CDAI of 321, showing a moderately active disease.
CONCLUSIONS: Our short experience didn't show very convincing results about a presumptive beneficial effect of VDZ on the course of CD after surgery. Despite these findings we strongly believe that this is not a dead end, on the contrary, it may be a very shy beginning for new research work.

KEYWORDS: Crohn's Disease, post-surgical recurrence, vedolizumab

EP47. ANXIETY AND DEPRESSION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE IN CLINCAL REMISSION: CORRELATION WITH HEALTH-RELATED QUALITY OF LIFE

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INTRODUCTION: Anxiety and depression are frequently encountered comorbidities in patients with inflammatory bowel disease (IBD). Data regarding their prevalence in patients with IBD from Romania are sparse.
The purpose of this study is to estimate the prevalence of anxiety and depression in a cohort of IBD patients in remission treated at Fundeni Clinical Institute and to analyze the impact on the patients' health-related quality of life (HR-QoL).
MATERIAL AND METHODS: The presence of symptoms of anxiety and depression was analyzed in 68 consecutive IBD outpatients (48 patients with Crohn's disease (CD) and 20 patients with ulcerative colitis (UC)) from the Gastroenterology Department of Fundeni Clinical Institute using the HADS score. The patient was considered to have symptoms of anxiety and/or depression if HADS-A>7 and/or HADS-D>7, respectively. The HR-QoL was assessed using the IBDQ score. All patients were in clinical remission as defined by the Harvey Bradshaw Index (HBI) for CD and Simple Clinical Colitis Activity Index (SCCAI) for UC. Remission was considered for HBI ≤4 or SCCAI ≤2.
Statistical analysis was performed using R 4.0.4.
RESULTS: 29.4% of patients with IBD had symptoms of anxiety and 11.7% had symptoms of depression. All patients with symptoms of depression also had symptoms of anxiety.
Significantly more patients with CD had symptoms of anxiety compared to patients with UC (37.5% vs 10%, p=0.03). Regarding the depressive symptoms, they were only encountered in patients with CD (16.6%).
Patients with symptoms of anxiety or depression had a significantly lower HR-QoL as measured by IBDQ score, with a difference in means of 33.85 points (95% CI: 24.43 – 43.26, p<0.001) for anxiety and 48.5 points (95% CI: 37.15 – 59.84, p<0.001) for depression.
CONCLUSION: Symptoms of anxiety or depression are frequently observed in patients with IBD, especially in those with CD, having a significantly negative impact on the patients' HR-QoL.

KEYWORDS: quality of life, anxiety, depression, inflammatory bowel disease

EP48. CASE REPORT: ACUTE APPENDAGITIS – AN UNDERDIAGNOSED CAUSE OF ABDOMINAL PAIN

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INTRODUCTION: Epiploic appendagitis is a rare and benign condition, caused by torsion of an epiploic appendage or spontaneous venous thrombosis of a draining appendageal vein. It is an uncommon cause of acute abdominal pain that often manifests with acute onset of pain in the left or right lower quadrant. Diagnosis is usually made by contrast enhanced CT imaging.
CASE REPORT: A 47 years old female patient, with a previous history of cholecystectomy, presented to the emergency department with severe left lower quadrant pain that started 48 hours before presentation. She denied other digestive symptoms, fever, trauma or kidney related disorders. Physical examination was unremarkable, except for tenderness and guarding in the left iliac fossa. Laboratory tests were normal and abdominal radiography showed no evidence of bowel obstruction or free air.
Contrast enhanced abdomino-pelvic CT revealed an oval pericolonic fat-density nodule with a hyperdense ring and surrounding inflammation in the sigmoid-descending colon junction, establishing the diagnosis of acute epiploic appendagitis.
Symptoms improved after 24 hours of pain control medication, so the patient was discharged with a prescription of simple analgetics.
CONCLUSIONS: Epiploic appendagitis is an underdiagnosed cause of acute abdominal pain, with a non-specific clinical presentation that often requires CT imaging. We presented this case with the objective of increasing knowledge of this disease and its diagnostic imaging findings, in order to reduce harmful and unnecessary antibiotic therapies, surgery or prolonged hospitalization. Further studies are needed on its pathophysiology and etiology.

KEYWORDS: APPENDAGITIS, ABDOMINAL PAIN

EP49. CELL-FREE DNA BIOMARKERS ARE ASSOCIATED WITH POOR PROGNOSIS IN PANCREATIC ADENOCARCINOMA – A META-ANALYSIS

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INTRODUCTION: Pancreatic cancer has a poor prognosis with an overall survival rate of around 8%. (1,2). Better biomarkers are needed to guide the management of this highly lethal disease.The aim of our research was to assess the role of cell-free DNA (cfDNA) in evaluating prognosis of pancreatic ductal adenocarcinoma (PDAC).
MATERIALS AND METHODS: We performed a systematic literature search according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Studies reporting on survival of PDAC patients depending on peripheral blood cfDNA status were reviewed. The random effect model with the

pooled hazard ratios (HRs) and 95% confidence intervals (CI) were used for statistical analysis.
RESULTS: We included in the meta-analysis 40 studies counting 3323 patients. Both detection of ctDNA (HR=2.17, CI:1.63-2.9, HR=2.16, CI:1.57-2.97) and KRAS mutations within cfDNA (HR=1.49, CI:1.17-1.89, HR=1.88, CI:1.22-2.92) were associated with decreased overall survival (OS) and progression-free survival (PFS) respectively in all stages PDAC. In unresectable cases only ctDNA detection corresponded to decreased PFS (HR=2.46, CI=1.98-3.07) and OS (HR=2.42, CI=1.98-2.95), while KRAS had no significant impact. For studies reporting on resectable cases and disease monitoring, biomarkers were analyzed together, positivity indicating a poorer prognosis.
CONCLUSION: Our data confirm that positive cfDNA biomarkers indicate progression and decreased overall survival in PDAC. Detection of ctDNA seems more appropriate to evaluate the unresectable cases.

KEYWORDS: #pancreatic cancer, #cell-freeDNA, #prognosis, #liquid biopsy

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EP50. CLINICAL OUTCOMES OF ENDOSCOPIC TREATMENT IN PATIENTS WITH ESOPHAGEAL STENOSIS: A SINGLE CENTER EXPERIENCE

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BACKROUND AND AIM: Benign esophageal stenosis is a disease with important effects on quality of life, often requiring multiple endoscopic dilations. Our aim was to evaluate outcomes of endoscopic treatment in benign esophageal stenosis.
MATERIALS AND METHODS: We performed a retrospective study on 33 patients with benign esophageal stenosis who received endoscopic treatment that were admitted to the Emergency County Hospital "Pius Branzeu" Timisoara between 2015-2020. All patients underwent endoscopic treatment with Savary-Guillard bougies or balloon dilators. We evaluated the asymptomatic period, the number of dilations performed and adverse events.
RESULTS: 33 pacients were included in this retrospective study. The majority of them were male 18/33 (54.5%) with a mean age of 64 ± 18 years. The etiology of stenosis was post-caustic in 16/33 (48.5%) of cases, anastomotic in 7/33 (21.2%) and peptic in 10/33 (30.3%) of cases. After 1 year of follow up, the rate of patients who remained free of endoscopic dilation was 70% in peptic stenosis, 87.5% in post-caustic stenosis and 57.2% in anastomotic stenosis, with a mean number of days between 2 dilation session of approximatley 8 months (235 days). Compared with post-caustic strictures, anastomotic (1.75 vs 4 , p<0.01) and peptic (3 vs 4, p=0.05) were associated with a lower number of endoscopic dilation sessions. During a 1 year period, in dilations of 5-7-9 mm, reintervention was necessary in less than 56.7% of patients, and in dilations of 11-12 mm in 38.5% of cases. No serious adverse events have been reported.
CONCLUSION: Ingestion of caustic substance was the most frequent cause of esophageal stenosis that occurred in 48.5% of the cases. In almost half of the cases a second dilation session was not necessary and in over 78% of the cases an endoscopic reintervention was not necessary within one year interval.

KEYWORDS: endoscopic dilation, anastomotic, stricture

EP51. CASE REPORT: CRONKHITE-CANADA – A RARE NON-GENETIC GASTRO-INTESTINAL POLYPOSIS SYNDROME

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INTRODUCTION: Cronkhite–Canada syndrome (CCS) is an extremely rare, non-inherited condition, that was first reported by Cronkhite and Canada in 1955. To date, about 500 cases have been described worldwide. It is characterized by gastrointestinal polyposis with protein-losing enteropathy symptoms (diarrhea, weight loss) and the dermatologic triad: alopecia, onychodystrophy, hyperpigmentation. Polyps in CCS patients are non-neoplastic hamartomas and they can develop throughout the gastrointestinal tract (except for the esophagus). CCS affects primarily the older population (average age 60) and predominantly occurs in males. Currently, the etiology is unknown, but the prognosis is poor, with a 5-year mortality rate of 55%.
CASE REPORT: A 65 years old male previously diagnosed with Helicobacter Pylori gastritis in 2016, presented to our institution with a 2 months history of abdominal pain, diarrhea, weight loss, associated with the onset of cutaneous changes such as areas of hyperpigmentation on the hands, arms, chest, neck and face, nail distrophy and alopecia – hair and beard loss.
Gastroscopy exhibited numerous gastric and duodenal sessile polyps. Colonoscopy showed multiple sessile polypoid lesions from the sigmoid colon to the terminal ileum. Histopathology revealed typical features of hamartomatous polyps.
There was no family history of gastrointestinal polyposis or colorectal cancer. Further investigations tried to exclude other polyposis syndromes.
The patient presented with diffuse GI polyposis associated with cutaneous changes including hyperpigmentation, alopecia and onychodistrophy and these findings resulted in the diagnosis of CCS. We intended to treat

the patient with immunosuppresives, but he refused due to the potential side-effects, especially during this current situation of COVID19 pandemic. Therefore, he was discharged with a PPI and mesalazine treatement.
CONCLUSIONS: CCS is a rare disease with a high mortality rate. Clinical, endoscopic, and pathological findings are non-specific. When GI polyposis and skin changes co-occur, CCS should be considered.

KEYWORDS: POLYPS, ONYCHODYSTROPHY, ALOPECIA

EP52. ACUTE PANCREATITIS IN ELDERLY PATIENTS

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INTRODUCTION: Acute pancreatitis (AP) incidence in the elderly population has increased. However, the role of age as influencing factor on the AP clinical course is still debated.
MATERIAL AND METHODS: Clinical data of 262 patients with AP was retrospectively analysed. Diagnosis and classification of severity was made using the Revised Atlanta criteria. Patients were divided in elderly (>65 years) and non-elderly (≤65 years). We studied the differences regarding gender, aetiology, length of hospitalization, severity, type of complication, mortality, and the accuracy in predicting severity of C reactive protein (CRP), neutrophil to lymphocyte ratio (NLR), blood urea nitrogen (BUN) and Bisap score, using ROC analysis.
RESULTS: 26% (70/262) of patients were elderly, they were mostly women, 58% (41/70) vs. 38% (73/192) in the non-elderly group (p=0.006). The most frequent aetiology was biliary 74% (52/70) vs. 45% (88/192), (p=0.001), but there were also a considerable proportion of patients without a certain aetiology, 12% (9/70) vs. 1% (2/192) (p<0.0001). Hospital stay was not different, 8.4±1.3 days vs. 8±8 days (p=0.6). There were no significant differences regarding severity: 62% (44/70) vs. 50% (97/192) mild AP (p=0.1); 25% (18/70) vs. 36% (71/192) moderately-severe AP (p=0.1); 11% (8/70) vs. 12% (24/192) severe AP (p=0.9). Younger patients developed more frequently local complication, 17% (12/70) in elderly vs. 31% (60/192) in non-elderly group, (p=0.03). Mortality rates were also not different, 10% (7/70) vs. 8% (16/192), (p=0.8). In elder patients NLR had the best AUC in predicting severity, PCR, BUN, Bisap were less reliable. AUCs for NLR, CRP, BUN, Bisap in elderly vs non-elderly were: 0.8 vs. 0.8; 0.6 vs. 0.8; 0.6 vs. 0.75; 0.6 vs. 0.8.
CONCLUSIONS: Old patients do not develop more severe forms of AP, morality is not higher, but predicting tools seem to be less reliable, with the exception for NLR.

KEYWORDS: acute pancreatitis, elderly, severity

EP53. EPIDEMIOLOGY AND TOBACCO SMOKING IMPACT IN ACUTE PANCREATITIS.

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INTRODUCTION: Acute pancreatitis is a frequently encountered disease, with high costs for the gastroenterology wards. We aim to make an epidemiological study on the risk factors in regard with improving public health measures on this topic. Tobacco smoking is recognised as risk factor in pancreatic cancer and chronic pancreatitis.
MATERIALS & METHODS: Case-control study, in hich we have enrolled 266 of our patients, that were admitted between January 2017 and June 2020. We have analysed the epidemiological data with Microsoft Excel and the statistical association between smoking tobacco and acute pancreatitis with 2 sample % defective test with Minitab 19.
RESULTS: In our cohort, the majority of patients were men (74,24%), with median age 61 years, relative equal distribution of smokers vs. non-smokers (49,2% vs. 50,8%), the smokers being a majority in the case of males (55,31%). The most encountered etiology was alcoholic (53,44%) with the mention that in female group the most encountered etiology was biliary (69,23%). The comparison between tobacco smokers in our group and the general population of Romania identified a significant statistical (p=0,002) difference of +18,51 pp. in our group.
DISCUSSION: Although the epidemiological data observed were similar with an older study, smoking tobacco correlates with acute pancreatitis.

EP54. FROM THROMBOSIS TO METASTASIS, THE PARTICULAR CASE OF A PATIENT WITH HISTOPATHOLOGICAL UNCONFIRMED NEOPLASM OF DIGESTIVE SYSTEM

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KEYWORDS: gastrointestinal neoplasia, paraneoplastic thrombosis

INTRODUCTION: Paraneoplastic thrombosis occurs frequently in gastrointestinal neoplasia, especially in pancreatic cancer, gastric cancer and colon cancer. In the following we will present the unusual case of a patient with venous thromboembolism, whose evolution raised important challenges in diagnosing the primary digestive tumor.
MATERIALS AND METHOD: We followed the case of a 65-year-old patient, admitted in December 2020 for the increase in volume of the right pelvic limb, weight loss and significant physical asthenia.
RESULTS AND CONCLUSIONS: The patient is diagnosed after performing a venous Dopppler examination of the lower limbs with bilateral thrombosis in the femoral veins. Loss of appetite and weight loss raised the suspicion of a thrombosis associated with neoplasia, therefore tumor markers were determined, and we observed that CA 72-4, CA 19-9 and CEA were increased, which indicate the presence of a neoplasm in the gastrointestinal sphere. CT examination is recommended, which detects liver lesions suggestive of secondary determinations, ascites fluid, pulmonary nodules and bilateral pulmonary thromboempolism. Gastroduodenoscopy indicates the presence of incipient portal hypertensive gastropathy, and colonoscopy

identifies the presence of a stenotic tumor formation, bleeding in the proximal half of the ascending colon, from which multiple biopsy fragments are collected. However, the result of the biopsy is surprising, because it does not confirm the malignancy of the tumor, but raises the problem of differential diagnosis between Crohn's disease and colonic tuberculosis. We wanted to puncture the liver metastases, but the presence of large volume ascites and the poor condition of the patient contraindicated this procedure. In conclusion, the particularities of this case consist in its complexity- the patient's poor condition did not allow certain investigations, limiting the therapeutic options, and also in the unexpected result of the biopsy of the stenotic colon tumor, which could not support the diagnosis of digestive cancer, despite the increased tumor markers and liver metastasis.

EP55. GARDNER SYNDROME

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A 17-year old female patient with significant family history, a mother who died at the age of 34 with mandibular osteoma and supranumerary tooth, a maternal grandfather deceased at the age of 35, with soft tissue tumors and supranumerary teeth and a brother with multiple osteomas and supranumerary teeth, was diagnosed with multiple osteomas of the mandible, frontal and temporal bones following a CT scan. Considering the hereditary component and the fact that mandibular osteomas and supranumerary teeth are frequent extracolonic manifestations of Gardner syndrome, the patient underwent genetic testing. The genetic test identified a pathogenic heterozygous mutation of the APC gene, indicating the diagnosis of Gardner sydrome, a variant of familial adenomatous polyposis, a disease that is transmitted in an autosomal dominant manner. After that, the patient had a colonoscopy, which identified multiple polyps (<100) of various sizes all throughout the colon, thus supporting the aforementioned diagnosis. The anatomopathological examination of the biopsy fragments taken from a few of the polyps described an appearance characteristic of tubular adenomatous polyps.
Particularity of the case: The diagnosis of Gardner syndrome in this particular case was suspected starting from an extracolonic manifestation of the disease, the mandibular osteomas, and from the hereditary component of the lesions.

KEYWORDS: Gardner sydrome, familial adenomatous polyposis, osteoma

EP56. HYPERVASCULAR PANCREATIC LESIONS ON CONTRAST-ENHANCED EUS: BEYOND NEUROENDOCRINE TUMORS

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AIMS: Although pancreatic neuroendocrine tumors (PNETs) typically have a solid, hypervascular appearance on contrast-enhanced endoscopic ultrasound (CE-EUS), other non-PNET lesions may have a similar appearance. It is important to discriminate hypervascular pancreatic lesions because of different treatment option and prognosis. With this background, we decided to review our single-center experience with regard to hypervascular pancreatic lesions on CE-EUS.
METHODS: Patients from our institutional database who underwent EUS evaluation of a pancreatic lesion and had a hyperenhanced appearance on CE-EUS were retrieved. Microvascularization of the tumor was evaluated over 2 min during CE-EUS after intravenous injection of 4.8 mL SonoVue. Final diagnosis was based on histopathology of surgical specimens or EUS-guided tissue acquisition and clinical follow-up.
RESULTS: Between 2007 and 2020, 77 patients with hypervascular pancreatic lesions on CE-EUS were identified. Final pathology revealed PNET in 34 (44%) and a non-PNET diagnosis in 43 (66%). Of patients with a diagnosis of PNET, the lesion on EUS was solid in 31 (91%) and cystic in 3 (9%). Hypervascular solid lesions were also identified in 43 non-PNET patients with a final diagnosis of focal pancreatitis (25), solid pseudopapillary tumor (5), pancreatic metastases (6), pancreatic ductal adenocarcinoma (3), acinar cell carcinoma (1) and lymphoma (3). There were no significant differences in age, gender, tumor size, tumor location, pancreatic or biliary duct dilation, or contrast enhancement patterns (homogenous vs heterogeneous) between patients with PNET vs non-PNET diagnoses. All patients with hypervascular pancreatic lesions have undergone EUS-FNA/FNB with an overall diagnostic accuracy of 90%.
CONCLUSION: Several other benign and malignant non-PNET diagnoses may have a hypervascular appearance on CE-EUS. EUS-FNA and additional diagnostic modalities should be routinely performed to confirm a diagnosis prior any therapeutic decision.

EP57. INCIDENCE OF PRENEOPLASTIC AND GASTRIC NEOPLASTIC LESIONS IN A TERTIARY GASTROENTEROLOGY CENTRE

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INTRODUCTION: Gastric cancer is the fifth most common cancer in the world and the third leading cause of death from cancer being a disabling pathology with serious impairment of the patient's quality of life.
MATERIAL AND METHODS: We conducted a cohort

study, retrospectively, assessing the correlation between gastric cancer and the incidence of gastric preneoplastic lesions in 2015-2019, within the Gastroenterology I Clinic of SCJU Targu Mureş, including 11,808 patients from whom 3,183 patients were selected who had histopathological results. Female patients (53.4%) were included in the study and male, with an average age of 61, 2 years.
RESULTS: The incidence of chronic gastritis with Helicobacter pylori (HP) is 30.9%, complete and incomplete intestinal metaplasia lesions is 28.1%, chronic atrophic gastritis 23.6%, stomach resected 5.1%, dysplasia 0.5% and polyps 0.5%. Of neoplastic lesions, adenocarcinoma is the most common (4.5%), followed by lymphoma (2.9%) and small cell carcinoma (1.5%). The incidence of intestinal adenocarcinoma is 79.4%, and for diffuse one 20.6%; the incidence of MALT lymphoma is 89.0% of all patients detected with lymphoma, with the remaining 11% assigned to large B-cell lymphoma. The percentage of neoplastic lesions increases significantly in people over 70 years of age, and preneoplastic lesions are found in a higher proportion in people up to 50 years of age.
CONCLUSIONS: The incidence of HP infection is 30.9%, decreasing, but preneoplastic lesions have an increased incidence which requires monitoring of these patients.

KEYWORDS: gastric cancer, Helicobacter pylori

EP58. SARS-COV 2 INFECTION AND CLOSTRIDIUM DIFFICILE COLITIS: A CAUSAL RELATIONSHIP?

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INTRODUCTION: Clostridium difficile infection (C. difficile) is common in immunocompromised or in antibiotic treated patients. In the context of the Covid-19 pandemic, we wanted to evaluate a possible causal relationship between Sars-Cov 2 infection and C. difficile infection.
MATERIAL AND METHOD: We conducted a retrospective study between June 2020 and January 2021 in which we evaluated patients hospitalized at IGH - Hospital „St. Spiridon "Iași for C. difficile infection. We investigated the number of cases with C. difficile infection, their distribution by age groups, sex, environment of origin and the relationship with Sars-Cov 2 infection and its treatment as well as with other types of infection.
RESULTS: We detected 140 patients with C. difficile infection, with a male / female sex ratio of 1.05/1, 62.8% in urban areas, 37.2% in rural areas and with a maximum incidence at 61-70 years (22.1%) and 71-80 years (20.7%). Of the total, 34 cases had Sars-Cov 2 infection (24.2%). Of these, 17 patients (50%) had symptom onset one week after confirmation of Covid-19 infection, 14.7% at 1-2 weeks, 17.6% at 2 weeks - one month and 17.6% over one month. 15 cases (44.1%) performed antibiotic therapy for Sars-Cov infection 2, 5 cases did not perform (14.7%), and in 14 patients we have no data (41.1%). In 21 cases, corticosteroid therapy was used (61.76%). In 31 cases with C. difficile (22.14% of the total number), other associated infections were detected (urinary, pulmonary, cutaneous, spontaneous bacterial peritonitis and sepsis with unspecified starting point). Treatment schedule for C. difficile infection: Vancomycin 500 mg / day - 41.1% of cases, Vancomycin 1 g / day - 23.5%, combination of Vancomycin and Metronidazole - 32.35%, others (Fidaxomycin) - 2 , 9%. Among patients with C. difficile and Sars-Cov 2 infection , 26 cases (76.4%) associated at least 2 comorbidities. 7 patients with C. difficile died (5%), 2 with severe Covid-19 infection (28.5% of deaths).
CONCLUSIONS: Sars-Cov 2 infection was detected in almost 25% of patients with C. difficile. The causal relationship can be explained by: a) antibiotic treatment (44.1% of patients), b) corticosteroid therapy (61.76% of cases) administered for Sars-Cov 2 infection, c) advanced age (61-80 years) and d) the presence of comorbidities in 76.4% of patients (especially cardiovascular and metabolic).

KEYWORDS: Sars-Cov 2 infection, Clostridium difficile

EP59. THE INTERRELATIONSHIPS BETWEEN THE PARASYMPATHETIC NERVOUS SYSTEM AND GASTRIC CANCER

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INTRODUCTION: Previous studies have shown that the autonomic nervous system can act as a potential regulator of gastric cancer. The expression of the M3 muscarinic receptor can be assessed in order to determine the influence of the parasympathetic nervous system in gastric carcinomatosis.
OBJECTIVE: Our aim was thus to evaluate the expression of the M3 muscarinic receptor for acetylcholine in gastric adenocarcinoma and establishing possible correlations with clinicopathological aspects of the patients included in the study.
MATERIALS AND METHODS: We included 32 patients diagnosed after surgery. Of these, 8 were the control lot (benign tumors) and 24 patients comprised the gastric cancer lot, diagnosed with gastric adenocarcinoma. The gastric resection pieces were studied both histopathological and immunohistochemical. We recorded all clinicopathological characteristics of the patients, (gender, age, as well as stage and tumor differentiation degree).
RESULTS: The expression of the M3 muscarinic receptors increased with the tumor differentiation degree, from well-differentiated (G1), to moderately-differentiated (G2) and subsequently to low-differentiated (G3). Concerning the control lot, the expression of these receptors was low.
CONCLUSION: We have tried to highlight the fact that the nervous density of the M3 muscarinic receptors in gastric adenocarcinomas increases with the tumor differentiation degree, the highest value being identified among patients with low-differentiated adenocarcinoma.
KEYWORDS: gastric cancer, M3 muscarinic receptor, parasympathetic nervous system.

EP60. RS121913529 AND RS121913530 KRAS MUTATIONS PROFILING IN PANCREATIC DUCTAL ADENOCARCINOMA USING EUS-FNA AND LIQUID BIOPSY

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BACKGROUND: KRAS pathogenic polymorphisms are the most frequent genetic variants in pancreatic ductal adenocarcinoma (PDAC). The use of liquid biopsy would facilitate molecular profiling in these patients, with diagnostic and prognostic implications.

METHODS: KRAS rs121913529 and rs121913530 polymorphisms have been prospectively investigated in 64 consecutive patients diagnosed with PDAC by EUS-FNA. Genotyping has been conducted by TaqMan ® probes, using FNA gDNA and blood plasma liquid biopsy cfDNA. For 43 subjects only gDNA was available, whereas for 21 patients both DNA templates (gDNA ans cfDNA) were used.

RESULTS: KRAS mutations profiling has identified rs121913529 in 44 out of 64 subjects (68.7%) and rs121913530 in 8/64 subjects (12.5%). No patient carried both polymorphisms, so at least one of the two mutations was identified in 52/64 PDAC cases (81.2%). Mutations profiling in 21 patients in which both DNA templates were available, has indicated concordant results between liquid biopsy and FNA in 18/21 subjects for rs121913529 (85.7%) and in 17/21 cases for rs121913530, respectively (80.9%).

CONCLUSIONS: Using gDNA extracted from FNA, TaqMan genotyping has identified at least one KRAS pathogenic mutation in 81.2% of PDAC patients. In over 80% of investigated samples, there were concordant results obtained between liquid biopsy cfDNA and FNA gDNA, emphasizing the importance of liquid biopsy for PDAC molecular profiling.

EP61. MANAGEMENT AND OUTCOME OF ABDOMINAL SURGERY IN COMPLICATED CROHN'S DISEASE

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INTRODUCTION: Crohn's disease (CD) represents a challenging pathology that requires complex management. Apart from intricate medical treatment, patients frequently necessitate surgical procedures that can develop life-threatening complications. Our aim was to evaluate the clinical features, biological parameters, disease treatment and postoperative outcomes of patients with CD and abdominal surgery.

MATERIALS AND METHODS: We retrospectively analysed 1430 patients that were discharged with CD diagnosis between January 2010 and December 2020 from Fundeni Clinical Institute, Bucharest. After applying criteria of inclusion and exclusion, we selected 79 patients with abdominal surgical procedures for Crohn's complications.

RESULTS AND CONCLUSIONS: The mean age was 36.19±13.15 years old, male sex accounting for 50.6% of patients. 70.1% were Montreal A2 phenotype, with 5.37±5.5 years elapsed from diagnosis. Almost half of the cases (48.7%) presented ileocolonic involvement, 29.5% small bowel disease and 21.8% colonic disease. The main indications for intestinal surgery were stenosis (79.7%), abscess (37.3%), fistula (24.1%), perforation (8.9%) and malignancies (6.3%). The most frequently performed procedures were right ileocolectomy (60.8%), enterectomy (21.5%), segmental (15.2%) and total (11.4%) colectomy, with one fourth of the patients requiring a stoma. 22.8% presented complications such as infections (15.2%), bleeding (5.1%), anastomotic leak (2.6%) or fistula (3.8%). 15.2% required reintervention in 30 days and this outcome was associated with prior chronic biological treatment (p=0.034). 30 days mortality rate was 5.1%. Laparoscopic surgery was performed in 42.1% of cases. Complications were associated with higher C-reactive protein at admission (p=0.046) and increased hospital length of stay (p=0.002), regardless of demographic factors, clinical characteristics, prior pharmacological management or surgical technique. In conclusion, although disease phenotype and medical treatment before surgery did not impact early postoperative complications in CD patients, chronic biological therapy administration was more common among those requiring surgical reintervention within 30 days.

KEYWORDS: Crohn's disease, abdominal surgery, postoperative complications

EP62. IMPROVEMENT OF QUALITY OF LIFE AMONG PATIENTS WITH CROHN'S DISEASE AND ANEMIA AFTER IRON THERAPY

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INTRODUCTION : Anemia is very common in patients with Crohn's disease (CD) and it is frequently related to intestinal inflammatory activity. Its cause is multifactorial and mostly associated with absolute iron deficiency. Iron supplementation improves the outcome of CD. The aim of the study was to evaluate the improvement/normalization of hemoglobin and the quality of life (QoL) changes after intravenous iron treatment in CD patients with moderate iron deficiency anemia (IDA).

MATERIALS AND METHODS: We conducted a prospective study over a period of 1 year (2019-2020) at the Institute of Gastroenterology and Hepatology Iasi which included 22 patients (15 males, 7 females,

mean age 41 years) with active CD and moderate IDA (hemoglobin(Hb)-7 to 10 g/dL). All patients were treated with intravenous iron, 1000 to 2000 mg depending on the Hb value and patient's weight. The primary outcome was an increase in Hb of ≥2 g/dL at 12 weeks. QoL(quality of life) was assessed by means of the IBDQ32 questionnaire (Inflammatory Bowel Disease Questionnaire) baseline and at 12 weeks.
RESULTS: An increase in Hb of 2 g/dL occurred in 17 (77.27%) patients after 12 weeks and normalization of anemia was found in 11 (50%) patients. Improvements in quality-of-life scores were found for all (100%) patients after 12 week (baseline mean score 125.5 vs 12 weeks score 165.9, $p<0.05$).
CONCLUSIONS: Intravenous iron therapy improves Hb and QoL in patients with active CD and moderate IDA over a short period of time.

KEYWORDS :iron treatment, anemia, Crohn's disease;

EP63. A CASE SERIES OF NEUROENDOCRINE TUMORS

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INTRODUCTION: Gastrointestinal neuroendocrine tumors are rare neoplasm, gastric and duodenal neuroendocrine tumors being the most common types of upper gastrointestinal neuroendocrine tumors. Although rare, neuroendocrine tumors are a real challenge for the clinician in both diagnosis and treatment.
CASE REPORT: CASE 1: A 41-year-old man with no personal pathological history, was presented for bloating and abdominal pain. An esophagogastroduodenoscopy was performed, showing diffuse redness, enlarged folds and mucosal edema in the stomach, and at the level of the duodenum bulb, a 5mm reddish sessile polypoid formation. Biopsies were taken, and the urease test for H. pylori infection was positive. Laboratory tests showed no anemia. The result of the biopsies showed the presence of a well- differentiated neuroendocrine neoplasm, low-grade neuroendocrine tumor (with the presence of Synaptophysine, Chromogranin A, Ki67, CDX2 and PAX8). Endoscopic resection was performed, followed by chromogranin dosing at 3 months after resection, its level being slightly elevated.
CASE 2: A 48 yeas old woman with personal history of hypothyroidism presented for fatigue. Laboratory test shows hypochromic, microcytic anemia. An Esophagogastroduodenoscopy was performed, showing a polypoid lesion approximately 4-5 mm, located in the gastric corpus, suggestive of NET, biopsies being taken. Cromogranine level was 880 µg/L, but Octreoscan examination showed no pathological findings. Endoscopic resection was performed and the pathology exam revealed a polypoid lesion with a histological aspect of grade 2 (Ki 67 of 8%). A month after resection, Cromogranie level was 1200 µg/L and control esophagogastroduodenoscopy showed pseudonodular tumors in the fornix, approximately 2-3 mm in diameter. Multiple biopsies were taken, pathology exam revealing a grade 2 neuroendocrine tumor associated with autoimmune atrophic gastritis (Type 1).
CONCLUSIONS: Endoscopy plays an important role in diagnosing neuroendocrine tumors of gastrointestina tract. In addition to ensuring the most accurate sampling of biopsy material, the essential role of the most accurate and complex pathological diagnosis must be recognised, on it depending the establishment of the prognosis, evolution and therapeutic management.

EP64. A META-ANALYSIS OF NON-INVAZIVE BIOMARKERS IN GASTRIC CANCER

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Endoscopic and clinical examination of risk population as well as a good screening of pre cancerous conditions may give the chance to an early detection of GC and this way improving patients survival rate. In order to achieve an early detection of GC many studies focus nowadays on studing cell-free micro RNAs which present an invaluable potential source of non-invazive biomarkers in gastric cancer.
MATERIAL AND METHODS: We examined the English language literature that described studies that were analyzing gastric juice miRNAs(miR129 and miR106a), compared the sensitivity and specificity of two molecules miR-129 and miR-106 with serum CEA for the detection of early gastric cancer.
RESULTS: Acording to the studies we analyzed, the patients, who had gastric cancer had significantly different levels of miR 106 and miR129 gastric juice compared with the control group. Studies show that patients with gastric cancer have lower levels of gastric juice miR129 compared with control groups, also there are studies that show that the survival after treatment was better in patients that had high mir-129 espression compared with those that had low mir-129 expression. Also our integrative analysis on miR 106 showed that the level of this miR was significantly higher than in non-tumor tissues, studies concluded that miR106 was also associated with stage and distant metastasis.
CONCLUSION: In conclusion our comprehensive and integrative analysis showed that miR106 and miR129 may be a new biomarker for clinical application in gastric cancer, and we have to x 3tr3ew2q1z
C GBFVemphasize their importance for prognostic and therapeutic management.Also this studies show that this new biomarkers are more sensitive and specific than CEA.

KEYWORDS: gastric cancer, microRNA, non-invazive biomarker.

EP65. OSTEOARTICULAR MANIFESTATIONS DURING CHRONIC INFLAMMATORY BOWEL DISEASE

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INTRODUCTION: Osteoarticular manifestations during chronic inflammatory bowel disease movements were the most common extra-digestive manifestations. They often provided with spinal deformity and fracture complications.

Our purpose was to clarify the prevalence of osteoarticular manifestations, their clinical and radiological profile and determine the risk factors for occurrence and / or aggravation.
METHODS: We conducted a prospective study of 50 cases of inflammatory bowel disease collected in the Internal Medicine Department over a period of 1 year (2019-2020). All patients benefited with a systematic thorough examination, osteoarticular examination, radiological assessment as a densitometry.
RESULTS: Our series consisted of 30 patients with Crohn's disease and 20 with of hemorrhagic rectocolitis. The mean age of our patients was 36.4 ± 9.9 years. There was one slight male predominance. Joint manifestations were recorded in 48% of our patients. The axial impact was found in 26% of cases, represented by spondylarthropathy in 22% of cases according to criteria of the European Spondylarthropathy Study Group, asymptomatic sacroillitis in 4% cases and peripheral joint manifestations in 22% of cases. By varied joint study, age over 35 years as well as colic localization in patients carriers of crohn's disease were the risk factors for the occurrence of spondylarthropathy. Other risk factors include type of chronic inflammatory bowel disease, duration of disease progression and intestinal resection had no correlation with spondylarthropathy. For bone manifestations, a decrease in bone mineral density was noted in 21 patients or 45% of cases divided into 13% osteoporosis and 32% osteopenia. Our results join those in the literature where the prevalence of osteoporosis during Chronic inflammatory diseases range from 15 to 30%. By a varied joint study, only the age over 35 years, the duration of disease progression over 10 years and bowel resection were risk factors for bone loss. After age adjustment and intestinal resection, only the duration of evolution greater than 10 years persisted as a risk factor for decreased bone mineral density. The other factors of risk namely: sex, type of chronic inflammatory bowel disease, mass index corticosteroid therapy, tobacco and the presence of spondyloarthropathy were not in bone loss during chronic inflammatory bowel disease.
CONCLUSION: We emphasize the need to systematically look for these osteo-articular manifestations for early diagnosis and management.

EP66. ACUTE PANCREATITIS IN RELATIONSHIP TO CHRONIC PANCREATITIS AND RISK OF PANCREATIC CANCER - PROSPECTIVE STUDY

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BACKGROUND: Acute pancreatitis (AP) has medical and surgical therapeutic approach, depending on the severity of the disease and its complications. Clinical and paraclinical monitoring of patients with history of AP is essential, in order to prevent chronic pancreatitis (CP) and finally, pancreatic cancer (PC).
MATERIAL AND METHODS: The study included 72 patients with AP (48 men and 24 women, meanage 64+/- 8years) hospitalised and monitored from 2018 in Gastroenterology Institute : 44 ethanolic, 10 dyslipidemic, 11 colelithiasis, 7 with type 2 diabetes and obesity, who were evaluated by blood tests (amylase, lipase, CRP, CA19-9), abdominal ultrasound, PET/CT and MRI. All patients underwent PCR testing for SARS-CoV-2 in the last year, 5 of them being positive.
RESULTS: 33 patients had recurrent toxic AP and those with dyslipidemia and colelithiasis had a good evolution with lipid-lowering therapy and cholecystectomy. Patients with diabetes and obesity were treated with oral antidiabetics +/- insulin, specific diet and 8 severe AP, in which CRP was > 100mg/l and Balthazar score 6, were treated surgically. 29 of patients developed CP, of which 6 were diagnosed with PC, 4 in curative stage and 2 patients with palliative treatment.
CONCLUSIONS: Ethanolic recurrent AP in smokers men, dyslipidemia and obese diabetes type 2 in women can be prevented by lifestyle changes, diet regime and antidiabetics. CT is essential in establishing the severity score of AP and for the differential diagnosis of pancreatic lesions. PET/CT can detect early PC, but also postoperative recurrences and contrast MRI is useful in detecting small tumors,. CRP >100 mg/dl is a useful biological marker in severe AP and elevated CA19-9 is suggestive for PC, in clinical and imagistic context.

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KEYWORDS: acute pancreatitis, chronic pancreatitis, pancreatic cancer

EP67. A RARE CASE OF PRIMARY PERITONEAL SEROUS CARCINOMA: A CASE REPORT

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INTRODUCTION: Primary peritoneal serous carcinoma is a rare malignancy which arises from the peritoneal epithelium and is similar to serous ovarian carcinoma. It has an estimated incidence of 6.79 cases per

1.000.000 individuals in the US. It generally occurs in postmenopausal Caucasian women with a peak age in the seventh decade of life.
CASE REPORT: A 62 year-old female, known with type 2 diabetes, was admitted with abdominal distension for four weeks associated with intermittent abdominal discomfort.
Physical examination raised the suspicion of ascites.
Initial laboratory tests were within normal parameters.
The patient underwent a contrast enhanced abdominal computed tomography scan, which described a large amount of ascites in the abdominal cavity and a thickening of the stomach wall in the antrum.
Upper and lower digestive endoscopy were performed to rule out gastrointestinal neoplasia.
Ascitic cytology was performed and it revealed mostly inflammatory cells and some atypical cells. Microscopic examination for tuberculosis was also carried out and ruled out peritoneal tuberculosis.
Out of the tumoral markers sampled, CA-125 had a level of 330 U/ml, raising the suspicion of an ovarian cancer.
Pelvic magnetic resonance imaging described a 22 mm mass on the greater omentum and diffuse thickening of the parietal peritoneum.
Exploratory laparoscopy was then performed and it revealed a whitish mass of about 3 cm in the greater omentum, which was biopsied. Pathological examination of the fragments confirmed the diagnosis of primary serous peritoneal carcinoma.
The patient was referred to the oncology department and will soon start chemotherapy with platinum derivatives.
CONCLUSIONS: The case particularity consists in the fact that primary peritoneal serous carcinoma is an extremely rare malignancy which requires ruling out multiple other potential primary tumors.

KEYWORDS: PRIMARY PERITONEAL CARCINOMA

EP68. PROBIOTICS FOR THE PREVENTION OF CLOSTRIDIUM DIFFICILE INFECTION AMONG PATIENTS UNDERGOING ANTIBIOTIC THERAPY

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BACKGROUND AND AIM: Clostridium difficile infection (CDI), is the leading cause of antibiotic-associated diarrhea (AAD), especially among eldery and hospitalized patients. Probiotics have been proposed for the prevention and treatment of a variety of gastrointestinal conditions, but guidelines do not recommend probiotic use for prevention of CDI. The aim of this study is to evaluate the efficacy of probiotics in preventing CDI.

MATERIALS AND METHODS: an unblinded, randomized, prospective study (October 2018- December 2020) was performed, in which 319 patients admitted in a gastroenterology department, who fulfilled the inclusion criteria and received antibiotics, were included. Five arms of study were created: four probiotics and one placebo. The patients received probiotics in less than 24 hours from the first antibiotic dose, during the treatment and 7 days after, according to their dose indication. Strains such as Lactobacillus, Clostridium Butiricum, Bacilus Mesentericus, Bifidobacterium and Streptococcus faecalis were used. Primary outcomes were frequency of AAD and CDI.
RESULTS: Out of 319 patients included [124 female, mean age 64.3±12.2 years, mean hospitalization days 10±8], 29.1%(93/319) were on placebo and 70.9%(226/319) received probiotics. Other risk factors for CDI accounted were: use of proton pomp inhibitors 30%(70/319) patients, 50%(159/319) patients >65 years, liver cirrhosis 44%(140/319) patients.
15.7%(50/319) patients developed AAD, 44.1%(41/93) patients in placebo group and 4%(9/226) patients on probiotics (p<0.0001). 9.7%(31/319) were confirmed with CDI, 30.1%(28/93) patients from placebo group and 1%(3/226) patients on probiotics (p<0.0001).
Patients exposed to antibiotics, without taking probiotics had a higher risk of CDI: OR=10.1, CI 95%(3-33.7),p=0.0002 . In the probiotics group, probiotics showed a protective role for CDI, OR=0.098, CI 95%(0.03-0.32), p=0.002. None of the patients reported adverse events.
CONCLUSIONS: The rate of AAD and CDI was significantly lower in the probiotics group, as compared to placebo group, in which patients had 10 times higher risk to develop CDI.

