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Abstract Book

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Introduction. Metabolic syndrome (MS) patients are at increased risk for severe liver fibrosis and non-alcoholic fatty liver disease. However, there aren't any recommendations until this moment for screening MS patients. This study aimed to evaluate the diagnostic precision of non-invasive tests in identifying advanced liver fibrosis (F3) and cirrhosis (F4) in MS patients using vibration-controlled transient elastography (VCTE) as a standard quantification method.
Materials and Methods. Between September 2022 to March 2023, we prospectively enrolled MS patients at the Gastroenterology and Hepatology Institute Iasi who had undergone evaluation using non-invasive tests like the aspartate aminotransferase to platelet ratio index (APRI) score, fibrosis-4 (FIB-4) index, and NAFLD fibrosis score (NFS). When compared to liver stiffness measures (LSM), we assessed the specificity, sensitivity, negative predictive value (NPV), and positive predictive value (PPV) for each of these indicators in the identification of at least advanced liver fibrosis (≥F3).
Results. Of the 116 MS patients included in this study, who had a mean BMI of 27.82±4.62 kg/m2 and at least three metabolic conditions, 69 individuals (59.5%) were females. Using a cut-off of 9.7 kPa, 35 (30.2%) patients had at least advanced fibrosis (≥F3) according to LSM measurements. VCTE examinations present a higher correlation with the FIB-4 index (r=0.566), NFS (r=0.585), and APRI score (r=0.624) (p< 0.001). The NPV for the FIB-4 index was the highest (90.38%), followed by the NPV for the NFS score (87.84%). The main result of our research showed that all the biomarkers had reasonably high NPV (>85%) and accuracy (>83%) for predicting advanced liver fibrosis, with moderate specificity (80%) and PPV (75%).
Conclusion. To prevent progressive fibrosis in MS patients, the FIB-4 index and NFS score seem to be the most suitable surrogate VCTE biomarkers. It may be
necessary to take action and further evaluation of liver fibrosis in a tertiary care center for populations at risk after these non-invasive and affordable screening tests are used in primary care settings.
Keywords. metabolic syndrome, liver fibrosis, non-invasive tests, vibration-controlled transient elastography.

OP2. HEPATOCELLULAR CARCINOMA TREATED BY TRANSARTERIAL CHEMOEMBOLIZATION BEFORE LIVER TRANSPLANTATION, A FIVE-YEAR SINGLE CENTER EXPERIENCE

Razvan Cerban[1], Carmen Ester[1], Speranta Iacob[1], Mihaela Ghioca1[1], Mugur Grasu[2], Liliana Pâslaru[3], Radu Dumitru[2], Ioana Lupescu[2], Adina Croitoru[4], Liana Gheorghe[1]

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Background and Aim. The number of patients with hepatocellular carcinoma (HCC) listed for liver transplant (LTx) has increased significantly and many of them are now receiving transarterial chemoembolization (TACE) to prevent disease progression. The aim of the study is to analyze the course of disease in patients with HCC who received TACE before LTx.
Methods. Patients and tumor characteristics were compared between recipients who received TACE and those who did not. Kaplan–Meier method was used to compare patient survival.
Results. Thirty-one patients treated with sequential TACE of a total of 63 patients with proven HCC that underwent LTx between 2013 and 2018 were included in the study. Altogether, 51 TACE procedures were accomplished (range 1–6). Twenty two patients (70.9%) received TACE with Lipiodol while the rest were treated with Debdox. Forty patients were within the Milano criteria and twelve patients (19.04%) had a complete response after TACE. Follow up duration was 72.3 months (62-114) and thirteen patients (20.6%) developed HCC recurrence after LTx. The recurrence free survival was 85.7 %, 69.6% and 58.9% at 1, 3 and 5 years, respectively. There was no significant difference in survival in patients that received TACE compared to

those that did not (p=0.455). In the univariate analysis an AFP value greater than 100ng/mL, absence of tumor tissue at the time of LTx and a tumor within Milan criteria were found to be predictive factors for survival but only Milan criteria was significantly associated with survival in multivariate analysis (p=0.007; CI 95%: 0.1262 to 0.7266).
Conclusion. TACE is an effective method for the therapy of the HCC before LTx in selected patients Milano criteria is the best predictive factor for survival in HCC patients undergoing liver transplant.
Key words. hepatocellular carcinoma – transarterial chemoembolization – alpha-fetoprotein