KEYWORDS: probiotics, prevention, Clostridium Difficile Infection

EP69. PSEUDOANEURYSM OF THE RIGHT HEPATIC ARTERY COMPLICATING ACUTE PANCREATITIS- A CASE REPORT

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BACKGROUND AND AIM: Acute pancreatitis has different types of complications, an uncommon vascular complication being arterial pseudoaneurysms of visceral arteries. The objective of this case report is to present a rare case in which, after an episode of acute pancreatitis such a complication occurred.
CASE REPORT: A 82-year-old woman, with a history of heart disease and diabetes mellitus type 2, is admitted to our department for obstructive jaundice and acute biliary pancreatitis. Abdominal ultrasound (US) was performed at the time of admission indicating gallstones, dilated intra- and extra-hepatic bile ducts. Laboratory tests showed increased serum lipase (≥ 3 times the upper limit), increased liver enzymes, and total bilirubin of 4.2 mg/dl. MRCP was performed and choledocholithiasis was identified, also the suspicion a hepatic lesion was

raised. US examination was repeated revealing two new liver lesions (one hypoechoic of 4 cm in segment VI and one transonic with pulsatile Doppler flow in segment VIII). Contrast-enhanced US characterized the lesion in segment VIII as a vascular lesion and the other one as a hepatic abscess. A contrast-enhanced Computer Tomography was performed and afterward a selective angiography identifying a pseudoaneurysm of the hepatic artery tributary to segment VII. Ultra-selective coil embolization of the aneurysm was successfully performed. ERCP was performed with the clearance of the biliary duct. The patient received antibiotic treatment for the hepatic abscess and developed Clostridium difficile infection. After 30 days the patient was discharged in a good general condition.
CONCLUSION: This case is particularly interesting because it depicts an infrequent complication of acute pancreatitis with an uncommon localization, as only 2% of pseudoaneurysms developing from the right hepatic artery. Furthermore, this complication was successfully treated by coil embolization.

Acute pancreatitis, Hepatic artery pseudoaneurysms, vascular complication.

EP70. PSYCHOLOGICAL DISORDER IN CHRONIC INFLAMMATORY BOWEL DISEASE.

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INTRODUCTION: Chronic inflammatory bowel disease (IBD): Crohn's disease (CD) and ulcerative colitis (UC) are frequently associated with psychiatric disorders. It is a complex relationship, where psychological factors were initially involved in the onset and triggering outbreaks, although this link has never been confirmed. However, it was recognized that this chronic disease with its unpredictable outbreaks has an impact on the quality of life of patients and generates psychological distress, most often anxiety. Factors favoring these disorders have not been well studied. However, their knowledge would recognize patients requiring psychological support. Thus the purpose of this study was to estimate the frequency of psychiatric disorders (anxiety and / or depression) in IBD and to identify the risk factors.
METHODS: This cross-sectional study of case-control study from June 2019 to April 2020, including 60 consecutive patients with IBD. For each patient, we matched a control subject free of any intestinal and psychiatric pathology by age, sex and level of education. The frequency of psychiatric disorders (anxiety and depression) in both groups was determined using the scale HADS (Hospital Anxiety and Depression Scale). Characteristics of IBD and socio-economic profile were identified for each patient to identify factors associated with mental disorders.
RESULTS: Sixty patients and 60 matched controls were collected. Among the patients, 24 were men and 36 women aged 37 years on average. The higher level of education was 51.7% in cases, 66% of patients were renting their homes and 25% were unemployed. IBD was Crohn disease in 45 cases and RCH in 15 cases. The analysis of the HADS scores showed: anxiety in 46.6% of IBD and depression in 10%. In the control group, the frequency of anxiety was 3.3% and the frequency of depression was 1.6%. The comparison between the IBD group and the control group showed that anxiety and depression were significantly more frequent in IBD than matched controls (p = 10-3 and 0.01 respectively). Factors associated with the occurrence of psychiatric disorders in our series were in univariate analysis: the female sex (p <0.03, OR 5.3, CI [1.24 to 22.8]), the higher level of study (p <0.009, OR 7.2, CI [1.4 to 37.4]), being tenant rather than own their homes (p = 0.03 OR 4.5 CI [1, 14 to 18.2]) and IBD type UC (p = 0.04, OR 1.3, CI [1.12 to 1.7]). In multivariate analysis, independent factors were female sex (p = 0.01, OR 11.3 CI [1.65 to 46.47]) and the higher level of study (p =0.008, OR 12.1; CI [1.92 to 73.62]).
CONCLUSIONS: Psychiatric disorders including anxiety and depression in IBD are very common and its impact on the evolutionary course of the disease is not negligible. A psychological evaluation should be an integral part of the management of these patients using a simple screening test adapted to our population. Women and issues of higher education level are more vulnerable topsychological problems and therefore require a suitable plug load.

EP71. ULCERATIVE COLITIS - A LONG ROAD WITH MULTIPLE OBSTACLES

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A-42 years old patient with history of ulcerative colitis (UC), pancolitis, cortico-dependent form, treated with Infliximab for 7 years, with favorable clinical and biochemical outcome, discontinued the biological therapy, in order to get pregnant. At 9 months postpartum, she presented abdominal pain, diarrhea with blood and mucus (10-15 stools/day), associating important inflammatory syndrome and Mayo 3 endoscopic score. These features confirmed the flare of CU. The relapse was complicated by Clostridium difficile infection. After antibiotic treatment and corticosteroid induction therapy, biological therapy with Infliximab was resumed, but with an unfavorable response. Dosage of anti-infliximab antibody levels targeted a high titer of antibodies. It was decided to change the biological agent with Vedolizumab. The induction period was followed by a slight clinical and biological improvement. It was decided to continue the treatment with the maintenance regimen and more frequently gastroenterological evaluations.
Particularity of the case: Stopping the anti-TNF treatment has the risk of losing the response to treatment by the appearance of specific antibodies. Pregnancy is not a contraindication for biological therapy. Proper education of patients increases adherence to treatment even in more fragile conditions. Slow response to vedolizumab should not discourage treatment as long as the benefit-risk balance is positive.

KEYWORDS: infliximab, vedolizumab, pregnancy

EP72. RELATIONSHIP BETWEEN CIRCULATING CELL-FREE DNA AND TUMOR CHARACTERISTICS IN PATIENTS WITH PANCREATIC

DUCTAL ADENOCARCINOMA

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INTRODUCTION: Pancreatic ductal adenocarcinoma (PDAC) remains one of the most aggressive cancers with a poor survival rate, despite recent progresses in treatment options. Considering the limitations of traditional biopsies, there is an urgent need for new tumor biomarkers.
MATERIALS AND METHODS: During September 2018 and November 2019, patients with histologically confirmed PDAC, were enrolled. Peripheral blood was collected for ccfDNA isolation prior to EUS-FNA or chemotherapy treatment. The ccfDNA isolation was conducted using QIAamp MinElute® ccfDNA kit by Qiagen. The quality of ccfDNA thus obtained was assessed using Agilent Bioanalyzer 2100 and the D1000 and High Sensitivity kits. A fluorimetric method was used to quantify the ccfDNA concentration. The correlations between the quantity of ccfDNA per 1 mL of plasma and tumor characteristics were analyzed using IBM SPSS Statistics.
RESULTS AND CONCLUSIONS: Circulating cell-free DNA was isolated from 39 histologically confirmed PDAC patients. All ccfDNA samples had adequate purity by on-chip electrophoresis. The ccfDNA concentration ranged between 0.76 ng/uL and 89.40 ng/uL, eluted in 25 uL of ultra-pure water, with a mean of 7.95 ng/uL (+/-14.03). Mann-Whitney U Test was used to determine the correlations between the ccfDNA concentration and tumor characteristics. A link between increased levels of plasma ccfDNA and tumor burden was found. Venous (p = 0.018, Z =-2.369) and arterial invasion (p = 0.024, Z = -2.256) positively influenced the quantity of ccfDNA. T3 or 4 stage (p = 0.013, Z = -2489) as well as CA 19-9 level >3xN (p = 0.014, Z = -2.451) were associated with higher concentrations of ccfDNA. A marginally significant correlation (p = 0.049, Z = -1.966) was found between tumor diameter (>36 mm) and ccfDNA quantity. No significant correlations were found between the ccfDNA concentration and tumor localization or metastatic disease.

KEYWORDS: liquid biopsy, ccfDNA, pancreatic ductal adenocarcinoma

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EP73. DIFFICULTIES IN DIFFERENTIAL DIAGNOSIS IN A CASE OF CYSTIC PANCREATIC TUMOR OVERIMPOSED TO CHRONIC PANCREATITIS

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INTRODUCTION: Cystic pancreatic masses can be benign or malignant. Cystic pancreatic neoplasia include serous cystic neoplasia (SCN), mucinous cystic neoplasia (MCN) intraductal papillary mucinous neoplasia (IPMN), solid pseudopapillary neoplasia (SPN) and cystic transformation of solid tumor (ductal adenocarcinoma and neuroendocrine tumors).
MATHERIAL AND METHOD: We present the case of a 67 years age patient, known with ischemic heart disease and previous cholecystectomy for biliary lithiasis, with known history of chronic pancreatitis, who was admitted into our hospital because of significant jaundice. Ultrasound and CT scan showed both important dilations of both intrahepatic and extrahepatic bile ducts, with heterogenous pancreas, enlarged pancreatic head, dilated Wirsung duct with ductal stones and parenchymal calcifications, suggestive for chronic pancreatitis. Biochemical exams showed cholestatic jaundice, and an elevation of CEA and CA 19-9 values was initially interpretated in the context of cholestasis. The surgery was performed and chronic pseudotumoral pancreatitis was confirmed intraoperatory.
After 12 months, patients return to the hospital because of mild epigastric pain, associated with lack of appetite and 2 kg weight loss. Transabdominal ultrasound showed a heterogenous pancreas with Wirsung duct dilation, parenchymal calcifications and multiple corporeal-caudal cystic images, who were not noted at previous examination. No cholestatic abnormalities were noted, but higher levels of CEA (10.5 ng/ml) and CA 19-9 (925 ng/ml) were therefore considered suggestive for malignancy. CT scan and IRM showed multiple cystic pancreatic with total replacement of normal parenchyma, predominant into the head and corpus of the pancreas, with enhancement at the periphery and in some of the septa, with maximum diameter of 35/30 mm, associated with calcifications in pancreatic head. Endoscopic ultrasound with contrast-enhanced examination and fine needle aspiration established the final diagnosis of cystic mucinous tumor of the pancreas associated with chronic pancreatitis.
CONCLUSIONS: The case presented illustrated the difficulties of diagnosis and need for follow-up in case of chronic pseudotumoral pancreatitis.

KEYWORDS: cystic pancreatic mucinous tumor, contrast enhanced endoscopic ultrasound, fine needle aspiration

EP74. A PANCREATIC TUMOR OF UNKNOWN ETIOLOGY

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We report the case of a 36-year-old female with no prior history of interest who was transferred from the general

surgery department due to symptoms compatible with pancreatic mass of unknown origin. CT scan showed evidence of a pancreatic tumor developed in the pancreatic body and measuring approximately 70 mm. Lab analyzes showed normal tumor markers and slightly elevated immunoglobulin G4 148 mg/dL (adults: 9–104 mg/dL). Endoscopic ultrasound showed the presence of a homogeneous pancreatic mass, without invasion in the vascular structures, developed on the anterior face of the pancreatic body. The main pancreatic duct and its branches were normal. There were no signs of chronic pancreatitis. Echoendoscopic elastography revealed the presence of a tissue with increased hardness at this level, and the examination with i.v. contrast agent (SonoVue) revealed the presence of an slight diminished enhacement in arterial time with progressive wash-out in venous time. EUS-FNB and histological and immunohistochemical examination were performed. The pathology results from the pancreatic biopsies were compatible with type 1 AIP because histologically there was extensive fibrosis with an isolated whirl pattern, lymphoplasmacytic aggregates, polyclonal plasma cells, many of which had IgG4 expression in some fields of up to > 50 positive cells / high power field. Given these findings, treatment was initiated with corticosteroids, and the patient is currently under clinical and imaging monitoring.

EP75. COVID-19 INFECTION AND ACUTE PANCREATITIS

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INTRODUCTION: The infection with novel corona virus Covid-19 has affected our normal life and caused a pandemic around the whole world and more than 2.500.000 deaths. All the corona viruses, are causing a severe acute respiratory syndrome, and the infection with SARS-COV-2 is causing the same. However, while the pandemic infection evolved, digestive manifestation was signaled, as: hepatitis, cholecystitis and sometimes, pancreatitis.

METHODS: The Emergency hospital from Targu-Mures was not designated as a Covid hospital, but all the emergencies from the region are first examined here, in the emergency department. The patients with Covid-19 and acute pancreatitis were followed-up.

RESULTS: In the period march 2020- march 2021, there were 137 patients diagnosed with acute pancreatitis admitted in the Gastroenterology clinic. In all the patients abdominal and thoracic computer tomography (CT) was done, for the diagnosis and to exclude the Covid-19. In 5 patients, with a prevalence of 3,65%, COVID manifestation appeared later, in the 4-5'th day from the admission, when fever and leucocytes begun to erase, and they became dyspneic. All the patients were males, mean age 53,6 years. All the patients had a good evolution from the pancreatitis point of view, but The Real Time PCR test revealed the ARN SARS-COV-2 virus, so the test was positive. The pulmonary CT-scan showed the typical ground-glass opacities and the oxygen saturation begun to decrease.

CONCLUSION: The SARS-COV-2 infection evolves typically with acute respiratory syndrome, but the digestive system may be also affected. Patients may have diarrhea, acute hepatitis, acute cholecystitis or acute pancreatitis. The acute pancreatitis can be part of the clinical presentation of COVID-19, or can be a complication of this disease, further studies are necessary.

KEYWORDS: COVID-19, acute pancreatitis, SARS-COV-2

EP76. SOCIAL REPRESENTATIONS OF HEALTH AND ILLNESS FROM CHRONICALLY PATIENTS WITH FUNCTIONAL GASTRO-INTESTINAL DISORDERS

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ABSTRACT

Previous empirical studies on perceptions and social representations in chronic situations emphasize the idea that chronic illness causes major breakdowns in the biographies of the affected persons (loss of self, biographical disruption) as a result of suffering and changing the way of life. This study confirms partially the theory, as being only a phase in the transition to a ‚recalibrated-regular-life-course' but also it changes the perspective by introducing a spatial dimension into the analysis.

By conducting in-depth interviews taken in different places and different life situations from patients with chronic conditions related with functional gastrointestinal disorders and by analyzing social-media narratives collected from specialized patient sites, we have tried to reveal what changes can occur in self-perceived health status along crossing routes in the spatial spectrum of patients. More specifically, the study identifies the existence of so-called ''referential spaces'' (as hospital, home, city, ambulatory service, job-place) in which people experience different embodiments and statuses that vary from obedience, self-discipline up to maximum degrees of freedom and wellness.

These results leads to the idea that nowadays, chronic illness is more a recalibration of the space and of other materialities in favor of maintaining the personal trajectory set before the disease was discovered and not any-more a personal recalibration of the person's body or biography.

EP77. THE TRICKY PATH IN CROHN DISEASE

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INTRODUCTION: Crohn's disease, an inflammatory bowel disease, located in the intestinal tract, often affects the small intestine and colon, but can affect any part of the digestive tract. Material and methods. 48 years old patient, smoker, diagnosed with severe ileocolonic Crohn's disease in 2012, with right ileohemicolectomy in 2013 and terminal ileostoma, reput in transit in 2017, undergoing biological treatment with Infliximab in standard dose 5 mg / kgc at 8 weeks, since 2013. The patient is not known with other associated pathologies. The evolution was very good, the patient being in clinical and endoscopic remission. In 2019, the patient is admitted to our service for reassessment. Clinically, he had 2 stools per day at that time with no blood seen and no cramps. We performed the colonoscopy with a gastroscope due to the stenosis of the anal orifice; we identified a I0 Rutgeerts score, with no other lesions or mucosal changes. Biologically, there was minimal inflammation, without anemia, with a fecal calprotectin of 110 mmicrog/g. In June 2020 the patient came to the hospital for reevaluation with good digestive condition but with erythemal-squamous plaques on palms and soles, lesions that appeared especially before the infusion. We decided to dose Infliximab trough level and antibodies to Infliximab; we finally optimized the biological treatment at 5 mg/kgc at 6 weeks. The patient returns at the hospital with good clinical condition, with the absence of psoriatic lesions. We consider that the patient partially lost the response to Infliximab and the underlying disease was reactivated, with the appearance of extraintestinal manifestations, respectively cutaneous lesions.
CONCLUSIONS: In inflammatory bowel disease, there must be done a difference between extraintestinal manifestations and the complications of the disease or treatment. Almost any organ can be involved, mainly the eyes, skin, joints, kidneys, liver and the vascular system.

KEYWORDS: crohn, cutaneous, infliximab

EP78. WAVSTAT4 OPTICAL BIOPSY VS. VIRTUAL CHROMOENDOSCOPY FOR PREDICTION OF DYSPLASTIC HISTOLOGY IN DIMINUTIVE AND SMALL COLORECTAL POLYPS

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INTRODUCTION: Diminutive and small colorectal polyp resection is time consuming and involves extra costs for both endoscopists and pathologists. NICE and WASP classifications allow histology prediction based on virtual chromoendoscopy features. WavSTAT4 optical biopsy system was proposed as a laser-induced fluorescence spectroscopy tool for real time prediction of histology.
METHODS: We have conducted pilot study to assess the three techniques that allow histology prediction in real life endoscopy practice, in a prospective analysis of 30 diminutive and small colorectal polyps identified during screening or surveillance colonoscopy. The ability each technique to predict dysplastic histology was investigated based on sensitivity, specificity, and accuracy. Real time histology prediction of detected lesions using the WavSTAT4 optical biopsy forceps, NICE and WASP classification was conducted by an expert examiner, during ongoing colonoscopy. Virtual chromoendoscopy assessment was conducted before optical biopsy. Results were compared to subsequent histology of resected lesions.
RESULTS: NICE and WASP classifications achieved the following sensitivity, specificity, and accuracy for prediction of dysplastic histology: 88.2%, 76.9%, 83,3% and 94.1%, 76.9%, and 86.6%, respectively. The parameters for WavSTAT4 optical biopsy were lower than those registered for virtual chromoendoscopy: 76.4%, 61.5% and 70% respectively.
CONCLUSIONS: In our pilot study WavSTAT4 optical biopsy was not superior to virtual chromoendoscopy for prediction of dysplastic histology in diminutive and small colorectal polyps.

EP79. ALTERNATIVES IN THE TREATMENT FOR HELICOBACTER PYLORI ERADICATION IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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INTRODUCTION: The aim was to assess of the efficacy of sequential therapy for HP eradication comparative with standard treatment in patients with diabetes mellitus type 2.
METHODS: The retrospective study was performed on 88 patients with HP infection which was divided in two groups. The A group was consist of 39 patients with type 2 diabetes mellitus with disease history longer than 3 years. The B group contained 49 nondiabetic patients. The first-line therapy for HP eradication was: conventional triple therapy (10 days of pantoprazole, 2x20 mg/day, amoxicillin 2x1000 mg/day and clarithromycin 2x500 mg/day) in 57 cases and sequential therapy (5 days of pantoprazole and amoxicillin followed by 5 days of pantoprazole, clarithromycin and metronidazole) in 31 cases. For assessment the efficacy and safety of the treatment, we quantified the history and duration of HP eradication, eradication rate, drug compliance and adverse events. Also, we monitored evolution of glycosylated hemoglobin (HbA1c) values and BMI during the treatment and one year after HP eradication.
RESULTS: The sequential treatment for HP eradication was used in 18 cases (46.16%) in patients with type 2 diabetes mellitus and 25 cases (51.02%) in non-diabetic patients. The eradication rate was lower in patients with type 2 diabetes mellitus (76.93%, 30 cases) comparative with nondiabetic patients (91.84%, 45 cases). The sequential therapy was more effective in diabetics than conventional triple therapy: eradication rate was 83.34%, (15 cases) after sequential therapy and 71.43% after standard therapy. In non-diabetic patients the HP eradication rate was similar in both treatments. We have not observed significant variation of mean value of glycosylated hemoglobin (HbA1c) during or after HP eradication treatment. The monitoring of BMI show a significantly increased of mean value of BMI in diabetic patients at 6 months (22.8+3.2 kg/sqm versus 21.3+2.9 kg/sqm at baseline) and 12 months (23.9+3.8 kg/sqm) after HP eradication. In the B group the variation of the BMI average was not significant. The incidence of adverse effects was reduced in both therapeutic strategies:

abdominal pain (5 cases), nausea and/or vomiting (6 cases), diarrhea (3 cases).
CONCLUSION: In patients with type 2 diabetes mellitus, the sequential therapy for HP eradication was more effective and safe comparative with standard treatment. HP eradication was associated with increased of BMI in diabetic patients.

KEYWORDS: Helicobacter Pylori, diabetes mellitus

EP80. THE IMPACT OF ANORECTAL MOTILITY DISORDERS IN INFLAMMATORY BOWEL DISEASE

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BACKGROUND & AIMS: Anorectal motility disorders are often responsible for the persistent, debilitating symptoms of IBD patients with quiescent disease. They are frequently misinterpreted as functional disorders, with the neglection of the motility post-inflammatory changes. The aim of the study was to identify and characterize the anorectal motility dysfunction in IBD patients admitted in a Tertiary Gastroenterology Centre in Bucharest, Romania.

METHODS: We are conducting an ongoing prospective study initiated in August 2019, this being our first report of 15 evaluated patients. High resolution anorectal manometry was performed using the Sandhill Scientific high-resolution manometry system and the parameters were further analyzed using InSIGHT software. Patients' symptoms were recorded prior to the investigation using a standardized questionnaire. The manometric testing comprised measurements of anorectal pressure at rest, during squeeze, simulated evacuation, rectoanal inhibitory reflex (RAIR) and rectal sensory testing (first sensation, urgency and maximum discomfort).
RESULTS: We included 8 patients with Ulcerative Colitis and 7 patients with Crohn's Disease, 10 females and 5 males, mean age 41±10.79 years. 46.67% had active disease and only 26.67% had rectal active involvement. Symptoms were reported by 12 patients, urgency (50.00%), passive and active incontinence (91.67%), evacuation difficulties (16.67%), and intolerance of rectal therapies (25.00%) being the most frequent. Modified manometric parameters were found in 73.33% patients and were correlated with previous pelvic surgical interventions (p=0.05); although, the latter doesn't seem to increase the risk of incontinence (p=0.4) In 66.67% cases the manometric measurements correlated with the symptoms. Lower resting tone was registered in patients with passive incontinence (p=0.001) and lower squeeze pressures (maximal, incremental and duration) were found in patients with active incontinence (p=0.05). 25%.00 patients had rectal hyposensitivity and 53.33% presented anorectal dyskinesia.

CONCLUSIONS: A considerable proportion of patients proceed to suffer from persistent symptoms in the absence of active inflammation, with a major impact on their quality of life. Lack of awareness amongst clinicians may lead to unnecessary treatment escalation and under-utilisation of pelvic floor investigations.

KEYWORDS: Inflammatory Bowel Disease, Motility Disorders, Anorectal Manometry

EP81. THE IMPACT OF COVID19 PANDEMIC ON INFLAMMATORY BOWEL DISEASE (IBD) PATIENTS-A TERTIARY CENTER STUDY

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INTRODUCTION: For IBD patients, stress and anxiety can influence the evolution of their illness and the Covid 19 pandemic represents a substantial additional concern. Impact of the new coronavirus (SARS- Cov-2) pandemic on patients living with IBD needs to be understood, and so, in our unit we followed the course of these patients during the first and second wave of the Covid19 pandemic giving special attention on their quality of life, using the IBD DISK questionnaire.

METHODS: A prospective review was performed between April 1, 2020 and February 1,2021 on actively managed IBD patients using the IBD DISK questionnaire, as we tried to evaluate their quality of life.

RESULTS: A total number of 124 of current 142 active chronic care patients were included in the study, with ages between 20 and 65 and 66% males. The majority had Crohn's disease , while 46% have ulcerative colitis.

The patients completed at least one IBD questionnaire, and all had a formal interview with a gastroenterology resident and in some case with a phycologist.

95,8% have reported to have difficulty sleeping, and have not felt rested during the day, 87,5% of these patients felt anxious during this period of time , and 100% of them accused abdominal pain. In approximately 33,3% a tendency towards an increase of symptoms was observed confirmed by an increase of fecal calprotectin and a step up of their medication or need of steroids in 29%. Although a significant number of patients developed Covid symptoms especially during the second wave of infection, there were 0 hospitalizations required for COVID management.

CONCLUSION: The COVID19 pandemic affected all of our IBD patients stress level; a significant number of flares was observed as compared to the last analysis in 2019 with a trend towards the use of steroids; sometimes patients were reluctant to step up their anti TNF medication.

The IBD DISK questionnaire gave us a good understanding on the impact of the pandemic on our patients' quality of life and it is a simple and reproducible tool.

EP82. UNUSUAL CASE OF ACUTE PANCREATITIS ONE MONTH AFTER ERCP

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INTRODUCTION: Post-ERCP pancreatitis is a rare complication which typically occurs in the first hours after the procedure. The objective of this presentation is to highlight the possibility of a late acute pancreatitis, most likely associated with the extraction of a pancreatic stent that was placed during the initial procedure.
CASE PRESENTATION: We herein report the case of a 81-year old patient who had underwent laparoscopic cholecystectomy for gallstones 2 years before and is now admitted for pain in the epigastrium and upper right quadrant, nausea and vomiting that had debuted for one month. The clinical examination was unremarkable. Abdominal ultrasound showed dilation of the common bile duct (CBD) up to 10 mm containing multiple echogenic images with posterior acoustic shadowing with a maximum diameter of 8 mm. ERCP showed a major papilla entirely positioned inside a diverticulum. Because the major pancreatic duct was initially canulated, a pancreatic stent was placed for the prophylaxis of the acute pancreatitis. Three stones and sludge were extracted from the CBD and a 10 Fr biliary plastic stent was placed. A month later, the patient returns for stent extraction; however, only the pancreatic stent is visualized and extracted by upper endoscopy with an alligator-type forceps. Four hours later, the patient presents intense epigastric pain radiating posteriorly and serum lipase rises tot 1200U/L. The plain abdominal radiograph shows the biliary stent migrated proximally into the CBD. The biliary stent was extracted two weeks later, after the acute pancreatitis had resolved.
CONCLUSIONS: This case illustrates the possible post-ERCP complications and their management. The late onset of an acute pancreatitis is atypical and is most probably due to the local trauma induced by the extraction of a pancreatic stent. The presence of a peripapillary diverticulum or an intradiverticular major papilla often makes biliary cannulation difficult. Proximal migration of biliary plastic stents is rare and usually occurs in cases without biliary obstruction.

KEYWORDS: post-ERCP acute pancreatitis, biliary stent, pancreatic stent

EP83. USEFULNESS OF ROUTINE BIOCHEMISTRY PARAMETERS IN EVALUATION OF GLUTEN-FREE DIET ADHERENCE IN CELIAC DISEASE PATIENTS

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INTRODUCTION: Celiac disease (CD) represents the most common autoimmune disorder that affects small bowel and that is triggered by gluten exposure. It is associated with extraintestinal manifestations that decrease quality of life and with autoimmune and neoplastic pathologies. This study aims to evaluate the correlation between gluten-free diet (GFD) and routine blood biochemistry in CD patients.

MATERIALS AND METHODS: We retrospectively analyzed 121 patients diagnosed with CD, hospitalized from June 2016 to February 2020. The study group was divided into newly diagnosed and follow-up patients, which were further categorized according to GFD adherence. Compliance to GFD was established by self-report, serology testing and/or duodenal biopsy. Histopathology reports and laboratory tests results (liver function, lipid profile, serum electrolytes, red blood cell count, serum iron, ferritin, tissue transglutaminase-IgA and anti-gliadin-IgA antibodies) were registered.

RESULTS AND CONCLUSIONS: The mean age of patients was 43±12.97 years, predominantly female (79.3%). 25.6% presented associated autoimmune disease and 5.7% had small bowel adenocarcinoma or lymphoma. Newly diagnosed patients represented 31.9%, while follow-up patients were GFD adherent (54.3%) or non-adherent (nonGFD) (13.8%). No statistically significant differences were found in biological parameters of patients with and without autoimmune diseases. As expected, newly diagnosed patients had biochemical profile significantly different from GFD adherent patients. Except for the alkaline phosphatase (67 vs.90.64U/L, p=0.026), there were no differences between GFD and nonGFD follow-up patients. However, significant differences were found comparing newly diagnosed CD and nonGFD for mean corpuscular volume (82.8 vs.89.25fL, p=0.042), ferritin (7.5 vs.207 µg/L, p=0.023), serum iron (27.85 vs.99.5 µg/dL, p=0.02), serum calcium (8.9 vs.9.36 mg/dL, p=0.021) and serum sodium (138.8 vs.142.31 mmol/L, p=0.023) and, furthermore, for iron supplements administration (p=0.006). In conclusion, although biochemical parameters improve after GFD initiation, they are not useful in predicting adherence to diet.

KEYWORDS: celiac disease, gluten free diet

EP84. EVALUATION OF LIVER FIBROSIS IN PATIENTS WITH HEPATITIS AND LIVER CIRRHOSIS C VIRUS, AFTER TREATMENT WITH DIRECT- ACTING ANTIVIRAL DRUGS

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INTRODUCTION: The introduction of direct-acting antiviral treatment (DAAs) is a revolution in the treatment and evolution of chronic hepatitis and liver cirrhosis C. The authors set out to evaluate the evolution of liver fibrosis in DAAs treated patients.

MATERIAL AND METHOD: 56 patients (51% M and 49% F) were treated with chronic hepatitis and liver cirrhosis C with: HARVONI or VIEKIRAX-EXVIERA, in those with liver cirrhosis, RIBAVIRIN was associated in the usual doses; The evaluation of fibrosis was performed by Transient Elastography (FibroScan), after a period of 1-4 years after the end of the treatment with DAAs.

RESULTS:

1. The age of the patients was as follows: 41-50 years (M-15%; F-0%); 51-60 years (M 45%; F-18%); 61-70 years (M-28%; F-70%); 71-80 years (M-12%; F-12%); C virus infection is more common in men between 51-60 years (45%) and in women between 61-70 years (70%).
2. At the initiation of treatment with DAAs, liver fibrosis was presented as follows: F1-7%; F2-10%; F3-30%; F4-53%, without significant variations on the two sexes. We note the high frequency of fibrosis F3, F4 in over 83% of cases
3. Evaluation of liver fibrosis after treatment is as follows: F0-21%; F1-21%: F2-30%; F3-9%; F4-19%. Significant improvement in liver fibrosis was noted, 42% of patients presenting F0-F1 and a decrease of patients with F3-F4 from 83% before treatment to 28% after DAAs treatment.

Conclusions:

1. Viral infection C, in our group was present in 45%, in M between 51-60 years and in 70% in F between 61-70 years.
2. F3-F4 liver fibrosis before treatment with DAAs was present in 83% of cases.
3. After treatment with DAAs, there is a clear improvement of fibrosis; F0-F1 being 42% with a significant decrease of F3-F4 to 28%, with the obvious improvement of the prognosis in these patients

KEYWORDS: hepatitis and liver cirrhosis C virus; DAAs treatment; liver fibrosis;

EP85. NT PRO-BNP SERUM VALUES IN PATIENTS SUFFERING FROM LIVER CIRRHOSIS

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AUTHORS: 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 62 patients with liver cirrhosis, hospitalized in the IInd Medical Clinic of the Emergency County Hospital of Craiova within a period of 36 months, average age 55 years, 39 (62.9%) of which are male. All patients were completely examined, starting with anamnesis (alcohol intake, smoker status, 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, serum level of NT pro-BNP), imagistic - abdominal ultrasound (liver, spleen, portal vein, ascites fluid), Doppler echocardiography and endoscopic (esophageal-gastric varices, portal hypertensive gastropathy) evaluation.
RESULTS AND CONCLUSIONS: Serum value of NT pro-BNP was high in patients with liver cirrhosis, that also had a degree of cardiac dysfunction.
These values seem to be correlated with age, duration of the disease, cirrhosis' alcoholic etiology, smoker status, splenomegaly's degree, severity of liver disease, size of portal vein and of esophageal-gastric varices.
Subclinical cardiac dysfunction occurs by disruption of diastolic relaxation and decrease contractility in the absence of an organic cardiac cause patients with liver cirrhosis.

KEYWORDS: liver cirrhosis, cardiac dysfunction, NT pro-BNP

EP86. PREVENTION OR TREATMENT? OBJECTIVES FOR ERADICATION OF INFECTION WITH THE HEPATIC VIRUS C

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In Hepatology, current resources are directed towards understanding the molecular processes needed to discover new molecules designed to improve and restore liver function. In this field, the scientific knowledge in collaboration with the clinical studies must have in the long term perspective to obtain new prevention strategies, vaccines, treatments, new antivirals aimed against the hepatitis C virus.

In the last years, significant progress has been made regarding the understanding how the hepatitis C virus acts, of the pathogenic molecular mechanisms, allowing the development of the currently used antiviral treatments, especially in Romania 99.2% of the cases have genotype 1b. The direct antiviral agents (DAAs) introduced in 2011 have demonstrated the reduction of viral load and obtaining sustained virological response (SVR) in over 99% of patients. Since their inception, efforts have been focused on the development of new antivirals and clinical trials. Currently, there are multiple treatment options available such as DAAs, HCV protease inhibitors, polymerase inhibitors and NS5A inhibitors.

Research in prevention methods has taken a back seat, obtaining a vaccine against the hepatitis C virus, which would help in the fight for the eradication of the viral infection, as well as the regulatory processes in the fight against the transmission of the infection through one of the oldest transmission pathways such as blood transfusions and derived products, where the identification of infected donors is still performed by ELISA and Western blot tests. Currently, better methods capable of preventing transmission during the immunological window use nucleic acid testing (NAT) are not yet implemented in many transfusion centers.

Allocating the resources needed to understanding, preventing, treating and finding new dugs accessible to the general public and, last but not least, restoring liver function after infection with the hepatitic C virus are necessary steps to achieve the goal of eradicating the infection in the coming years.

KEYWORDS: Viral hepatitis C, DAA, SVR

EP87. OUTCOMES OF TIPS VERSUS ENDOSCOPIC TREATMENT FOR VARICEAL BLEEDING IN PATIENTS WITH CIRRHOSIS

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INTRODUCTION: Gastroesophageal bleeding in patients with cirrhosis is associated with significant mortality as well as high rebleeding risk. The role of transjugular intrahepatic portosystemic shunt (TIPS) in patients receiving standard treatment (endoscopic and beta-blockers) and when it should be applied, still need to be established.
We aimed to evaluate the prognosis of patients receiving TIPS as compared to standard treatment alone.

MATERIALS AND METHODS: We prospectively enrolled consecutive patients with cirrhosis and variceal bleeding who were given either the standard of care treatment (control group) or TIPS (TIPS group) using polytetrafluoroethylene Fluency covered stents. Decompensation events and survival were analysed at 42 days and 1 year after inclusion.
RESULTS: 206 patients were included in the final analysis: 86 in the TIPS group and 120 in the control group. While the mortality rate at 42 days did not differ amongst the 2 groups (9.6% vs. 17.7%; p=0.14), at 1 year it was significantly lower in the TIPS group (18.3% vs. 41.5%; p=0.004). The TIPS group did not show an increased risk of hepatic encephalopathy either at 42 days (19.3% vs. 25.9%; p=0.3) or at 1 year (28.6% vs. 42.3%; p=0.16). In terms of rebleeding, although there was no significant difference between the groups at 42 days (6% vs. 14%; p=0.09), after 1 year follow-up, however, the TIPS group had a lower rate of rebleeding (7.4% vs. 38.5%; p<0.001). In multivariate analysis, TIPS (OR=0.49; 95%CI, 0.24-0.98; p=0.04) and Child-Pugh score (OR=1.23; 95%CI, 1.07-1.41; p=0.003) are independently associated with 1-year survival rate. In subgroup analysis, TIPS is associated with better survival only in Child B (OR=0.28; 95%CI, 0.08-0.99; p=0.04).
CONCLUSIONS: TIPS placement improves one year survival in cirrhotic patients with variceal bleeding without increasing the risk of hepatic encephalopathy.

KEYWORDS: TIPS; variceal bleeding; endoscopic treatment

EP88. THE ROLE OF AMMONIA IN PREDICTING THE OUTCOME OF PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE

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BACKGROUND/AIMS: High venous ammonia (VA) values have been proven to be part of the mechanism of hepatic encephalopathy in patients with liver cirrhosis (LC) as well as in those with acute hepatitis. Moreover, VA has been associated with poor prognosis and high mortality in these clinical settings. However the role of ammonia in acute-on-chronic liver failure (ACLF) has not yet been established. We aimed to assess the role of VA on predicting the outcome of cirrhotic patients with ACLF in a tertiary care center.
MATERIALS AND METHODS: We performed a retrospective observational study including patients with LC hospitalized for acute decompensation (AD) and fulfilling the APASL criteria for ACLF. The AARC score was calculated and ACLF grade was established accordingly. West-haven classification was used for hepatic encephalopathy (HE).
RESULTS: 465 patients were included, aged 59 (50-65) years, 57.4% men. Child-Pugh, MELD and AARC scores were 11 (10-12), 19.13 ± 6.79, and 7 (6-8), respectively. 66.4% had ACLF grade I, 31.2% ACLF grade II, and 2.5% ACLF grade III. HE was diagnosed in 83.9%, 34% grade I, 37.2% grade II, 23.5% grade III, and 5.3% grade IV. Overall mortality was 7.8%. VA was 103 (78-148) µmol/L. ROC analysis showed a good accuracy for the prediction of in-hospital mortality for AARC score (AUC=0.886), MELD score (AUC=0.816) and VA (AUC=0.812) and a fair accuracy for Child-Pugh score (AUC=0.799). Subsequently, a cut-off value for the prediction of mortality was identified for VA (152.5 µmol/L, sensitivity=0.706, 1-specificity=0.190). Univariate analysis identified acute kidney injury and VA>152.5 µmol/L as independent predictors of in-hospital mortality.
CONCLUSIONS: VA could be used as an inexpensive predictor of in-hospital mortality in patients with ACLF. Patients with ACLF and VA>152.5 µmol/L have a high risk for poor outcome and could be candidates for intensive therapy and/or urgent liver transplant.

KEYWORDS: venous ammonia, acute-on-chronic liver failure, cirrhosis

EP89. A SINGLE-CENTER EXPERIENCE OF THE SAFETY AND EFFECTIVENESS OF LEDIPASVIR-SOFOSBUVIR WITH AND WITHOUT RIBAVIRIN IN PATIENTS WITH HCV LIVER CIRRHOSIS

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Conflicts of interest: none declared for any of the authors

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BACKGROUND AND AIMS: Since the development of direct acting antivirals (DAA) against hepatitis C virus (HCV) infection, the paradigm of treatment of chronic hepatitis C has changed. The ease of administration and high sustained virologic response rate (SVR) of DAAs are essential to prevent liver-related complications and may lead to the eradication of HCV. In Romania DAA treatment is not driven by genotype and this might lead to suboptimal virologic responses at the end of the treatment.
METHODS: We conducted a single-center observational study in which we enrolled patients with compensated or decompensated HCV liver cirrhosis treated with ledipasvir-sofosbuvir with or without ribavirin between August 2017- September 2019. We analyzed sustained virologic response at 12 weeks (SVR12), change of liver function and adverse events. Data was collected using the patient observation sheets and analyzed using SPSS.
RESULTS: This study enrolled 45 patients with Child – Pugh A or B liver cirrhosis. Of the 45 patients treated 4 (9%) failed antiviral therapy after 12 weeks but there were no significant adverse events during the treatment period. Patients who achieved SVR12 had a significantly improved liver function at the 12-week follow-up and none developed HCC or died due to liver-disease during 12 months of follow-up off-therapy (a decrease from 45.9% to 35.1% was observed in patients with decompensated cirrhosis after 12 weeks off-therapy). A minority of

patients developed complications one year after the end of the treatment (2 patients developed refractory ascites, one developed impaired renal function and one exertional dyspnea).
CONCLUSIONS: The majority of patients with SVR12 experienced improvement in clinical and biochemical indicators of liver disease. Antiviral therapy was generally well tolerated but a vigilant monitoring is mandatory, because viral clearance lowers but does not exclude the development of complications in patients with decompensated cirrhosis.

EP90. ETIOLOGICAL AND CLINICAL ASPECTS IN LIVER ABSCESS

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BACKGROUND: Liver abscess (LA) is a collection of pus located in the liver, which untreated has a negative prognosis due to complications including sepsis, peritonitis, multiple organ failure. Antibiotic treatment and noninvasive procedures improved the outcome of LA.
THE AIM: of this study is to demonstrate that noninvasive treatment in LA has a favorable evolution, with a low death rate. We also focused on the detection of the associated risk factors and etiology of LA.
MATERIALS AND METHODS: A retrospective study was performed over a period of 4 years (January 2016-February 2020) in a tertiary gastroenterology department and included all patients diagnosed with LA. The following parameters were analyzed: gender, average age, risk factors, possible cause, location, incriminated germ, complications and evolution.
RESULTS: 58/10541 (0.55%) patients were diagnosed with LA, 56.9 % female (33/58) and 43.1% male(25/58), mean age 66.7±10.6 years. In this group, 39.6%(23/58) patients presented diabetes, 12%(7/58) liver cirrhosis, 24.1% (14/58) neoplasia, and 36.2%(21/58) patients>70 years. 72.4%(42/58) of patients had solitary LA. The most common cause of LA was biliary infection 41.3%(24/58) patients, followed by pneumonia 13.7%(8/58) patients, 1(1.7%) patient had urinary tract infection and in 43.1%(25/58) of patients no primary infection was found. The most frequent germ in this group was Klebsiella Pneumoniae-29.3%(17/58), followed by Escherichia Coli-20.7%(12/58) and Enterococcus-8.6%(5/58). All patients were treated with antibiotics. 48.2% (28/58) patients were treated also by percutaneous ultrasound guided aspiration, 3.4% (2/58) patients percutaneous ultrasound guided drainage, while 1.7% (1/58) patients required surgery. In 51.7% (30/58) cases no drainage was required. The overall mortality of this group was 6.9% (4/58).
CONCLUSION: In the study group, liver abscesses represents a rare pathology (0.55%), with a relatively low overall mortality when percutaneous treatment is possible.

KEYWORDS: abcess, treatment, therapeutic success

EP91. VIBRATION-CONTROLLED TRANSIENT ELASTOGRAPHY TO DIAGNOSE STEATOSIS AND FIBROSIS IN OBESE PATIENTS WITH NONALCOHOLIC FATTY LIVER DISEASE

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INTRODUCTION: Controlled attenuation parameter (CAP) using vibration-controlled transient elastography (VCTE) performed by FibroScan is a reliable method to diagnose and quantify steatosis and fibrosis in multiple chronic liver diseases (CLD). Our aim was to evaluate the presence of steatosis and liver fibrosis (LF) in overweight (BMI ≥ 25kg/m2) and obese (BMI ≥ 30 kg/m2) population.
MATERIAL AND METHOD: We studied prospectively 77 patients with nonalcoholic fatty liver disease (NAFLD) defined as an alcohol consumption <20 g/day/female and <30 g/day for male, excluding other causes of CLD. A reliable determination using M or XL probe according to manufacturer was defined as the median of 10 measurements with an interquartile range/median ration (IRQ/M) <30%. The results of liver stiffness measurement (LSM) were expressed in kilopascals (kPa) and for steatosis in decibels/meter. Cut-off values for steatosis were : S0 (<237 dB/m) / S1(237-259 dB/m) / S2 (259-291 dB/m) / S3 (291-400 dB/m). A severe fibrosis / steatosis was defined as F3 (>9.5kPa) / S3 (>291dB/m).
RESULTS: Seventy-one patients (92.2%) with realible LSM determination including 38 (53.5%) male, 33 (46.5%) female, mean age 53.9 (44.2-64.7) and mean BMI 30.6 (±4.80) were enrolled. In 45 (63.4%) patients determination was performed using M probe. According to BMI, 40 (56.3%) subjects were overweight, while 19 (26.8%) / 6 (8.5%) / 6 (8.5%) were obese grades 1 / 2 / 3. Based on the cut-off values proposed (CAP) steatosis distribution was: 22.5% / 12.7% / 21.1% / 43.7% for S0/S1/S2/S3. Among them severe fibrosis was present in 12 (16.9%) subjects with a mean LSM value of 10.2 (9.7-14.3) kPa, a CAP value of 344 (323-357) dB/m and a mean BMI of 35.1 (±5.2). We observed strong correlations between the CAP values and obesity degrees (Spearman's equation, r=0.751, r=0.777 and r=0.794, p<0.001), and between CAP values and severe fibrosis (r=0.883, p<0.001).
CONCLUSIONS: A pandemic pathology such as NAFLD is rising in a proprotional manner with the percentage of obese population, leading to severe LF and CLD. VCTE with CAP mode is an accurate method for diagnosing and monitoring the course of liver disease in these patients with great reproducibility and repeatability.

KEYWORDS: NAFLD, liver stiffness, CAP, obesity.

EP92. BLEEDING EVENTS IN PATIENTS WITH HCV - RELATED LIVER CIRRHOSIS TREATED WITH DIRECT ACTING ANTIVIRALS – FACT OR NATURAL COURSE?

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INTRODUCTION: The advent of direct-acting antivirals (DAAs) is a major breakthrough in hepatology representing the therapeutical standard of care in patients with chronic hepatitis C virus infection over the past few years. Despite high rates of sustained virological response (SVR), DAAs therapy doesn't eliminate the risk of bleeding events. In our study we aimed to identify the factors associated with the occurrence of bleeding events in patients treated with DAAs therapy.

MATERIAL AND METHODS: We retrospectively analyzed a cohort of patients with HCV-related liver cirrhosis treated with paritaprevir/ritonavir, ombitasvir and dasabuvir (PrOD) ± ribavirin and ledipasvir/sofosbuvir (LED/SOF) ± ribavirin for 12/24 weeks, in a tertiary gastroenterology referral center from North-Eastern Romania, between January 1st 2016 and January 1st 2020. All patients with presumption of digestive bleeding were evaluated and confirmed by upper digestive endoscopy performed in emergency. Patients known with thrombophilia were not included in the study group.

RESULTS: The study included 874 HCV-infected cirrhotic patients treated with PrOD or LED/SOF ± RBV, with documented SVR, mean age 58,7 ± 6,2 years, predominantly female (58%). Of the total number, 443 (50.68%) received PrOD and 431 (49.31%) patients were treated with LED/SOF ± RBV. Of the patients included in study, 572 (65.34%) Child-Pugh class A, 226 (25.96%) class B and 76 (8.7%) class C cirrhotic patients. Mean period from SVR and the occurrence of bleeding events was 230±121 days. Bleeding complications after SVR were reported in 16 (1.83%) patients: 9 (56.25%) with variceal hemorrhage and 7 (43.75%) with non-variceal hemorrhage.

CONCLUSIONS: Bleeding events in patients with HCV-related liver cirrhosis treated with DAAs are influenced by the hemodynamic changes induced by the status of advanced liver disease. The most bleeding events were variceal bleeding due to persistent portal hypertension despite viral eradication. Despite SVR liver fibrosis persists, and so does portal hypertension and consequently the risk of bleeding.

KEYWORDS: direct antivirals, sustained virologic response, bleeding complications

EP93. THE PERFORMANCE OF NON-INVASIVE SERUM TESTS IN PREDICTING CLINICALLY SIGNIFICANT PORTAL HYPERTENSION AND POSTHEPATECTOMY LIVER FAILURE IN PATIENTS WITH CIRRHOSIS COMPLICATED WITH HEPATOCELLULAR CARCINOMA

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INTRODUCTION: Hepatic resection is a curative therapeutic option of hepatocellular carcinoma (HCC) but proper patient selection (based on tumor size and the presence of portal hypertension -PHT) is essential for prognosis.

The aim of the study was to evaluate whether serum liver tests may identify the patients with clinically significant portal hypertension (CSPH), and thus at risk to develop post-hepatectomy liver failure (PHLF). Their performances were compared with liver stiffness measurement (LSM).

MATERIAL AND METHODS: 111 patients with compensated cirrhosis and HCC referred to hepatic resection between 2015 and 2020 in the Regional Institute of Gastroenterology and Hepatology Cluj-Napoca were included. Presence of CSPH was defined as: HVPG ≥ 10 mmHg or presence of esophageal varices, splenomegaly and thrombocytopenia (< 100.000/mm3). The non-invasive serum tests were: APRI, FIB-4, NLR, eLIFT, ALBI. The performance of non-invasive tests in predicting CSPH and prognosis were assessed by AUROC curves.

RESULTS: Among the included patients (65±7 years; 24% alcohol, 45% VHC, 18% VHB and 13% other etiologies) 34% had CSPH, 31% had esophageal varices and 26% had splenomegaly and thrombocytes < 100.000/mm3. APRI, FIB4 and eLIFT were good predictors of CSPH (AUROC=0.87, 95%CI:0.79-0.95; p<0.05; AUROC=0.88, 95%CI:0.81-0.96; p<0.05 and AUROC=0.83, 95%CI:0.73-0.92; p<0.05, respectively). Still, LSM had the best performance to predict CSPH (AUROC=0.913, 95%CI:0.84-0.98; p<0.05). ALBI and NLR are not capable of predicting CSPH.

Regarding the prediction of PHLF, although the statistical significance was not reached, LSM, APRI and FIB-4 have a tendency to predict it.

CONCLUSIONS: Although LSM, APRI, FIB-4 and eLIFT may identify patients with CSPH in patients with HCC submitted to hepatic resection, they are not capable to predict prognosis in this clinical setting.

KEYWORDS: hepatocellular carcinoma, clinically significant portal hypertension; liver resection; liver elastography

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EP94. METABOLIC PROFILE ASSESMENT AFTER OBTAINING SUSTAINED VIROLOGICAL RESPONSE WITH INTERFERON-FREE TREATMENT IN NON-DIABETIC PATIENTS WITH CHRONIC VIRUS C INFECTION – A SINGLE CENTRE EXPERIENCE

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INTRODUCTION: Hepatitis C represents a major cause of morbidity and mortality worldwide. Interferon-free regimen is a medical historic breakthrough due to the high rate of sustained virological response (SVR), of over 95%.

MATERIAL AND METHOD: We conducted a prospective study over a 12-month period, including 50 non-diabetic patients with chronic viral C infection, which fulfilled all the criteria for the administration of Interferon free regimen. The patients were divided into two subgroups: Group A – mild hepatic fibrosis assessed by Fibrotest (F1-F2) and Group B (Fibrotest F3-F4). We performed anthropometric measurements and monitored the serum level of glucose, insulin, LDL-cholesterol, HDL-cholesterol, CRP, fibrinogen, platelet count, A1 apolipoprotein before and at 12 weeks after Interferon-free treatment.

RESULTS: The patients' median age was 68±10 years with a sex distribution of 55% female, 45% male. Of all the patients, 63% were included in Group B, whereas 37% presented with mild fibrosis and were included in Group A. The mean viral load was 153700±15300 UI/mL. We performed comparative analysis between baseline examination and at 12 weeks after Interferon free regimen, and we observed statistically significant differences in Group B in glucose level (p=0,03) and CRP (p=0,01). In Group A, significant differences were observed in platelet count (p=0,0001) and HDL cholesterol (p=0,002).

CONCLUSIONS: No studies have comprised so far, from our knowledge, the assessment of the metabolic profile after obtaining SVR in non-diabetic patients, even though recent studies have focused on improvement of glucose level in diabetic patients. Proper evaluation of Interferon-free regimen impact requires further studies.

KEYWORDS: hepatitis, chronic viral C infection, Interferon-free treatment, metabolic profile

EP95. LEDIPASVIR/SOFOSBUVIR WITH OR WITHOUT RIBAVIRIN: DATA REGARDING EFFICACY AND SAFETY IN 349 PATIENTS WITH DECOMPENSATED CIRRHOSIS AND HEPATITIS C VIRUS INFECTION, A RETROSPECTIVE COHORT STUDY

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BACKGROUND AND AIMS: Sofosbuvir+ Ledipasvir± Ribavirinshowed good results in terms of efficacy and safety in clinical trials in advanced liver cirrhosis, but real life data are still needed in order to confirm this profile.

METHODS: We analyzed a multicentric retrospective cohort enrolling 349 patients with decompensated liver cirrhosis and chronic hepatitis C who received Sofosbuvir+Ledipasvir±Ribavirin for 12/24 weeks. Patients were included between 2017-2018, all with genotype 1b. Main inclusion criteria were liver cirrhosis and detectable HCV RNA. The cases were followed-up monthly during therapy and 12 weeks after the end of therapy. 301 cases received LDV/SOF/RBV 12 weeks and 48 -LDV/SOF 24 weeks.

RESULTS: The cohort included 60% females with a median age of 61, 16% IFN pre-treated, 53% with co-morbidities, 40/53/7 % with Child Pugh A/B/C, 4 % with virus B co-infection and 8% with previously treated HCC. Mean initial MELD score was 11.92(6.82÷ 24.5).6 patients were lost during follow-up and in 16 patients (4.6%) treatment was interrupted due to adverse events. Sustained viral response in intention-to-treat was reported in 85.1%. The SVR rate did not significantly differ between the 2 arms of treatment: 84.7% for LDV/SOF/RBV and 87.5% for LDV/SOF (p=0.83), and the rate of adverse events occurrence was similar.

Predictive factors of SVR12 in decompensated cirrhosis were: female gender (p=0.01), advanced age (p<0.001), lower bilirubin levels (p=0.002) and lower CTP score (p=0.02). In patients with Child Pugh B/C low bilirubin levels (p=0.003), low INR (p<0.001), increased platelet count (p=0.04), low CTP score (p<0.001), lack of encephalopathy (p=0.02), serum albumin >3.5g/dl (p=0.002) predicted improvement of liver function.

CONCLUSIONS: Sofosbuvir+Ledipasvir±Ribavirin proved to be highly efficient in our population with 85.1% SVR. Serious adverse events were reported in 16/349 (4.6%), most of them due to severe liver decompensation (9/16). Efficacy and safety was similar for the 2 arms of treatment: LDV/SOF/RBV and LDV/SOF.

EP96. PORTAL HYPERTENSION IS NOT ASSOCIATED WITH THE PRESENCE OF MINIMAL HEPATIC ENCEPHALOPATHY

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Minimal hepatic encephalopathy (MHE), the earliest form of hepatic encephalopathy, is characterized by subtle cognitive impairments that can be certified by specialized psychometric tests. Although it appears to be clinically silent, it is associated with patients' poor quality of life and motor vehicle accidents. Portal hypertension is the most important driver of chronic liver disease complications. The aim of this study was to assess if there is any correlation between hepatic venous pressure gradient (HVPG) and the presence of MHE.

MATERIALS AND METHODS: 69 consecutive cirrhotic patients were prospectively included in the study. Patients' prognosis was rated using Child Pugh and MELD-Na scores. In order to assess the presence of MHE, 3 consecutive tests: Psychometric hepatic encephalopathy score (PHES), critical flicker frequency test (CFF) and STROOP test. The MHE diagnosis was based on PHES score with a cut-off score of <-4. All patients underwent HVPG measurement by venous catheterization within one week before testing up to one week after testing for MHE. Clinically significant portal hypertension (CSPH) was identified at HVPG value ≥ 10 mmHg.

RESULTS AND CONCLUSIONS: Out of the 69 cirrhotic patients, 44 (64%) were Child-Pugh A, 19 (27%) were Child-Pugh B and 6 (9%) were Child-Pugh C, and the mean MELD-Na score was 12.43 (±4.86). 56 (81%) patients had CSPH. MHE was diagnosed in 27 (39%). STROOP test had an AUROC = 0.8 [95% CI = 0.70-0.91] (p<0.001), while CFF had AUROC = 0.64 [95% CI = 0.50-0.79] (p=0.05). There are slight correlations between HVPG and MELD-Na score (Spearman's rho=0.3, p=0.01), HVPG and CFF score (Spearman's rho= -0.3, p=0.01). In the CSPH patients, there were 24 (42.9%) patients with and 32 (57.1%) patients without MHE (p=0.16).

While HVPG is correlated with liver function, CSPH fails to associate with the presence of minimal hepatic encephalopathy.

KEYWORDS: MHE, HVPG, STROOP.

EP97. ESSENTIAL PHOSPHOLIPIDS AS AN ADJUNCTIVE THERAPY IN THE MANAGEMENT OF HEPATIC STEATOSIS

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INTRODUCTION: Nowadays the current treatment of fatty liver disease is based on life style modification and managing associated comorbidities. Chronic administration of essential phospholipids (EPL) has been proven to alleviate hepatic steatosis and even reverse early stages of hepatic fibrosis. We performed a randomised open label study to evaluate EPL as an adjuvant nutrient to the treatment of hepatic steatosis and early stages of fibrosis documented through ARFI method.

MATERIALS AND METHODS: The study was performed on 104 patients. Biologically, they presented mixed hyperlipidaemia and hepatic cytolysis with transaminases increased up to three times more than normal. Hepatic ultrasound and ARFI elastography were performed to each patient. Hepatic steatosis (classified according to Dr. Ayush et al.) divided patients in 3 groups: grade I, grade II, and grade III. Hepatic elastography through ARFI method (using cut-off values according to Bota S et al.)also divided patients in 3 groups: F1 fibrosis, F2 fibrosis and F3 fibrosis. A standard diet and physical activity plan were advised to all patients. 1650mg of EPL (Fortifikat Forte) a day were administered for 12weeks, followed by a reevaluation of each patient by using the same methods.

RESULTS: Essential phospholipids led to a significant improvement of symptoms and a mean reduction of transaminases values up to 20 % of their initial values. Hepatic ultrasonography indicated a shift from grade II to grade I of hepatic steatosis in 45% of patients and from grade III to grade II of hepatic steatosis in 30 % of the patients. Liver stiffness measured through ARFI method indicated an improvement in 35 % of the fibrosis; the majority of them shifted from F2 to F1 fibrosis.

CONCLUSION: Essential phospholipids (EPL) as a nutritional supplement resulted in a significant improvement in clinical parameters, transaminases, hepatic steatosis and hepatic fibrosis for all patients.

KEYWORDS: essential phospholipids, steatosis, fibrosis.

EP98. CASE REPORT: TIPS WITH A TWIST IN ACUTE BUDD-CHIARI RELATED LIVER AND SUBSEQUENT MULTIPLE ORGAN FAILURE – BEATING THE ODDS

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INTRODUCTION: Budd-Chari syndrome (BCS) is a rare condition consisting in the thrombotic obstruction of hepatic venous outflow. BCS is a relatively infrequent cause of acute liver failure (ALF), accounting for less than 1% of presentations. Treatment for acute BCS consists in a stepwise approach, requiring anticoagulation, angioplasty, TIPS and, ultimately, liver transplantation.
CASE REPORT: We present the case of a 31 year-old female patient with BCS, complicated with ALF and subsequent multiple organ failure successfully treated with TIPS and endovascular coil placement. Initial diagnostic work-up revealed complete obstruction of the hepatic venous outflow, spleno-mesenteric confluent thrombosis and biochemical marks of ALF. Anticoagulant treatment was initiated. Thrombophilia screening revealed heterozygosity for Factor V Leiden mutation. The patient's condition has rapidly deteriorated, with progressive hepatic encephalopathy, large volume ascites and spontaneous bacterial peritonitis, pancytopenia and acute circulatory, respiratory and kidney failure. At that point, the MELD score was 42 and the SOFA score predicted a mortality rate of >95.2%. Following continuous veno-venous hemodiafiltration with cytokine adsorbant filters, TIPS was performed, dilating the montage to 8 mm, to prevent vascular steal. Following TIPS, the patient had persistent ascites and later presented an episode of gastric variceal bleeding with endoscopic and surgical treatment failure. We performed a TIPS revision, dilating the montage up to 10 mm. After visualizing the rich spleno-gastric collateral circulation, we decided to selectively embolize it by placing three coils, with complete variceal resolution. In the aftermath, the patient had complete organ failure remission and was successfully discharged with no ascites, encephalopathy or other significant impairments.
CONCLUSION: In this rare setting, TIPS and endovascular embolization provided a unique, effective and against-all-odds solution.

KEYWORDS: TIPS, Budd-Chiari Syndrome, Acute Liver Failure
NOTE: Upon request, CT, angiography, endoscopy and histology images can be provided.

EP99. LIVER EVALUATION WITH TRANSIENT ELASTOGRAPHY IN TYPE 2 DIABETES PATIENTS WITH OR WITHOUT ASSOCIATED LIVER DISEASES

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OBJECTIVES: The objective of the study was to compare the severity of liver fibrosis and steatosis in a cohort of type 2 diabetic patients (T2DM) without other comorbidities and those with associated liver diseases (viral, alcoholic) using non-invasive methods: Transient Elastography (TE) and Controlled Attenuation Parameter (CAP).
MATERIALS AND METHODS: The study included 776 T2DM, who were prospectively evaluated in the same session by means of TE and CAP (FibroScan EchoSens), to assess both liver fibrosis and steatosis. Reliable liver stiffness measurements (LSM) were defined as the median value of 10 valid LSM with an IQR/median< 30%.
RESULTS: Out of 776 T2DM screened, we excluded those with unreliable LSM and incomplete data. The final analysis included 536 T2DM subjects without other etiologies, 17 patients with an AUDIT-C score ≥8 and 50 patients with associated viral hepatitis. Mild, moderate and severe steatosis by means of CAP in patients with T2DM without comorbidities was found in 9.1 %, 6.9 % and 60.4% while in patients with associated hepatopathies was 7.4%, 6.1%, 58.2% . The mean CAP value in patients with T2DM without other etiologies was 317±59.9 db/m, while the mean CAP value in patients with associated viral hepatitis or with an AUDIT-C score score ≥8 was 333±74db/m (p=0.001). The mean fibrosis value in patients with T2DM without other comorbidities was 7.7±4.71 kPa, while in patients with associated hepatopathies was 14.6±8.2 kPa respectively (p<0.0001).
CONCLUSIONS: The mean CAP values and liver fibrosis in patients with T2DM without associated pathologies was smaller compared with those with associated viral or alcoholic hepatitis.

KEYWORDS: Fibrosis, steatosis, elastography

EP100. "STEATDIAB" A SCORE FOR IDENTIFYING TYPE 2 DIABETES MELLITUS PATIENTS AT RISK FOR DEVELOPING AT LEAST MODERATE STEATOSIS

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INTRODUCTION: It is known that liver steatosis is a risk factor for developing liver fibrosis in type 2 diabetes patients (T2DM) together with other metabolic factors.
The aim of this study was to identify risk factors associated with at least moderate steatosis and elaborate a score that could be used in daily practice.
MATERIAL AND METHODS: A prospective study on 536 patients with T2DM was conducted. We aimed for 10 valid liver stiffness measurements (LSM) (IQR/M<30%) and steatosis using Transient Elastography (VCTE) with Controlled Attenuation Parameter (CAP). To discriminate between steatosis stages, we used the following CAP cut-offs: S1 (mild) – 274 dB/m, S2 (moderate) – 290dB/m, S3 (severe) – 302dB/ [1].
RESULTS: Out of 536 patients, 23.6% had no steatosis, 9.1% patients had S1, 6.9% patients had S2, while 60.4% had S3. In univariate analysis, female gender, BMI, waist circumference, elevated levels of AST, total cholesterol, HDLc, triglycerides (TG), blood glucose (BG), fibrate

treatment, presence of hypertension (HTA) were associated with at least moderate steatosis.
The STEATDIAB score is composed of: 1 point for high BMI (>25 kg/m2), presence of HTA, waist circumference (> 100 cm), BG (> 200 mg/dl), cholesterol (>300 mg/dl), TG (> 250 mg/dl), HDLc (< 35 mg/dl), AST (>124 U/L), fibrate treatment. The maximum score can be 9 points. The cut-off value for identifying patients at risk for developing moderate steatosis is 5 points, AUROC= 0.77, 95% CI (0.71-0.82).
CONCLUSION: T2DM patients with more than 5 points at STEATDIAB must be further evaluated for the risk of developing liver fibrosis.

KEYWORDS: Type 2 diabetes, steatosis

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EP101. NON-ALCOHOLIC FATTY LIVER DISEASE AND ITS POSSIBLE INFLUENCE ON PERIODONTAL DISEASE'S MANIFESTATION

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INTRODUCTION: The hepatic accumulation of fat, in the absence of alcohol consumption, is the cause of non-alcoholic fatty liver disease onset, a condition often associated with obesity and diabetes mellitus. Relevant studies have shown that these two metabolic disorders can also be mutually influenced by periodontal disease; the chronic inflammation of the teeth's supporting tissues. Therefore, the study aimed to assess the possible pathogenic connection existing between non-alcoholic fatty liver and periodontal diseases.
MATERIAL AND METHOD: Patients diagnosed with non-alcoholic fatty liver disease were selected and periodontally examined, generating a periodontal clinical status. The study also included periodontal patients with no fatty liver condition and a control group of healthy, non-periodontal and non-hepatic, patients. The assessment of the hepatic function was performed by measurement of the serologic levels of the specific hepatic enzymes (alanine-aminotransferase, aspartate-aminotransferase and gamma-glutamyltransferase) and also by echography hepatic analysis for steatosis screening. The generated data were subsequently statistically processed.
RESULTS AND CONCLUSIONS: The periodontal assessment showed that the periodontal status of the non-alcoholic fatty liver disease patients was significantly more negative than that of non-hepatic periodontal patients, in terms of the number of missing teeth and periodontal pockets. Also, significant correlations were identified between these clinical parameters and the serologic levels of the hepatic assessed enzymes. Positive correlations were found between the presence of liver steatosis and the severity degree of periodontal disease. Given the particularities of the two conditions, certain inflammatory reaction pathogenic connections could exist between non-alcoholic fatty liver and periodontal disease, an idea which motivates the expansion and continuity of future similar studies.

KEYWORDS: periodontal disease, non-alcoholic fatty liver disease, inflammation, transaminases.

EP102. PROPRANOLOL AND THE RISK OF PORTAL VEIN THROMBOSIS IN CIRRHOTIC PATIENTS

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BACKGROUND/AIM: The reduction in portal vein inflow velocity could predispose to portal vein thrombosis (PVT) in cirrhotic patients. Nonselective β-blockers (NSBBs) are frequently used to prevent variceal bleeding, and may increase the development of PVT by reducing portal vein inflow velocity. The aim of this study was to we evaluated the risk of PVT development in cirrhotic patients treated with propranolol.
PATIENTS AND METHODS: We performed a retrospective study in which we included cirrhotic patients admitted in the Institute of Gastroenterology and Hepatology between January 2018 and October 2018 who had received propranolol treatment for at least 1 month previously. Patient evaluation and propranolol treatment were carried out according to the EASL guidelines.
RESULTS: In the study we included 486 cirrhotic patients. Twenty two (4.52%) patients were diagnosed with PVT. PVT was prevalently partial (84%) and asymptomatic (84%). In both groups, HCV was the most frequent cause of cirrhosis and Child-Pugh score C was prevalent. Ascites and esophageal varices were more frequent in the PVT group (P = 0.023 and P <0.0001, respectively). There was no significant difference between the PVT group and non-PVT-group regarding the propranolol treatment

(P=0.453). PVT was associated with higher prevalence of chronic renal disease (P = 0.002), and higher MELD score (P < 0.0001). The propranolol treatment is not associated with an increased risk for PVT in cirrhotic patients (OR 1.22, CI 0.533-6.871, P=0.424).
CONCLUSIONS: The propranolol treatment is not a risk factor for PVT development in patients with liver cirrhosis. Larger studies should evaluate the risk between variceal bleeding and portal vein thrombosis of using NSBBs, particularly in the prevention of first bleeding.

KEYWORDS: liver cirrhosis, portal vein thrombosis, beta-blockers

EP103. SPONTANEOUS BACTERIAL PERITONITIS AND PROTON PUMP INHIBITORS IN PATIENTS WITH LIVER CIRRHOSIS- FRIENDS OR FOES?

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INTRODUCTION: Spontaneous bacterial peritonitis (SBP) is a common complication in patients with decompensated liver cirrhosis associated with a high mortality. Proton pump inhibitors (PPI) are widely used in cirrhotic patients. PPI lower gastric acid production and can alter the intestinal microbiota. Currently, the impact of PPI on the incidence and severity of SBP is highly controversial. The aim of this study was to evaluate the influence of PPI on the incidence and the clinical course of SBP in a large cohort of patients with liver cirrhosis and ascites.
MATERIAL AND METHODS: In this study we included a number of 786 consecutive patients with liver cirrhosis and ascites that received a paracentesis between January 2016 and December 2017 at the Institute of Gastroenterology and Hepatology, Iasi. Patients were carefully checked for regular PPI usage. Twelve patients had incomplete data on PPI usage and were therefore excluded from the analysis. The remaining 774 patients were followed up for 28 days.
RESULTS: Almost half of the study population either developed SBP during hospitalization or already had a SBP at the time of the first paracentesis. 28d-mortality was higher in patients with nosocomial SBP, compared to those with community SBP (p = 0.015) and patients with ascites but without SBP (p = 0.028). PPI was taken regularly by 77% of the study population. The incidence of SBP was not significantly higher in the PPI group and PPI intake was not associated with an increased 28d-mortality.
CONCLUSIONS: Usage of PPI in patients with liver cirrhosis and ascites does not increases the risk for the development of SBP and is not associated with an increased 28d-mortality .

KEYWORDS: liver cirrhosis, spontaneous bacterial peritonitis, proton pump inhibitors

EP104. DIRECT-ACTING ANTIVIRALS FOR HEPATITIS C VIRUS AND DE NOVO OCCURRANCE OF HEPATOCELLULAR CARCINOMA - A SINGLE CENTER EXPERIENCE

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BACKGROUND&AIMS: The advent of direct-acting antiviral agents (DAAs) against hepatitis C virus (HCV) with high-sustained virological response rates, represents a major breakthrough in hepatology. The impact of DAAs on hepatocellular carcinoma risk after obtaining sustained virological response (SVR) in patients with chronic HCV infection and advanced liver fibrosis remains to be clarified. The aim of our study was to assess the incidence of de novo hepatocellular carcinoma in a cohort of patients with SVR after antiviral therapy.
METHOD: We prospectively analyzed a cohort of patients with HCV related liver cirrhosis treated either with paritaprevir/ritonavir, ombitasvir and dasabuvir (PrOD) ± ribavirin, or ledipasvir/sofosbuvir. Patients were followed between 01 December 2015 and 01 February 2020, in the Institute of Gastroenterology and Hepatology, Iasi, Romania. All patients were evaluated pretreatment according to our National Protocol.
RESULTS: We enrolled in our study 925 patients (mean age 60.2±7.1 years), predominantly female (56%), with no prior history of hepatocellular carcinoma. During the study period we recorded a number of 32 (3.4%) de novo hepatocellular carcinoma cases, predominantly males, mean age 63±8.52 years. The mean period between SVR and hepatocellular carcinoma diagnosis was 83±4 weeks. The sonographic findings revealed the predominance of unicentric lesions in 23 (71%) patients and the predominant localization of the lesions were in the VIII liver segment (29%). During follow-up, the main alpha-fetoprotein levels were significantly higher at the time of hepatocellular carcinoma diagnosis compared to baseline (86.01±7.51 vs 10.12±2.1, p<0.0001).
CONCLUSION: In conclusion, obtaining viral clearance does not seem to decrease the risk of hepatocellular carcinoma in patients with HCV-related liver cirrhosis after obtaining SVR with DAAs, the percentage of 3.4% being in the range described for the annual incidence of HCC in untreated HCV cirrhosis (between 3% and 7%). The impact of the DAA therapy impact on hepatocarcinogenesis remains pivotal.

KEYWORDS: direct antivirals, hepatitis C virus, hepatocellular carcinoma

EP105. UPPER DIGESTIVE BLEEDING, POTENTIAL RISK IN SPONTANEOUS BACTERIAL PERITONITIS OF THE CIRRHOTIC PATIENT

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INTRODUCTION: Spontaneous bacterial peritonitis (SBP) is the most frequent bacterial infection in hospitalized patients with liver cirrhosis (LC) and ascites, representing one of their main complications.Upper digestive bleeding (UDB) externalized by hematemesis and melena is more common in patient with ascites and SBP.

MATERIAL AND METHODS: The study includes a group of 218 patients, 156 men and 62 women, mean age 63 +/- 5 years, with LC of various etiologies: toxic-ethanolic, post-necrotic B and C or mixed, Child B and C classes hospitalized in Gastroenterology Institute between march 2019 – february 2021 for UDB and ascites.The patients were explored by humoral-biochemical tests, upper digestive endoscopy (UDE), abdominal ultrasound, diagnosis paracentesis and computed tomography (CT) in those with elevated AFP.All patients underwent PCR testing for SARS-Co-V 2 in the last year, 6 were positive, of which 3 died.
RESULTS: In 178 patients, the cause of UDB was breaking of esophageal varices (EV) and gastric as well, in the remaining 40 being determined by ulcer disease and portal-hypertensive gastropathy (PHG). Endoscopic hemostasis was performed in 82 patients with EV ligation and sclerotherapy, 30 were treated with adrenaline injection of the ulcer, or hemoclip, 96 had Blackmore tamponade and vasoactive medication (terlipresin) with UDB stopping.Patients continued with hemostatic treatment, transfusions, hemodynamic balancing, as well as diagnostic and evacuation paracentesis, diuretics, antisecretory medication and beta blockers.86 patients with UDB had SBP and 37 developed recurrence of the infection, following broad spectrum antibiotic treatment.
CONCLUSIONS: Large EV with „cherry spots", gastric varices and PHG determine most often UDB with secondary anemia in LC complicated with SBP. UDB severity and its consequences are treated under emergency conditions and the risk is higher in CH Child B or C with SBP, that is why the patients need antibiotics during and after hospitalization, to prevent recurrence of infection and UDB.

KEYWORDS: upper digestive bleeding, spontaneous bacterial peritonitis, liver cirrhosis

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EP106. BODY MASS INDEX IN PATIENTS WITH CHRONIC VIRAL INFECTION C

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The aim of the study was to correlate the relationship between body mass index and chronic viral C infection (HCV).

MATERIAL AND METHODS: A prospective study was conducted during one month (December 2019), which included patients diagnosed with HCV infection in the Institute of Gastroenterology and Hepatology Iasi.
We analyzed 72 patients with HCV infection. The average age was 59.06 ± 8.12 years and most of the study group was represented by female gender (48 vs 24). Depending on the area of residence, we found that 38 patients (ie 52.8%) came from rural areas.
Exclusion criteria were: malignant lesions (except hepatocarcinoma), severe chronic obstructive pulmonary disease, acute infectious episodes in the last 2 weeks, immunosuppressive status, portal vein thrombosis and final stages of chronic kidney disease.
RESULTS: Regarding the anthropometric indices in the studied group, we found that the average weight was 72.47 ± 15.144 kg, and the average body mass index (BMI) was 26.5 ± 4.9 kg / m2,
We divided the group according to WHO criteria for reporting excess weight and found that 47.22% of the patients were within the range of normal weight (BMI between 18.5-24.9 kg / m2, but we included here only one patient with underweight, with BMI of 18.1 kg / m2).
The other patients, in approximately equal proportions, were overweight (BMI between 25 and 29.9 kg / m2) or obesity (BMI greater than or equal to 30 kg / m2).
CONCLUSIONS: According to the results of the present study, in patients with HCV infection, the majority of patients were overweight.

EP107. MELD SCORE IN PREDICTING SURVIVAL TIME AFTER AN EPISODE OF VARICEAL HEMORRHAGE

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INTRODUCTION: The Model for End-stage Liver Disease

(MELD) prognostic scoring system, which has an equal or better predictive ability than the traditional Child-Pugh system, is a method to evaluate portal hypertension for short- or intermediate-term outcome.
AIM: estimating the survival time after the first episode of variceal hemorrhage based on the value of MELD score.
METHODS: 125 patients with liver cirrhosis who died after an episode of variceal hemorrhage, 67 patients died after the first episode of bleeding and 58 had multiple hemorrhages. We calculated MELD score at the first bleeding and during survival period from the first episode to death to see the influence of the degree of liver failure on prognosis.
RESULTS: Comparing the MELD score at the first episode of variceal bleeding to the one at the time of death due to hemorrhage, we obtained the following results: mean value: 20.02±4.52 in the first bleeding episode versus 30.5±5.1 at the death, p<0.0001, AUROC=0.90, 95%CI 0.85-0.99. Considering the MELD score at first hemorrhage and at survival period (in months) from the first episode of bleeding till death, we analyzed the survival duration based on the degree of liver failure by using Kaplan Meier curve and we found that the higher the MELD score the lower the survival, p<0.0001. In the studied cohort, survival at 1 year was 40.1%, at 2 years 33.1%, at 3 years 12.4%, at 4 years 9%, at 5 years 0%.
CONCLUSION: Our study demonstrated that MELD score can predict length of survival after an episode of variceal hemorrhage.

EP108. MORTALITY TREND IN UPPER GASTROINTESTINAL BLEEDING IN CIRRHOTIC PATIENTS

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OBJECTIVE: In this study we analyzed the clinical outcomes of a single-center cohort of cirrhotic patients after an acute bleeding in day-to-day clinical practice. The main intentions were to establish the etiology of bleeding in a cirrhotic patient, and to find if the rebleeding and mortality rate decreases in the last years.
MATERIAL AND METHODS: This was an observational study of 925 patients with liver cirrhosis and upper gastrointestinal bleeding admitted in our department. All consecutive cirrhotic patients admitted to our tertiary hospital with hematemesis or coffee ground emesis, melena or hematochezia, and underwent emergency upper gastrointestinal endoscopy during the first 24 hours were considered for inclusion in the study. We had two batches of patients: 519 admitted from Jan 2005 to Dec 2009 (group 1) and 406 admitted from Jan 2016 to Dec 2019 (group 2).
RESULTS: Out of 925 patients, 65.4% were men, while 34.5% were women, mean age 54.5±11.1 years. In group 1, 109/519 (21%) patients had non-variceal esophageal bleeding and 410/519 (79%) had esophageal variceal bleeding being similar to group 2 which had 102/406 (26.1%) patients had non-variceal esophageal bleeding and 304/406 (73.9%) patients had esophageal variceal bleeding, p=0.08. Rebleeding was found in 29% (151/519) patients in group 1, while in group 2, 24.1% (98/406) patients present rebleeding, p=0.1. Regarding mortality rate, in group 1 it was 15.7%, while in group 2 it was 10.3%, p=0.02.
CONCLUSION: In cirrhotic patients, the rate of esophageal variceal bleeding remains the main cause of upper acute gastrointestinal bleeding. The rebleeding rate seems to be similar over the years, while mortality rate is decreasing.

EP109. INFECTIONS IN CIRRHOTIC PATIENTS – IT`S TIME FOR A NEW EMPIRICAL STRATEGY?

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BACKGROUND AND AIM: Cirrhotic patients, mostly decompensated, are prone to developing infections caused by MDROs, particularly because they are in close contact with healthcare settings. During the last two decades, the first-line therapies recommended to treat infections in cirrhotic patients have become progressively less effective. Early identification of patients at high risk of multidrug-resistant organisms (MDRO) infection is essential.
MATERIAL AND METHODS: We assessed the antimicrobial susceptibility of 370 bacterias isolates from patients admitted in our Department of Gastroenterology and Hepatology, analysing the bacterial resistance in cirrhotic versus noncirrhotic patients.
RESULTS: 120 cirrhotic vs 250 noncirrhotic patients
Of the isolates of cirrhotic patients, 90/120 (75%) and without cirrhosis 50/250 (20%) were multiresistant (p < 0.0001).
In the cirrhotic group, E Coli was the most common multiresistant bacteria 45/90 (50%), followed by Klebsiella sp 25/90 (25.7%) and Enterococcus Fecalis 20/90 (24.3%).
67/90 (74.4%) were resistant to ciprofloxacin, 58/90 (64.4%) to levofloxacin, 46/90 (51.1%) to the third generation of cefalosporines and 52/90 (57.7%) isolates were resistant to both quinolones and 3rd generation cefalosporines.
All multidrug resistent isolates were in the decompensated batch 81/120 (67.5%) . 67/90 (74.4%) of those multiresistant infections were responsive to carbapenems.
CONCLUSIONS: In decompensated cirrhotic patients the majority of infections are multiresistant, with a high prevalence of resistance to quinolones and 3rd generation of cefalosporines recomended by the AASLD and EASL guidelines as empirical treatment.Further studies are needed, but it may be the time to start with carbapenems in decompensated liver cirrotic patients with infections.

EP110. EFFICIENCY OF 8 WEEKS VERSUS 12 WEEKS DIRECT ACTING ANTIVIRALS THERAPY IN CHRONIC VIRAL HEPATITS C PATIENTS WITH NON -ADVANCED HEPATIC FIBROSIS- A REAL LIFE EXPERIENCE

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INTRODUCTION: The access to direct acting antivirals (DAAs) has brought great benefit to patients with chronic viral hepatitis C. The aim of our study was to assess the comparative efficiency of 8 and 12-weeks therapy with DAAs therapy .
MATERIALS AND METHODS: We conducted a prospective study over a period of 1 year (2018-2019) at the Institute of Gastroenterology and Hepatology Iasi in which we included 200 chronic viral hepatitis C patients only with reduced fibrosis (F1-F2), treated with DAAs.
RESULTS : Out of 200 patients, 143 (71.5%) underwent the 12-weeks regimen and 57 (28.5%) patients underwent 8-weeks regimen. 12 weeks of treatment was administrated in patients previous treated with interferon or patients with comorbidities and concomitant medications .The most common comorbidities were arterial hypertension , autoimmune thyroiditis, diabetes and chronic kidney disease. Also there was a case with nonhodgkin lymphoma.Other characteristics such as age, sex, inflammation or steatosis were the same in both study groups. Sustained virologic response (SVR) was achieved in 138 (96.51 %) patients treated 12 weeks and in 57 patients (100%) treated 8 weeks.Out of the 143 patients treated for 12 weeks, 4 (2.79 %) failed to achieve SVR despite completion of treatment and one patient (0.7 %) discontinued treatment after 8 weeks but with SVR.
CONCLUSION: Both regimens achieved high SVR rates in our real-life experience with chronic hepatitis C patients.8 weeks DAAs therapy involves lower costs, shorter period without side effects in patients eligible for this type of treatment.

KEYWORDS: antivirals, hepatitis, weeks

EP111. EFFECTS OF PROBIOTICS IN ALCOHOLIC HEPATITS

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BACKGROUND: The excessive use of alcohol induces changes in the intestinal microbiota composition and in metabolic function, that may induce oxidative stress and intestinal hyperpermeability. This suggests a potential role forprobiotics in the prevention or treatment of some liver diseases.The aim of the study was to evaluate the therapeutic effects of probiotics in patients with alcoholic hepatitis (AH).
METHODS: We conducted a prospective study that included 62 patients with AH. Patients were randomly and equally divided into two groups. Group A received probiotic supplements (Streptococcus faecalis T-110 30 milions, Clostridium butyricum TO-A 2 milions, Bacillus mesentericus TO-A millions, Lactobacillus sporogenes 50 milions) for 7 days and group B represented the control group. All patients were hospitalized and were not permitted to consume alcohol for the 7 days of the study. The following variables were assessed after 7 days: aspartate transaminase (AST), alanine transaminase (ALT), bilirubin, alkaline phosphatase (AP), γ-glutamyl transpeptidase (GGT), albumin, prothrombin time (PT) and C reactive protein (CRP).
RESULTS: In both groups, the mean levels of AST/ALT, AP, GGT, bilirubin and PT were significantly improved after 7 days of abstinence. 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), AP (270 mg/dl vs 240 mg/dl, p<0,05), GGT (230 mg/dl vs 200 mg/dl, p<0,005), PT (62 vs 72, p<0,05). In the probiotics group (baseline and after) CRP (2,8 ± 0,9 vs 1,1 ± 0,4 pg/ml, P=0.042) showed differences.
CONCLUSION: Immediate abstinence is the most important treatment for patients with AH. In addition, 7 days of oral supplementation with probiotics was associated with decreased CRP serum levels, showing an improvement of systemic inflammation in patients with AH. However, more clinical trials are needed to determine whether prebiotics are efficacious therapeutic modalities to treat AH.

KEYWORDS: alcoholic hepatitis, probiotics.