OP3. MULTIDISCIPIINARY MODELS OF CARE FOR FATTY LIVER DISEASE

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Introduction. Fatty liver disease (FLD) is now the leading cause of chronic liver disease globally. Despite the increased demand placed on health-care systems, little attention has been given to the design and implementation of efficient models of care for patients with FLD.
Aim of the study. Identifying the model of care for fatty liver disease in primary care settings.
Material and methods: We include in the study 680 patient with fatty liver disease and 96 as a group of control. Potential predictors were entered into a stepwise logistic regression analysis to obtain the model of prediction of FLD.
Result. The model, named index for fatty liver disease (IFLD) was developed based on body mass index, fasting plasma glucose, triglycerides, and the serum alanine aminotransferase to serum aspartate transaminase ratio. This model help to stratify patient in dependents of risk for fatty liver disease. We proposed to make the screening for person with risk for FLD: overweight/obese patients and patients with Diabetes Mellitus type 2. At a value of <48.0, the IFLD could rule out fatty liver disease with a sensitivity of 91.2% (IC 95%: 90.1% - 92.2%), and at a value of >58.0, the IFLD index could detect fatty liver with a specificity of 91.7% (IC 95%: 90.7%-92.7%). Using the artificial intelligence, we developed software, which involve IFLD for stratification patient in dependence of risk for FLD. This tool became a part of multidisciplinary models of care for patients with fatty liver disease.
Conclusion. we suggest that health systems should begin to implement multidisciplinary model of care for patient with fatty liver disease. These models should be tailored to the individual health care systems to maximize efficiency. This will ensure the simultaneous optimal management of the liver disease component and the metabolic comorbidities.
Key words. fatty liver disease, multidisciplinary models of care, artificial intelligence

OP4. NOVEL NON-INVASIVE SCORES THAT PREDICT FIBROSIS HAVE GREAT PERFORMANCE IN IDENTIFYING NASH PATIENTS AT RISK FOR DECOMPENSATION

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Introduction. The increasing prevalence of non-alcoholic fatty liver disease (NAFLD) worldwide has become a significant burden. NAFLD can progress to non-alcoholic steatohepatitis (NASH), NASH-related cirrhosis, and hepatocellular carcinoma. Scientific efforts are focused on developing non-invasive tests (NITs) to predict clinically significant portal hypertension (CSPH) and avoid invasive, costly investigations. Vibration-controlled transient elastography (VCTE) has become part of many algorithms, including the recent Baveno VII criteria. A new model (ANTICIPATE-NASH) has been proposed to identify CSPH in obese patients. Recently, other NITs, such as Agile 3+ and Agile 4, have been validated for predicting advanced fibrosis and cirrhosis, respectively, in NAFLD/NASH patients, but their performance in assessing CSPH has not been tested yet.
Objective. This study aimed to evaluate the performances of Agile 3+ and Agile 4 in identifying CSPH in patients with NAFLD/NASH.
Materials and methods. The study included seventy-six consecutive patients with biopsy-proven NAFLD/NASH. Liver stiffness was measured by VCTE and fibrosis was assessed histologically using the Metavir scoring system. The performance of NITs was assessed using AUROC analysis and the DeLong protocol for comparison. Differences in classification between NITs were tested using McNemar's test.

Data analysis was performed in MedCalc v20, considering p-value < 0.05 as statistically significant.
Results. The liver histology fibrosis scoring identified 1 (1.3%), 10 (13.2%), 18 (23.7%), 15 (19.7%), and 32 (42.1%) patients as F0, F1, F2, F3, and F4, respectively. The performance of VCTE in identifying CSPH was excellent, with an AUC of 0.95 (95% CI: 0.86 - 0.99, p < 0.001). The ANTICIPATE-NASH score had slightly lower but still excellent performance, with an AUC of 0.935 (95% CI: 0.84 - 0.98, p<0.001). Agile 3+ had the best performance in identifying CSPH, with an AUC of 0.96 (95% CI: 0.89-9.99, p < 0.001), and was significantly better than FIB-4 (p = 0.04) and FIB-4+ (p = 0.02). The Baveno VII criteria for CSPH had excellent rule-out (Se = 96%, NPV = 96.3%) and rule-in (Sp = 100%, PPV = 100%) performance, with 21 (33.9%) patients left unclassified. Agile 3+ was superior to the Baveno VII criteria in identifying patients with CSPH, with 15 (24.2%) patients still in the "grey zone," and no significant difference in classification (3.17%, CI: -5.59-11.94, p = 0.22).
Conclusions. Newly developed NITs, such as Agile 3+ and Agile 4, show good performance in identifying patients with CSPH at risk for decompensation in NAFLD/NASH.
Keywords. non-invasive tests, portal hypertension, NASH