EP112.SPONTANEOUS BACTERIAL PERITONITIS IN CIRRHOTIC PATIENTS HOSPITALIZED IN IGH ("SF. SPIRIDON" HOSPITAL IAȘI) – INCIDENCE, THERAPEUTIC SCHEMES AND EVOLUTION MODALITIES

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INTRODUCTION: Spontaneous bacterial peritonitis (SBP) is a severe complication of cirrhotic patient with ascites. To check the presence of SBP in hospitalized cirrhotic patients with ascites is mandatory for diagnosis and treatment.
MATERIAL AND METHOD: We made a retrospective study on cirrhotic patients hospitalized in IGH between 01.06.2019 and 01.03.2020. We followed the number of patients with SBP, their frequency from the total of cirrhotic patients, the association with other types of infection. We verified from the observations files the modality of diagnostic of SBP, the germs incriminated, the therapeutic schemes and the evolution of patients.
RESULTS: From 1238 cirrhotic patients hospitalized in IGH in this interval, 3,95% had SBP (49 patients), with a sex ratio men/women of 2,76:1. 39 patients (79,6%) were diagnosed based on cellularity, while 10 patients (20,4%) had also bacteriologic confirmation: 5 cases – Escherichia Coli, 2 cases– Klebsiella Pneumoniae, 1 case – coagulase-negative Staphylococcus, 1 case– Enterococcus Faecalis and 1 case– Clostridium Praputrificum. The antibiotic treatment was represented by: cephalosporins - 36 patients (73,46%), carbapenems - 10 patients (20,4%), other betalactamine - 3 patients (6,12%), quinolons - 6

cases (12,24%), aminoglycosides - 5 patients (10,2%), and 12 cases used Vancomycin, Metronidazole or other antifungal. The antibiotic treatment was in monotherapy in 31 cases (63,26%) and in plurithерapy in 18 cases (36,73%). The answer to treatment was complete – 27 patients (55,1%), partial – 3 patients (6,12%) and absent – 19 patients (38,78%). The death rate was 32,65%. Other infections associated with SBP: Clostridium difficile colitis – 5 cases (10,2%), urinary infections – 3 cases (6,12%), catheter rash – 1 case (2,04%) and positive blood culture – 1 case (2,04%).
CONCLUSIONS: SBP is generated by E. Coli in the first place, but also by other germs. The antibiotic treatment is complex and varied, in mono or plurithерapy. Despite the answer to treatment in 61,22% of cases, the death rate remains high (32,65%).

KEYWORDS: spontaneous bacterial peritonitis, liver cirrhosis

EP113.PORTAL VEIN OBSTRUCTION - AN IMPORTANT CAUSE OF PREHEPATIC PORTAL HIPERTENSION IN CHILDREN

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INTRODUCTION: One of the most important causes of portal hypertension among children is extrahepatic portal vein obstruction (PVO). The most common risk factors of portal vein thrombosis are neonatal umbilical vein catheterization, transfusions, sepsis, dehydration, thrombophilia.
METHODS: We have analyzed retrospectively all patients admitted to our hospital with PVO between January 2012 - May 2018. The diagnosis was made by ultrasound or contrast MRI. We evaluated the risk factors, symptomatology, complications and therapeutic methods used in PVO patients.
RESULTS: A total of 48 patients with the age of 6 months to 17 years (mean age 7.9 years, female-to-male ratio 1:1) were evaluated for PVO during the study period. The first symptoms were upper gastrointestinal bleeding (23 children; 47.91%) and splenomegaly (25 children; 52.09%). The most frequent risk factors were umbilical vein catheterization (34 children; 70.83%) and sepsis (11 children; 22.91%). The laboratory investigations revealed mild anemia (mean level of hemoglobin 9.1 g/dl) and mild to moderate thrombocytopenia (mean platelet count 84000/µl) in the majority of cases. Thrombophilia blood panel for inherited status was positive in 19 patients (90.47%) of the 21 analyzed. Upper digestive endoscopy was performed in 40 children and 70.83% of cases (34 patients) presented grade II-III esophageal varices. All children with gastrointestinal bleeding received sandostatin infusion and in 12 cases (25%) variceal ligation was performed. Porto-systemic shunt was performed in 10 patients (20.83%). The evolution was favorable in 47 cases (97.91%), only one case dying (2,19%) secondary to severe sepsis.
CONCLUSION: PVO is more frequently diagnosed in the last years in children, due to the increased use of umbilical catheterization, sometimes more often than necessary. Also, genetic predisposition certainly plays an important role in this condition. Active ultrasound assessment of children with risk factors for PVO should be encouraged for early diagnosis and treatment.

EP114. POSSIBLE PATHOGENIC ASSOCIATIONS OF CHRONIC HEPATITIS C AND PERIODONTAL DISEASE

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INTRODUCTION: Periodontal disease is an inflammatory condition that leads to the destruction of the teeth's supporting structures and, eventually, to their loss. Given the important systemic connections of the periodontal tissues and the proven association of periodontal disease and diabetes mellitus and cardiovascular diseases, the study targeted certain interactions that may be found between periodontal disease and other conditions with an inflammatory component, such as chronic hepatitis C.
MATERIAL AND METHOD: Patients diagnosed with chronic hepatitis C were periodontaly examined. Samples of gingival crevicular fluid were collected from within the gingival sulcus and used for a quantitative assessment

of targeted pro-inflammatory mediators (interleukin-1α and -1β), by specific immunological methods (ELISA). The hepatic function was assessed by the analysis of the hepatic transaminases serological levels, together with the degree of liver fibrosis, evaluated with the help of transient elastography (FibroScan). The study also included a group of periodontal patients with no hepatic conditions and a control group of healthy patients. The results generated by the immunological assessment were statistically analyzed and tested for correlations with the clinical data.

RESULTS AND CONCLUSIONS: The clinical periodontal status of the hepatitis C-affected patients was negatively modified, as compared to the other groups of patients, in what concerns the missing number of teeth and the average periodontal pocket depth. The immunological assessment of the pro-inflammatory mediators showed a significantly increased level within the gingival fluid for the periodontal patients with chronic hepatitis C, in comparison to the non-hepatic ones. For the hepatitis C-affected periodontal patients, significant correlations were also identified between the assessed clinical periodontal parameters and the levels of the targeted pro-inflammatory mediators. These results suggest the possible existence of pathogenic interactions between periodontal and chronic hepatitis C diseases, probably by means of inflammatory reaction up-regulation, fuelled by an increase in the expression of pro-inflammatory mediators.

KEYWORDS: periodontal disease, chronic hepatitis C, inflammation, mediators

EP115. AD-INTEGRUM RESTITUTIO OF ANTRAL VARICES IN A PATIENT WITH NEW DIAGNOSED ALCOHOLIC LIVER CIRRHOSIS TREATED WITH NON-SELECTIVE BETABLOKERS – CASE REPORT

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INTRODUCTION: Gastric varices represent a nosological entity found in about 20% of patients with liver cirrhosis. Upper gastrointestinal haemorrhage from gastric varices is a redoutable complication and is characterized by a reserved prognosis than that caused by oesophageal varices, the endoscopic therapeutic success being reduced and the recurrence more frequent. Aim. We present the case of a middle-aged patient, newly diagnosed with alcoholic liver cirrhosis, gastric varices and hypochromic microcytic anemia. Materials and method. The upper gastrointestinal endoscopy performed revealed congestive gastric varices type IGV-2. Treatment with non-selective beta blockers was instituted and the result was favorable. Results. After 3 months of treatment and alcohol abstinence the second look endoscoy revealed the complete remission of gastric varices and the integral dissaparence of red spots. Conclusions. The pharmacological primary prophylaxis of upper digestive haemorrhage from gastric varices is a difficult task to achieve in current medical practice due to their refractory response to non-selective beta blocker therapy. The particularity of this case is the prompt response in a relatively short time after the administration of non-selective beta blockers, with remission of varicose veins and „restitutio ad integrum" of the gastric mucosa.

KEYWORDS: liver cirrhosis, gastric varices, gastrointestinal haemorrhage

EP116.CONCOMITANT SERUM PRESENCE OF HEPATITIS B SURFACE ANTIGEN (HBSAG) AND HIGH TITERS OF HEPATITIS B SURFACE ANTIBODIES (ANTI-HBS AB) IN A LONG-TERM NUCS TREATED CHRONIC HEPATITIS B (HBV) GENOTYPE D PATIENT - CASE REPORT"

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INTRODUCTION: HBV genotypes varies worldwide and influence both natural evolution and treated chronic hepatitis B. Although HBV-D genotype seems to be dominant in South-East Europe, literature data concerning the prevalence of its four subtypes are lacking. Furthermore, the NUCs treatment seems to have lower impact on HBV-D genotype clearance comparing to others. Aim. We present the case of a middle age woman diagnosed, followed–up and treated for 8 years with entecavir 0.5mg/day, in whom we noted an increasing of anti-HBs Ab titer over the immunogenicity level and undetectable viremia, despite the continuous presence of HBsAg in high titers. This is an uncommon type of evolution, most patients with anti-HBs Ab over 10UI/ml showing seroconversion in the "s" system within few months. Method. We used the COBAS TaqMan HBV Monitor Test to measure serum HBV DNA level, then, the viral DNA was extracted from 200 µL of serum using QIAamp DNA blood mini kit. The amplification and sequencing of full DNA length was made by rolling circle amplification (RCA) technique. HBV genotype was determined using the NCBI genotyping tool and phylogenetic analysis. Results. Our patient proved to have D genotype. The DNA analyzes showed mutations in the "a" determinant located at codon positions 129 and 134 within the major hydrophilic region (MHR) of the HBsAg. The genetic testing applied showed escape mutations in the "a" determinant within the S gene, represented by sQ129R, respectively sI134T, reported by literature in a small number of C genotype patients Conclusions. The paradoxical serum profile of our patient with high levels of both HbsAg and anti-HBs Ab and undetectable viral load could be a possible model of evolution of D genotype HBV chronic infected patients treated for long periods with NUCs, cohort genetic studies on patients with the same serum profile being required to confirm this pattern of evolution.

KEYWORDS: chronic hepatitis B, D genotype, escape mutants

EP117. HEPATORENAL SYNDROME – FREQUENCY, TREATMENT AND PROGNOSTIC INFLUENCE IN CIRRHOTIC PATIENTS HOSPITALIZED IN INSTITUTE OF GASTROENTEROLOGY AND HEPATOLOGY ("SF. SPIRIDON" HOSPITAL) IASI

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INTRODUCTION: Hepatorenal syndrome (HRS) is a severe complication of cirrhotic decompensated patients, which influences unfavorably the prognosis of the disease. The first line of treatment is represented by the association of albumine and terlipressine, but liver transplant is the only curative treatment.
MATERIAL AND METHOD: This is a retrospective study made on cirrhotic patients hospitalized in IGH between 01.06.2019 and 01.03.2020. We followed the number of patients with HRS, their frequency from the total of cirrhotic patients, the treatment and the type of response (partial, complete, lack of response). We verified from the observations files the type of evolution (favorable, relapse, death) and the number of HRS patients with liver transplant or on the waiting list for liver transplant.
RESULTS: From 1238 cirrhotic patients hospitalized in IGH in this interval, 5,97% had HRS (74 patients), with a sex ratio men/women of 1,46: 1. 64 patients received albumine with terlipressine for five days (86,48% of HRS patients). From the treated patients, 21 presented full response to treatment (28,37%), 12 patients (16,21%) – partial response and 41 (55,42%) – no response. In 17 patients HRS have relapsed (22,97%), 14 patients having one relapse, other 3 patients had 2, 3 or 4 relapses. 27 patients with HRS had also spontaneous bacterial peritonitis (28,12%). Death rate was 44,59%. 2 patients with HRS received liver transplant (2,7%), one patient being on the waiting list for transplant.
CONCLUSIONS: From the cirrhotic patients with HRS hospitalized in IGH, a significant percentage (86,48%) received medical treatment with albumine and terlipressine. Despite the response to treatment in 44,58% of cases, the mortality rate remains high (44,59%). The rate of liver transplant amongst cirrhotic patients with HRS is low, for now (2,7%).

KEYWORDS: hepatorenal syndrome, decompensated liver cirrhosis

EP118. REAL LIFE 1-YEAR SURVIVAL RATE IN HEPATOCELULLAR CARCINOMA AND PREDICTIVE FACTORS FOR MORTALITY

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BACKGROUND: Hepatocellular carcinoma (HCC) is the fifth most common cancer, generally with somber prognosis. Even if treatment options are well-defined and standardized, with theoretical good impact on survival, they are not always applicable in real life. Our aim was to assess 1-year survival rate of patients with HCC and to identify influencing factors.
MATERIAL AND METHODS: We retrospectively studied all newly diagnosed HCC patients during a 12-months period (01.01.2018-31.12.2018). 1-year survival rate was assessed. Various factors (demographic, clinical and biologic parameters, portal vein thrombosis, BCLC classification) were analyzed. Uni- and multivariate analysis were performed in order to identify prognostic factors for mortality.
RESULTS: 85 new cases of HCC were recorded during 1-year period, sex ratio M:F = 1.74:1, mean age 68 years (range 47-89). According to BCLC classification, 23 patients were in stage A at diagnosis, 23 patients in stage B, 22 patients in stage C, and 17 patients in stage D. Overall, 55 patients (65%) died during the follow-up period, while 30 patients (35%) were still alive at the end of the follow-up period. Predictive factors for mortality were: BCLC stage (1-year survival rates were 61%, 44%, 19%, and 12%, for stage A, B, C, and D, respectively), presence of portal vein thrombosis, level of alfa-fetoprotein > 400 ng/ml, and low albumin. Presence of comorbidities had a negative impact on survival rate. Gender and age did not significantly influence survival rate.
CONCLUSIONS: Overall 1-year survival rate in real life patients with newly diagnosed HCC is low. BCLC stage, portal vein thrombosis, high alfa-fetoprotein and hypoalbuminemia are predictive for mortality. Thorough evaluation is mandatory for an effective therapeutic attitude, but however, in real life, prognosis appears darker than expected, probably due to mixed causes (patient-related factors or objective non-applicability of the allegedly ideal treatment).

KEYWORDS: hepatocellular carcinoma, survival rate, mortality

EP119. INTERFERON-FREE ANTIVIRAL THERAPY AND THE HEALING RATE IN PATIENTS WITH CHRONIC HEPATITIS AND LIVER CIRRHOSIS VIRAL C

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INTRODUCTION: Chronic viral hepatitis C (HCV) affects about 185 million people globally and a large part of them develop liver cirrhosis (CH), hepatocarcinoma or death in the absence of liver transplantation.
AIM: Obtaining sustained virus response (SVR) following Interferon-free antiviral treatment.

MATERIAL AND METHODS: the study includes 77 patients, 28 men and 49 women, mean age 65 years with HCV and LC who were investigated in section 2 Gastroenterology between 2017-february 2021 by biochemical, virological evaluations, abdominal ultrasound, upper endoscopy and CT in those with AFP> 50 ng / ml. All patients underwent PCR testing for SARS-CoV-2 in the last year, being negative.
RESULTS: 16 men and 30 women had SVR 12 weeks after completion of treatment (99%), of which 16 had LC and 30 HCV.3 cases had mixed decompensated LC Child-Pugh class B treated with Ledipasvir/Sofosbuvir 6 months and 13 cases had compensated LC Child-Pugh class A. 16 patients had HCV with F1-F2 hepatic fibrosis and therapeutic need for 2 months. Of these, 7 cases were treated with Elbasvir / Grazoprevir and 9 patients were treated with ombitasvir / paritaprevir / ritonavir and dasabuvir, as the rest of 14 F3 cases that were treated 3 months. 1 case presented in the subsequent evaluations the alteration of the general state and in CT the hepatocarcinoma of the hepatic right lobe was confirmed as evolving, which required the cessation of the antiviral treatment and the oncological addressability. 15 patients are being treated. The biochemical, ARN-VHC and ultrasound monitoring of the patients showed a favorable outcome with SVR 12 weeks after the completion of the treatment.
CONCLUSIONS: Interferon-free therapy represents the „gold standard" in HCV of our days, having a shorter duration of administration, much better tolerability and adherence to treatment and a higher cure rate of the disease comparative with Interferon treatment.

KEYWORDS: Interferon-Free therapy, Chronic viral hepatitis C, Liver cirrhosis C, SVR

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EP120. A CASE OF ALCOHOLIC LIVER DISEASE WITH SEVERE PROGNOSIS BUT FAVORABLE EVOLUTION

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Severe alcohol consumption causes 3.3 million deaths annually, 6% of total global mortality cases. Acute alcoholic hepatitis on the background of liver cirrhosis (LH) has high mortality incidence, with reserved prognosis.
We present the case of 42-year-old patient with a history of chronic alcohol intake, smoker, who developed severe evolution of liver disease. She presented with intense jaundice of eyes and skin, ascites, severe malnutrition, lower legs edema.
The disease started with cytolysis (ALT - 322 - 153 - 71.1 U / L, AST 435 - 322 - 96.9 - 59.6 U / L), cholestasis (bilirubin 454-222-232; 265-158-107; 111.7 mm, FA - 228 - 183 U / L, GTP - 1265- 794-192 U / L, albuminemia 15.4-18.0-23 g / l, coagulopathy (INR - 1.6, protein C - 42%, protein S- 46%), anemia (Hb 77 g / l, L - 32.0 -23, - 18.0 x 10 9; neutr 25% -13%, lymph 7%), low serum Na - 117-120-124 mmoll; lactic acidosis- 6.1- 3.1-2.3. Viral, tumor and autoimmune markers - negative. CT abdominal – liver structure inhomogeneous, steatosis portocaval anastomosis, hepatosplenomegaly, acute pancreatitis, ascites. EDS - esophageal varices gr II, presence of positive cultures (ascitic fluid, urine, blood culture tests). Hepatic elastography (minimal cytolysis) - 43.6 kPa, Maddrey score 36.5. Diagnosis: LC alcohol induced st. Child Pugh C (12-10p), MELD Na 29.4 -27.4. Acute alcoholic hepatitis, severe evolution. Septicemia. Toxic-septic shock. PBS. Refractory ascites, repeated paracenteses. Chronic alcoholic pancreatitis, exo- and endocrine dysfunction. B12 deficiency anemia. Administered etiopathogenetic treatment, excluding glucocorticosteroids. Monitored gastroenterologically 3 years, administered restitution treatment, with correction of nutritional, biochemical and hydroelectrolytic indices. Currently, adequate nutritional status, biochemical parameters within normal, except GGT- 87 U / L, Doppler portal system: hepatosplenomegaly, minor hemodynamic disorders, Doppler echo score I (12 p), liver elastography: 7.0-9.0 kPa, moderately expressed liver fibrosis.
CONCLUSIONS: Alcoholic liver cirrhosis frequently evolves severely, increased mortality incidence. Early diagnosis confirmation and early complications detection is essential. Alcohol abstinence, nutritional, psychosocial and medical support are crucial.

KEYWORDS: liver cirrhosis, alcoholic hepatitis, severe evolution

EP121.UPPER GI BLEEDING IN CIRRHOTIC PATIENTS: A COMPARATIVE STUDY BETWEEN ALCOHOLIC AND VIRAL CIRRHOSIS

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BACKGROUND: Acute upper gastrointestinal bleeding (UGIB) is a potentially life-threatening emergency that remains a common cause of admission to hospital for cirrhotic patients. The most commonly encountered causes of liver cirrhosis in Romania are viral infection (hepatitis B or C) and alcohol abuse. The purpose of the study is to evaluate differences in clinical outcomes, such as hospital readmission, mortality, need for transfusion and hemostasis between alcoholic and viral cirrhosis in patients presenting UGIB.
METHOD: From January 2017 to May 2019, we performed a retrospective study that included clinical data of 230 patients with cirrhosis of liver and GI bleeding, submitted to early diagnosis by endoscopy.
RESULTS: Alcoholic liver cirrhosis (ALC) accounted for 189 (82%) of total cases. Viral cirrhosis (VC) – 41 patients

(18%) – 33 patients were diagnosed with chronic hepatitis C, 7 cases of chronic hepatitis B and only one patient with both C and B infection. The ratios of male and female were 4:1 in the ALC group and 1:1 in the VC group, with statistically significant differences between gender (p=0.011) and age (59.54±11.74 vs. 66.73, p=0.0005). The most common cause of UGI bleed in both groups was acute variceal GI bleeding (51% vs. 69%, p=0.057), the next cause being peptic ulcer. The risk of mortality was 18.51% in the ALC group compared to 21.95% in the VC group (p=0.66, RR: 1.04, CI: 0.88-1.22). There were significant difference in need for transfusion (52.38% for ALC vs. 21.95% for VC, p=0.0005) and hemostasis (34.92% vs. 87.80%, p=0.0046). History of UGIB was present in 42 patients in the ALC and 12 in VC (p=0.415).
CONCLUSIONS: The present study shows that esophageal varices are the main cause of UGIB in cirrhotic patients regardless the etiology. Male young patients with alcoholic cirrhosis have higher risk of UGIB and need more transfusions than VC. There are no differences regarding mortality and hospital readmission for recurrent bleeding between ALD and VC.

KEYWORDS: alcoholic liver cirrhosis, viral cirrhosis, upper gastrointestinal bleeding

EP122. RISK OF CELLULAR HEPACCARCINOMA AFTER THERAPY WITH DIRECT ANTIVIRAL ACTION

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BACKGROUND: Direct-acting antivirals (DAA) are highly effective for the treatment of chronic hepatitis C virus (HCV) infection, because these reduce transmission and prevent the major consequences of chronic infection including cirrhosis, hepatocellular carcinoma (HCC), and death. However, DAA-induced sustained viral response (SVR) does not eliminate HCC risk entirely.
The aim of this study was to evaluate the frequency of the HCC after DAA therapy.
MATERIAL AND METHOD: We conducted a prospective study between january 2016 - july 2019 that included 230 patients with chronic HCV infection who have undergone DAA therapy. The level of alpha fetoprotein (AFP) was assessed at initiation of treatment (normal level) and during the DAA therapy. There were no radioimaging criteria for HCC. All patients had SVR. The period of surveillance of the patients was between 3 and 30 months by laboratory tests, AFP level and imagistic tests.
RESULTS: After DAA therapy we identified 5 cases (2,17%) with HCC. We confirmed a case of HCC in the end of DAA therapy, initially with high level of AFP (119 UI/ml) and a regenerative or dysplastic nodule at the computed tomography (CT). Another 3 cases of HCC were revealed in patients with a downward dynamics of the AFP level (22,65 UI/ml vs. 10 UI/ml) during the antiviral treatment. 6 months after DAA therapy the AFP level raised significantly at 220 UI/ml and the CT showed HCC. A cholangiocarcinoma was diagnosed in a male, 4 months after DAA therapy, with low increased level of AFP (8,32 UI/ml).
In conclusion Our data indicates that although the risk is low in patients with chronic HCV infection to develop HCC, it is not completely eliminated in patients with SVR induced by DAA therapy.

EP123. THE FREQUENCY OF THE EXTRAHEPATIC MANIFESTATIONS IN NON-ALCOHOLIC FATTY LIVER DISEASE

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BACKGROUND: Spectrum of extrahepatic manifestations, such as cardiovascular disease, type 2 diabetes, chronic kidney disease, hypothyroidism, polycystic ovarian syndrome and psoriasis identified in patients with nonalcoholic fatty liver disease (NAFLD) classifies the clinical entity as a multisystemic disease that extends far beyond the liver.
The aim of this study was to evaluate the frequency of extrahepatic manifestations on patients with NAFLD.
MATERIAL AND METHOD: All patients with hepatic disorders included HBV, HCV and other, were evaluated between 2018-2019 for lipid disorders. Patients with alcohol-related liver disease were not included in the study. All the data were collected from the patient's records, including demographic data, medical history, hemodynamic status and laboratory tests. Steatosis and fibrosis was assessed by FibroMax non-invasive liver test. The evaluation of portal hypertension was performed by abdominal ultrasonography and upper gastrointestinal endoscopy.
RESULTS: Among the 157 patients admitted in the tertiary center with HBC, HCV and other hepatic disorders, 129 (82%) patients were diagnosed with NAFDL (mean age 57, 52% female). At diagnostic time for NAFDL, 69 (53%) of patients presented hypertension, 40 (31%) type 2 diabetes, 35 (27%) hypercholesterolemia, 44 (34%) hypertriglyceridemia and 12 (9%) chronic kidney disease. According to FibroMax, hepatic steatosis S1 was identified in 55 (35%) patients, S2 for 61 (39%) and S3 for 13 (8%), being in correlation with advanced stage of fibrosis, F3 at 35 patients (22%), respectively F4 at 43 patients (27%).
CONCLUSIONS: The data from our study, by the high frequency of the extrahepatic manifestations identified in study group, confirm that the clinical burden of NAFLD extends well beyond the morbidity related to the liver, with important clinical significance in screening, risk factor modification, and therapeutic potentials.

EP124. CORRELATION BETWEEN ALPHA-FETOPROTEIN LEVEL AND HEPATOCELLULAR CARCINOMA IN PATIENTS WITH CHRONIC HEPATITIS C VIRUS INFECTION

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BACKGROUND: The correlation between alpha-fetoprotein (AFP) levels and the risk for hepatocellular carcinoma (HCC), although it has been discussed over a long period, the available evidence from the patients with high AFP level have demonstrated that the biological and pathophysiological roles of the association of AFP with an increased risk of HCC development remain unclear. The aim of the present study is to investigated whether high levels of AFP in patients with chronic hepatitis C virus (HCV) infection were associated with an increased risk of HCC. Material and method A total of 157 patients with chronic HCV infection were evaluated for the predictive value of non-invasive risk factors for HCC, including age, gender, alcohol intake, aspartate and alanine aminotransferase levels, bilirubin, albumin, platelet count and AFP levels, before starting direct-acting antivirals (DAA) therapy. Imaging tests (ultrasound and computed tomography) were performed on all patients with an elevated level for AFP. Results During the pre-terapeutic evaluation of the patients with chronic HCV infection (N=157), the HCC risk identified in 59 (37,5%) patients according the following factors: aspartate transaminase (AST) ≥68 IU/l, alanine transaminase (ALT) ≥62 IU/l, AFP ≥6 ng/ml. Multivariate analysis identified that AFP level > 6 ng / ml as independent risk factor for HCC development did not correlate with ultrasound and computed tomography results. By contrast, the 41 (26,1%) patients with slightly elevated AFP levels (≥20 ng / ml) had moderately and advanced liver fibrosis stages, these AFP levels may indicate an elevated risk of HCC in patients with chronic HCV infection. Conclusions In the present study, although imaging tests did not reveal HCC in patients with chronic HCV infection and high AFP level, there is still a substantial risk of HCC development completed with the fibrosis stage, reason for which it becomes mandatory for long-term monitoring of these patients.

EP125. PORTAL VEIN THROMBOSIS IN A VIRUS C CIRRHOTIC PATIENT UNDER ANTIVIRAL TREATMENT: CASE PRESENTATION

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INTRODUCTION: Portal vein thrombosis is a severe complication of liver cirrhosis, which may be caused by the occurrence of a hepatocarcinoma, of other neoplasia or of a hypercoagulability status.
MATERIAL AND METHOD: We present the case of a 62-years female patient, with viral C liver cirrhosis, who installs portal vein thrombosis during the IFN-free antiviral treatment. We monitor the evolution of this case from the beginning of the antiviral treatment till now.
RESULTS: The 62-years female patient known with virus C decompensated liver cirrhosis is evaluated for the antiviral treatment and IFN-free treatment is initiated in april 2018. In may 2018 she is admitted in emergency for an episode of acute pyelonephritis, treated with antibiotics and anti-inflammatory medication; ultrasound examination together with abdominal CT with contrast support the presence of portal vein thrombosis. Problems at this moment: a) to continue or not the IFN-free treatment; b) is a hepatocarcinoma emerging?; c) to initiate or not anticoagulants. We decided to continue the antiviral therapy and we introduced anticoagulants (Clexane, the first 2 months, then Sintrom), with close monitoring of the patient: INR bi-monthly, CT or IRM with contrast each 3 months, then each 6 months. CT examination from September 2018 finds a small nodule in VIth liver segment (AFP normal, favorable clinical status). IRM from January 2019 detects permeabilization of portal vein and does not find the nodule previous described. CT exam from December 2019 describes the complete permeabilization of portal vein and no sign of liver tumours. The favourable course is sustained also by the CT exam from January 2021.
CONCLUSIONS: Despite the difficulties of the case, the patient followed a complete antiviral treatment with sustained viral response, and anticoagulant therapy closed monitored was well tolerated and lead to complete permeabilizaton of portal vein.

KEYWORDS: portal vein thrombosis, IFN-free treatment

EP126. NONALCOHOLIC FATTY LIVER DISEASE IN CHRONIC HEPATITIS B AND C

(Patients from Mures county)

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BACKGROUND: Nonalcoholic fatty liver disease (NAFLD) is a condition in which excess fat is stored in the liver. The coexistence of NAFLD with viral hepatitis, especially B and C, modifies its natural history and makes the diagnosis diffcult.
MATERIAL AND METHOD: This study included all patients diagnosed with chronic hepatitis B and C who underwent ultrasonography in the Gastroenterology Clinic, Mures County Hospital, between 1 january-31 decembre 2019. We included patients with presence of HBV-related chronic liver disease with HbsAg positive for over 6 months and patients with HCV-related chronic liver disease with anti-HCV positive. We excluded patients with alcohol intake ≥ 20 g/day for women and 30 g/day for men. We collected data from abdominal ultrasonography (presence of hepatic steatosis) and we obtained the patients weight to calculate the body mass index (BMI).
RESULTS: Our study analized 86 patients. Hepatitis B was present in 20 patients (23,25%) and hepatitis C in 66 patients (76,74%). From our patients 66.27% (n = 57) were the males and 33,72% (n = 29) were females. The mean (standard deviation) age and BMI of the study population were 38,4 years and 23,8 kg/m2. Hepatic steatosis was present in 88,37%(n = 76) of the patients. Fatty liver presented in 38.9% of HBV patients, lower than the

44.5% in HCV subjects (P=0.001). NAFLD was statistically significantly associated with BMI.
CONCLUSIONS: NAFLD appears to be associated in lower rates with hepatitis B than hepatitis C and strongly associated with metabolic factors.

KEYWORDS: NAFLD, B and C hepatitis, BMI

EP127. SOME INDICATORS OF LIVER METABOLISM IN PATIENTS WITH CHRONIC VIRAL HEPATITIS.

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Chronic viral hepatitis in the Republic of Moldova presents a very serious socio-economic problem for public health and is one of the main causes of morbidity and mortality among the working population.
AIM: The study and comparison of biochemical parameters, namely the determination of cytolysis syndrome (ALT, AST) and the ceruloplasmin level in blood serum in patients with chronic viral hepatitis of the HBV, HCV, HBV + HCV etiology. Ceruloplasmin (CPL) is known acute inflammatory phase glycoprotein, synthesized by the liver that transports about 95% of copper in blood serum, is involved in iron metabolism, possessing ferrooxidase activity and prevents the formation of oxygen free radicals.
MATERIALS AND METHODS: We evaluated 138 patients with chronic viral hepatitis, of working age 48.35 ± 2.15, who were divided into 3 groups: group I - patients with chronic hepatitis (CH) of HBV etiology, n = 58, group II – CH of HCV etiology, n = 69 and group III constituted of patients with chronic hepatitis caused by a mixed viral infection of HBV + HCV, n = 11.
RESULTS: A study of the cytolysis syndrome activity revealed an increase in serum ALT levels: presenting in 1st group 88.32 ± 10.38, (p< 0.01), in 2nd - 122.4 ± 9.78, (p< 0.01), in 3d -156 ± 32.16 (units / l), (p< 0.05) in comparison to the control group (20.4 ± 1.4 (units / l)
The ceruloplasmin level in 1st - group elevated to 355.6. ± 8.4, (p< 0.05), in the second - 354 ± 8.0, (p<0.05), in the third - 354.16 ± 7.8 (mg / l, (p< 0.05), by comparison to the control group - 334.4 ± 5.6 (mg.L). A significant increase in CPL levels was observed in patients in all three groups compared to the control group, on the background of increased indicators of cytolysis syndrome.
CONCLUSIONS. Evaluation of serum ceruloplasmin level in patients with chronic viral hepatitis could be usefull as one of the markers of chronic inflammatory process in the liver.

KEYWORDS: chronic viral hepatitis, ceruloplasmin

EP128. ASSESSING RISK OF ACUTE KIDNEY INJURY IN CIRRHOTIC PATIENTS

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INTRODUCTION: Acute kidney injury (AKI) is a relative frequent complication of liver cirrhosis, that can be associated or not with hepato-renal syndrome (HRS). The objective of this study is to assess the risk factors of AKI in cirrhotic patients.
MATERIALS AND METHODS: We conducted a retrospective study on 171 patients with liver cirrhosis admitted to our clinic during January-December 2019. Data on gender, age, duration of hospitalization, Child-Pugh and Meld-Na scores, etiology, serum creatinine and sodium values were analyzed , and estimated glomerular filtration rate (eGFR) was calculated using the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) equation at admission. Acute kidney injury was defined as an increase in serum creatinine of ≥ 0.3 mg/dl in 48 hours or an increase of ≥50% from baseline.
RESULTS AND CONCLUSIONS: The 171 patients (110 men, 61 women) had an average age of 62.2 ± 9.36 years. The etiology was vast: alcoholic, 110 cases (64%), 27 cases with HVC (16%), HVB and mixed etiology (HVC + alcoholic) with 11 cases each (6%) and mixed etiology (HVB + alcoholic), respectively other causes, with 6 cases (4%). The average length of hospitalization was 7.3±5.3 days. 87 patients (51%) had a Child C score, 61(36%) Child B and 23 (13%) Child A. 31 patients (18.21%) developed AKI. Compared with those who did not develop AKI, they had a lower eGFR (p<0.05), a higher serum creatinine level (2.41± 1.36 mg/dL vs. 1.03±0.88 mg/dL; p<0.05) and a lower serum sodium value (128.5±8.42 mmol/L vs. 133.8 ±5.65 mmol/L; p<0.05) at admission. Also, we reported a higher mean MELD-Na score (31.68±6.81 vs. 18.07±7.27; p<0.05). In conclusion, high levels of serum creatinine, a low eGFR and a low level of serum sodium, upon admission, are risk factors for the development of AKI.

KEYWORDS: Acute kidney injury, liver cirrhosis, estimated glomerular filtration rate.

EP129. THE RISK OF HEPATOCARCINOMA IN DAA -TREATED PATIENTS

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BACKGROUND: The discovery of new treatments with direct antiviral agents (DAA) has been revolutionized the treatment of chronic HCV infection. The new treatment is effective, with fewer side effects and well tolerated. However, a feared side effect is the risk of developing hepatocellular carcinoma (HCC). Aim: This study aims to analyze the risk factors for HCC in patients with DAA.

Methods: We retrospectively analyzed 210 patients with liver cirrhosis caused by hepatitis C virus at 12 weeks after therapy with DAA. Biological parameters were analyzed at baseline and at 12 weeks after therapy. Results: Of the 210 patients entering the study, HCC appeared in 6patients (2.8%), 4 (66.6%) were men. The average age (60.73 vs 59.21 years; p = 0.566) and BMI (27.65 vs 27.59 kg / m2; p = 0.966) showed no significant differences in mean values in patients with HCC.There was no significant differences between mean value of ARN-VHC in the two groups (678.345 vs 537.478, p=0,856). 50% of patients with HCC and 12.9% of those without HCC have diabetes (p = 0.002). Platelets were lower in patients who developed HCC, but shows no statistically difference (109.6 vs 137.4 x 103 / mm3; p = 0.215). Transaminases, gamma glutamyl transferase was higher in patients who developed HCC at the beginning of treatment, but without registering statistically significant differences (AST: 102.07 vs 83.75 mg / dL; p = 0.602, ALT: 101.54 vs 87 37 mg / dL; p = 0.574, GGT: 90.33 vs 63.67 u / L; p = 0.426). At the onset, AFP has not registered significant differences between the two groups (16.32 vs 17.02 ng / mL; p = 0.947). Conclusion: Male patients and those who associate diabetes mellitus are at higher risk of developing HCC after treatment with DAA. A closer supervision is recommended for these patients.

EP130. HEPATITIS C VIRUS - STILL THE LEADING RISK FACTOR FOR HEPATOCELLULAR CARCINOMA, JUST LIKE A DECADE AGO

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BACKGROUND: Chronic hepatitis C virus infection can lead to serious complications, hepatocellular carcinoma (HCC) being one of them. HCC mostly occurs in patients with liver cirrhosis.
MATERIAL AND METHODS: Our study retrospectively analyzed all patients admitted with HCC in our tertiary gastroenterology referral care center between January 1st 2018 and December 31st 2018. The cases of cirrhosis were assessed and differential etiological diagnosis of chronic liver disease was made. The results were compared to those of a similar research conducted in our center 10 years ago.
RESULTS: During 1-year period, 178 patients (112 male, 66 female) were admitted with HCC, mean age 67 years (range 42-89). 142 patients (80%) were diagnosed with liver cirrhosis. The main etiology of the end stage liver disease was hepatitis C virus (HCV) for 69 patients (48,6%), followed by hepatitis B virus (HBV) for 25 patients (17,6%), alcohol for 23 patients (16,2%) and other causes for 25 patients (17,6%). The leading cause of HCC in the 36 non-cirrhotic patients (20%), was chronic hepatitis C (47,2%). We compared the results to those from 10 years ago, when 264 patients with HCC were hospitalized in our center during 1-year period (01.01.2008 - 31.12.2008). 112 (42,5%) had HCC developed on viral C cirrhosis, 64 (24,2%) on viral B cirrhosis, 32 (12,1%) on alcoholic cirrhosis and 56 (21,2%) had other cirrhotic or non-cirrhotic causes.
CONCLUSIONS: The main leading risk factor for HCC is still HCV, followed by HBV and alcohol. There is a slight decrease in the prevalence of viral B cirrhosis due to the introduction of HBV vaccination programs. Meanwhile, we can see an increase in viral C cirrhosis, making the need for screening, treatment and surveillance programs, an important worldwide health problem.

KEYWORDS: hepatocellular carcinoma, hepatitis C virus, cirrhosis

EP131. COMBINED HEPATOCELLULAR CHOLANGIOCARCINOMA: DIAGNOSIS AND MANAGEMENT - CASE SERIES

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EP132. HEPATOCELLULAR CARCINOMA WASHOUT RATE IN CEUS IN PATIENTS WITH CHRONIC LIVER DISEASE

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AIM: to evaluate washout rate of hepatocellular carcinoma (HCC) on CEUS and the correlation with tumor size.
METHODS: This retrospective study included 354 patients with cirrhosis or chronic liver disease and suspected to have HCC on the basis of gray scale US. The diagnosis of HCC was established by contrast enhanced CT/MRI or biopsy. All 354 patients with HCC were examined by CEUS (250 men, 104 women, mean age 64.6±9.8 years); 318 patients had liver cirrhosis and 36 chronic hepatopathy with severe fibrosis. CEUS was considered conclusive for HCC if a typical pattern was present according to EFSUMB guidelines.The nodules were classified according to their size in ≤3cm, 3-5cm and >5cm. Washout rates were divided into three categories from slow to fast with reference time of contrast injection: WR1 (>120 seconds), WR2 (60-120 seconds) and WR3 (31-60 seconds).
RESULTS: CEUS pattern: In the arterial phase: hyperenhancement in 319/354 cases (90.1%), isoenhancement in 26/354 cases (7.4%) and hypoenhancement in 9/354cases (2.5%).
In the portal phase: washout in 140/354 cases (39.6%); in 185/354 (52.3%) cases the nodules were isoenhancing and in 29/354 (8.1%) the arterial hyperenhancing pattern was maintained.
In the late phase washout was observed in 278/354 (78.5%) cases, isoenhancement in 66/354 cases (18.6%) and hyperenhancing pattern in 10/354 (2.8%) cases.
Among all the nodules with washout, there were 30 cases (10.8%) with WR3 (31-60 seconds); 110 cases (39.6%) with WR2 (60-120 seconds) and 138 cases (49.6%) with WR1 (>120 seconds).
The nodules ≤3cm had no washout in the late phase in

36.6% cases, while in nodules >5cm washout was absent only in 9.6% of cases (p<.0001).
CONCLUSIONS: In our study, washout was present in 278/354 (78.5%) of the cases, and 10.8 % had very early washout (31-60 seconds).
The nodule size correlates with the washout degree p<.0001.

KEYWORDS: HCC, CEUS, washout rate.

EP133. A CASE SERIES OF SYSTEMIC PATHOLOGIES MANIFESTED AS ADVANCED CHRONIC LIVER DISEASE

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INTRODUCTION: Highly suggestive signs of advanced chronic liver disease do not always translate a primary hepatic impairment. In the setting of such rare cases, liver biopsy is required to establish the etiology. The preferred approach is transjugular, permitting also the measurement of hepatic venous pressure gradient (HVPG).
MATERIALS AND METHODS: We describe a series of 9 patients with clinical and imagistic signs of advanced chronic liver disease (ACLD) who tested negative for common etiologies, except one case of HCV cirrhosis. Transjugular liver biopsy with HVPG measurement was performed in order to establish the etiology.
RESULTS: The case series consisted of 5 male and 4 female patients, aged between 33-79. Physical examination and laboratory work-up indicated severe impaired liver function: jaundice (total bilirubin range: 1.6-17.6 mg/dl), cytolysis (AST: 44-895 U/l; ALT: 48-709 U/l), cholestasis (APh: 600-7360 U/l), decreased albumin synthesis (2.2-4.1 g/dl) and prolonged INR (0.97-2.49). Standard ultrasonographic examination described nonspecific alterations such as diffuse structural heterogeneity and ascites in 6 patients. Based on these findings, suspicion of ACLD was raised and transjugular liver biopsy was performed in order to complete the diagnosis. Surprisingly, the histopathological results revealed a series of hepatic modifications secondary to systemic pathologies, including hepatic amyloidosis in 4 patients, lymphoproliferative disorders in 4 patients (chronic lymphocytic leukemia, hemophagocytic lymphohistiocytosis, extramedullary hematopoiesis) and one colonic adenocarcinoma metastasis. Moreover, all patients showed increased HVPG (6-32 mmHg). Particularly, patients with amyloidosis showed important cholestasis (AF > 2500 U/l) and clinically significant portal hypertension (HVPG: 16-32 mmHg).
CONCLUSIONS: A clinical syndrome of hepatic decompensation is not always ACLD, and in such rare cases, transjugular catheterization for liver biopsy is the key in the etiological diagnosis.

KEYWORDS: SYSTEMIC PATHOLOGY; ADVANCED CHRONIC LIVER DISEASE; TRANSJUGULAR LIVER BIOPSY.

EP134. NUTRITIONAL ASSESSMENT IN PATIENTS WITH ASTHMA IN ASSOCIATION WITH CHRONIC HBV INFECTION

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INTRODUCTION: There are few studies on the assessment of nutritional status in patients with asthma in combination with chronic hepatitis B (HBV) infection, which forced us to initiate a study in this regard.
MATERIAL AND METHOD: The study included 71 patients (women - 51 (71.83%), men - 20 (28.16%)) with asthma and positive serum markers for chronic HBV infection, among which 10 patients with HBsAg positive (women - 6 (60%), men - 4 (40%)) and 61 patients with HBsAg negative / anti HBcor total positive (women - 45 (73.77%)), men - 16 (26.22%)). Patients were assessed nutritional status by evaluating person's height,weight and calculating body mass index (BMI).
RESULTS: Patients with bronchial asthma in combination with chronic HBV infection with BMI 18.5 - 24.9 kg / m2 (normal weight) were 15 (21.12%); with BMI 25 - 29.9 kg / m2 (overweight) were 23 (32,39%) and patients with BMI 30 - 34.9 kg / m2 (obesity grade I) were 22 (30.98%), while with BMI 35 - 39.9 kg / m2 (obesity grade II) were 6 (8, 45%) and with BMI > 40 kg / m2 (obesity grade III) were 5 (7.04%). Based on the data obtained, patients with asthma in combination with chronic HBV infection were predominant overweight and obese patients of different grade - 56 patients (78.87%) vs. 15 patients (21.12%) with normal BMI [p < 0.001].
CONCLUSIONS: Among the patients with asthma in combination with chronic HBV infection, in most cases the nutritional status has been altered (overweight and obesity).

KEYWORDS: asthma, chronic HBV infection, nutritional status.

EP135. MANAGEMENT OF PORTAL VEIN THROMBOSIS IN CIRRHOTIC PATIENT

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INTRODUCTION: Although portal vein thrombosis (PVT) is associated with an increased risk of complications such as variceal bleeding, refractory ascites, acute therapeutic approach involves the administration of anticoagulants as the first line of treatment especially for patients listed for a liver transplant.
According to the EASL 2016 guidelines, cirrhotic patients with PVT should be anticoagulated at therapeutic doses for at least 6 months and for those on the waiting list for liver transplantation, treatment should be extended until the surgery.
MATERIALS AND METHODS: We conducted an observational, prospective study, including 101 patients with liver cirrhosis and non-malignant PVT. Patients were monitored for response to anticoagulant therapy, overall survival, and predictive factors for death.
RESULTS: Of the total patients (n=101), 50.5% were men, with a mean age of 54.4 years. Almost 27% patients were diagnosed with HCV cirrhosis, 42% with HBV cirrhosis (of which 57% associated co-infection with VHD), 25% ethanolic cirrhosis, autoimmune and cryptogenic being found in 3% of the population of study each.
Seventy percent of the patients had partial PVT and 31 % complete PVT. Of these, 43.42% had the portal vein (PV) branch involved, 60.53% the PV trunk, 48% the confluent and 34.2% had thrombosis extension at the superior mesenteric vein.
More than half of the patients (66%) received anticoagulant therapy with enoxaparine. Patients were monitored by tomography at 3 and 6 months. Only one third (34.37%) had complete thrombosis regression, the rest 65.63% suffered partial regression. There were 5 cases of bleeding events (1 haemorrhagic stroke, 4 variceal haemorrhages).
Overall survival was negative correlated with PV progression, being significantly higher in patients receiving AC therapy (p-0.0003).
Predictors for death were refractory ascites, MELD score at diagnosis of PVT and absence of regression 3 months after the initiation of AC therapy.
CONCLUSIONS: AC therapy appears to have a high safety profile and efficacy in stopping the PV progression or complete regression, the greatest benefit being the increased survival in these patients.

EP136. EVALUATION OF EARLY ATHEROSCLEROSIS IN IBD PATIENTS USING CAROTID INTIMA MEDIA THICKNESS

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AIM: Chronic inflammation plays a role in the atherosclerotic process in patients with inflammatory bowel diseases (IBD). Despite increasing evidence from large cohort studies the data is still conflicting on early atherosclerotic changes and their significance.
MATERIAL AND METHODS: This is a case-control study which assessed the early atherosclerotic alterations by carotid artery intima-media thickness (CIMT) measurement in IBD patients without traditional risk factors and matched controls.
An ultrasound machine Logiq P5 by General Electric was used. The normal CIMT values were ≤0.9 mm; moderate thickness when >0.9 and ≤1.2 mm, and pre-clinical atherosclerosis was established when >1.2 mm.
We selected a homogeneous group of IBD patients, all in ongoing biologic therapy, without any traditional risk factor for atherosclerosis as well a control group.
RESULTS: The study enrolled 41 consecutive patients, mean age 41,7 (16 with ulcerative colitis and 25 with Crohn's disease) and 40 controls matched for age and sex. Treatment included various biologic agents: adalimumab, infliximab, filgotinib, ozanimod, vedolizumab and ustekinumab. Nineteen of the patients with Crohn's disease had at least one surgery.
The mean of CIMT values was not statistically different between patients and controls (0.78±0.21 vs. 0.82±0.2 mm; P=0.4).
The prevalence of moderate CIMT thickness was significantly lower in cases than in controls (13.7% vs. 43%; P=0.01; OR: 0.15, 95% CI: 0.03-0.85).
This was study performed in a severe population of patients, with highly inflammatory disease. However all patients had been treated with biologic therapy at least one year and up to ten years which might have had a protective role reflected in the normal values of CIMT.
CONCLUSION: This case-control study found that the atherosclerotic process is not more apparent in a small cohort of IBD patients without traditional risk factors.

KEYWORDS: IBD, early atherosclerosis, carotid artery intima-media thickness, ultrasound

EP137. BOWEL ULTRASONOGRAPHY, A NON-INVASIVE EASY TO USE METHOD TO PREDICT THE NEED TO STEP-UP THERAPY IN INFLAMMATORY BOWEL DISEASE PATIENTS

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BACKGROUND: Inflammatory bowel diseases (IBD) are chronic diseases that require multiple endoscopic and imaging assessments being diseases that have an undulant progression. Recent guidelines recommend bowel ultrasonography (BUS) as a complimentary imaging technique together with other cross-sectional imaging modalities in order to asses transmural and extraintestinal lesions. The aim of the present study was to assess the accuracy of BUS in predicting the need to step-up therapy in IBD patients
METHODS: 117 IBD patients were included in the study (28 diagnosed with ulcerative colitis, 89 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 along with patients with solely rectal involvement of the disease. Patients were prospectively evaluated and for each subject 3 sonographic measurements of bowel wall thickness were noted, bowel echo pattern was evaluated along with other bowel wall features and extraintestinal findings. Patients were followed up for the next 6 months

and data regarding their therapy was noted.
RESULTS: A multitude of BUS variables correlated with the need of step-up therapy in the following 6 months, but only the bowel wall thickness and the presence of bowel wall Doppler signal were independent predictors in a multivariate analysis. Based on these two variables, a prediction model for the need of treatment intensification was generated resulting an AUROC of 0,92 with a sensitivity of 84% and a specificity of 89% of the model.
CONCLUSIONS: The sonographic predicting score could be used in monitoring IBD patients and could be useful in therapeutic decision making but in order to be included in clinical practice, a validation study is needed.

KEYWORDS: Inflammatory bowel diseases, bowel ultrasonography

EP138. IMPACT OF SARCOPENIA ON SURVIVAL IN PATIENTS WITH LIVER CIRRHOSIS

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BACKGROUND & AIMS: Sarcopenia is a common complication of liver cirrhosis. It's prevalence varies from 23% in compensated liver cirrhosis to 60% in decompensated liver disease. This study aims to investigate associations between sarcopenia and mortality and prognosis of cirrhotic patients admitted in our Department.
MATERIAL AND METHODS: Data from 156 patients with liver cirrhosis of different etiologies were collected. We assessed the nutritional status of these patients according to the muscle mass at the level of third lumbar vertebra, evaluated by Contrast-Enhanced Computer Tomography (CT). The skeletal muscle index (SMI) was calculated to identify sarcopenia. Cut-offs values used for the presence of sarcopenia were: SMI<50 cm^2/m^2 for men and 39 cm^2/m^2 for women.
RESULTS: 156 patients were evaluated in the study, with a mean age of 61.8 ± 8.7, 61.5% were males. Regarding etiology, 57.1% had alcoholic cirrhosis, 25.6% hepatitis C virus cirrhosis, 11.5% hepatitis B virus cirrhosis and 5.8 % other etiologies. According to the Child-Pugh Classification: 21.8% were A class, 39.1% were B and 39.1% were C. The prevalence of sarcopenia among patients with cirrhosis was relatively high, 60.2% according to CT scan evaluation. 6 months overall survival rates were significantly poorer in the sarcopenic group than in the nonsarcopenic group, at 58.9% versus 41.1% (P = 0.02). Sarcopenia was an independent predictor for overall survival in multivariate Cox-regression analysis (HR 3.565; P = 0.001).
CONCLUSION: Sarcopenia is present in 60,2% of patients with liver cirrhosis and constitutes a strong and independent risk factor for mortality. Our results highlight the importance of body composition assessment in daily clinical practice in order to make a nutritional intervention as soon as possible.

KEYWORDS: Sarcopenia, liver cirrhosis, skeletal muscle index

EP139. HEPATIC BACTERIAL ABSCESS - AN UNCOMMON BUT COMPLEX ENTITY: A SINGLE CENTER EXPERIENCE

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A hepatic abscess represents an accumulation of fluids, usually infectious. It is a rare hepatic disease with high mortality in the absence of specific treatment. An abscess frequently occurs in patients with a preexisting condition, such as hepatocellular disease or intraabdominal bacteremia.
This is a retrospective study that included 47 patients from the Gastroenterology ward of Fundeni Clinical Institute in Bucharest from January 1st 2019 to March 1st 2021. The selection of patients was determined by the diagnosis of hepatic abscess with positive cultures from abscess drainage and/or biopsy. Mean age at diagnosis was 63.4 years. There were 57% male.
The most frequent comorbidity was diabetes mellitus - 44,68%. Hepatobiliary associated diseases represented between 34,04% to 38,3% of the comorbidities. The most frequent symptom described by the patients was fever - 70,21%, followed by right upper quadrant pain (65,96%). Jaundice was absent in all reported cases. The most used inflammatory markers were C reactive protein, with an average value of 154,4 mg/dl and fibrinogen, with an average value of 691 mg/dl.
The most common organisms include Escherichia coli (70,21%) and were generally polymicrobial.
The treatment of choice was CT guided percutaneous drainage in 65,96% of cases. First hand medication was represented by Carbapenem class of antibiotics, being used in 68,09% of the cases.
The management of these cases can be difficult and the prognosis is based upon a quick diagnosis and swift administration of broad spectrum intravenous antibiotics usually guided by the clinical judgement.

KEYWORDS: hepatic abscess, drainage, bacterial

EP140. HEPATITIS C VIRUS PREVALENCE AND RISK FACTORS IN A VILLAGE FROM NORTHEASTERN ROMANIA - THE FIRST STEP TO VIRAL MICRO-ELIMINATION

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BACKGROUND: Hepatitis C has an important global impact in terms of morbidity, mortality and economic costs, being a real public health problem worldwide. The efficacy of the new direct-acting antivirals treatment determined the World Health Organization (WHO) to adopt the ambitious strategy for Global Health Sector on Viral Hepatitis in 2016, having as main objective to eliminate hepatitis C virus (HCV) by 2030. In response to this challenge, several countries have already initiated the micro-elimination strategy as part of the global C virus eradication program.
OBJECTIVE: We aimed to evaluate the prevalence of HCV infection and risk factors in a Romanian village population-based screening and link these data to the antiviral treatment.
METHODS: We conducted a prospective study from 1 March 2019 to 28 February 2020, based on a strategy as part of a project designed to educate, screen, treat and eliminate HCV infection in all adults, in a village located in Northeastern Romania. All demographic data and risk factors for HCV infection were collected through a questionnaire.
RESULTS: In total, 3507 subjects were invited to be screened by rapid diagnostic orientation tests. Overall, 2945 (84%) subjects were tested, out of whom 78 (2.64%) were found with positive HCV antibodies and were scheduled for further evaluation in tertiary center of gastroenterology/hepatology, in order to be linked to care. A number of 66 (85%) subjects presented for evaluation and 55 (83%) had HCV RNA detectable. Of these, 54 (98%) completed antiviral treatment and 53 (99%) obtained sustained virological response. The main risk factors associated with chronic HCV infection were family history of HCV (OR=2.23, 95%CI=1.37–3.5, p<0.0001), professional exposure to blood products (OR=0.25, 95%CI=0.11-0.53, p<0.0001), blood transfusions performed before 1992 (OR=3.21, 95%CI=2.25-4.52, p<0.0001), abortions undergone before 1990 (OR=1.35, 95%CI=1.02-1.9, p<0.023), multiple surgical interventions (OR=1.32, 95%CI=1.05-1.72, p<0.038) and sharing personal hygiene objects (OR=1.45, 95%CI=1.12-1.73, p<0.002).
CONCLUSIONS: The elimination of hepatitis C worldwide has become a reality, with higher chances of success if micro-elimination strategies based on mass screening are adopted. At the same time, sustained effort it required from all. The development of screening programs can facilitate the cascade of care from diagnosis to treatment of all patients and the achievement of WHO objectives.

KEYWORDS: Micro-elimination hepatitis C virus, screening, cascade of care

EP141. ERYTROCYTE SEDIMENTATION RATE AND NEUTROPHIL-TO-LYMPHOCYTE RATIO CAN BE A SIMPLE AND USEFUL TEST FOR THE DIAGNOSIS OF SPONTANEOUS BACTERIAL PERITONITIS

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INTRODUCTION: Spontaneous bacterial peritonitis (SBP) is a severe complication of liver cirrhosis with an increased mortality rate. This study aimed to evaluate the different biological parameters and identify possible predictive factors in the occurrence of SBP.
MATERIAL AND METHODS: We performed a retrospective study that included 216 diagnosed patients with liver cirrhosis of various etiologies, hospitalized between January 2010 and December 2019 in the Gastroenterology Department of the Constanta County Emergency Hospital. Patients were divided into two groups, namely: the group of patients with PBS (n = 72) and the group of patients without PBS (n = 144), respectively. Demographic and laboratory data were collected from medical files.
RESULTS: From the demographic data we noted that 142 patients (65.7%) were men and 74 were women (34.3%) and the mean age was 61.25 years. Regarding the etiology of cirrhosis, the most common cause was alcohol consumption (44%). Univariate analysis showed that there was an association between serum leukocytes, platelets, total bilirubin, serum albumin, international normalized ratio (INR), creatinine, erythrocyte sedimentation rate (ESR), serum sodium, alkaline reserve, neutrophil-to-lymphocyte ratio and ascites proteins in the occurrence of PBS. Multivariate analysis showed that only two biological parameters (ESR and NLR) can predict the occurrence of SBP with good diagnostic accuracy.
CONCLUSIONS: The use of a combination of ESR and NLR can be an easy and useful test to diagnose SBP so that possible complications from a delayed diagnosis can be prevented.

EP142. INCIDENCE AND OUTCOME OF COVID-19 IN A COHORT OF LIVER TRANSPLANT RECIPIENTS WITH ACTIVE SCREENING OF NAFLD AND METABOLIC SYNDROME

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BACKGROUND & AIMS: The incidence and outcomes of COVID-19 in immunocompromised patients such as liver transplant recipients are not clear yet.
METHODS: We performed a retrospective study including a cohort of 61 liver transplant patients tested for genetic predisposition toward NAFLD if diagnosed with COVID-19 during the first year of the pandemic (march 2020 – march 2021). The primary outcome was severe COVID-19, defined as the need for mechanical ventilation, intensive care, and/or death. Independent predictors of COVID-19 among patients were analysed using multivariate Cox regression.
RESULTS: A total of 7 liver transplant recipients in our cohort were diagnosed with COVID-19 (11.47%) as compared to 4.59% the calculated incidence in the general population. Only 1 patient had a severe form of the disease and required respiratory support meeting the criteria of severe disease and one had a moderate form of disease. The predictors of the COVID-19 infection identified in our study were the presence of the K-variant of the TMS6SF2 gene (p<0.001), HCV previous and eradicated infection (p=0.025), BMI>25 (p<0,001), CAP value as measured by Fibroscan >=260 db/m (>=grade 2 steatosis).
CONCLUSIONS: Being chronically immunosuppressed, liver transplant patients have an increased risk of acquiring COVID-19 but their mortality rates are lower than the general population. Screening for NAFLD and metabolic syndrome (including the polymorphism of the TM6SF2 gene) in the liver transplant patients might be useful in identifying patients at higher risk of infection due to the SARS-Cov-2 virus.

KEYWORDS: COVID-19; SARS-CoV-2; NAFLD, Metabolic syndrome, Liver transplantation.

EP143. THE PREVALENCE OF LIVER STEATOSIS AND FIBROSIS ASSESSED BY VIBRATION-CONTROLLED TRANSIENT ELASTOGRAPHY AND CONTROLLED ATTENUATION PARAMETER AMONG ROMANIAN MEDICAL STUDENTS

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INTRODUCTION: Vibration-Controlled Transient Elastography (VCTE) with Controlled Attenuation Parameter (CAP) is a non-invasive method for assessing liver fibrosis and steatosis simultaneously. In this study, we aimed to evaluate the prevalence of liver steatosis and fibrosis in Romanian medical students based on VCTE and CAP score.
MATERIAL AND METHOD: We analyzed prospectively the prevalence of liver steatosis with a cut-off CAP score ≥237 dB/m for diagnosis (S1), ≥259 dB/m for moderate (S2) and ≥291 dB/m for severe steatosis (S3). For liver fibrosis using Fibroscan 502 Touch, the cut-off values were <5.5 kPa for without fibrosis (F0), ≥5.5 kPa for mild (F1), >7.1 kPa for significant (F2), ≥9.5kPa for advanced (F3), and ≥12.5 kPa for cirrhosis (F4). This study was conducted in the Gastroenterology and Hepatology Institute, "St. Spiridon" Hospital Iasi, between September 2020 to February 2021.
RESULTS: In total, 176 Romanian medical students that were in their third and fifth year of study (69.9% female, mean age of 23.5±2.7, and mean BMI of 22.5±4.2 kg/m2) were evaluated. Among them, according to steatosis degree, 148 (84%) had no steatosis (S0), 12 (6.8%) had mild (S1), 10 (5.6%) had moderate (S2), and 6 (3.4%) had severe (S3) with a mean CAP value of 216±49.15 dB/m. Based on liver stiffness measurements (LSM) there were 172 (97.7%) of medical students without fibrosis (F0) or with mild (F1), 3 (1.7%) with significant fibrosis (F2), 1 (0.6%) with advanced fibrosis (F3), and no one with cirrhosis (F4) with a mean LSM value of 5.3±1.5 kPa.
CONCLUSION: Prevalence of liver steatosis and fibrosis is low among Romanian medical students. Furthermore, VCTE examination with CAP should be used as a noninvasive method for the early detection of liver steatosis and fibrosis in an apparently healthy population including students from other universities as well as young adults.

KEYWORDS: liver fibrosis, liver steatosis, vibration-controlled transient elastography

EP144. AETIOLOGY OF ACUTE LIVER FAILURE IN CHILDREN

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OBJECTIVES AND STUDY: Acute liver failure (ALF) is a rare disease in children, but with a high mortality rate (up to 50%) despite the optimal therapy. Viral hepatitis and liver injury due to toxins and drugs represent the most common causes of ALF in children (20-25 % of cases in Europe and USA). The aim of this study was to identify the main causes of ALF in children in two important hepatology centres from our country.
METHODS: We have analyzed, in a prospective and retrospective study, the etiology of ALF in children followed-up in the Emergency Clinic Hospitals for Children, Cluj-Napoca and "Grigore Alexandrescu", Bucharest, Romania between January 2012 - December 2018. Results. During this period, 161 patients (74 males, 45.34%) were admitted with ALF. The most important causes of ALF were toxic (65 patients; 40.37%), followed

by infectious (41 patients; 25.46%), metabolic (27 patients; 16.77%) and autoimmune causes (15 patients; 9.32%). In 8.69% of patients the etiology remained unknown. Of the toxic, acetaminophen was most often involved (27 patients, 41.54%), followed by albendazole (16 patients; 9.93%) and mushrooms (13 patients; 20,31%). Bacterial and viral (cytomegalovirus, Epstein-Barr virus, herpes simplex virus, hepatitis B virus, enteroviruses) infections were the cause of ALF mainly in neonates and infants. Inborn errors of metabolism (10.55%) were the cause of ALF at young ages, and Wilson disease (5.59%) was more common among older children. The evolution of ALF in our cohort was fatal in 52 patients (32.30%), other 3 patients (1.86%) received emergency liver transplantation.
CONCLUSIONS: In our study, the most important causes of ALF were toxic liver injury and infections. The causes of ALF in children varies from adults and are age specific. For this reason, the pediatricians should be aware of the possible causes of ALF.

EP145. IMPAIRMENT OF BONE METABOLISM IN PATIENTS WITH NASH

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INTRODUCTION: Non-alcoholic liver disease (NASH) is correlated with renal dysfunction and impaired bone metabolism, both of which play a key role in calcium and phosphorus homeostasis. We studied the association between NASH and serum calcium and phosphorus levels in patients diagnosed with non-alcoholic liver disease.
MATERIALS AND METHODS: We performed an analysis of 31 patients investigated and diagnosed with NASH in the B Gastroenterology Clinic of Saint Eloi Hospital, Montpellier, France and 29 other patients from the Gastroenterology Clinic of Craiova County Emergency Clinical Hospital Craiova. NASH was confirmed based on fatty liver diagnosed by imaging methods in the absence of alcohol and other causes of liver disease. We tried to highlight in the study group correlations between the severity of NASH, calcium and phosphorus levels, with those of the enzymes cholestasis, total bilirubin (TB), GGT and alkaline phosphatase (AF). The risk of bone fracture of the lumbar spine and femoral neck was assessed by DXA osteodensitometry.
RESULTS AND CONCLUSIONS: We observed a low level of calcium in patients with upper limit values of TB and GGT, correlated with increased risk of lumbar and femoral fracture. Impairment of bone metabolism in these patients is explained by calcium and vitamin D absorption disorders, the degree of osteoporosis being correlated more with the severity of liver disease than with the duration of cholestasis. Serum phosphorus levels showed a statistically insignificant correlation with metabolic abnormalities.
Disruption of calcium metabolism is significant in patients with NASH, especially in severe forms, and is directly correlated with the evolution of intrahepatic cholestasis. Decreased serum calcium levels are reflected in axial and peripheral bone demineralization that increase the risk of fracture at this level.

KEYWORDS: NASH; cholestasis; DXA osteodensitometry.

EP146. THE ROLE OF INTRAOPERATIVE ULTRASOUND IN THE DETECTION OF LIVER METASTASES

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INTRODUCTION: Intraoperative hepatic ultrasonography is one of the most accurate imaging methods in accurately identifying and locating liver tumors. For about 40 years it has been considered the gold standard in the detection of metastases that cannot be visualized by other preoperative imaging techniques. Some studies show a higher efficiency even by 20-30% in the detection of focal liver lesions compared to other imaging methods (CT, MRI). Also, intraoperative ultrasonography changed the management of patients in 15-20% of cases according to several authors. The images obtained are of high quality and resolution due to lack of air, fat layer, muscle and bone planes. The method is essential for planning the surgical strategy and establishing the resection plan. There is also a recommendation that surgeons be able to perform intraoperative ultrasounds on their own.
OBJECTIVES: The presented case emphasizes the importance of intraoperative ultrasound in establishing the management of patients with liver tumors that have an indication of resectability.
MATERIAL AND METHOD: A 50-year-old patient, diagnosed in 2011 with breast cancer, later hormonal, chemotreated and operated, is presented to the Gastroenterology clinic, at the indication of the oncologist, for the differential diagnosis of a hepatic nodular formation. The liver lesion was detected on an outpatient basis at the control MRI examination, in the hepatic segment VII, measuring 23/20 mm and had a reduced T1 and T2 intermediate signal. Contrast ultrasound and PET-CT investigations were completed. Imaging features of the focal lesion suggested secondary hepatic determination. Imaging investigations did not detect other localized liver formations.
RESULTS: The case was discussed in a multidisciplinary commission and it was decided to surgically resect the

formation from segment VII. Intraoperative ultrasound was performed during surgery. On examination with the linear probe, in addition to the formation in segment VII, several hypoechoic halo formations with dimensions of 2-3 mm are detected in both liver lobes. In this context, the metastasectomy is abandoned and an eco-guided biopsy is performed from the formation in segment VII, for the purpose of histological diagnosis.
CONCLUSIONS: Intraoperative ultrasound plays a crucial role in establishing the correct management of patients with hepatic secondary determinations with resectability criteria.

EP147. ENDOSCOPIC MANAGEMENT OF A RARE TYPE III CHOLEDOCAL CYST: A CASE REPORT

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INTRODUCTION: Choledocal cysts are a rare congenital dilation of the biliary tree. Type III choledocal cysts (Todani classification) arise in the pancreatobiliary junction and account for 1-4% of all choledocal cysts. Most of these lesions (80%) are usually diagnosed in early childhood, but when they are diagnosed in adults, they are usually associated with pancreatitis, cholangitis or biliary colic.
CASE REPORT: A 58 year-old female, heavy smoker, was admitted for pain in the right hypochondrium, intermittent jaundice and pruritus, symptoms which started three months ago.
Physical examination revealed only mild scleral jaundice.
The patient had a history of mild elevations in transaminases and bilirubin in the last three months. During the patient's admission, the cholestatic syndrome was more pronounced, with a direct bilirubin of 3,5 mg/dl, a gamma-glutamyltransferase of 540 U/L and an alkaline phosphatase of 299 U/L.
Abdominal ultrasound identified a cystic dilation of the terminal main bile duct of about 18 mm.
Blood tests to rule out viral and autoimmune hepatic disorders were also carried out.
Magnetic Resonance Cholangiopancreatography described a cystic dilation of 17x19x28 mm of the distal main bile duct and consequent dilation upriver of the lesion and also of the main pancreatic duct.
Taking into account the fact that choledochoceles are the only choledocal cysts that benefit from endoscopic therapy, performing endoscopic retrograde cholangiopancreatography with sphincterotomy was the obvious next step. Bilirubin levels returned to normal shortly after the procedure and the abdominal ultrasound demonstrated a normal caliber main bile duct.
CONCLUSIONS: The case particularity consists in the fact that the lesion was diagnosed during adulthood with minor symptomatology and that the sphincterotomy performed during the endoscopic retrograde cholangiopancreatography was an effective endoscopic treatment.

KEYWORDS: CHOLEDOCHOCELE ENDOSCOPIC TREATMENT

EP148. A SINGLE SESION MINIMALY INVASIVE APPROACH FOR HEPATOCELULAR CARCINOMA

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ABSTRACT: Hepatocellular carcinoma (HCC) is the fifth most common cancer, with an increasing incidence in recent years. The prognosis is unfavorable, representing the third most frequent cause of cancer related death around the world. This is due to the fact that it arouses especially in patients already with an underlying hepatic pathology, thus limiting the therapeutic options.
The role of ablative therapies is well-established in nodules smaller than 3cm, but for nodules from 3 to 5cm the best therapeutic management is not well defined. Recent studies reported that combinig minimally invasive procedure like Transarterial chemoembolization (TACE) with Microwave Ablation (MWA) or radiofrequency ablation, are superior to each either alone, but there is no consensus regarding the timing and the order in which each procedure should be performed.
We report a case of 86 years old male with HCV related compensated hepatic cirrhosis and multiple cardiac comorbidities, that was diagnosed with a 47/50 mm HCC. Pre-surgical evaluation of the associated pathologies determined that the risk for surgical approach outweighs the benefits, so the committee decided to treat it in a less invasive manner.
We perfomed MWA and TACE in a single session with technical success according to the modified Response Evaluation Criteria in Solid Tumors (m-RECIST).
This case illustrates the first case of simultaneous MWA and TACE performed in our center. This new approach of hepatocellular carcinoma appears to be a good alternative to more invasive methods, with good results even in elderly people that are unfit for surgery.

KEYWORDS: Hepatocellular carcinoma, Microwave ablation, Transarterial chemoembolization, ablative therapy

EP149. CONTRAST-ENHANCED ULTRASOUND- FIRST DIAGNOSTIC STEP FOR ATYPICAL HEPATIC HEMANGIOMAS- CASE SERIES

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INTRODUCTION: Hepatic hemangioma is the second most common solid benign lesion of the liver, after focal fatty sparing. Frequently, hemangioma has typical features and ultrasound is the method of choice for its detection. Nevertheless, there are several particular hemangiomas that constitute a differential diagnostic challenge. Contrast-enhanced ultrasound (CEUS) is the first-line investigation recommended by international guidelines to characterize these lesions.
The purpose of this work is to underline the utility of CEUS for the diagnosis of atypical hepatic hemangiomas.
MATERIALS AND METHODS: In the present paper, we illustrated a series of cases of hepatic hemangiomas with atypical ultrasound appearance and also, we demonstrated different CEUS enhancement patterns. Ultrasound examinations were performed using a Hitachi Arietta V70 machine, convex probe C251. The contrast agent used for CEUS was SonoVue (Bracco, SpA, Milan, Italy).
RESULTS: Peripheral, nodular enhancement in the arterial phase and partial or incomplete centripetal filling in the late phase, without washout of contrast medium, was noticed in four of the atypical hemangiomas (hemangioma with echoic border, giant hemangioma, hemangioma in fatty liver, cavernous hemangioma in cirrhotic liver). A progressive, but partial filling was observed also in multicystic hemangioma due to the presence of fluid-like cystic cavities that do not enhance. In the other cases, CEUS appearances were distinct: rapid, uniform and intense homogeneous enhancement in the arterial phase („flash-filling hepatic hemangioma", hepatic hemangiomatosis, hemangioma in a cirrhotic background); none enhancement (sclerosed hemangioma; hemangioma with calcifications).
CONCLUSION: Contrast-enhanced ultrasound permits an accurate diagnosis of atypical hemangiomas by recalling the various patterns of contrast enhancement.

KEYWORDS: hepatic hemangiomas; contrast-enhanced ultrasound; enhancement pattern.

EP150. CORRELATION BETWEEN GLOMERULAR FILTRATION RATE WITH THE CHILD-PUGH SCORE IN PATIENTS WITH HEPATIC CIRROSIS

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INTRODUCTION: The occurrence of hepatorenal syndrome in patients with liver cirrhosis is a serious complication with a significant impact on the evolution and survival of patients, which is why the prophylaxis of renal complications and their early diagnosis by calculating and monitoring the GFR (glomerular filtration rate) is of great importance.
MATERIAL AND METHOD: 90 patients diagnosed with liver cirrhosis were included in this retrospective study. The exclusion criteria were: a history of chronic kidney disease or other kidney disease. We analyzed the GFR according to the Child-Pugh class and according to the presence or absence of ascites. The estimated GFR was evaluated by CDK-EPI formula.
RESULTS AND CONCLUSIONS: Alcoholic liver disease was the most common causes of cirrhosis (60%), the majority (41%) were Child- B; and 69% of the patients also had ascites. We obtained statistically significant results ($p < 0.01$, statistical test used: One Way Anova) which demonstrates that patients with Chid-Pugh Score class C have lower GFR than subjects with Child-Pugh Score classes A or B. The mean glomerular filtration rate was 85.19 for subjects with Chid-Pugh class A, while the mean RFG for patients with advanced Child-Pugh C cirrhosis was only 65.05. Analyzing renal impairment in correlation with the vascular decompensation of cirrhosis, we also obtained statistically significant results ($p < 0.05$ t-Test: Two-Sample Assuming Equal Variances), so that the mean GFR for subjects without ascites was 88, 23; and for those with ascites it was 76.21. In conclusion, it is observed that there is a correlation between Child-Pugh Class and GFR value, and between the presence of ascites and GFR, therefore we can conclude that the degradation of liver function in cirrhosis and the occurrence of vascular decompensation is correlated with the degradation of the renal function.

KEYWORDS: GFR, liver cirrhosis

EP151.ESTIMATION OF THE PREVALENCE OF OBSTRUCTIVE SLEEP APNEA IN NON ALCOHOLIC FATTY LIVER DISEASE

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INTRODUCTION : The prevalence of non alcoholic fatty liver disease is increasing in parallel with the epidemic of obesity and metabolic syndrome. Recent data have shown frequent association between non alcoholic fatty liver disease and obstructive sleep apnea.
The aim of our study was to estimate the prevalence of sleep disorders, to search an obstructive sleep apnea syndrome by conducting a ventilatory polygraphy and to search the particularities of obstructive sleep apnea when it exists.
METHODS : This was a prospective study, conducted over a period of 6 months including patients followed for non alcoholic fatty liver disease. We performed in all patients a Berlin questionnaire that assesses the risk of obstructive sleep apnea syndrome, an Epworth score that estimates the degree of daytime sleepiness and a ventilatory polygraphy.
RESULTS : We collected 37 patients. The mean age was 50,41±13.70 years. The sex ratio (M/F) was 0,42. Diabetes, hypertension or dyslipidemia were recorded respectively in 37,8%, 40,5% and 37,8% of cases. Snoring was noted in 75,7% of cases and excessive daytime sleepiness in 34.2% of cases. Obesity was observed in 73% and metabolic syndrome in 43,2% of cases. The Berlin questionnaire was positive in 64,9% of cases. The average score of Epworth scale was 9,22±4.02 and 43,2% of patients had a score ≥ 10. Ventilatory polygraphy was positive in 13 cases (35,1%) with a mean AHI of 7,02±10.08. In these patients, obstructive sleep apnea was mild, moderate and severe respectively in 61,5%, 15,4% and 23,1% of cases. In univariate analysis, subjects with positive ventilatory polygraphy had a significantly higher waist circumference (118,00 versus 109,58; p=0,05). Hypertension was significantly associated with increased daytime sleepiness (P=0,018). In multivariate analysis, the only independent variable associated with excessive daytime sleepiness was hypertension (OR=5,33; p=0,021).
CONCLUSION : The prevalence of obstructive sleep apnea syndrome is higher in patients with non alcoholic fatty liver disease. The screening of this syndrome in these patients could improve their quality of life.

EP152. ASSESSING BAVENO VI CRITERIA USING LIVER STIFFNESS MEASURED WITH A 2D-SHEAR WAVE ELASTOGRAPHY TECHNIQUE

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AIM: To evaluate the performance of Baveno VI criteria, using liver stiffness (LS) assessed with a 2D-SWE elastography technique, for predicting high-risk varices (HRV) in patients with compensated advanced chronic liver disease (cACLD). A secondary aim was to determine whether the use of spleen stiffness measurements (SS) as additional criteria increases the performance of the 2D-SWE Baveno VI criteria.

MATERIAL AND METHOD: Data were collected on 208 subjects with cACLD, who underwent abdominal ultrasound, liver and spleen stiffness measurements with a 2D-SWE technique from General Electric (2D-SWE. GE) and upper digestive endoscopy (usually in the same admission, but not at more than one-month interval). Reliable measurements were defined as the median value of 10 measurements acquired in a homogenous area with an IQR/M <0.30. HRV were defined as grade 1 esophageal varices (EV) with red wale marks, grade 2/3 EV and gastric varices. cACLD was diagnosed based on clinical, biological and elastography criteria (LS by 2D-SWE.GE ≥ 8.2kPa).

RESULTS: 35.6%(74/208) of patients had HRV. The optimal LS cut-off value for predicting HRV by 2D-SWE.GE was: 12 kPa (AUROC-0.8, Se-94.5%, Sp-60.5%, PPV-56.9%, NPV-95.3%). Using LS cut-off value <12 kPa and a platelet cut-off value >150,000/µl (AUROC-0.87, Se-93.2%, Sp-58.9%, PPV-55.6%, NPV-94%) as criteria, 52/208(25%) subjects were selected, 46/52(88.5%) were without EV, 5/52(9.6%) had grade 1 EV, and 1/52(1.9%) had HRV. Using these criteria, 98% of the subjects were correctly classified as having or not HRV and 25% of the surveillance endoscopies could have been avoided. Using SS <13.2 kPa and a platelet cut-off value >150,000/µl as new criteria for the patients that were outside de initial criteria, 32.7% of the surveillance endoscopies could have been avoided.

CONCLUSION: Baveno VI criteria, using LS assessed with a 2D-SWE elastography technique instead of TE has a good performance for HRV prediction in cACLD subjects with a satisfactory rate of spared endoscopies.

KEYWORDS: Baveno criteria, portal hypertension, high risk varices, 2D-SWE

EP153. FOLLOW-UP OF THE PATIENTS WITH HBV CHRONIC HEPATOPATHIES TREATED WITH NUCLEO(T)SIDE ANALOGUES

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BACKGOUND AND AIM: The aim of this study is to asses dynamics of virologic and biological parameters regarding HBV DNA serum levels in entecavir and tenofovir treated patients.

MATERIAL AND METHODS: We included 193 patients with HBV chronic hepatopathies treated with high-genetic barrier nucleos(t)ide analogues. This is a retrospective study performed between January 2000-October 2019.The analysis was executed including parameters as HBV DNA serum levels, gender, age, environment. We followed up the patients to evaluate the state of CHB with anti-viral therapy for at least 2 years to 5 years.

RESULTS: Out of the 193 patients (mean age 52.98 ±13.31years, 65.8% men), 69.9% (135/193) had chronic hepatitis and 30.1% (58/193) had cirrhosis, 89.6% (173/193) were HBeAg negative and 10.4% (20/193) were HBeAg positive, 59.6% (115/193) were naïve and 40.4% (78/193) were pretreated with Lamivudine, Adefovir or PegInterferon.

Regarding the response to the treatment according to HBV DNA serum levels at 24 weeks 6 patients (3.1%) have HBV DNA (<20 UI/ml) and 99 (51.9%) patients have undetectable HBV DNA, p=0.0001, at 48 weeks 6 patients (3.10%) have HBV DNA (<20 UI/ml) and 44 patients (22.8%) have HBV DNA undetectable, p=0.0001, at 96 weeks 2 patients have HBV DNA(<20 U/ml) and 33 patients(17.09%) have undetectable HBV DNA,p= 0.0001,at 144 weeks we did not found any patient with HBV DNA(<20 UI/ml) and 29 patients(15.02%) have undetectable HBV DNA,p=0.001,at 192 weeks 2 patients(1.03%) have HBV DNA(<20 UI/ml) and 19 patients(9.84%) have undetectable DNA, p=0.001, at 240 weeks 1 patient (0.51%) have HBV DNA(<20 UI/ml) and 16 patients (8.29%) have undetectable HBV DNA, p=0.008. After the analyze of the follow-up only 2 patients were Entecavir resistant(1.03%) and no one developed resistance at Tenofovir.

CONCLUSION: According to the evaluation of dynamics HBV DNA serum levels, patients treated with nucleos(t)ide analogues achieved virologic remission.

KEYWORDS: nucleos(t)ide analogues,chronic hepatopathy, Entecavir.

EP154. ELASTOGRAPHIC FEATURES OF HEPATOCELLULAR CARCINOMA IN PATIENTS WITH LIVER CIRRHOSIS

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INTRODUCTION: Hepatocellular carcinoma (HCC) is one of the most prevalent malignancies in patients with liver cirrhosis. Several studies showed that elastography could provide information regarding focal liver lesions (FLLs) characterization.

AIM: This study aimed to analyse the elastographic features of hepatocellular carcinoma (HCC) and the factors that influence intratumoral elastographic variability in patients with liver cirrhosis.

MATERIAL AND METHODS: This prospective study included 64 patients with liver cirrhosis and hepatocellular carcinoma evaluated in the Department of Gastroenterology of SCJUT Timisoara. A total of 64 HCC nodules visualized in conventional abdominal ultrasound (US) underwent

elastographic evaluation. Elastographic measurements (EM) were performed in HCC and liver parenchyma using VTQ (Virtual Touch Quantification), a point shear wave elastography technique. VTQ was performed using the Siemens Acuson S2000TM ultrasound system. In all patients, the final diagnosis of HCC was established by contrast-enhanced-CT or contrast-enhanced-MRI.
RESULTS: The study group included 64 HCCs in patients (n=64) with liver cirrhosis with a mean age of 61.8 ±10 years, 72% had compensated liver cirrhosis, and 28 % were decompensated. The mean VTQ values in HCCs were 2.2±0.86 m/s. Tissue stiffness (TS) was significantly lower in HCCs than in the surrounding liver parenchyma 2.2±0.86 m/s vs. 2.82±0.94 (p<0.001). Tumor size, heterogeneity, and depth correlated with higher intralesional stiffness variability (p<0.001).
CONCLUSION: HCCs are softer lesions compared to the surrounding liver parenchyma with a a mean shear-wave velocity in HCC of 2.2 vs. 2.82 m/s. VTQ can be used for HCC elastographic characterization in patients with liver cirrhosis.

KEYWORDS: hepatocellular carcinoma; elastography; liver cirrhosis.

EP155. IMPACT OF VIRAL ERADICATION BY DIRECT ACTING ANTIVIRALS ON THE RISK OF VARICEAL BLEEDING IN HEPATITIS C VIRUS RELATED COMPENSATED CIRRHOSIS PATIENTS

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INTRODUCTION: Despite high rates of sustained virological response (SVR), the risk of hepatic decompensation is not entirely eradicated after cure of HCV infection. The risk of first variceal bleeding range between 6-15% per year. We aimed to identify the factors associated with the occurrence of bleeding events in patients treated with DAAs therapy.
MATERIAL AND METHODS: We retrospectively analyzed a cohort of patients with HCV-related liver cirrhosis treated with paritaprevir/ritonavir, ombitasvir and dasabuvir (PrOD) ± ribavirin and ledipasvir/sofosbuvir (LED/SOF) ± ribavirin for 12/24 weeks, in a tertiary gastroenterology referral center from North-Eastern Romania, between December 1, 2015 and July 31, 2019. All patients with presumption of digestive bleeding were evaluated and confirmed by upper digestive endoscopy performed in emergency.
RESULTS: The study included 574 HCV-infected cirrhotic patients, with documented SVR, mean age 58,7 ± 6,2 years, predominantly female (58%). Of the total number, 433 (75.43%) patients received PrOD and 141 (24.56%) were treated with LED/SOF ± RBV. All patients were diagnosed with severe liver fibrosis. Esophagogastric varices (EGV) at baseline were found in 58.7% of patients. The median observation period was 520 days. During this period, variceal bleeding developed in 28 (4.87%) patients. No patient without previous described varices had any bleeding. Multivariate analysis showed that pretreatment edge of decompensation (HR, 3.4; P=0.015), liver stiffness ≥20 kPa (HR, 2.631 for <20 kPa; P=0.017), clinically significant portal hypertension (HR, 2.1; P= 0.02), platelet count <10x104µ/L (HR, 5.386 for ≥10×104 /µL; P=0.002), level of albumin less than 3.5 mg/dL (HR, 4.1; P= 0.031), the existence of large feeding vessels for EGV (HR, 6.281 for absence; P=0.002) and previous EGV (HR, 2.71; P= 0.011) were associated as independent risk factors for the aggravation of EGV after achievement of SVR in cirrhosis patients.
CONCLUSIONS: Bleeding events in patients with HCV-related liver cirrhosis treated with DAAs are influenced by the hemodynamic changes induced by the status of advanced liver disease. The lower percentage of variceal bleeding after SVR than reported data from literature and the fact that none of patients without EGV developed bleeding could suggest a tendency of improving portal hypertension after SVR and the risk of bleeding which, however, is not eliminated.