OP5. PREVALENCE AND RISK FACTORS FOR HEPATITIS B VIRUS INFECTION IN PEDIATRIC POPULATION – DATA FROM A TERTIARY CENTRE IN NORTH-EASTERN ROMANIA

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Background & Aim. Despite significant progress regarding the management of chronic HBV infection in the last decade, this global health problem still remains one of the leading causes of morbidity and mortality in both children and adults also. Among pediatric population the main route of infection is the vertical transmission which underpins the need for HVB vaccination in new-borns from infected mothers. Although there are many studies that have investigated the risk factors for HBV infection in infants, data from our country is very scarce and an urgent update on epidemiology is needed. Thus, we aimed to assess the prevalence and risk factors of HBV infection among pediatric population in a tertiary centre from North-Eastern Romania.

Material and Methods. The study included consecutive patients which were diagnosed with HBV infection in the "Sf. Maria" Clinical Emergency Children's Hospital, Iași, Romania and were investigated between January 1st 2011 – December 31st 2019. A cohort of 100 randomly selected healthy controls were matched 1:1 based on same age and sex.
Results. We retrospectively analysed 97 pediatric patients, of which 49 (50.5%) were boys and 48 (49.5%) were girls, with a mean age at diagnosis of HBV of 6.2 ± 2.9 years. 42 patients (55%) were born from HBsAg positive mothers; 25% received hepatitis B immunoglobulin at birth, and 38 received complete vaccination afterwards. Of the 55 children born of HBV-negative mothers, only 21 (38%) received three doses of HBV vaccine as infants. Overall, spontaneous HBe seroconversion was documented in 12 (12.3%) patients and posttreatment seroconversion in 7 (7%) patients. Among the control subjects, the rate of complete vaccination against HBV infection was 89%. At univariate analysis, a family history of HBV infection, surgical procedures, lack of complete vaccination were significant risk factors for HBV infection (p<0.001 each). The multivariable logistic regression analysis that having an HBV-infected mother and a history of blood transfusion are significant risk factors associated with HBV infection.
Conclusions. Prevention of vertical transmission of HBV infection is possible, but it is necessary to have a specific management of each individual case. The risk factors associated with HBV infection need to be acknowledged and managed by clinicians on a case-by-case manner in order to lower the morbidity and mortality associated with HBV infection. Awareness regarding the need of HBV vaccination is urgent and should be raised at the national level.
Key Words: chronic HBV infection, pediatric population, risk factors, HBV vaccination

OP6. THE FEASIBILITY AND SAFETY OF THE ENDOSCOPIC ULTRASOUND-GUIDED PORTOSYSTEMIC PRESSURE GRADIENT USING A 22 G FINE NEEDLE ASPIRATION. A PILOT STUDY IN A TERTIARY CENTRE

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Background. In patients with cirrhosis, the gold standard for assessment of portal hypertension is the measurement of the hepatic venous pressure

gradient (HVPG), a minimally invasive radiological technique that determines indirectly the porto systemic pressure gradient (PPG). However, the technique is available only in referral centres and requires special expertise. Recently, EUS-guided techniques for the measurement of the PPG (EUS-PPGm) by directly puncturing the portal vein and the hepatic vein, have shown promising results in terms of feasibility and safety. Nevertheless, the equipment for this procedure uses special devises that require a high purchase cost, and the pressure results are difficult to interpret. The aim of our study was to evaluate the feasibility and safety of EUS-PPGm using a 22 G FNA in a cohort of patients with cirrhosis undergoing TIPS placement for the indication of recurrent variceal bleeding or refractory ascites.

Methodology. The patients were included prospectively. Patients with complete portal vein thrombosis were excluded. The EUS-PPGm was performed under general anesthesia, prior to TIPS procedure, by experienced endosonographers, using a linear echoendoscope and a 22-G FNA transgastrically, close to the cardia. After checking the intravascular position of FNA by injecting saline, the pressures were recorded using the same hemodynamic unit as the HVPG, XperFlex Cardio (Philips). The systemic pressure was measured at the level of the median SHV and the portal pressure was measured at the level of the portal trunk. Feasibility was defined as successful PPGm in each patient. Safety was based on adverse events captured during the perioperative period and in a the postprocedural interview.

Results. The study included 7 patients (5 male and 2 female), mean age 57 years, mean platelets count 104/mm3, range [52-172]. The indication for TIPS was refractory ascites in 5 patients and variceal bleeding in the other 2 patients. In two patients, the direct puncture of the SHV was not feasible due to poor visualization of portal vein in an obese patient and narrow SHV in a patient with advanced cirrhosis. The mean PPG-EUS was 12.2 mmHg SD 2.68 and mean PPG-TIPS was 15 mmHg, SD 3.317. There were no intraprocedural or post procedural complications recorded.