KEYWORDS: direct-acting antivirals, hepatitis C virus infection, bleeding events

EP156. A PRELIMINARY REPORT OF HEART RATE VARIABILITY IN PATIENTS WITH HEPATOCELLULAR CARCINOMA

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INTRODUCTION: In general, current knowledge shows predictive value of heart rate variability in the survival of the oncological patients. Identifying new prognostic markers in hepatocellular carcinoma(HCC) represents an important element in treatment statement and prognosis evaluation. The purpose of our study is to estimate heart rate variability (HRV) in patients with HCC.
MATERIALS AND METHODS: We assessed a 24-h Holter electrocardiogram obtained from 35 patients diagnosed with HCC without cardiac involvement and without cardiac therapy that could have influenced heart rate variability. Sinus rhythm was established before the Holter recording protocol began. Both time and frequency-domain were analysed, the main parameters were: standard deviation of all RR intervals (SDNN), average of the SD of all RR intervals for all five minute segments (SDANN), square root of the mean of the sum of squares of differences between adjacent RR intervals (rMSSD), percentage of differences between adjacent

RR intervals that are greater than 50 msec (pNN50), ratio of low frequency index (LF) to high frequency index (HF). These parameters were compared with HRV parameters determined in a group of healthy individuals of the same age with patients in our study. All determined parameters were correlated with clinicopathological features.

RESULTS AND CONCLUSIONS

Compared to healthy individuals at whom during the night a significant decrease in heart rate frequency was observed, at 28 patients with HCC heart rate was higher at night than during the day. The preliminary results highlight the sympathetic system predominance at HCC patients. The data we evaluated support the hypothesis that heart rate variability is altered in HCC and may be used as a negative prognostic marker for these patients.

KEYWORDS: hepatocellular carcinoma, heart rate variability, sympathetic nervous system

EP157. IMMUNE CPIS MEDIATED HEPATITIS IN A PATIENTS WITH LUNG CANCER – CASE REPORT

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Therapy with immune checkpoint inhibitor is a innovative approach based on the strengthening of the immune response aimed at tumor cells, which so far has shown satisfactory results in cancer therapy. In some cases, following the suppression of „checkpoint" proteins, the immune response obtained exceeds the target neoplastic cells, and can affect other organs.

Acute immune-mediated hepatitis is a complication whose severity can range from mild to fulminant. The incidence of this condition is difficult to establish, but it increases in patients with a history of liver disease as well as in those that are receiving combination therapy.

We present the case of a elderly-aged patient, diagnosed with stage IV squamous cell lung cancer, which under immune checkpoint inhibitor therapy with Pembrolizumab develops a series of immune-mediated complications. The first complication appeared in the form of a pneumonitis associating pulmonary thromboembolism, which under proper treatment with corticosteroids and anticoagulants showed a favorable evolution.

The lack of compliance of the patient who did not follow the doctor's instructions and did not continue the anticoagulant and corticosteroid treatment at home resulted in a relapse of pneumonitis and thrombembolism but this time associated with acute hepatitis. The suspicion of acute hepatitis was attributed to the presence of pain in the right hypochondrium, and the diagnosis was confirmed by the biological changes. Establishment of the cause of liver damage was made by excluding the infectious, toxic, autoimmune and biliary etiology. The series of complications that, in association with old age, comorbidities, as well as lack of compliance with the doctor's instructions led to an unfortunate outcome.

Acute hepatitis associated with oncological immunotherapy is a real challenge for clinicians, so a anamnesis and a clinical examination focused on the digestive system as well as regular and dynamic follow-up of biological liver tests is a necessity in the management of these patients.

KEYWORDS: lung cancer, immune check point inhibitors, hepatitis.

EP158. IMPAIRMENT OF BONE METABOLISM IN PATIENTS WITH NASH

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INTRODUCTION: Non-alcoholic liver disease (NASH) is correlated with renal dysfunction and impaired bone metabolism, both of which play a key role in calcium and phosphorus homeostasis. We studied the association between NASH and serum calcium and phosphorus levels in patients diagnosed with non-alcoholic liver disease.

MATERIALS AND METHODS: We performed an analysis of 31 patients investigated and diagnosed with NASH in the B Gastroenterology Clinic of Saint Eloi Hospital, Montpellier, France and 29 other patients from the Gastroenterology Clinic of Craiova County Emergency Clinical Hospital Craiova. NASH was confirmed based on fatty liver diagnosed by imaging methods in the absence of alcohol and other causes of liver disease. We tried to highlight in the study group correlations between the severity of NASH, calcium and phosphorus levels, with those of the enzymes cholestasis, total bilirubin (TB), GGT and alkaline phosphatase (AF). The risk of bone fracture of the lumbar spine and femoral neck was assessed by DXA osteodensitometry.

RESULTS AND CONCLUSIONS: We observed a low level of calcium in patients with upper limit values of TB and GGT, correlated with increased risk of lumbar and femoral fracture. Impairment of bone metabolism in these patients is explained by calcium and vitamin D absorption disorders, the degree of osteoporosis being correlated more with the severity of liver disease than with the duration of cholestasis. Serum phosphorus levels showed a statistically insignificant correlation with metabolic abnormalities.

Disruption of calcium metabolism is significant in patients with NASH, especially in severe forms, and is directly correlated with the evolution of intrahepatic cholestasis. Decreased serum calcium levels are reflected in axial and peripheral bone demineralization that increase the risk of fracture at this level.

KEYWORDS: NASH; cholestasis; DXA osteodensitometry.

EP159. THE FREQUENCY AND IMPACT OF INFECTIONS IN PATIENTS WITH ALCOHOLIC HEPATITIS AND ALCOHOLIC LIVER CIRRHOSIS

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BACKGROUND: Infections are frequent in patients with alcoholic hepatitis (AH) and liver cirrhosis (LC) being one of the main causes of death in these patients (1). Aim: to evaluate the frequency and the impact of infections in patients with alcoholic LC and AH.
MATERIAL AND METHODS: a retrospective study was performed including 103 patients with alcoholic LC and AH associated over a period of 4 years in a tertiary Department of Gastroenterology and Hepatology. Systematic screening of infections was performed at admission, including: chest x-ray, blood, urinary and ascites cultures. Patients with severe AH without contraindications to corticosteroids received Prednisone 40 mg and response to therapy was assessed by Lille score at 7 days.
RESULTS: 03 patients were included in the final analysis, 84.5% male, mean age 54±9.37. All patients were previously diagnosed with alcoholic LC. 45.6% (47/103) presented infections at admission and 40.4% of the subjects with infections (19/47) died during admission, while only 14.3% (8/56) of those without infections, died (p=0.0055). 53.4% (55/103) of the included subjects were suitable for corticotherapy and 45.5% of these (25/55) had an associated infection. In the group of those who received corticosteroid therapy, 14/55 (25.5%) deaths were recorded, 9/25 of them in patients with an associated infection (36%) and 5/30 in patients with no associated infection (16.7%) (p=0.1852). 63.6% (35/55) of the subjects who received corticosteroid therapy were not responsive at 7 days and 28.6% of them (10/35) died, while 20% (4/20) of the responders died (p=0.7021).
In univariate regression analysis, the presence of infections at admission was found to be an independent predictor for mortality (p=0.002).
CONCLUSIONS: AH is associated with a high risk of infection and infection screening is mandatory in these patients. The presence of infections at admission was found to be an independent predictor for mortality.

KEYWORDS: alcoholic hepatitis, alcoholic liver cirrhosis, infections

EP160. PREDICTIVE FACTORS IN BILIARY TUMOURS

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INTRODUCTION: Cancers of the biliary tract include cholangiocarcinoma, ampulla of Vater cancer, and gallbladder cancer. All subtypes of biliary tract cancers are rare and difficult to diagnose. The majority of biliary tumours causing obstructive jaundice have poor prognosis usually present at an advanced stage, which are considered resettable in less than 20% of cases (1).
The aim was to assessed the biliary tumours in order to compare them and to give predictive factors for each type of tumour.
MATERIAL AND METHODS: A retrospective analysis was performed and a total of 160 patients with biliary tree malignancy with obstructive jaundice who were admitted in our department from January 2016 to December 2020 and who made endoscopic retrograde cholangiopancreatography (ERCP), were recruited in this study. Ten clinicopathological factors that might influence the diagnostic were selected. Predictive factors were assessed using univariate and multivariate logistic regression analysis.
RESULTS: From the 160 patients, the majority men (53.1%), 73 (45.7%) were with acute cholangitis and 87 (54.3%) patients without acute cholangitis. Mean age 69.31 ± 10.96 years, total bilirubin at admission 12.09 ± 7.90 and total bilirubin at discharge 9.22 ± 6.24, p=0.0004.
26.3% were ampulloma, 17.5% were distal cholangiocarcinoma, 45.6% Klatskin tumour, 6.2% intrahepatic cholangiocarcinoma and 4.4% were gallbladder tumour. The canulation rate on ERCP was significantly different between lesions: 100% for ampullomas, 91% for intrahepatic cholangiocarcinoma (ICC), 91% for extrahepatic colangiocarcinoma (ECC) and 100% for gallbladder tumour with a p-value of 0.004.
124 patients had biopsy, 83 had adenocarcinomas and 41 were nonconclusive. From the 41 nonconclusive biopsies, 21 (51.2%) had superior imaging with conclusive diagnosis, and the 20 remain had nonconclusive at superior imaging, but establish diagnosis at ERCP.
In univariate and multivariate analysis, the predictive factors for each type were: for ampulloma- high values of total bilirubin and metastasis (p=0.0001 and p=0.02), for Distal CC- adenopathies (p=0.02), for Klatskin tumour- high values of total bilirubine (p=0.08), for gallbladder- male, metastasis and acute cholangitis (p=0.03, p=0.0008 and p=0.004) and for ICC- adenopathies (p=0.01).
CONCLUSION: The presence of metastasis, adenopathy's, acute cholangitis, male gender and high values of total bilirubin were predictive factors in biliary tumours.

EP161.SCREENING OF LIVER FIBROSIS AND STEATOSIS IN A COHORT OF PATIENTS WITH METABOLIC RISK FACTORS USING VIBRATION CONTROLLED TRANSIENT ELASTOGRAPHY AND CONTROLLED ATTENUATION PARAMETER

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BACKGROUND: Type 2 diabetes mellitus (T2DM), overweight or obesity, dyslipidemia, and hypertension are considered risk factors for developing metabolic associated fatty liver disease (MAFLD). This study aims to assess steatosis and fibrosis severity in a cohort of patients with metabolic risk factors, using vibration controlled transient elastography (VCTE) and controlled attenuation parameter (CAP).
MATERIAL AND METHODS: We analyzed 295 patients with metabolic risk factors recruited from the outpatient department with valid and reliable liver stiffness (LS) and CAP measurements recorded with the FibroScan Compact 530 system. The M or XL probes were selected using the automatic probe selection tool. To discriminate between fibrosis stages, we used the following VCTE cut-off values: for significant fibrosis F≥2 – 8.2 kPa, for advanced fibrosis F≥3 – 9.7 kPa, and for liver cirrhosis F=4 - 13.6 kPa. To discriminate between steatosis stages, we used the following CAP cut-off values: S1 (mild) – 294 db/m, S2 (moderate) – 310 db/m and S3 (severe) – 331 db/m.
RESULTS: Out of the patients enrolled 44.0% (130) were women and 56% (165) men, mean age was 54.4 ± 11.2 years, mean body mass index (BMI) was 31.8 ± 5.3 kg/m², 86 patients had T2DM and 189 patients had primary hypertension. The M probe was used in 125 patients, while the XL probe in 170 patients. Regarding liver fibrosis distribution by means of VCTE: 84.4% (249) had F0-1, 3.0% (9) had F2, 6.5% (19) had F3 and 6.1% (17) had F4, p<0.0001. Regarding liver steatosis distribution by means of CAP: 24.4% (72) had S0, 9.8% (29) had S1, 17.9% (53) had S2 and 47.9% (140) had S3, p<0.0001. There were no significant differences between the mean LS values of VCTE measurements in the group of patients with S2 and S3 steatosis and the group with S0-1 steatosis, 6.4± 4.3 kPa vs 6.9 ± 5.2 kPa, p=0.37.
CONCLUSIONS: In a cohort of patients with metabolic risk factors, advanced fibrosis (F≥3) was found in 12.6% of patients, while clinically significant S2 and S3 steatosis was found in 2/3 of the patients.

EP162. THREE BRIEF SCREENING TESTS FOR DRINKING PROBLEM CHARACTERIZATION BEFORE LIVER TRANSPLANTATION AMONG CIRRHOTIC PATIENTS.

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OBJECTIVE: A better evaluation of alcohol consumption among cirrhotic patients admitted in our Hepatology Clinic to be evaluated for liver transplantation. We try to characterize the pattern of consumption, the frequency, the quantity drank and if they are still active drinkers or they have become abstinent.
METHODS: Patients from across the country, who came for hospital admission, consecutively, between Nov. 2015 and May 2018, were interviewed by an addiction specialist who registered answers for 3 questionnaires: CAGE, AUDIT-C and FAST.
RESULTS: From the 175 respondents there were 136 males (77.7%), median age 54 years (S.D. 10.288), 149 patients had liver cirrhosis (85.1%), 17 ACLF (9.7%) and 9 displayed only steatosis (5.1%), alcoholic etiology was diagnosed in 135 patients (77.1%) and more than two third 69.2% were unemployed. Questions about quantity, frequency and pattern of alcohol consumption revealed 56 (32%) drink above the safe quantity, 100 patients (68.5%) drink more than 2 times/week and the pattern of drinking is continuous for 68%, while 4% only binge drink. CAGE Test scored 49.7% of patients with alcohol dependency, AUDIT-C Test showed 60% misuse alcohol and the FAST Test split the respondents into low risk 45.7%, increasing 25.7%, higher 12.6% and dependence 11.4%. There are high differences between the 3 test scores, and we tried to choose which test best fit heavy drinking. All 3 questionnaires were statistically significant, associated with ALD etiology p < .001, using all three at once was a good-fit model for predicting the alcoholic component of liver disease $\chi 2$ = 3.305, d.f. 8 p .914, increasing the predictive capacity with 12.6%. The significance of the equation was for AUDIT-C (p .013) and CAGE (p .003) and insignificant for FAST (p .551) so this test score did not add much to the equation. The sensitivity and specificity for detection of heavy drinking were for each: CAGE Se 0.473, Sp 0.801; AUDIT-C Se 0.745, Sp 0.876; FAST Se 0.655, Sp 0.,875 but joining all three together, the performance increased AUC 0.889, Se 0.727 and Sp 0.902.
CONCLUSIONS: For the detection of heavy drinkers among cirrhotic patients it is important to ask them to complete all the 3 questionnaires for a better characterization of alcohol consumption. For suspicion of alcoholic component in cirrhotic etiology it is enough to answer the CAGE and AUDIT-C tests. Seeing as the two tests only have 4 and 3 questions they can more easily be applied in primary care institutions as well as in hospitals, which is important, considering alcohol consumption as being underestimated as a cause of liver diseases.

EP163. ABNORMAL LIVER FUNCTION TESTS IN PATIENTS WITH COVID-19

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BACKGROUND AND AIM: We aimed to evaluate the distribution of abnormal liver tests in patients with coronavirus disease (COVID-19) and investigate the predictive value of elevated liver enzymes and abnormal liver synthetic capacity regarding mortality.
METHOD: In this single-center retrospective study, the electronic health records of 102 COVID-19 patients

admitted in Timisoara County Emergency Hospital from November 2020 to February 2021 were analyzed. Patients with known chronic liver disease, biliary obstruction, harmful alcohol consumption, and patients on certain antibiotics prior admission were excluded. Clinical characteristics and liver related laboratory tests [aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), total bilirubin (TBIL), and albumin] were analyzed. Univariate and multivariate logistic analyses were performed in order to identify the independent predictors for deaths of all causes.

RESULTS: From the total of 102 patients analyzed, 89 patients were included in the final analysis. The median age was 66.8 years (±9.58), 53.9% (48/89) were male. 68.5% (61/89) patients had at least one comorbidity (64% hypertension/cardiovascular disease, 32.5% diabetes, 12% chronic kidney disease).

Abnormal liver tests were observed in hospitalized patients with COVID-19 as follows: elevated AST in 55.05% (46/89), ALT in 40.44% (36/89), ALP in 12.35% (11/89), and TBIL in 11.23% (10/89). Low albumin values were identified in more than half of the patients (55.05%). Of the 89 patients admitted, 61,7% (55/89) were discharged, and 38,2 (34/89) died in hospital. The median hospitalization length was 12.5 days. The univariate regression analysis showed that the presence of hypertension (p=0.025), and a low albumin level (p=0.037) were significantly related to mortality. Multivariate regression analysis revealed that a low albumin level was significantly correlated to mortality (OR=10.07, CI =1.125-90.15, p=0.038).

CONCLUSION: Abnormal liver tests occur in the majority of hospitalized patients with COVID-19. Reduced serum albumin levels and the presence of cardiovascular comorbidities may predispose to poor survival.

KEYWORDS: COVID19, liver abnormalities, albumin.

EP164. QUANTITATIVE ASSESSMENT OF FIBROSIS AND STEATOSIS WITH A NEW SOFTWARE CONSIDERING TRANSIENT ELASTOGRAPHY AS REFERENCE IN MAFLD PATIENTS

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BACKGROUND AND AIMS: Metabolic dysfunction-associated fatty liver disease (MAFLD) is a significant health and economic burden. The gold standard to distinguish simple steatosis from progressive steatohepatitis with fibrosis is still considered to be liver biopsy, despite some well-recognized drawbacks. Consequently, non-invasive accurate methods for steatosis and fibrosis assessment are needed. The present study evaluated the performance of 3 new ultrasound-based techniques [Shear Wave PLUS Elastography (2DSWE.SSI), Sound Speed PLUS (SSp.PLUS) and Attenuation (Att.PLUS)], embedded on the Aixplorer MACH 30 system (Supersonic Imagine), for the non-invasive assessment of liver fibrosis and steatosis, using Transient Elastography (TE) with Controlled Attenuation Parameter (CAP) (FibroScan, EchoSens) as reference.

METHOD: 204 consecutive adult patients with MAFLD were included (50.4% male, mean age 55.3±11.7 y, mean BMI 31.4±6.1 kg/m2, mean abdominal circumference 109.2±11.9 cm). In all, liver fibrosis and steatosis were evaluated in the same session using the new Aixplorer MACH 30 system and the FibroScan system, considered as reference. To discriminate between stages of fibrosis by TE, the following cut-offs were considered: F2 ≥ 8.2 kPa; F3 ≥ 9.7 kPa and F4 – 13.6 kPa (1). The cut-off value for CAP for the presence of moderate to severe liver steatosis (S2-S3) used in our study was 310 dB/m (2).

RESULTS: Valid measurements using the new techniques were obtained in 95.5% (195/204) patients and in 98.5% (201/204) patients using TE. The final analysis included 193 patients. A good correlation between LSMs by 2D-SWE. SSI and TE was found (r=0.89, p<0.0001). We calculated the following 2D-SWE.SSI cut-off value: 7 kPa for F≥2 (AUROC=0.95). Regarding liver steatosis, SSp.PLUS correlated better than Att.PLUS with CAP values: (r=-0.74, p<0.001) vs. (r=0.45, p<0.001). The best SSp cut-off value for predicting the presence of significant steatosis (S2-S3) was 1524 m/s (AUROC=0.93).

CONCLUSION: The techniques analyzed showed good feasibility. The calculated 2D-SWE.SSI cut-off value for significant fibrosis was 7 kPa. For steatosis assessment, SSp.PLUS seems to perform better than Att.PLUS.

KEYWORDS: Liver fibrosis, Liver steatosis, Ultrasound-based elastography.

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EP165. PREVALENCE AND PROGNOSIS OF AUTOIMMUNE HEPATITIS – PRIMARY BILIARY CHOLANGITIS OVERLAP SYNDROME IN A ROMANIAN TRANSPLANT CENTER

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BACKGROUND: The overlap syndrome (OS) of two autoimmune hepatopathies describes different features of both autoimmune hepatitis (AIH), respectively primary biliary cholangitis (PBC), including clinical, biochemical

and histopathological criteria. The occurence of OS is rare and the prognosis is less favorable than that of PBC, despite combination treatment.
MATERIALS AND METHODS: This study is a single – center retrospective cohort study, from January 1, 2011 to March, 2021, that included 106 patients diagnosed with PBC. The data collected included: demographic, biochemical, histological features, treatment, prognostic scores, such as model of end-stage liver disease (MELD), albumin-bilirubin score (ALBI), Mayo and UK – PBC score, that were analysed using Wilcoxon-rank test.
RESULTS: From 106 patients with PBC, 32 (30.1%) were diagnosed with AIH – PBC OS, using the Paris criteria, with 100% female predominance and a median age at diagnosis of 46 ± 9.79 years. Liver cirrhosis was identified in 20 patients, with decompensated disease in 30% of cases. During a mean follow-up period of 5-7 years, ALBI, Mayo and MELD scores did not change significantly, even in patients with decompensated disease, with a median ALBI score of -2.66 vs -2.65, a median MELD score of 7±1 vs 8±1.5 and a Mayo score of 4.42±0.64 vs 4.98±1.61. Regarding ALT and AST levels, under corticosteroids and immunomodulatory therapy with Azathioprine, the values decreased statistically significant during follow-up, with an ALT of 80 vs 40 IU/L, P=0.003, and an AST of 57.5 vs 33.5 IU/L, P=0.03. The total bilirubin did not change significantly, with values of 0.73±0.9 vs 0.80±0.47 mg/dl. Alkaline phosphatase decreased, but reached only marginal statistical significance (395±661 vs 178±32 IU/L, P=0.05). The overall UK-PBC score was 2%. In 2 patients (1.88%) liver transplantation was performed, and 3 patients (2.83%) died during the follow-up period.
CONCLUSIONS: Treatment with corticosteroids and immunomodulating theray, along with ursodeoxycholic acid is effective in patients with AIH – PBC overlap syndrome, with low need for liver transplantation and low death rates.

KEYWORDS: PBC, AIH, corticosteroids.

EP166. PARAMETRIC ARRIVAL TIME (PAT) IN RULING OUT SEVERE LIVER FIBROSIS

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The aim of this study is to determine whether liver fibrosis can be evaluated using the parametric imaging-arrival time (PAT) using contrast enhanced ultrasonography (CEUS).
MATERIAL AND METHOD: Our preliminary study included 52 subjects, 29 patients with liver cirrhosis (F4, cut-off value 12 kPa (1)) and 23 healthy subjects used as control group. Ultrasonography was performed using the LOGIQ E9 (GE Healthcare, Chalfont St. Giles-UK) system. Following ultrasonography, parametric imaging was performed using the proprietary image analysis software of the ultrasound system. A parametric color scale was used: red-first 5 seconds, yellow 5-10 seconds, green 10-15 seconds, blue 15-20 seconds, purple 20-25 seconds, brown 25-30 seconds. A ratio of the arrival parametric time was calculated between the kidney and the liver. Previous studies (2,3) showed that, the faster the contrast arrives in the liver as compared with the kidney, the higher is the severity of fibrosis
RESULTS: Out of 52 patients, 34 were men (65,3%) and 18 were women (34,7%), mean age for the study group (52.5±8.7 years) and for the control group (54±10.3 years), p=0.64. The ratio was higher for the liver cirrhosis group, and it was a statistically significant difference between the 2 groups (0.82±0.02 liver cirrhosis group vs 0.43±0.01 healthy group, p<0.001). The AUROC of PAT in ruling-out liver severe liver fibrosis was 0.89, Se= 92.1%, NPV=90.0%
CONCLUSION: Our preliminary study on 52 patients showed that the method is feasible in ruling out severe liver fibrosis.

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EP167. RARE CASE OF PORTAL HYPERTENSION IN A YOUNG PATIENT

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BACKGROUND: Portal hypertension (PH) is defined as increased pressure in the portal venous system above 10 mmHg. While the standard method is invasively measuring of the hepatic venous pressure gradient, some clinical and endoscopic signs combined with the ultrasound features allow the diagnosis of this pathology. Depending on the site of obstruction, PH is classified into prehepatic, hepatic and posthepatic. The most common cause of PH is cirrhosis, which appears at a variable time from the moment of diagnosis. Much less often, PH can occur at children or young adults.
CASE REPORT: We present a case of an 18-year-old patient, diagnosed with factor V Leiden thrombophilia, who at the age of 3 was diagnosed with portal vein thrombosis, and at the age of 4 underwent surgery for enteromesenteric infarction, with intestinal resection and ileo-ileal anastomosis.
Physical examination revealed chest and abdominal

collateral circulation and grade I splenomegaly. Laboratory tests revealed changes in coagulation times, under chronic oral anticoagulant treatment.
Abdominal ultrasound revealed the portal vein (VP) with complete thrombosis in the hilum, without Doppler signal, with periportal circulation, suggestive appearance of a cavernomatous transformation of the portal vein, spleen of 14 cm, globular, with rounded poles. In addition, renal vein thrombosis and inferior vena cava were detected.
CONCLUSION: In the exposed case, ultrasound highlighted one of the complications that can occur in patients with thrombophilia, namely portal hypertension, which is both a consequence of the underlying disease and an additional risk factor in the occurrence of thrombosis in the portal venous system.

KEYWORDS: portal hypertension in a young patient, portal vein thrombosis, thrombophilia.

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EP168. THE ROLE OF CONTRAST-ENHANCED TRANSABDOMINAL ULTRASOUND IN A CASE OF RENAL METASTASES WITH PULMONARY ORIGIN

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INTRODUCTION: Secondary tumors of the kidney are rather uncommon in clinical practice; they may have origin from lung, breast, digestive organs and melanoma. The lung represents the main source for kidney metastases; digestive tumors represent another possible source of renal metastases. Esophageal carcinoma can rarely determine renal metastases (5th place by clinical frequency), gastric carcinoma represents 11,1-15,1% of total causes of renal metastases and colo-rectal tumors may represent 10,6-22,2% of causes of renal metastases. Pancreatic and liver tumors determine exceptionally renal metastases. The mechanism of renal metastases is not precisely known; some mechanisms may be related to multiple step metastasis (tumoral cells can disseminate to the kidney after they invade another organ of tissue which generate "metastasis from metastasis").
MATHERIAL AND METHOD: We present a case of a 50th year old woman who was admitted into our hospital because of dysphagia, nausea, cough and 44 kilograms weight loss in the last 6 months. Abdominal ultrasound reveals multiple, round, hypoechoic nodules with a maximum diameter of 2 cm, located to the renal parenchyma with bilateral involvement, three hypoechoic nodules located inside the spleen and multiple celiac, peripancreatic and para-aortic lymphnodes. Contrast examination with Sonovue revealed no enhancement of renal and splenic nodules in arterial, venous and late phase (suggestive for metastases to the kidney and spleen). The diagnosis was confirmed by CT scan which showed a large mediastino-pulmonary mass, and multiple metastases to the kidney, spleen, adrenal bilateral and multiple thoracic and abdominal lymphnodes. The patient refused esophagoscopy and bronchoscopy but, despite no pathological confirmation, CT scan help to establish the diagnosis of pulmonary tumor with mediastinal invasion and metastases to the kidneys, adrenal glands (bilateral), spleen and abdominal lymphnodes.
CONCLUSIONS: We present a rare case of renal metastases with pulmonary origin; the diagnosis was helped by contrast enhanced ultrasound and CT scan imaging.

KEYWORDS: renal metastases, pulmonary tumor, contrast enhanced ultrasound

EP169. HEPATITIS C VIRUS CHRONIC INFECTION TREATMENT WITH DIRECT ACTING ANTIVIRALS AND METABOLIC CHANGES AFTER VIRAL ERADICATION

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INTRODUCTION: Chronic hepatitis C infection is a systemic disease that affects over 71 million patients all over the world and it is to be considered nowadays a new cardiometabolic risk factor. The aim of this study was to evaluate the lipid profile changes before and after viral eradication in patients with hepatitis C virus (HCV) infection.
METHODS: We conducted a prospective study between October 2015 to January 2020, in a tertiary center, in which we included 132 patients with chronic HCV hepatitis or cirrhosis. All patients received treatment with direct antivirals. During the study we assesed biological data (blood count, TGP, TGO, serum albumin, urea, creatinine, total cholesterol (TC), LDL-cholesterol, HDL-cholesterol, triglycerides). The study group was followed at the initiation of antiviral treatment, after 3 months after the completion of antiviral treatment and within an average follow-up period of 6 months to 12 months after the previous evaluation.
RESULTS: Out of 132 patients, 128 have achieved sustained viral response (SVR). Patients that achieved SVR, registered an increase of the average of TC values (177.01 ± 42.2 mg / dl) compared to baseline. The differences had statistical significance between the initial values of

the TC and those obtained at the time of SVR ($p < 0.05$) and post-SVR ($p = 0.049$) surveillance. The same trend in the increase of average values of LDL- cholesterol was observed at SVR and post SVR surveillance compared to the baseline (116.2 ± 35.6 mg / dL vs 124, 24 ± 34.9 mg / dL vs 136.72 ± 22.5 mg / dL). The post-SVR evaluation indicates an important variability of HDL values, being found lower values compared to the second surveillance moment in the study. Also, the serum level of triglycerides had been modified after viral clearance. At the time of the SVR assessment, there is a decrease in the mean values of triglycerides (128.4,8±41.8 mg / dL), followed by a minimal increase to the mean value of 135.4± 45.2 mg / dL in the third evaluations. The differences found between the initial values and those obtained at the time of SVR reached the threshold of statistical significance ($p = 0.008$, $p < 0.05$).
CONCLUSION: Our study highlights that HCV eradication does not improve the lipid profile on the short term, and these patients still have an additional cardiovascular risk factor due to high levels of TC, LDL-cholesterol and triglycerides.

KEYWORDS: HEPATITIS C VIRUS, CARDIOVASCULAR RISK, VIRAL ERADICATION

EP170. CHOLANGIOCELLULAR CARCINOMA OCCURRENCE AFTER HCV ERADICATION THERAPY WITH DAA DESPITE LIVER FIBROSIS REGRESSION

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INTRODUCTION: Hepatitis C viral (HCV) treatment has dramatically advanced with the approval of direct-acting antivirals (DAA), many patients achieving sustained virological response (SVR). Although the risk of liver tumors is greatly reduced, a proportion of patients who achieve SVR still develop hepatocellular carcinoma (HCC), On the other hand, cholangiocellular carcinoma (CLC) is comparatively uncommon liver malignancy.
METHOD: We report a series of four cases of CLC that developed after achieving SVR following HCV treatment with DAA.
RESULTS: A young woman with compensated HCV cirrhosis with SVR after DAA tratment, was diagnosed one year later with multiple hepatic tumors. A transjugular biopsy established the diagnosis of CLC. The patient died 2 months later. A 62-year-old woman with compensated HCV cirrhosis with SVR was diagnosed two years later with a 3cm liver tumor. A left liver lobectomy was performed and the pathological examination revealed that the tumor was a CLC. The noncancerous hepatic tissue was classified as having minimal activity with mild fibrosis. The patient is alive with no recurrence 4 years later. A 59-year-old woman with compensated HCV cirrhosis, treated with DAA was diagnosed 6 months later with a 17mm liver tumor. The lesion was considered a small HCC and was treated by radiofrequency ablatation. She was followed with no tumor recurrence until four years later when she was diagnosed with a 5 cm liver tumor recurrence and hilar adenopathies. A liver biopsy was performed with a typical aspect of CLC and chemotherapy treatment was started. A 65-year-old male treated for compensated HCV cirrhosis with SVR was diagnosed three years later with a large liver tumor. A liver biopsy was performed and a diagnosis of CLC was established. The patient deteriorated and died 3 months later.
CONCLUSION: Only a few cases of CLC have been described in patients who achieved SVR. Hepatologists should recognize the potential development of an aggressive CLC, years later, after achieving SVR, even in cases with liver fibrosis regression.

KEYWORDS: hepatitis C virus, cholangiocellular carcinoma, susteined virological response

EP171.REAL-TIME ELASTICITY IMAGING AND VISCOSITY ASSESSMENTS BY SUPERSONIC AIXPLORER IN CHRONIC LIVER DISEASES PREDICTS CLINICALLY SIGNIFICANT PORTAL HYPERTENSION

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BACKGROUND: Liver stiffness measured with 2-dimensional shear wave elastography by Supersonic Imagine (2DSWE-SSI) is well-established for fibrosis diagnostics. Fibroscan is an accurate non-invasive method for the diagnosis of both fibrosis stages and clinically significant portal hypertension (CSPH). Viscosity PLUS (ViPLUS) imaging performed with Aixplorer® MACH platform is a new parameter that can be investigated and provides a quantitative map of viscosity of the liver (the level of the inflammation is correlated to the viscosity of the liver).
AIM: To investigate the agreement between 2D SWE with Aixplorer SuperSonic (2D SWE.SSI) and Fibroscan (TE) in patients with chronic liver diseases (CLD). Moreover, we assessed the factors associated with CSPH predicted by both FS (≥20kPa) and 2D-SWE (≥16kPa, cut-off chosen according to previous studies).
RESULTS: A total of 63 patients with CLD (32.2% HCV, 17.5% HBV, 14.2% HBV+HDV, 15.8% autoimmune-related diseases) were included. Spearman's rho correlation coefficient between Fibroscan and 2D SWE.SSI was 0.86 ($p<0.0001$). The agreement was also very good for predicting CSPH for liver stiffness evaluated by TE and by 2D SWE (0.77, $p<0.0001$). Factors associated with CSPH predicted by both FS (≥20kPa) and 2D-SWE (≥16kPa) were: lower ALBI score ($p<0.0001$), higher FIB4 ($p=0.0007$) and APRI scores ($p=0.001$), higher ViPLUS ($p<0.0001$), higher portal vein diameter ($p=0.009$), higher spleen diameter ($p=0.004$), GGT ($p=0.02$), total bilirubin ($p<0.0001$) and AST ($p=0.01$). Multiple regression analysis revealed ViPLUS ($p=0.005$) and total bilirubin ($p=0.03$) as independent risk factors for CSPH evaluated by both TE and 2D SWE. AUROC of ViPLUS in patients with CLD for diagnosing

CSPH was 0.91 with a sensitivity of 81.2% and a specificity of 91.5%.
CONCLUSION: Both 2D-SWE and TE have very good performance for the diagnosis of CSPH. The newly introduced assessement tool for evaluation of liver inflammation, ViPLUS, has also a good clinical utility for prediction of CSPH.

EP172. EVOLUTION OF WAITING LIST FOR LIVER TRANSPLANTATION OVER 20 YEARS IN ONE SINGLE CENTRE IN ROMANIA

AUTHORS: Speranta Iacob, Corina Pietrareanu, Razvan Cerban, Carmen Ester, Mihaela Ghioca, Razvan Iacob, Cristian Gheorghe, Doina Hrehoret, Vlad Brasoveanu, Gabriela Droc, Dana Tomescu, Irinel Popescu, Liana Gheorghe

BACKGROUND: In 2000, the first successful LT (with whole graft) was carried out by the surgical team led by Professor Popescu, followed by the first living donor liver transplantation (LDLT) later the same year. Waiting list for LT was constantly increasing since 2000, with 162 patients on the WL for LT at the end of 2005 and then at the beginning of year 2011 with 427 patients; at the end of year 2019 there were 468 patients on the WL for LT in our Center.
METHODS: We analysed 2415 liver cirrhosis patients included on the WL for LT since 2000 in the Gastroenterology and Hepatology Center from Fundeni Clinical Institute.
RESULTS: In relation to the number of LT performed we divided the analysis of the mortality on the WL in 3 periods 2000-2010; 2011-2016; 2017-2020 as follows: one year mortality of 25.3%, 13% and 18.6% respectively (log rank test with p value <0.0001). The 3 year mortality on the waiting list was 46.5%; 23.5% and 29% respectively according to the 3 periods and number of LT performed. This is in accordance with the increase of donors during years 2011-2016. There was a statistically significant different time to LT between the 3 time periods (p=0.00002, shortest time to LT was between years 2011-2016.
The evolution of the aetiology of liver cirrhosis on the WL during the 3 periods was: HCV (31.3% vs 31.5% vs 17.1%, p=0.0008); HBV+HDV (25.2% vs 30.3% vs 37%, p=0.0002); alcohol (14.2% vs 19.8% vs 23.6%, p=0.0001). There was a significance increase in the rate of LT for alcohol related cirrhosis (9.3% vs 23.7% vs 27.8%, p<0.0001), as well as a higher death rate on the WL for these patients (17.6% vs 19.4% vs 35.1%, p=0.01). Death rate on the WL was significantly higher among HBV and HDV coinfected patients and significantly lower for HCV infected patients during the 3 time periods. Hepatocellular carcinoma significantly increased both as indication for inclusion on the WL and for LT in the period 2017-2020.
CONCLUSIONS: In Romania, the main indication for LT is still viral coinfection HBV and HDV; in addition alcohol-related diseases also increased as indication for LT similar to other European Countries. Number of liver donors should be increased due to high mortality on the waiting list.

EP173. QUALITY OF LIFE INVENTORY AFTER LIVER TRANSPLANTATION IN ROMANIAN PATIENTS

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BACKGROUND: A positive effect of liver transplantation (LT) on health-related quality of life (HRQOL) has been well documented in various studies using generic and liver specific instruments. However, this is the first Romanian study analysing QOL after LT. Our aim was to evaluate different aspects of QOL before after LT with a QOLI (quality of life inventory) questionnaire adapted in Romanian language.
METHODS: We have applied the questionnaire to the LT recipients and calculated the scores (T score) and the QOL graded as low (T score <42) and high (T score >58); the following data were noted: time since LT, recipient age/gender, etiology of liver disease and different long term complications requiring hospitalization and medical interventions.
RESULTS: There were 64 patients that responded to QOLI questionnaire (50% males), median age at the moment of evaluation 57.5 years and the median T score was 57. There was no difference between times since LT in patients with low vs high QOL after LT. Presence of cured HCV or HCC before LT did not influence also QOL. A higher proportion of post-LT complications (59.4%) were present in the group of patients with low QOL compared to patients (6.7%) with high QOL (p<0.0001). There was no correlation with the type of immunosuppression taken by the patient (single of multiple drugs/day).
CONCLUSIONS: Presence of posttransplant complications (biliary/cardiovascular/renal) was the single factors that influenced QOL following LT in our cohort.

EP174. TBX21 GENOTYPES PREDICTS OCCURRENCE OF NONALCOHOLIC STEATOHEPATITIS FOLLOWING LIVER TRANSPLANTATION

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BACKGROUND AND AIMS: Cytokine production in the host immune response after transplantation may contribute to the variable CYP3A-dependent drug disposition. The functional polymorphism TBX21-1993T/C (rs4794067) increases the transcriptional activity of the TBX21 gene (essential for Th1 polarization) resulting in a preponderance of a Th-2 or Th17 response. Our aim was to investigate whether the cytochrome P450 3A5*3 (CYP3A5*3) or TBX21 genotype affects tacrolimus pharmacokinetics and the risk of late liver fibrosis and/or steatosis (>12 months) in liver transplant patients in Romania.
METHOD: Between October 2018 and March 2020, we have enrolled 98 liver transplant recipients that were followed for occurrence of liver fibrosis and steatosis for

at least 12 months after liver transplantation. Non-invasive evaluation of the liver was performed (Fibroscan with CAP and FIB4) for monitoring of fibrosis stage ≥2 and/or steatosis grade 3 occurrence. Buffy coat from patients were obtained for genotyping of CYP3A5*3 (rs776746) and TBX21 polymorphisms by Taqman SNP Genotyping Assays (Thermo Scientific). Cox regression analysis was performed to identify predictors of the outcome.
RESULTS: There were 56.1% males and 43.9% females, with a median age of 59 years at the evaluation. Main etiology of liver cirrhosis was HCV, but all patients had cured HCV after LT. Median time since LT was 62.6 months. 73.5% of patients have received tacrolimus. There was a statistically significant higher trough level of tacrolimus in patients with homozygous CC TBX21 genotype (7.83±2.84 ng/mL) vs 5.66±2.16 ng/mL in patients without this genotype (p=0.009). No difference was registered for tacrolimus levels according to CYP3A5 genotypes. The following variables were identified by univariate Cox regression analysis as risk factors for fibrosis ≥2: donor age (p=0.02), neutrophil to lymphocyte ratio (p=0.04) and TBX21 genotype CC (p=0.009). For steatosis grade 3 the identified risk factors were: triglyceride and glycemia levels (p=0.02), TBX21 genotype CC (p=0.01). TBX21 genotype CC was an independent risk factor for both significant fibrosis and steatosis grade 2 in the multivariate Cox regression analysis.
CONCLUSION: The allele 1993C of the SNP rs4794067, but not CYP3A5*3 genotype may predispose to the development of late non-alcoholic steatohepatitis of the liver graft.

EP175. COVID-19 INFECTION IN LIVER TRANSPLANT RECIPIENTS: 2020 REPORTED DATA FROM THE MAIN LIVER TRANSPLANT CENTER IN ROMANIA

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BACKGROUND AND AIMS: Data suggest that the immune response may be the main driver for pulmonary injury due to COVID-19 and that immunosuppression may be protective. However, transplanted patients are considered to be at higher risk for severe illness from COVID-19. We report data from the first 42 COVID-19 liver transplanted cases observed between April 1 and December 31, 2020 in our Digestive Diseases and Liver Transplant Center from Fundeni Clinical Institute.
METHODS: Medical data from LT recipients were retrospectively reviewed and compared to reported data from literature.
RESULTS: From 713 LT recipients alive in our transplant Center, 5.9% had confirmed and declared SARS-CoV2 infection. 24 (57.1%) recipients were male and 18 (42.9%) were female. The median age of the COVID-19 positive LT recipients was 58 years. 37 patients (88.1%) were receiving tacrolimus as their primary immunosuppressant. Time since LT did not correlate with the severity of the COVID-19 infection. All patients with symptomatic COVID-19 infection were confirmed by RT-PCR of respiratory swabs. Regarding the severity of the COVID-19 infection there was the following distribution: asymptomatic but detected with positive antibodies to SARS-CoV2 9.5%, mild form 54.8%, moderate disease 23.8% and severe disease 11.5%. COVID-19 related death was observed in 9.5% of patients.
CONCLUSION: COVID-19 related death was similar to the general population and slightly lower to the reported percentage reported by Belli L et al (15.5%). Two thirds of the patients had a mild or asymptomatic form of COVID-19 infection. Further research is needed to determine what immunological factors are implicated in the evolution of SARS-CoV2 infection besides immunosuppression and immunosuppression-associated co-morbidities.

EP176. RISK FACTORS FOR DEVELOPING SPONTANEOUS BACTERIAL PERITONITIS

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BACKGROUND: Spontaneous bacterial peritonitis (SBP) is one of the most frequently encountered bacterial infections in patients with cirrhosis and most commonly seen in patients with end-stage liver disease. It has a high recurrence rate and poor long-term prognosis.
AIM: To evaluate the patients with SBP admitted in our department in a period of 24 months and to identify the risk factors for developing SBP and prognostic factors for SBP patients.
METHODS: 78 patients with cirrhosis and spontaneous bacterial peritonitis admitted in our clinic in a 24 months period of time. 25 females (32.2%), 53 males (67.8%) with a mean age of 61.3 - 4.2 years old.
RESULTS: We analize a group of 721 cirrhotic patients that were admitted due to an emergency in our clinic. SBP was the indication for emergency admission in 15% of cases (78 patients). Performing logistic regression, we identified the risk factors for developing SBP. Only the amount of ascites and the degree of hepatic insufficiency increased the risk of SBP. We had a dead rate of 38.4% patients in our SBP group. Dividing the group into 2 subgroups of 30 (38.4%) deceased and 48 (61.6%) survivors we tried to identify the risk factors of mortality in SBP patients. We analized the: MELD score: mean values 30.2±14.2 points versus 24.2±8.5 points (p<0.0001), Child Pugh score(points) mean value 10±2 versus 9.2±1.02 (p=0.45). serum bilirubin 7±1.5 mg/dl versus 5.1±2.4 mg/dl (p=0.01), serum albumin 2±0.8 mg/dl versus 2.5±1.02 mg/dl (p= 0.31) and serum creatinine level 5±1.02 mg/dl versus 2.7±1.2 mg/dl (p=0.001).
CONCLUSION: The incidence of SBP in emergency admitted cirrhotic patients was 15% and the mortality rate in our SBP group was 38.4%. We identified as risk factors for developing SBP the Meld score and the large volume ascites. Meld score and serum creatinine level were independent risk factors for mortality in our study.

KEYWORDS: cirrhosis, risk factors, SBP

EP177. ALCOHOL USE DISORDER AND ALCOHOL RELATED LIVER DISEASE: TIME FOR SCREENING?
EP178.

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BACKGROUND AND AIM: Alcoholic liver disease (ALD) is rarely detected at early stages. Non-invasive tests have been developed to determine the severity of liver disease in patients with alcohol use disorder (AUD). The aim of this study was to evaluate the severity of liver steatosis and liver fibrosis (LF) in a cohort of patients with AUD.
METHODS: A prospective study was conducted and included 172 patients, without previously known liver disease, evaluated by AUDIT-C score, serum markers (TGO, TGP, platelets), and transient elastography (TE, FibroScan, Echosens) with CAP. AUD was defined by an AUDIT-C test score ≥4 for men and ≥3 for women. For LF evaluated by TE liver stiffness measurement (LSM) we used the proposed cut-offs for ALD: F2≥9kPa, F3≥12.1kPa, F4≥18.6kPa and for liver steatosis by CAP we used the cut-off value for moderate steatosis: S2>260db/m and severe steatosis:S3>290db/m. Four indirect scores were calculated and literature based cut-offs were used for the diagnosis of advanced LF(≥F3): APRI≥1, FIB 4 ≥3.25, AST/ALT ratio ≥1 and Age-platelet index≥6.
RESULTS: 172 subjects with positive AUDIT-C test, 156/172(90.70%) males, mean age 56.5±10.45 years were included. TE diagnosed advanced fibrosis(F3) in 13.9%(24/172) and LC(F4) 17.5%(30/172). Moderate and severe steatosis was found in 18.6% (32/172), respectively 52.3% (90/172) patients. Statistically significant correlations were found between LS and AUDIT-C values(r=0.46,p<0.0001), APRI(r=0.33,p=0.001), FIB-4(r=0.31,p=0.0012) and the age-platelet index(r=0.25,p=0.008).
In univariate regression analysis, AUDIT-C(p=0.001), FIB-4(p=0.01) and age-platelet index(p=0.03) were independently associated with the presence of F3. In multivariate regression analysis only the model including AUDIT-C(p<0.001) and age-platelet index(p=0.04) was associated with F3.
Based on AUROC comparison for predicting advanced fibrosis, Age-platelet index(AUC-0.82) performed better, no differences were found when compared to AUDIT-C(AUC-0.74) and FIB-4(AUC- 0.77)(p=0.21 and p=0.35, respectively).
CONCLUSIONS: in a cohort of patients with AUD, 70.9% presented moderate and severe liver steatosis and 17.5% were newly diagnosed with LC. These findings could be the basis for screening algorithms in the diagnosis of significant liver involvement in AUD.

KEYWORDS: alcoholic liver disease, screening, non-invasive techniques

EP179. THE ROLE OF ULTRASOUND IN THE ASSESSMENT OF SEVERITY IN CROHN'S DISEASE

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INTRODUCTION: Crohn's disease, especially located in the small intestine, can be difficult to monitor endoscopically. Transabdominal intestinal ultrasound (GIUS) can assess the suggestive changes of the intestinal wall and lumen and also the extraparietal changes. Also, through this examination the severity of the diseases can be evaluated.
MATERIAL AND METHOD: The study included 11 consecutive patients with Crohn's disease who were evaluated by GIUS. The parameters assessed were wall thickness, bowel wall stratification and the presence of the Doppler signal at the parietal level. In addition to parietal structure were also evaluated: intestinal motility (when the small intestine was affected), intraluminal content, the appearance of mesenteric fat and the presence of surrounding lymph nodes. A Hitachi Arieta ultrasound system with a linear probe with a frequency of 7.5 MHz was used for the evaluation.
RESULTS: There were included 5 men and 6 women with a mean age of 33.82 years (STDV 11.65) with average disease evolution of 5.5 years (STDV 2.85). The mean severity index (CDAI) was 238.36 (STDV 117.53) and the mean value of calprotectin was 1139.09 (STDV 1238.12). C-reactive protein ranged from 0.6 to 77 mg / L with an average of 27.87 mg / L. Most patients had anemia (mean Hb 10.92 g / dl, with STDV 1.6). Normal bowel wall stratification was found in a single patient in clinical, biological and endoscopic remission. The majority of the patients presented complete loss of stratification (72.72%) or changes in stratification. The parameters statistically correlated with disease activity and severity assessed by CDAI and calprotectin levels are intestinal wall thickening over 4 mm and the presence of parietal Doppler signal (according to Limberg classification).
CONCLUSION: GIUS with Doppler examination is a useful tool in assessing the severity and response of treatment in patients with inflammatory bowel disease.

KEYWORDS: GIUS, IBD, severity assessment

EP180. INTER-SYSTEM REPRODUCIBILITY OF LIVER STIFFNESS MEASURED WITH TWO DIFFERENT TWO-DIMENSIONAL SHEAR WAVE ELASTOGRAPHY TECHNIQUES USING TRANSIENT ELASTOGRAPHY AS THE REFERENCE METHOD

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BACKGROUND AND AIMS: Several companies have developed different shear wave elastography (SWE) machines able to quantify liver stiffness (LS) as a marker of fibrosis. This study aimed to compare the technical success rate and reliability of measurements made using two-dimensional shear wave elastography (2D-SWE) with SuperSonic Imagine Aixplorer MACH 30 (2D-SWE.SSI) and General Electric LOGIQ P (2D-SWE.GE) ultrasound systems and to assess the inter-system reproducibility of the resultant liver stiffness measurements.
METHOD: We prospectively enrolled 228 patients with different chronic liver diseases (CLD) and 21 subjects without liver disease that were referred to our ultrasound department for liver fibrosis assessment. LS assessment was done using the same intercostal approach with all 3 systems. The technical success rates and measurement reliability of the two techniques were compared.
RESULTS: The two SWE techniques (2D-SWE.SSI, 2D-SWE.GE) and TE showed a similar technical success rate (96.4% vs 95.6% vs. 98.4%, p = 0.186) and similar reliability of LS measurements (98.8% vs. 99.6% vs. 99.2%, p = 0.604), with significant differences between mean LS measurements (7.5 kPa vs. 7.1 kPa vs. 7.2 kPa, p = 0.0001). A strong correlation (2D-SWE.SSI vs. 2D-SWE.GE, r = 0.85; 2D-SWE.SSI vs TE, r = 0.82 and 2D-SWE.GE vs. TE, r = 0.76) was observed across systems with various degrees of inter-system reproducibility (ICC, 0.43 - 0.90). The best agreement was observed between TE and 2D-SWE.SSI (ICC, 0.90) and the worst agreement between 2D-SWE. SSI and 2D-SWE.GE (ICC, 0.43). The Bland-Altman analysis revealed that the mean difference between 2D-SWE.SSI and 2D-SWE.GE values was 0.4 kPa (limits of agreement: -12.4 to 13.1).
CONCLUSION: No significant differences have been found between the feasibility of both systems when compared to TE. However, significant inter-system variability was observed in LS measurements made using both SWE techniques.

EP181.STUDY OF PHOSPHOCALCIC METABOLISM IN PATIENTS WITH ALCOHOLIC LIVER CIRRHOSIS

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INTRODUCTION: This study aims to investigate the correlation between the severity of osteoporosis and the degree of liver damage and to identify predictors of bone mineral density loss (BMD) in patients with alcoholic liver cirrhosis.

MATERIALS AND METHODS: We evaluated 120 patients with alcohol-cirrhosis class Child-Pugh Child-Pugh A, B and C and a control group aged 40 to 60 years, men, included in this study with a ratio of 1:1. DXA osteodensitometry was performed in both the lumbar spine (LS) and the femoral neck (FN) for both groups. Univariate and multivariate regression analyzes were performed to identify predictors of bone mineral density loss. Assessment of liver function and serum calcium levels were performed by biochemical methods.
RESULTS AND CONCLUSIONS: The results showed that patients with cirrhosis have a high risk of osteoporosis LS of 71% and 75% in FN, respectively, compared to the control group. Patients with cirrhosis were found to have lower calcium levels, but phosphorus levels were 85% within limits. Low calcium levels were correlated with increased activity of aspartate aminotransferase and cholestasis enzymes (GGT and alkaline phosphatase). Among the possible predictors tested (age, body mass index [BMI], phosphorus, calcium and MELD score), in our study the MELD score of cirrhosis was the main predictor of BMD loss. In addition, there was no relationship between low calcium levels and low phosphorus levels. We observed a low level of calcium correlated in patients with upper limit values of total bilirubin and GGT, with an increased risk of lumbar and femoral fracture, and serum phosphorus levels showed a statistically insignificant correlation with metabolic abnormalities.
The study showed that cirrhotic patients, especially cholestatic forms of the disease, have an increased risk of altered phosphocalcic metabolism with secondary osteoporosis and highlight the need for precautions for bone fractures that may occur more frequently in these patients.

KEYWORDS: DXA osteodensitometry; bone mineral density; MELD.

EP182. THE IMPORTANCE OF SERUM URIC ACID AMONG NON-ALCOHOLIC FATTY LIVER DISEASE PATIENTS: A NORTH-EASTERN SINGLE CENTRE EXPERIENCE

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INTRODUCTION: Serum uric acid (SUA) was reported to be associated with non-alcoholic fatty liver disease (NAFLD), as well as with the development and progression of liver disease. Herein, we aimed to evaluate the association between SUA and the severity of NAFLD based on the Controlled Attenuation Parameter (CAP) for the diagnose of liver steatosis.
MATERIAL AND METHOD: We analyzed retrospectively patients diagnosed with NAFLD based on cut-off CAP score ≥ 237 dB/m for liver steatosis in Institute of Gastroenterology and Hepatology, Iași between December 2020 to December 2021 using FibroScan 502 Touch. Cut-off values ≥259 dB/m and ≥ 291 dB/m were considered to be diagnostic for moderate (S2) and severe steatosis (S3). We calculated the severity of the disease

and the odds ratio (OR) of NAFLD and SUA.
RESULTS: In total, 171 patients (54 % females, mean age 59.1 ± 11, BMI 30.3 ± 4.5) were analyzed in the study. Among them, 30 (17.6%) were in S1, 45 (26.3%) S2 and 96 in S3 (56.1%) degree of steatosis with a median CAP value of 312 (273.4-344) dB/m and SUA median of 5.44 ± 1.53 mg/dl. According to steatosis degrees SUA level was 4.21 ± 1.39 mg/dl, 5 ± 1.27 mg/dl, 6.1 ± 1.41 mg/dl (p for trend <0.001) . A high value of SUA was been strongly correlated with CAP score by univariate (ß= 0.482, p < 0.001) and multivariate ß= 0.192, p = 0.003) linear regression analysis. Patients with elevated SUA (> 5.5 mg/dl) were more likely to have severe steatosis based on CAP score (OR: 1.7, 95% CI 1.3-2.3). The area under curve of SUA level for detect severe steatosis was 0.77 (optimal cut-off value 5.56 mg/dl, sensitivity 83%, specificity 45%).
CONCLUSION: In our study, we found a significant association between SUA and steatosis severity among patients diagnosed with NAFLD, been also an independent risk factor among those traditionally one for NAFLD. Consequently, SUA could be considered as an appropriate non-invasive method in screening and monitoring patients with NAFLD, while hyperuricemia treatment could reduce the risk of progression of the disease.

KEYWORDS: non-alcoholic fatty liver disease, serum uric acid, steatosis

EP183. THE ROLE OF VASCULARIZATION PARAMETERS QUANTIFICATION FOR THE ASSESSMENTS OF INCONCLUSIVE FOCAL LIVER LESIONS CHARACTERIZED BY CEUS

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AIM: To assess the vascularization parameters of contrast-enhanced ultrasound (CEUS) in the late phase in inconclusive focal liver lesions (FLL) and to find out which parameter offers us a predictable sign of wash-out.
MATERIAL & METHOD: This is a monocentric retrospective study that included all FLL with inconclusive results by means of CEUS during two consecutive years. FLL perfusion during the late phase of CEUS was quantified with the time intensity curve (TIC) feature implemented on GE-LOGIQ E9 ultrasound machine. Two regions of interest (ROI) were drawn on the CEUS late phase, one in the lesion and the second in the adjacent healthy parenchyma. The perfusion curve fitting for wash-out allowed us to analyze the, B (the minimum intensity), A (difference between B and the intercept intensity at t=0), K (decreasing intensity param.), MSE (mean square error), AUC (area under the curve) and Grad (gradient at t=0) thus to better depict the wash-out phenomena, considering it a sign of malignancy. All the inconclusive CEUS had been performed by experienced physicians and all of them had a second line imaging method or histology as gold standard.

RESULTS: From the 91 inconclusive FLL included in the study, the prevailing were: 34 HCC, 9 metastasis, 7 hemangioma, 7 regenerative nodules, 5 focal fatty alteration and 4 cholangiocarcinoma. AUC was the only parameter that showed a significant difference between malignant and benign lesions, -25.08 dB ± 37.98 vs. -7.08 dB ± 42.6, p=0.04. When using the regression analysis, we noticed a significant relationship between AUC in the FLL and AUC in healthy parenchyma, p=0.02.
The regression equation (y = -12.21 + 0.16 x AUC) shows that the coefficient for AUC in parenchyma is 0.16. The coefficient indicates that for every additional decibel in parenchymal AUC, lesion AUC will increase by an average of 0.16 dB. Lesion AUC is significantly lower than parenchymal AUC, but in strong relationship with the other.
The best cut-off value for lesion AUC for predicting wash-out and thus malignancy, in inconclusive FLL was >-19.3 dB with an AUROC of 0.58, Se=74.0%, Sp=45.7%.
With the established cut-off value for lesion AUC in our cohort, we managed to correctly determine the wash-out/malignancy of 70% of the inconclusive CEUS lesions.
CONCLUSION: From TIC analysis, AUC was the only parameter associated with wash-out and might be considered a quantifiable marker to objectively outline washout in CEUS late phase, as a sign of malignancy in FLL.

KEYWORDS: Focal Liver Lesions, Inconclusive CEUS, TIC analysis

EP184. TRANS-ARTERIAL CHEMOEMBOLIZATION (TACE) IN PATIENTS WITH UNRESECTABLE HEPATOCELLULAR CARCINOMA (HCC).

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BACKGROUND AND AIM: Liver elastography is a recognized method for liver fibrosis assessment. Recent techniques (Viscosity Plane Ultrasound - ViPLUS) assess inflammation by analyzing the viscoelastic properties of liver tissue. The aim of this paper was to assess the feasibility and factors that influence ViPLUS measurements.
MATERIAL AND METHODS: We prospectively included patients evaluated in the same session by liver stiffness measurements (LSM) by Transient Elastography (TE) – FibroScan; by two-dimensional shear wave elastography (SuperSonic Imagine Aixplorer MACH30 - 2D-SWE.SSI) and by biological tests. Fibrosis (stiffness) assessment was performed according to guidelines recommendations. ViPLUS assessment was performed concomitantly with 2D-SWE.SSI.
RESULTS: Our group included 155 patients, 4.5% (7) with normal liver, 10.3% (16) with alcoholic liver disease ALD, 23.2% (36) with chronic hepatitis B and C (either under treatment or with sustained virologic response), 51.6% (80) with NAFLD, and 10.2% (16) with other or mixed etiologies.

ViPLUS assessment was feasible in 96.1% (149/155) patients.
ViPLUS measurements strongly correlated with LSM by TE (Spearman r=0.783, p<0.001) and by 2D-SWE.SSI (Spearman r=0.838, p<0.001). Only a weak correlation was observed between ViPLUS measurements and BMI (Spearman r=0.283), AST and ALT levels (Spearman r=0.336 and r=0.207, respectively). By multivariate regression analysis, ViPLUS measurements were independently associated with BMI (p=0.035), LSM by TE (p<0.0001) and LSM by 2D-SWE.SSI (p=0.006).
The mean ViPLUS values in normal, HBV, HCV, ALD and NAFLD patients were 1.9±0.6 PaS, 1.9±0.3 PaS, 2.3±0.6 PaS, 2.7±0.8 PaS and 1.9±0.3 PaS, respectively. The mean ViPLUS values were significantly higher in ALD than in normal (p=0.03), HBV and NAFLD patients (p<0.0001 for both); significantly higher in HCV than in HBV patients (p=0.005) and than in NAFLD patients (p=0.019). Mean ViPLUS values were similar in patients with normal vs. high ALT values (2±0.5 PaS vs. 2.1±0.6 PaS, p=0.37).
CONCLUSION: ViPLUS is feasible in more than 96% of patients. ViPLUS values strongly correlate with LSM by TE and by 2D-SWE.SSI. The highest ViPLUS values were observed in ALD patients.

KEYWORDS: liver elastography, liver viscoelasticity, liver stiffness

EP185. PROGNOSTIC VALUE OF NEUTROPHIL-TO-LYMPHOCYTE RATIO IN CIRRHOTIC PATIENTS WITH ACUTE-ON-CHRONIC LIVER FAILURE

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BACKGROUND/AIMS: Cirrhotic patients hospitalized in the intensive care unit (ICU) have a high risk for acute-on-chronic liver failure (ACLF) and short-term mortality. A major role in the pathogenesis of ACLF has systemic inflammation, the assessment of which includes the use of surrogate markers such as neutrophil-to-lymphocyte ratio (NLR). We aimed to assess the accuracy of NLR in predicting the outcome of cirrhotic patients with ACLF hospitalized in the ICU.
MATERIALS AND METHODS: A retrospective observational study on cirrhotic patients with acute decompensation hospitalized in the ICU of a Romanian tertiary care center. ACLF was defined according to the CANONIC criteria, and NLR was calculated by dividing absolute neutrophil count by absolute lymphocyte count.
RESULTS: 70 patients were included, mean age 62 ± 6.2 years, 70% men. ACLF was diagnosed in 58 patients (82.9%) who presented higher in-hospital mortality rates than non-ACLF patients (84.5% vs 33.3%, P=0.001). Mean NLR value was 11.7±9.5, higher in non-survivors than in survivors (12.6±9.8 vs 8.6±7.8, P=0.170). NLR had a poor accuracy in predicting outcome in patients without ACLF (AUC=0.611), but a better one in ACLF patients (AUC=0.776). Cirrhotics with high NLR had higher levels of bilirubin, Child-Pugh score, and higher incidence of ascites, coagulation and circulatory failure, presenting a worse outcome. ROC analysis showed a good accuracy for predicting mortality for Child-Pugh score (AUC= 0.864), and NLR (AUC=0.732).
CONCLUSION: NLR is a promising and cost-effective score for prediction of poor outcome in critically-ill cirrhotic patients hospitalized in the ICU, more accurate in those with ACLF.

KEYWORDS: Acute-on-chronic liver failure, neutrophil-to-lymphocyte ratio, cirrhosis

EP186. CONSIDERATIONS REGARDING THE ASSOCIATION OF HELICOBACTER PYLORI INFECTION IN PATIENTS WITH GASTRIC LYMPHOMA

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The incidence of malignant lymphomas has grown steadily over the last 10 years, according to data provided by SEER (Surveillance, Epidemiology and End Results), and the primary gastric localization of nonHodgkin's lymphomas is the second cause of malignancy, after gastric adenocarcinoma. The association of gastric MALT lymphoma with the incidence of Helicobacter pylori infection is known, the presence of the bacterium being confirmed in approximately 90% of cases. The arguments regarding the involvement of Helicobacter infection in the pathogenesis of gastric lymphoma have been supported by numerous studies, so that the histopathological examination revealed the presence of the infection in more than 90% of the cases; in more than 80% of cases the serological test for the detection of the infection was positive; also the anti-Helicobacter pylori antibody titer was constantly increasing, before the onset of malignant lymphoproliferation. Proliferation of lymphomatous cells is favored by stimulation of intratumoral T cells, in turn stimulated by the presence of Helicobacter pylori infection. Last but not least, the regression of the evolution of MALT gastric lymphoma after Helicobacter pylori infection eradication is significant. Because only a small proportion of patients with Helicobacter pylori infection will develop gastric lymphoma, the role of the host's immune response remains a deciding factor, mediated by cytokines and HLA polymorphisms. The presence of Helicobacter infection, as well as decreased HLA-B35 expression in patients with gastric MALT lymphoma, although frequently encountered, are not sufficient for malignant lymphoproliferation, with some genetic abnormalities leading to irreversible progression to gastric MALT lymphoma.

KEYWORDS: MALT, Helicobacter Pylori, Lymphoma

EP187. PANCREATIC METASTASES AND THE ROLE OF ENDOSCOPIC ULTRASOUND IN THEIR DIAGNOSIS

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INTRODUCTION: When we refer to pancreatic tumors, most of them are primary and less than 5% represent a metastasis.
The endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) brought an important contribution when it comes to obtaining pancreatic samples, but it is still difficult to distinguish pancreatic metastases from a primary pancreatic tumor, only by echoendoscopic (EUS) appearance.
The aim of our study is to describe retrospectively the pancreatic metastases found in our center, referring especially to their EUS appearance.
MATERIALS AND METHODS: We included retrospectively all the patients with a diagnosis of pancreatic metastases following EUS-FNA with histopathological exam, in a tertiary medical center, between 1st of January 2012 and 31st of December 2019. We assesed the previous oncological disease, as well as the appearance of the pancreatic tumor at ultrasound endoscopy, and the histopathological description.
RESULTS: There were 21 patients with a histopathological diagnosis of pancreatic metastasis after EUS-FNA. Thirty three percent of the tumors were localized in the pancreatic head (n=7) and the pulmonary (n=6) and renal (n=5) primary sites were the most common, being present in 28%, respectively 24% of cases.
The endoscopic ultrasound described in all cases a hypoechoic pancreatic mass, and 81% of these were hypervascular (n=17). The colon, the skin, the breast and the lung were the primary sites for the hypovascular ones. In 62% of cases (n=13), we administered contrast and 7 of these tumors were showing arterial hyperenhancement. The rest of them (n=6) showed arterial hypoenhancement.
CONCLUSION: The endoscopic ultrasound brings an important contribution to the pancreatic metastases diagnosis, mostly through fine needle aspiration providing samples for histopathological exam. However, the ultrasound endoscopic appearance may vary; two tumors with the same primary site can be as well hypo- or hypervascular and the differential diagnosis with primary pancreatic tumors it is still difficult.

KEYWORDS: pancreatic metastases, EUS-FNA

EP188. ELASTOGRAPHY GUIDED FINE NEEDLE VERSUS STANDARD FINE NEEDLE ASPIRATION IN SOLID PANCREATIC LESIONS: A PROSPECTIVE STUDY

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INTRODUCTION: The use of elastography in endosonography (E-EUS) measures the hardness of tissue by using the pattern, the strain ratio or the strain

histogram.. Also, E-EUS can target EUS-FNA (E-EUS-FNA) in the hardest region which correspond to the stroma rich part of the lesion. This might improve the diagnostic rate of EUS-FNA, but their superiority was not proved in oneprospective study.
AIM: To assess if the E-EUS-FNA is superior to standard EUS-FNA in obtaining specific diagnosis in solid pancreatic masses and the factors that can lead to different diagnostic rate.
METHOD: This prospectivestudy in one tertiary medical academic center included patients with the suspicion of pancreatic solid masses on transabdominal ultrasound or CT scan. The first pass was done during elastography assessment into the blue homogenous part of the lesion and the second pass during the standard EUS assessment by using the 22G standard FNA needle EUS-FNA(Expect, Boston Scientific). The visible core was collected and analysed separately . The final diagnosis was based on EUS-FNA or surgical specimen results and on following up for 12 months by imaging methods.
RESULTS: Fifty -one patientswere analysed. The mean age was 64 years old and 74% of them were male . There were 85% head and istmus pancreatic lesions, and more than 89% were stage T3 and T4. The majority of the lesions were blue homogenous on qualitative elastography assessment. The E-EUS-FNA pass and EUS-FNA had the accuracy of diagnosis of 94% and 91% respectively (p=NS) and the global accuracy of the two passes was 95%. No difference were seen for the results related to the location, size, tumor stage, chronic pancreatitis features or biliary plastic stent.
CONCLUSIONS: The diagnostic rate of core obtained by using 22G FNA needles with standard EUS-FNA and guided E-EUS-FNA did not differ statistically.

KEYWORDS: elastography, EUS-FNA, pancreatic solid lession

EP189. DEEP LEARNING ALGORITHM FOR THE CONFIRMATION OF MUCOSAL HEALING IN INFLAMMATORY BOWEL DISEASE, BASED ON CONFOCAL LASER ENDOMICROSCOPY IMAGES

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ABSTRACT
BACKGROUND: Inflammatory bowel diseases (IBD) are immune disorders characterized by the presence of idiopathic inflammation in the intestinal wall. The therapeutic goal is deep remission with mucosal healing (MH) which can be assessed by confocal laser endomicroscopy (CLE). To minimize the operator's errors and automate the IBD diagnosis from CLE images, we used a deep learning (DL) model for image analysis. We hypothesized that DL combined with convolutional neural networks (CNN) and long short-term memory (LSTM) can distinguish between normal and inflamed colonic mucosa from CLE images.
MATERIAL AND METHODS: We designed and trained a deep CNN to detect IBD using 6,205 endomicroscopy images classified in two categories: normal (2,533) and with inflammation (3,672), obtained from 54 patients with Crohn's disease. The CLE imaging was performed on four colorectal areas and in the terminal ileum. Gold standard was the histopathological evaluation. We trained the model using a dataset of 2,892 images with inflammation and 2,189 images with normal colonic mucosa. We assessed the model using a dataset of 780 images with inflammation and 344 normal images of the colon.
RESULTS: Our method obtained a 95.3% test accuracy with a specificity of 92.78% and a sensitivity of 94.6%, and areas under each receiver operating characteristic curves (ROC AUC) of 0.98.
CONCLUSIONS: Using ML algorithms on CLE images can successfully differentiate between inflammation and normal colonic mucosa and can be used as computer aided diagnosis for IBD. Future clinical studies will validate our results and further improve the CNN-LSTM model.
Key words: confocal laser endomicroscopy, inflammatory bowel disease, convolutional neural network

EP190. RISK OF NEOPLASIA IN INFLAMMATORY BOWEL DISEASE PATIENTS – RESULTS FROM MAID COHORT

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INTRODUCTION: Chronic inflammation and immunosuppressive therapy are the main risk factors for neoplasia in inflammatory bowel disease patients. We aimed to evaluate neoplasia incidence in inflammatory bowel disease (IBD) patients treated in a tertiary center from Romania.
MATERIALS AND METHODS: We retrospectively analysed prospectively collected data for patients included in MAID ((Multimodal Approach in IBD Patients) cohort from 2012 to 2019 at Colentina Clinical Hospital. Patients were evaluated every 12 months and at each visit we collected clinical data (including new onset of intestinal or extraintestinal neoplasia), biologic, endoscopic and histopathologic data. During endoscopic evaluation, we collected biopsies from the colon and additionally from the ileon in Crohn's disease patients. We analysed histopathology results and documented dysplasia or cancer events.
RESULTS AND CONCLUSIONS: We included in the final analysis 229 patients, totalling 452 visits, with a mean follow-up period of 24 months. At the baseline

visit, median disease duration was 3 years and 102(44%) of patients were receiving immunosuppressive therapies (azathioprine or anti-TNF agents). We reported 11 cases of de novo neoplasia, of which 3 colorectal adenomas, 6 lymphoma cases, one case of acute leukemia, and one case of high-grade cervical dysplasia, all in patients receiving immunosuppressive agents. No patient developed colo-rectal cancer during follow-up.
In conlusion, although risk of neoplasia is not neglectable in IBD patients, we observed that no colo-rectal cancer case was identified during our study.

KEYWORDS: inflammatory bowel disease, neoplasia, cancer

EP191. PANCREATIC EUS-FNA WITHOUT RAPID ON-SITE EVALUATION IN PATIENTS WITH SUSPECTED MALIGNANCY. DOES EXPERIENCE MATTER?

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KEYWORDS: pancreatic EUS-FNA; pancreatic malignancy
INTRODUCTION: EUS-FNA (endoscopic ultrasound-guided fine needle aspiration) is highly operator dependent and, in the absence of on-site pathologic evaluation, may miss the diagnosis of neoplasia in a significant number of patients. The aim of our study was to pinpoint elements that may increase the accuracy ofpancreatic EUS-FNA in patients with suspected malignancy.
MATERIALS AND METHOD: We performed a retrospectivestudy on patients who underwent pancreatic EUS-FNA for suspected malignancy in our clinic during a 5-year period. Biopsies were performed by two gastroenterologists with varying degrees of experience andinterpreted by the pathology department. Collecteddata included patient demographics, procedure related information (type, size and location of lesions, needle size and number of passages), as well as concordance of pathologic and gold standard diagnosis. Data analysis was performed with the aid of SPSS® and statistical significance was achieved at a <0.05 threshold.
RESULT: A total of 225 patients were enrolled from May 2014 to April 2019, with a median age of 66 years (range, 34-89) and a male predominance (60,9%).The more experienced physician performed 64,4% of EUS-FNAs,a higher number of passages (4,22 vs. 3,69 mean passages per patient, p=0,002), deemed less biopsies difficult (p=0,002) and was more accurate in diagnosing malignant lesions (p=0,002). However, differences subsided when a pathology diagnosis of "atypical"was considere positive for malignancy (p=0,347). The choice of needle (19, 22 or 25 G) did not correlate with the performing physician but rather with the size of lesion. There were very few adverse events (2,2%) overall.
CONCLUSIONS: In the absence of rapid on-site evaluation, accuracy in the diagnosis of pancreatic malignancy through EUS-FNA may be increased through multiple passages, most likely due to the larger quantity of tissue extracted. Unsurprinsingly, the more experienced the performing physician, the higher diagnostic accuracy.

EP192. A PLEA FOR A UNIFIED APPROACH OF SEDATION IN ENDOSCOPY: RESULTS FROM A PROSPECTIVE MULTICENTRIC TRIAL

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INTRODUCTION: Patient sedation practices for endoscopic procedures in Romania are widely heterogeneous. Healthcare professionals' participation in this process is unclearly regulated by local authorities. We aimed to evaluate the current status of sedation practices, the drug regimens employed by healthcare professionals and the impact of these factors on endoscopic procedures' outcome in Romania.
MATERIAL&METHOD: We conducted a multicentric, observational study that included all patients undergoing endoscopic procedures involving different levels of sedation. We collected data regarding the endoscopic procedure, medication used for sedation, personnel in charge of sedation, and patient related information: demographics, ASA physical status and comorbidities. We also documented endoscopy and anesthesia related complications.
RESULTS AND CONCLUSION: We included 1043 endoscopic procedures from 8 endoscopy units in our study. The mean age of the patients was 61 ±14 years and 515 (49%) had coexisting conditions. For 566 (54%) procedures the anesthesiologist provided patient sedation. Endoscopic complication rate was 0.9% (9 procedures) and sedation-related complication rate was 3.8% (40 procedures – mostly mild respiratory and cardiovascular events).
On multivariate analysis, we identified the following risk factors for sedation-related complications: deep sedation, sedation provided by anesthesiologist, procedure type (esophagogastroduodenoscopies and endoscopic retrograde cholangiopancreatography) and female gender. The endoscopy unit, ASA physical status, age and procedure regimen did not influence the complication rate.
In conclusion, sedation-related adverse events are rare, whether the gastroenterologist is responsible for providing sedation or not. Additionally, there is a notable variability of sedation practices among the endoscopy centres in Romania.

KEYWORDS: sedation, endoscopy, complications

EP193. ENDOSCOPIC ULTRASOUND GUIDED PANCREATIC PSEUDOCYST DRAINAGE WITH PLASTIC STENTS- A SINGLE CENTER EXPERIENCE

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INTRODUCTION: Echoendoscopic drainage (EUS) of pancreatic pseudocysts (PP) is a widely accepted procedure that has replaced surgery. Recent studies highlight the increased effectiveness of this technique. Two types of drainage can be performed - with plastic double pig teil stents and luminal apposing metal stents.
MATERIALS AND METHODS: Between 2018 and 2019, 13 patients diagnosed with intra-abdominal collections were referred to St. Mary's Hospital for drainage under echoendoscopic guidance. The efficiency of drainage was evaluated on a short (in the first 7 days), medium (at 1 month) and long term (at 6 months).
RESULTS: EUS drainage was performed on 13 patients (8 women, 7 men) diagnosed on tomography (TC) with intra-abdominal collections (10 PP, 2 post-duodenopancreatectomy cephalic collections).
The indication for drainage was gastric hemorrhage (n = 1), jaundice by compression of CBP (n = 1), portal hypertension (n = 1), emetic syndrome (n = 3) and chronic abdominal pain (n = 7). The average size of the PP was 10 (±2) cm. 16 plastic double pig teil stents (2 transduodenal, 14 transgastric) of 10 Fr and 4-5cm were placed under EUS and radiological guidance.
The technical success rate was 100%. We had 3 septic postprocedural complications, of which 2 were solved after the combination of antibiotic therapy with a second stent placement. One patient required surgery.
In 75% of cases, there was a reduction of more than 50% in PP size on the first post-procedural day. The TC control performed at 30 days revealed complete remission of the collections, therefore the stents were endoscopically extracted.
Clinical and imaging reassessment at 6 months noted complete disappearance of symptoms and no PP recurrence.
CONCLUSIONS: EUS drainage has become a widely accepted technique. The use of plastic stents seems to be a cost-effective and safety method for pancreatic pseudocysts. Short term outcome has positive results.

KEYWORDS: pancreatic pseudocysts, ecoendoscopic drainage

EP194. THE ENDOSCOPIC MANAGEMENT OF DUODENAL FISTULAS

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INTRODUCTION: The duodenal fistula is one of the most severe complications of gastro-intestinal surgery because of the difficulty in treatment, the high risk of morbidity and mortality. The particularity of the case consists in the minimally invasive endoscopic treatment of the post-operatory fistula, taking into consideration the lack of efficiency resulting from conservative or classical surgical methods.
MATERIAL AND METHODS: The selected patient, which has been investigated for icteric syndrome, has undergone cholangio-MRI, which showed: mid-level choledocian tumor, proximal primary biliary duct dilatation (14 mm) and intrahepatic biliary dilatation. The patient is admitted in our clinic for further investigations and treatment. Biologically, at the time of admission, the analysis show important cholestasis syndrome and an elevated level of tumoral marker CA 19-9 (220 U/L). We choose to perform endoscopic retrograde cholangio-pancreatography (ERCP), with the prelevation of cytological samples using the brushing technique of the tumor, followed by endoscopic stent placement in the primary biliary duct. The diagnosis was confirmed by the histo-pathology analysis: cholangiocarcinoma. Two weeks after the stent placement, the patient undergoes the surgical resection of the tumor. One week after the intervention we diagnose the presence of a post-operatory complication: a 10 milimeter fistula, on the anterior wall of the second part of the duodenum. We choose to endoscopically close the orifice of the fistula using an over the scope clip. The efficient closure of the fistula is confirmed by the lack of exteriorization of the colouring agent: methylene blue through the drainage tubes.
RESULTS AND CONCLUSIONS: The selected case illustrates the success of a minimally invasive therapeutic method – endoscopic stent closure of a duodenal fistula.

KEYWORDS: duodenal fistula, upper digestive endoscopy

EP195. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY: COMMON COMPLICATIONS AND A GENERAL REVIEW IN A TERTIARY CENTER.

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INTRODUCTION: The aim of this study was to assess the most frequent complication of the PEG procedure and device-related complication and also to analyze the management framework of the patients undergoing this maneuver.
METHODS: We retrospectively analyzed patients that have been selected for PEG insertion in the Gastroenterology Department in Timisoara for a period of four years. The procedure and device-related adverse events were analyzed from the medical records among with the mean procedural time, mean propofol dose used and mean hospitalization days.
RESULTS: We have evaluated 128 patients with PEG insertion during 2016-2019. The mean age was 66.3±9.7 years, 26.6% female and 73.4% male, from which 85% of them were de novo insertions. The prevailing indication (86%) was Parkinson Disease and 5.5% for alimentation purpose. The mean procedural time was 15.3±3 minutes with a mean propofol dose of 65±21.1 mg. Overall the patients for PEG insertion had an average hospitalization of 8.4±5 days. There was no correlation

between the procedural time and the amount of Propofol used, r=0.3612, p=0.0002, CI 95% (0.179-0.591). We had minor complications: 7% (9/128) local pain and minor local bleeding 1.6% (2/128). Major complications: 3, 1 % (4/128) buried bumper syndrome, 3.1% developed pneumoperitoneum- out of which 1 patient died and one was referred to surgery 0.8%.
CONCLUSIONS: PEG is a safe and fast procedure in a tertiary center, still the hospitalization is to long for a minim-invasive procedure. We did not find any correlation between the procedural time and Propofol dose.

KEYWORDS: PEG insertion, complications, review

EP196. CORRELATION BETWEEN ROCKALL SCORE AND MORTALITY THROUGH UPPER GASTROINTESTINAL BLEEDING

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BACKGROUND: Upper gastrointestinal (UGI) bleeding continues to be an important cause of morbidity and mortality. Complete Rockall scoring system identifies patients at higher risk of rebleed and mortality.
The aim of this study was to identify the extent to which Rockall scoring system is correlate with mortality in patients with UGI bleeding.
MATERIAL AND METHOD: This is a descriptive hospital based study conducted in Institute of Gastroenterology and Hepatology Iasi from january- december 2019. It included all patients with manifestations of UGI bleeding. Complete Rockall score was calculated in each patient and its correlation with mortality was determined. Scores of ≥ 8 has been considered as special category as it comprises of patients with very high risks.
RESULTS: Among the 4153 patients admitted in our department, the general mortality was 3,8% (158 cases). The deaths caused by UGI bleeding was 41,77% (66 patients) including variceal bleeding 38 cases (57,7%) and non-variceal bleeding 28 cases (42,3%). Shock was detected in 21,5%, severe anemia and high renal failure were found in 31% and 37,3% respectively. 29 (76,3%) patients were with history of UGI bleeding, and comorbidities were present in 83%. Median hospital stay was 3,14 days (standard deviation ± 3,2).
According to the Rockall score, a value ≥ 8 corresponds to a mortality rate of 41.1%, 38 of our patiens being having this high value, 8 (21%) of them with death on the day of admission by variceal bleding 62.5% and non-variceal bleeding 37.5%.
CONCLUSIONS: The results of our study are comparable to data obtained from similar studies. An increased Rockall score is correlate with the general mortality through UGI bleeding.

EP197. EFFICACY AND PREDICTIVE VALUE OF THE NEW ENDOSCOPIC CLASSIFICATION DICA (DIVERTICULAR INFLAMMATION AND COMPLICATION ASSESSMENT)

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INTRODUCTION: Diverticulosis is defined by the presence of one or more diverticula which occur in the weaker parts of the colonic wall, where the vasa recta penetrate the circular muscular layer, forming outpouchings of the mucosa and submucosa. Colonic diverticula (CD) can be complicated by a spectrum of diseases including diverticulitis and diverticular bleeding. Research on the field have provided an endoscopic classification (DICA - Diverticular Inflammation and Complication Assessment) for diverticula. We aimed to assess the predictive value of DICA in patients with CD.
METHODS: We retrospectively analyzed patients evaluated by colonoscopy between January 1st, 2016 – December 31, 2016, in the Institute of Gastroenterology and Hepatology, Iași. Only cases with complete examination of the colon and CD were included, and for each patient we recorded the gender, age and grade of DICA.
RESULTS: We enrolled in our study 100 patients (mean age 66.3±10.1 years), predominantly male (51%), from urban area (88%). Of all patients, 96 (96%) patients were classified as DICA 1, 2 (2%) patients as DICA 2 and 2 (2%) patients as DICA 3. The mean follow-up was 24±9 months. Acute diverticulitis occurred in 2 (2%) patients, of which 1 patient needed surgical intervention for diverticula perforation. DICA 2 was associated with diverticulitis occurrence, as both patients had previously between 4 to 7 points on endoscopic examination. No recurrence was recorded for the two patients with DICA 3.
CONLCUSION: In conclusion, our study confirms the efficacy of the new endoscopic classification of diverticular inflammation and complication. Further research is needed to validate DICA score in order to implement it in the management of patients with CD.

KEYWORDS: colonic diverticula, diverticular inflammation and complication assessment

EP198. PIECEMEAL VS EN BLOC RESECTION –COMPARATIVE STUDY

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The colonoscopy is one of the fastest and easiest way to detect and to treat the polyps. The dimension of the polyp is an important key in technical approach especially polyps over 15mm. It's used 2 common techniques - piecemeal polypectomy (PM) or "en bloc resection" (BR). The second type is recommended, as often as possible.

In this study I had compared 10 patients who have undergone PM for over 2 cm polypes, and 12 patients who have benefited of BR, with endoscopic control within 3 months, and biopsies. The aim of this study is to establish the efficacy (total resection, sustained by "second look biopsy"), limits (technical limits) and complications (as bleeding or perforation).

The study was realised in a regional public hospital*, all the 22 patients were hospitalised (15 males and 7 females), for surveillance (24 hours post resection). Median age is 68 ± 7; 19 patients who undergone polypectomy had no complications in the firsts 24 hours (9 patients PM and 10 patients PM); 3 patients presented complications (1PM and 1 BR – hematochezia and 1 BR – perforation), who necessitated endoscopic second look and respectively surgical intervention. The results of histopathology distributed by type of resection were - (mucosal low grade dysplasia 2 patients PM, 1 patients BR, high grade dysplasia 6 PM, 4 BR, carcinoma in situ 2 PM and 7 BR). Second look endoscopy with biopsies of the resection site distribution was - 1 patient PM low grade dysplasia, 0 patients BM.

CONCLUSION: Both types of endoscopic mucosal resection are acceptable for polyps over 2 cm, with a slight superiority of BR (p<0.03), CI=0.78 (CI=0.57–1.12) The complete resection, with second look endoscopy and biopsy was realised with BR. The risk of perforation is more important for BR (p<0.01)

KEYWORDS: piecemeal, „en bloc resection"

EP199. THE INTERDEPENDENCE BETWEEN THE ENDOSCOPIC AND HISTOPATHOLOGIC ASPECTS IN ULCERATIVE COLITIS DIAGNOSED IN A TERTIARY CENTER IN ROMANIA

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BACKGROUND: Determining and evaluating the disease activity is of utmost importance in the subsequent management of the patient, and a series of endoscopic and histological scores have been approved and validated in this regard. The aim of the study is to see if there are any correlation between the macroscopic aspect and the histological findings.
METHODS: The medical files of 168 patients who were diagnosed with UC in our center, between Jan. 2015- Sep. 2019, were reviewed, with a median age of 43.8 years old; 110 of them were males and 58 females, most of this patiens from the urban area and they did not smoke. 320 biopsies were analyzed by two histopathologists who have a particular interest in IBD field. A total number of 127 colonoscopies were performed in the clinic and the biopsies were taken from the active lesions, but also from the normal mucosa.
RESULTS: To make a difference between histological active/ inactive disease, we used Geboes score (≥3) and Mayo endoscopic sub-score (≥1). UC extent was E1- 40 (23.8%), E2- 70 (41.6%) and E3-58 (34.5%). Endoscopic activity was described in 81 patients (48.2%) with Mayo sub-score of 0 (10), 1 (29), 2 (30), 3 (37). The microscopic activity was described in 87 patients (51.7%) and 19 patients had clinical remission. We also had clinical and endoscopical data at 1 year follow up for most of the patients.
CONCLUSION: The results were positive for a correlation between macroscopic appearence and histological findings of active disease, and if we see some degree of histological activity in patients with endoscopic remission, this may drag attention for a clinical relapse.

KEYWORDS: ulcerative colitis, assessment, correlation, histology, endoscopy

EP200. PREVIOUS BILIARY DRAINAGE IMPACT ON EUS GUIDED FNA FOR PANCREATIC HEAD MASS LESIONS

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BACKGROUND: patients with pancreatic head mass lesions often develop jaundice and require biliary drainage. Data in the literature about impact of previous biliary drainage on EUS-FNA yield is at variance. The study aimed to evaluate the effect of previous biliary drainage on EUS-FNA results.
MATERIALS AND METHODS: all cases of pancreatic head masses that necessitated EUS+FNA during 2011-2019 were retrospectively assessed. Diagnostic success was defined according to the histopathologic result of the FNA sample. Technical difficulty was evaluated by the number of passes required during FNA. Factors with potential impact on FNA yield were analyzed: biliary drainage that preceded FNA, biliary drainage type – stenting, surgical, percutaneous, needle type, obtaining core biopsy samples.
RESULTS: Of 202 enrolled cases 23.6% had previous drainage by – stenting 8.5%, surgery -11.1%, percutaneous intervention - 3.5%, and both surgery and stenting - 0.5% respectively. Overall diagnostic yield for FNA samples was 72.3 %. Diagnostic success rate was significantly correlated with - needle type (p < 0.001), better results being obtained for 19 Gauge (G) (82.35%) than for 22G (77.38%) or 25G needles (74.19%) and also obtaining core biopsy sample (p = 0.005). Previous biliary drainage did not significantly impact FNA success rate (p = 0.34), regardless of drainage technique. There was no significant difference in mean number of passes between patients with drainage (1.86 ± 0.99, 95% CI (-0.43 – 0.40)) and those without drainage (1.86 ± 1.004, 95%CI (-0.43-0.48)), p = 0.94.
CONCLUSION: Diagnostic accuracy of EUS-FNA for pancreatic head mass lesions was significantly increased by using larger needles and obtaining core biopsy samples. Previous biliary drainage did not decrease diagnostic yield nor did it enhancetechnical difficulty of the procedure.
#pancreas #EUS #biliary drainage

EP201. ENDOSCOPY DURING THE COVID-19 PANDEMIC: WASHED OVER BY THE WAVES?

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INTRODUCTION: During the COVID-19 pandemic, extraordinary measures were set in place to limit exposure to SARS COV 2 in high risk medical procedures, including digestive endoscopy. Dedicated position papers from the European Society of Gastrointestinal Endoscopy (ESGE) recommended postponing most endoscopic procedures and prioritizing high risk patients. We aimed to assess the impact of the pandemic on patient and procedure-related outcomes at various time points during the pandemic.

MATERIALS AND METHODS: We conducted a retrospective single-center study comparing endoscopic procedures in patients admitted at a dedicated COVID-19 unit during the first (1.04-16.10.20) and second pandemic wave (16.10-30.11.20) respectively. Data about the indication of the procedure and its timing, as well and clinical data regarding COVID-19 severity and patient outcomes were gathered from their medical records and analyzed.

RESULTS AND DISCUSSION: We identified 44 patients undergoing endoscopic procedures, 26 in the first and 18 in the second wave. Most patients were COVID-19 asymptomatic (27/44), with only 6/44 developing severe respiratory disease. The most frequent indications for endoscopy were gastrointestinal tract bleedings (14/44) and biliary obstruction (26/44), with 17 patients diagnosed with a coexisting malignancy. Patients in the first wave had significantly longer time intervals between SARS COV 2 confirmation and endoscopy (12.5 vs. 7 days, p=0.028) as well as from the initial clinical event to the time of endoscopy (6.5 days vs 1.5 days, p=0.006) compared to patients admitted in the second pandemic wave. Timing of actual endoscopy was delayed compared to ESGE recommendations in 27/44 cases, with no difference between groups (19/26 vs 8/18 cases, p=0.06). We identified 10 procedure-related adverse events, with no difference between the 2 groups. In conclusion, there was a significant improvement in waiting time and volume of COVID-19 patients receiving therapeutic endoscopic interventions between the first and second wave.

KEYWORDS: digestive endoscopy, COVID-19, digestive oncology

EP202. DYNAMIC CONTRAST HARMONIC IMAGING ENDOSCOPIC ULTRASOUND COMBINED WITH IMMUNOHISTOCHEMICAL EXPRESSION OF CD105 IN GASTRIC CANCER ANGIOGENESIS ASSESSMENT - A FEASIBILITY STUDY

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OBJECTIVES: Our aim was to assess the tumor vascular perfusion pattern in gastric cancer (GC) using dynamic contrast harmonic imaging endoscopic ultrasound (CHI-EUS) and then compare it to immunohistochemical expression of CD105 and clinico-pathological parameters.

MATERIALS AND METHODS: We admitted in our study only naive patients with GC, thus, CHI-EUS examinations were assessed before treatment decision. Quantitatively analysis of vascular pattern of specific regions of interest (ROI) was performed using a dedicated software (Vuebox, Bracco Imaging S.p.A., Milan, Italy). As a result, time intensity curve (TIC) along with other derived parameters were automatically generated: peak enhancement (PE), rise time (RT), time to peak (TTP), wash in perfusion index (WiPI), ROI area and others. We performed CD105 immunostaining to calculate the vascular area and the microvascular density (MVD). The correlation between angiogenesis markers and tumor stage, grade and dimension was assessed.

RESULTS: Twenty eight CHI-EUS video sequences were analyzed. High statistical correlations ($p<0.05$) were observed between TIC analysis parameters (PE, WiPI, RT, TTP), MVD and pathological factors like tumor diameter, grade, as well as N and M staging. Other positive correlations were observed between PE, WiPI, ROI area and tumor diameter ($r = 0,8749$, $r = 0,8598$, $r = 0.7993$ and $P < 0.05$), between RT, TTP and M staging ($r = 0.7634$, $r = 0.9316$ with $P < 0.05$) and between TTP and N stage ($r = -0.6798$, $p=0.005$). We also found statistical significance ($p < 0.05$) between tumor diameter, N staging and MVD ($r = -0.97$, $r = -0.86$).

CONCLUSIONS: CHI EUS may be a feasible tool to evaluate Real-Time GC angiogenesis and disease prognosis. Further studies are needed to establish its role in GC management.

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EP203. ACUTE LOWER GASTROINTESTINAL BLEEDING ADMITTED TO A TERTIARY EMERGENCY HOSPITAL

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BACKGROUND: We performed this study to elucidate the etiology, effectiveness of diagnostic, therapeutic modalities and outcomes in patients with acute lower gastrointestinal bleeding.
MATERIAL AND METHOD: A retrospective study of 361 consecutive patients admitted to the ER service of a single tertiary emergency hospital with lower gastrointestinal bleeding.
RESULTS: A total of 361 patients were included, 149 men and 212 women, mean age 58.8±17.8. Simptoms associated at the admision: 83.1% abdominal pain, 35.2% meteorism, 62% diarrhea, 59.1% had weight loss. All patients underwent colonoscopy, 68% within 24 h of admission. 78 (32.2%) also had upper endoscopy.
The most common etiologies we found were : haemorrhoids (29%), carcinoma(21.2%) , polyps (19%), inflamatory bowel disease- IBD (17.7%), diverticulosis (13.1%).
Spontaneous cessation of the bleeding occurred in 248 (68.7%) patients. Hemostasis was needed in 48 (13.2%) cases. 53/361 (14.6%) undergo surgical treatment in the same admission. The mortality rate among patients was 5.1% and it was associated with the severity of anemy ($p<0.0001$) and low levels of sideremy ($p<0.0001$).
CONCLUSION: In this Tertiar Emergency Hospital hemorrhoids, carcinoma, IBD, polyps and diverticulosis were the most common causes of severe acute lower gastrointestinal bleeding. Colonoscopy allows the diagnosis in most patients with severe acute lower gastrointestinal bleeding requiring hospitalization and hemostasis.

KEYWORDS: colonoscopy, bleeding, etiology

EP204. ANXIETY LEVELS INDUCED BY ENDOSCOPIC METHODS DURING COVID 19 PANDEMIC.

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The aim of this study consists in the analysis of the level of anxiety and psychological health among the patients in Gastroenterology department from Sibiu concerning the invasive procedures, in COVID 19 pandemic time. Anxiety is characterized by a fearful unpleasent feeling, accompanied by vegetative symptoms: headaches,sweating, palpitations, tachycardia. Unfortunately this condition affects behavior and may diminish the benefits of endoscopic investigation. We approached this study starting from the analysis the psychological effects of the pandemic on patients' perceptions of endoscopic investigations. We also aimed to establish an individualized intervention for the patients in the study in order to reduce the level of anxiety.
MATERIAL AND METHODS: Data were colected from 100 patients, aged between 19- 80 years old, we used a cross-sectional research and in order to measure the level of anxiety we used the DASS -21 scale (Depression, Anxiety and Stress Scale, Lovibond and Lovibond, 1995). A directive interview with each patient aimed to establish the psychological impact on the body caused by invasive procedures, such as gastroscopy or colonoscopy, in the pandemic context.
RESULTS: The results described that 25% of patients developed panic disorders and tried to avoid invasive methods, 30% developed specific phobia (fear of being infected with Coronavirus) being reluctant to any type of invasive treatment. 50% of the interviewed patients stated that they have neurovegetative anxiety related symptoms.
COCLUSIONS: The COVID 19 pandemic crisis represents a new challenge for gastroenterologists. It is the period in which patients' reluctance to participate in investigations increases, delayed presentation occurs, which leads to increased overcompensation in many gastroenterological disorders. Good communication with patients is the key to reducing anxiety and balancing the risks and benefits of interventions.

KEYWORDS: anxiety, endoscopy, gastroenterology

EP205. CAPSULE ENDOSCOPY IN CROHN'S DISEASE PATIENTS-TEN YEARS SINGLE CENTER EXPERIENCE

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INTRODUCTION: Crohn's disease is a chronic, immune-mediated inflammatory bowel disease that can affect any segment of the digestive tract. The purpose of the treatment is no longer represented only by the control of the symptoms but by the mucosal healing.
The capsule endoscopy is a non-invasive, easily acceptable method for the patient that plays an important role in both diagnosing and managing patients with Crohn's disease, especially if there is affected only the small bowel mucosa.
The development of the capsule in the last 20 years represents a real progress both in the early diagnosis and in the monitoring of patients with Crohn's disease, through an individualized approach, the endoscopic capsule influencing the decision on further therapy, either by changing therapy, dose changes or stopping and even the establishment of the surgical indication, in certain cases. The main issue in Romania is reimbursement of the investigation.
At the moment a new capsule Crohn capsule with a special design and software is used for evaluation of

Crohn's disease patients. Due to economic reasons is not marketed in Romania.
We started capsule endoscopy in our center in 2010 with 400 cases examined for all indications; a Spanish center in Tenerife, opened the same time and realized more than 10000 examinations(reimbursed by the health system)
METHODS: A retrospective study was conducted between 2010 and 2021, at the University Emergency Hospital of Bucharest. Eligible patients were known patients with Crohn's disease, with clinical and biochemical criteria for active inflammatory disease (inflammatory syndrome, fecal calprotectin> 200microg / g) and CDAI score> 150.
Patients followed a hydric diet for the last 24 hours and the preparation was performed with PEG 2l anterior examination and PEG 1l 1 hour after ingestion of the endoscopic capsule, to optimize the visualization of the last portion of the small bowell.
The Pillcam SB2 and SB3 as well as the Pillcam COLON 2 were used, and the data obtained were processed using Soft Rapid 7 + 8 Medtronic, USA.
To reduce the risk of endoscopic capsule retention, all patients were investigated by entero CT, prior to endoscopic videocapsule investigation.
RESULTS: We included 62 known patients with Crohn's disease who were evaluated using the endoscopic capsule. They were between 23 and 68 years old, 67% being men.
Of these, 64% needed to optimize the treatment through a step up approach, the lesions detected with the help of the video capsule endoscopy being significant, either by intensifying the treatment, administration of corticosteroids or initiating biological therapy and in 14.5% of cases required the step down approach and in two cases even stopping therapy.
In two patients, despite being evaluated with entero CT prior to endoscopic videocapsule investigation, stenosis of the jejunum was detected and capsule retention occurred, requiring subsequent surgical treatment in one patient; in the second one capsule was eliminated after 3 months of intensified regimen of budesonide added to the anti TNF therapy.
CONCLUSION: The endoscopic videocapsule is a useful, feasible, well-tolerated and safe method for selected populations diagnosed with Crohn's disease to visualize the mucosa of the digestive tract, being a valuable tool for assessing disease activity, disease extension, prognosis and especially treatment monitoring and optimization, in a treat to target manner.

EP206. ROLE OF CE IN OBSCURE GE BLEEDING-A SINGLE CENTER EXPERIENCE

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Capsule endoscopy (CE) has changed the evaluation of obscure gastrointestinal bleeding (OGIB). Surprisingly published studies are still limited to small series with heterogeneous indications.
The aim of this study was to determine the findings and the diagnostic yield of CE in a series of patients with overt and occult OGIB in a single center.
METHODS: Data on 160 patients who underwent CE for overt (N = 56) or occult (N = 104) OGIB were obtained by retrospective chart review and review of an internal database of CE patients and findings. Capsule experience started in December 2010; we used the Given Imaging platform(now Medtronic after a short Covidien experience). SB2, SB3 and PC2 were used. Rapid 7 and 8 were used for the analysis. Six patients had 2 examinations and 2 patients had 3 examinations.
RESULTS: Visualization of the entire small bowel was achieved in 84%. The majority of exams (66%) were rated as having a good or excellent prep.
Clinically significant positive findings occurred in 56%.
The yield of CE in the obscure-overt group was greater than in the obscure-occult group (62%vs 46%, P 0.03). Small bowel angioectasias were the most common finding, comprising over 60% of clinically significant lesions. The mean follow-up was 6 months. No economic calculations were made due to difficulties to obtain relevant figures-capsule is not reimbursed and all capsule were acquired through hospital funding and in the last five years grace to the AP endo program. We believe significant reductions in additional tests/procedures and units of blood transfused after CE. Complications occurred in 2 cases impactions in unknown small bowel stenosis necessitating surgery.
CONCLUSION: The yield of clinically important findings on CE in patients with OGIB was 56% and is greater in patients with obscure-overt than obscure-occult GI bleeding. Angioectasias account for the majority of significant lesions in both groups. Compared with pre-CE, patients had clinical improvement post-CE in medical interventions for OGIB. Complications of CE occur in less than 2% of cases.

EP207. DIAGNOSIS AND PREDICTION OF COLORECTAL POLYPS HISTOLOGY USING VERSATILE INTELLIGENT STAINING TECHNOLOGY (VIST)

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BACKGROUND: High-definition white light (HD-WL) colonoscopy is considered the gold standard in colon cancer screening, however recent technological advancements have improved the colonic mucosa visualization and increased polyp detection rates. Furthermore, these novel diagnostic and therapeutic techniques allow an enhanced evaluation of the structural changes and establishment of the histopathological type. We investigated the effectiveness of versatile intelligent staining technology (VIST), a new virtual chromoendoscopy systems provided by SonoScape (Shenzhen, China), in predicting the histological characteristics of colorectal polyps, based on the VALID (VIST Appearance of Colon Lesions and Histology Prediction) endoscopic classification.
MATERIALS AND METHODS: We performed a single-center, prospective study on 25 consecutive patients who underwent colonoscopy for symptoms, screening

and surveillance in our academic center between the 1st of January 2021 and the 31st of January 2021. Sonoscape HD 550 processor, 4LED VLS55 light-source and 550 colonoscope were used.
All 25 patients were evaluated with HD-WL during cecal intubation, while the withdrawal was performed using SFI, shifting to VIST for establishing the structure of the polyp. The lesions identified were characterized using the VALID endoscopic classification(A hyperplastic, B adenoma, C cancer). This classification was introduced last year and is simple and reproducible being based on the surface aspect(regular/irregular) and pit pattern morphology. Subsequently, histopathological polypectomy specimen analysis was performed.
RESULTS: The mean age was 54.4 years (standard deviation=12.73) and the majority of the subjects were females (n=17, 68%). Taking into account the duration of the procedure, median cecal intubation time was 9 minutes (interquartile range=5.6), while the median value of the withdrawal time was 11.6 minutes (interquartile range=6.9).
Eighteen hyperplastic lesions were resected and confirmed histologically.Among the 29 adenomas discovered, 51.72% (n=15) were VALID type I adenomas, 31.03% (n=9) type II and 17.24% (n=5) type III. Six type C lesions were confirmed(100% conformity) including one polypoid lesion of 1,8 cm diameter.
Upon examining the concordance between endoscopic predictions and histological findings, we obtained an 86.2% degree of conformity.
CONCLUSIONS: The findings of this study show that image-enhanced endoscopy, using SFI for polyp detection and VIST for structural characterization of the colorectal lesions, ensure an adequate histopathological prediction, in conformity with the VALID classification.

EP208. 18 MONTHS FOLLOW-UP AFTER ENDOSCOPIC DILATION OF BENIGN ILEAL STENOSIS IN PATIENTS WITH CROHN'S DISEASE

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INTRODUCTION: Ileal stenosis is a serious life threatening complication of Crohn's disease (CD). Endoscopic dilation is proposed as an alternative to surgery for stenosis treatment.
The aim of this work is to evaluate the efficiency of endoscopic dilation of ileal stenosis in CD during 18 months of monitoring.
PATIENTS AND METHODS: 48 patients with benign ileal stenosis due to CD, diagnosed between January 2009 and december 2018 were retrospectively evaluated. All were followed-up for at least18 months after the diagnosis of stenosis. Endoscopic dilation was performed. The patients were then kept under medical treatment or operated according to the evolution.
The Fibrous character of stenosis, the activity of Crohn's disease, the endoscopic aspect of the
stricture) were evaluated prospectively at 6, 12 and 18 months.
RESULTS: 48 patients (26 males and 22 females, mean age 38 ± 9 years) were included . The interval between CD onset and stenosis was 78± 29 months. The stenosis was localised at the ileocecal valve (8 patients),ileum (33 patients), jejunum (7 patients). Beside dilatation. Immunosuppressive medical treatment was administered in all patients (corticosteroids,
Azathioprine and / or Anti TNF). During 4 months of survey , 2 patients presented recurrent bleeding from the dilated stenosis and were, referred for surgical treatment. Surgery was also necessary for another 5 patients due the stenosis relapse after 2, 6; 11 and 12 months, respectively(Recurrence rate is almost 11% at one year). The prediction factors for choosing between surgical or endoscopic treatment were established by 2 major criterias: the histological aspect and the length of the stenoses (3 to 4 cm). The severity of the disease and its evolution were similar in patients with endoscopically treated stenosis vs those treated by
surgery
CONCLUSION: Endoscopic dilation is a safe treatment modality for CD stenosis , it could avoid or delay the surgical treatment when the stenosis is short and less fibrous. The recurrence rate of stenosis after endoscopic treatment was 11% at one year

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KEYWORDS: Crohn's Disease, Endoscopic dilation, Ileal stenosis

EP209. ONE YEAR IMPACT OF COVID-19 IN GI ENDOSCOPY FELLOWSHIP TRAINING IN ROMANIA: A NATIONAL SURVEY

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BACKGROUND AND AIM: Restriction measures applied during the COVID-19 pandemic caused a significant disturbance to hospitals and, consequently, to endoscopic departments. The impact of endoscopic training among trainees in Romania after one year has not been established yet. We conducted a web-based survey to quantify the impact of COVID-19 on endoscopy procedures performed by trainees and their emotional well-being.
MATERIAL AND METHODS: A web-based survey has been developed and disseminated to Romanian GI

trainees (adult and pediatric). The first outcome was the reduction of endoscopic procedures (upper GI, colonoscopy, therapeutic endoscopy) before and during the COVID-19 pandemic. The second outcome measured alternative methods used for endoscopic education and the trainee's rate of concern regarding their competency in endoscopic training.

RESULTS: The study included 53 trainees from 10 Academic Hospitals in Romania. 85.3% were adult gastroenterologists and 14.7% were pediatric gastroenterologists. All centers reported a reduction in their center's endoscopic activity with a rate of 85.3%; the leading cause was the institution's decision in 62.1% of cases. 88.4% reported a decrease in the number of endoscopic procedures performed by them with the highest rates for colonoscopy. Although the majority of trainees have access to a simulator for GI endoscopic training only 5.9% reported an increase of procedures. Concerns regarding their competency in endoscopy due to COVID-19 pandemic was reported in 88.2% with more than half (52.9%) being extremely concerned. The majority (82.4%) believe that the national societies should be more supportive for endoscopic training among trainees during COVID-19.

In conclusion, the COVID-19 pandemic caused a dramatic disruption in endoscopic education with high rates of concern among trainees. Targeted measures are needed to improve and support their education and well being.

KEYWORDS: COVID-19, training, endoscopy.

EP210. PREDICTIVE FACTORS FOR POST-ERCP COMPLICATIONS IN A TERTIARY CENTRE

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OBJECTIVES: The aim of this study was to identify the post-ERCP complications and the factors involved in this.

MATERIALS AND METHODS: We made a retrospective study on 195 patients that made ERCP for a period of 6 months, at the Department of Gastroenterology and Hepatology of Timisoara Emergency County Hospital. For each subject anthropometric data, ERCP indication, presence of angiocolitis and pancreatitis at submision, comorbidities, post-ERCP complication and evolution were assesed. Predictive factors were assesed using univariate and multivariate analysis.

RESULTS: From 195 patients, 112 patients (57.43%) were women and 83 patients (42.75%) were men, mean age 62.3±5.2 years, mean BMI 27.2±5.6 kg/m². 133 (68.2%) had choledocholithiasis, 28 patients (14.35%) had pancreas neoplasia, 14 patients (7.17%) had cholangiocarcinoma, 12 patients (6.15%) had common bile duct stenosis and 8 patients (4.10%) had Vaterian ampulloma. Regarding complications, 82.04% were without complications, while 20.52% had complications, p<0.0001: acute pancreatitis in 6.66%, bleeding in 6.66%, angiocholitis in 3.07%, device involved complications 1.02%, and respiratory arrest in 0.51%. Obesity (p<0.0001), cardiac comorbidities (p=0.04) and age more than 60 years (p<0.0001) were found being predictive factors for post ERCP complications in univariate analysis. In multivariate analysis, obesity and age more than 60 years were independent factors for post-ERCP complications (p<0.01 and p<0.0001 respectively).

CONCLUSION: 20.5% patients had post-ERCP complications. Obesity, cardiac comorbidities and age over 60 years were associated with the presence of post-ERCP complications.

EP211.RESISTANCE OF FIRST-LINE EMPIRIC ANTIMICROBIAL THERAPY IN PATIENTS WITH ACUTE CHOLANGITIS ACCORDING TO TOKYO GUIDELINES 2018

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BACKGROUND: In an era with increased resistance to antibiotics, empirical antimicrobial therapy selection depends on local microbial sensibility. This study aims to analyze local resistance to antibiotics of germs involved in acute cholangitis.

METHODS: We reviewed patients' medical records from our department admitted from June 2018 to December 2020. All patients that underwent ERCP with a positive bile culture were included. We analyzed resistance to antibiotics recommended by TG18 for acute biliary infections, for the germs involved in cholangitis from our cohort.

RESULTS: One hundred patients were included in our study with a mean age of 69.9 ± 13 years old. The male-to-female ratio was 1.17. The four most frequent germs that were involved were: E. Coli in 46/100 (46%), Klebsiella in 28/100 (28%), Enterococcus in 14/100 (14%), and Pseudomonas aeruginosa in 14/100 (14 %) of the cases. In cultures from the biliary aspirate grew single germ in 63 patients (63%), two germs in 31 patients (31%), and three germs in 6 patients (6%).

Antibiotics used for mild (grade I) cholangitis such as ampicillin/sulbactam had the highest (37.6%) resistance rate tested on 49 germs. The lowest rate among cephalosporines was found in Ceftriaxone (15.7%) and in quinolones resistance had the lowest rate with Levofloxacin (15.4%).

Piperacillin/tazobactam recommended in moderate (grade II) cholangitis had a 21.8% resistance rate tested on 110 germs. Cephalosporines lowest rate of resistance used for moderate (grade II) cholangitis was found in Cefepim - 4.6% tested on 108 germs.

For the carbapenems, used in severe (grade III) cholangitis, the lowest rate of resistance was found in Meropenem - 10,3% tested on 107 germs.

CONCLUSIONS: The use of ampicillin/sulbactam in mild forms of cholangitis should be limited. For moderate

cholangitis, Cefepim seems to be the best choice. In severe cholangitis, Cefepim or Meropenem are the best choices.

KEYWORDS: cholangitis, antibiotic resistance, bile culture

EP212. PROGNOSTIC FACTORS IN VARICEAL UPPER GASTROINTESTINAL BLEEDING

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INTRODUCTION: The vital prognosis of a patient with variceal upper gastrointestinal bleeding depends on the severity of the hemorrhage, functional liver stage (cirrhosis stage), degree of esophageal varices and their location (esophageal or gastric), age, comorbidities and the type of treatment. Clinically is characterized by hematemesis and / or melena or, in severe cases by hematochezia.
MATERIALS AND METHODS: We performed a retrospective study in which we included 128 patients with variceal upper gastrointestinal bleeding, admitted, investigated and treated in the Gastroenterology Clinic of the Craiova County Clinical Emergency Hospital in a period of 1 year (January 2018-December 2018).
RESULTS: Age is an essential factor in the prognostic evaluation of a patient with variceal upper gastrointestinal bleeding, the maximum incidence being between 60-70 years. There was also an increased incidence in males. Numerous parameters: age, male sex, the presence of comorbidities, the presence of blood in the stomach, high range of urea and creatinine, low hemoglobin level influences mortality. The only parameter that was correlated statistically significantly with transfusion requirement was the low hemoglobin level at admission. The Blatchford and Child-Pugh scores were validated as useful prognostic tools, having the highest predictive value on the risk of death and bleeding.
CONCLUSIONS: Factors associated with a poor prognosis are age over 60 years, systolic blood pressure below 80 mmHg at admission, bleeding during hospitalization, severe associated diseases (heart, kidney, lung, liver) and transfusion of erythrocyte mass over 6 units.

KEYWORDS: Variceal upper gastrointestinal bleeding, prognostic factors.

EP213. SFI – A NEW TOOL IN DIAGNOSING SUBTLE MUCOSAL CHANGES IN PATIENTS WITH ULCERATIVE COLITIS

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BACKGROUND: Given that we have a specific challenge in diagnosing lesions of chronically inflamed mucosa (IBD patients), there is a strong need for advanced endoscopic techniques for both the detection and characterization of colorectal lesions. The current study aimed to demonstrate the effectiveness of spectral focused imaging (SFI), a newly introduced optical and digital chromoendoscopic tool, for diagnosing subtle mucosal changes in patients with inactive ulcerative colitis.
MATERIALS AND METHODS: We performed a single-center, prospective randomized study on all patients with quiescent ulcerative colitis who presented to our academic center for colonoscopy between June 1, 2020 and January 1, 2021. All of the 22 patients underwent both SFI and high-definition white light endoscopy (HD-WLE). The disease activity was established following the Mayo endoscopic score for ulcerative colitis. Subsequent to the endoscopic characterization, segmental and targeted biopsies were taken. Histological activity was scored according to the Geboes score (GS).
RESULTS: The mean age was 42.6±20.1 and 63.63% were male. During SFI, 25 subtle mucosal lesions were detected in 14 patients, compared with only 15 mucosal lesions in 10 patients detected during HD-WLE colonoscopy. Histopathological examination of targeted biopsies revealed 4 patients with low grade dysplasia. In 3 out of 4 cases the dysplasia was detected by both techniques and in the other one the dysplasia was detected only by SFI. The concordance between the endoscopic prediction of activity and the histological findings was also assessed and the results showed a 52% degree of conformity for HD-WLE, compared to 88% for SFI.
CONCLUSIONS: The findings of this study indicate that SFI might increase the rate of detection and demarcation for subtle inflammatory changes in the mucosa, correlating with potential histologic activity. Furthermore, this diagnostic tool could provide a more accurate and earlier identification of areas of minimal inflammation than conventional techniques. Our results are promising and should be validated by a larger sample size.

EP214. THE FREQUENCY OF BENIGN GASTRIC POLYPS

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BACKGROUND AND AIM: Gastric polyps are the most frequently founded lesions in the stomach,especially epithelial polyps.Currently with upper endoscopy we are able to find easily all type of injuries in the superior digestive tract.The purpose of this study was to evaluate the frequency of two subsets of benign gastric polyps in clinical practice.
MATERIAL AND METHODS: We enrolled 151 patients in the study group and 158 polyps were described.It contains a retrospective study of all patients who were evaluated by upper endoscopy between January 2015-December 2017 and were diagnosed with benign(hyperplastic and adenomatous)polyps.The main parameters assessed were:age,gender,size,number, Helicobacter pylori (H. pylori) infection, grade of dysplasia and histology of all polyps.
RESULTS: From the study group of 151 patients the mean age was 63,53 years,50,4% female(76/151) and 49,5% male(75/151).We have considerable results in

hyperplastic polyps:87,4%(132/151) were hyperplastic and only 12,6%(19/151)were adenomatous.52,6%(10/19) from adenomatous polyps presented low grade dysplasia,21%(4/19)low+high grade dysplasia and 26,4%(5/19)high grade dysplasia.Although in 71% cases H.Pylori infection was associated with hyperplastic polyps.
CONCLUSION: In clinical practice the most common gastric polyps found are hyperplastic.Tests for H.Pylori should be performed and eradicate the infection when it's present.

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KEYWORDS: gastric polyps, H.Pylori, hyperplastic, adenomatous

EP215. THE USEFULNESS OF ERCP BILE ASPIRATED CULTURE IN PATIENTS WITH ACUTE CHOLANGITIS.

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BACKGROUND: Targeted antimicrobial therapy can favor good clinical outcomes and can avoid recurrence of infection and early stent occlusion in patients with acute cholangitis. This study compares the microbial yield of blood cultures and bile aspirate cultures in patients with ascending cholangitis.
METHODS: We reviewed the medical records of patients suspected of acute cholangitis in our Endoscopy Department between June 2018 and December 2020. All patients underwent ERCP and bile culture was aspirated during the procedure. We divided the patients according to their severity of cholangitis from the 2018 Tokyo Guidelines (TG18) and the microorganism found in the bile culture. Finally, we compared the bile culture findings with the blood culture.
RESULTS: 128 patients were included in this study, with a mean age of 69.5 ± 14.1 years old. The male-to-female ratio was 1.06. Bile culture was sterile in 28/128 (21.9%). E. Coli was involved in 54/100 (54%), Klebsiella in 31/100 (31%), and Enterococcus in 16/100(16 %) of the cases. Cultures from the biliary aspirate grew single organism in 63 patients (63%), two organisms in 31 patients (31%) and three organisms in 6 patients (6%). The sterile bile culture rate decreased with the increasing severity of acute cholangitis: TG18 grade I (mild) 7/30 (23.3%) vs. grade II (moderate) 15/67 (22.4%) vs grade III (severe) 6/31 (19.4%). Two organisms or more were found in 56% of severe (grade III) acute cholangitis compared to mild and moderate cases, 30.4% and 29.2%, respectively. 24 patients had positive blood and bile culture. 17/24 (70.8%) had involved the same organism and 7/24 (29.2%) had different microorganisms involved. More than half of the sterile blood cultures (60.3%) are positive in bile culture.
CONCLUSION: An ERCP-guided bile culture is a reliable tool for targeted antimicrobial therapy with a higher sensitivity when compared to blood culture.

KEYWORDS: cholangitis, bile culture, blood culture

EP216. TIMING OF ADMISSION AND ENDOSCOPIC DRAINAGE IN PATIENTS WITH ACUTE CHOLANGITIS: WEEKDAY VERSUS WEEKEND.

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AIMS: Acute cholangitis is a complication secondary to biliary obstruction and endoscopic retrograde cholangiopancreatography (ERCP) is the first-line procedure that can ensure biliary drainage. We aimed to determine the association between timing of hospital admission, ERCP (procedure day), length of hospital stay (LOHS), and mortality in patients diagnosed with acute cholangitis.
METHODS: We retrospectively investigated 128 patients with acute cholangitis between June 2018 and December 2020 at the Gastroenterology Department of the Timis Emergency County Hospital, Romania. All patients underwent ERCP. Patients were divided into two groups according to the timing of hospital admission, weekdays (WD) and weekend (WE) days group. We assessed their severity according to the 2018 Tokyo Guideline (TG18) criteria, and we analyzed the outcomes of mortality and length of hospital stay (LOHS).
RESULTS: A total of 128 patients were included in this study, with a mean age of 69.5 ± 14.1 years old. The male-to-female ratio was 1.06. The majority of them, 51.6% (66/128), had a benign obstruction. According to TG18, more than half of the patients (52.3%) had grade II (moderate) cholangitis and 31/128 (24.2%) patients had grade III (severe) cholangitis. The admission rate was significantly higher in the WD group compared to the WE group, 64.8% vs. 35.2%, ($p<0.001$). Early ERCP (< 48 hours) was performed in 63/83 (75.9%) of patients from the WD group compared to 19/45 (42.2%) from the WE group ($p<0.001$). Late ERCP (>72 hours) had a significantly higher rate in the WE group compared to the WD group, 25/45 (55.6%) vs. 17/83 (20.8%), $p=0.0001$. LOHS was higher for patients admitted during the weekend, but the mortality rate had no statistically significant differences among the two groups.
CONCLUSION: Timing of admission in patients for acute cholangitis is associated with LOHS, but not with inpatient mortality. Early ERCP predicts a shorter LOHS.

KEYWORDS: cholangitis, ERCP, mortality

EP217. POST-ERCP PANCREATITIS IS NOT INFLUENCED BY THE TIME TO ERCP IN NON-ERCP EMERGENCIES

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INTRODUCTION: The aim of this study was to assess if time to ERCP (TtE) is a risk factor for post-ERCP pancreatitis (PEP) or if TtE is influencing hospitalization days in patients with biliary obstruction.

MATERIALS AND METHODS: We analyzed patients that undergone ERCP during a period of 12 months in our Gastroenterology department. The TtE (meaning the time from admission to ERCP procedure) was quantified per each patient and analyzed if the TtE influenced the PEP development or the patient hospitalization time in patients without acute cholangitis. We excluded from our study patients with acute cholangitis and those with previous ERCP.

RESULTS: Out of 251 patients ERCP's, 67.3% had benign causes of biliary obstruction. Overall incidence of PEP was 6.8% (17/251). 43% (108/251) of the patients had TtE at 24-48 h, out of which 5.5% (6/108) developed PEP. TtE at 48- 72 h were 37.5% (94/251) patients, out of which 6.4% (6/94) developed PEP. TtE at >72h were 16.7% (42/251) out of which 12% (5/42) developed PEP. Odds ratio for performing ERCP after 24-48 h showed increased risk of developing PEP, OR=1.5, 95% CI (0.53-4.18) p=0.447. If we take a cut off value for common hospitalization days after ERCP of 3 days, there was a significant difference between groups according to TtE, 26% (28/108)- (ERCP <24h) had >3 days of hospitalization vs. 84% (114/136)-ERCP>24h, p<0.0001. Delaying time to ERCP leads to a prolonged time of hospitalization days with an OR=14.8, 95% CI (7.9-27), p<0.0001. The etiology of obstruction did not influenced the risk of PE, 58.8% of cases had a benign cause of obstruction and 41.2% had a malignant cause p=0.3120.

CONCLUSIONS: The odds ratio for TtE after 24h for developing PEP was of low significance but the hospitalization days were statistically significant if we delay TtE for more than 24h. The etiology of obstruction did not influence the PEP.

KEYWORDS: Time to Ercp, post-ERCP pancreatitis, Hospitalization

EP218. A 20 YEARS GLIMPSE INTO DIAGNOSTIC TO THERAPEUTIC EUS, WITH OR WITHOUT COMPLICATIONS

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Abstract text

AIMS: Endoscopic ultrasound (EUS) gained a wide acceptance as the diagnostic and minimally invasive therapeutic approach of intra-luminal, extraluminal gastrointestinal and various non- gastrointestinal lesions. Since its introduction, EUS has undergone substantial and constant technological advances. Hence, the aim of this study was to extensively assess in dynamic the EUS experience of our tertiary referral centre.

METHODS: This study is a retrospective analysis of a prospectively maintained database of patients who underwent EUS for the evaluation of benign and malignant diseases of the upper/middle/lower GI tract and of the organs in its proximity. All EUS procedures data recorded patients' demographics, referral details and indications, provisional diagnosis, management plan, technical success, complications. EUS-FNA/ FNB dataset included site, number of passes, cytological and histological diagnosis.

RESULTS:

A total of 2086 patients undergoing EUS between 2001-2020 were included. Procedures were carried out under deep propofol sedation (64%) or conscious sedation (36%). Therapeutic procedures performed included EUS-guided fine needle aspiration/ biopsy (37%) and endoscopic transmural drainage of pancreatic fluid collections (9%), celiac plexus block and neurolysis(<1%). Contrast enhanced-EUS (36%) and real time elastography (10%) were conducted. Indications for EUS were: pancreatobiliary (1367), esophageal & gastric/duodenal (338), mediastinum & lungs (124), liver (95), colorectal (122), retroperitoneal (40) lesions. Technical difficulties encountered were correlated to unpassable luminal strictures. Most complications occurred during the first 7 days after EUS-FNA/FNB or pseudocyst drainage, thus 1.5% of the patients presented: acute pancreatitis, infections, bile peritonitis and hemorrhage. 77% of these patients recovered with conservatory therapy whilst 33% required surgical intervention.

Conclusions:

This is the first report of a large single centre EUS experience over the past 20 years. EUS and the additional tools have high technical success rates and low rates of complications. The EUS methods are safe, cost effective and indispensable for the diagnostic or therapeutic management in gastroenterological everyday practice.

INDEX

INDEX

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