Conclusion. EUS-PPGm using a 22-G FNA is feasible and appears safe. Given the availability of EUS, EUS-PPGm may represent a promising breakthrough for procuring indispensable information in the management of patients with liver disease.

Keyword. EUS-guided procedures, PPG, HVPG

OP7. ULTRASOUND-GUIDED PERCUTANEOUS BIOPSY OF FOCAL LIVER LESIONS IN CIRRHOTIC PATIENTS – A SINGLE-CENTRE EXPERIENCE AND CLINICAL PRACTICE GUIDELINES

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Introduction. Despite the continuing increase in the volume of percutaneous imaging-guided procedures, the management of patients with chronic liver disease is still a challenge for the interventional radiologist, due to abnormal coagulation parameters and the high risk for postprocedural bleeding.

Objective of the study. To identify the technical challenges of percutaneous biopsy for focal liver lesions in patients with chronic liver disease.

Materials and methods. We searched our prospective-collected database with ultrasound-guided percutaneous biopsy of focal liver lesions during the last five years (May 2018- April 2023) to identify patients with chronic liver disease. Complete blood count, fibrinogen level, prothrombin time and INR were noted for all patients. Indication for biopsy, location and size of liver nodules, size of the biopsy needle, number of liver passages, and histopathological report were recorded.

Results. Forty-eight patients with chronic liver disease were submitted to our Compartment of Interventional Radiology for biopsy of a focal liver lesion, 8 being under anticoagulants for cardiac or vascular disorders. All patients had impaired coagulation tests; in 10 patients the procedure was postponed and infusion of blood products such as fresh-frozen plasma or platelets was necessary to correct it. Anticoagulant management was conducted according to guidelines of the European Society of Cardiovascular and Interventional Radiology. In all cases, an 18-G biopsy needle was used with 1 or 2 passages through the liver. All patients were hospitalized for 24 hours after the procedure, for surveillance. All but one biopsy were conclusive, with an histopathological and immunohistopathological report of malignancy. One patient presented a delayed postprocedural hemorrhage at the site of the intervention, requiring surgical management.

Conclusions. Ultrasound-guided percutaneous biopsy of focal liver lesions is feasible in cirrhotic patients, with proper management of the coagulation and technical adjustment.

Keywords. biopsy, percutaneous, liver, ultrasound, guidelines

OP8. CHALLENGES IN HEPATOCELLULAR CARCINOMA DURING COVID-19 PANDEMIC

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Introduction. Hepatocellular carcinoma (HCC) is one of the most aggressive neoplasms and a leading cause of cancer-related deaths worldwide with an incidence that continues to increase. Data regarding epidemiology is heterogeneous worldwide. Even if viral hepatitis is known as an important risk factor for HCC development, non-alcoholic fatty liver disease (NAFLD) became a leading cause of HCC in developed countries. Despite the considerable improvements in diagnosis and therapy, the overall outcomes of HCC are still far from satisfactory.
Objective. Data regarding epidemiology of HCC in Romanian population is scarce. This study aims to investigate HCC etiology, risk factors, the clinical impact of tumor location, and management of these patients.
Materials and methods. In this retrospective study, we used medical coding data to identify patients with a diagnosis of HCC from Central Military Emergency Hospital Dr. Carol Davila who were hospitalized between March 2020 and February 2023. Statistical analyses were carried out using SPSS 29.0.1.0. Continuous variables were compared using an analysis of variance (ANOVA) while the categorical variables were compared using the Chi-square test.
Results. A total of 74 patients with a mean age of 65.29 (SD +/- 8.04) were diagnosed with HCC out of which 67.6% were males. Hepatitis C was the main cause of HCC (28.4%), followed by hepatitis B (25.7%) and alcoholic liver disease associated with hepatitis B (10.8%). Half of the patients found with HCC were known with cirrhosis. Furthermore, at the moment of the diagnosis, 25.7% of the patients were already stage IV, lung metastasis being the most frequent site of dissemination. The most frequent location of the tumor was the right liver lobe (64%). There was no association between the etiology of HCC and the location of the tumor. Hepatocellular carcinoma diagnoses was made at more than 4 months after the initial discovery of the liver lesion. The sensitivity of AFP levels in detecting HCC with a cut-off value of 20 ng/ml was only 56.9%.
Conclusions. Our analysis revealed that in Romania viral hepatitis is still a major health problem in comparison with the actual trend. HCC is still diagnosed in advanced stages, despite the screening programs for patients at risk. Difficulty regarding optimal management could have been determined by Covid-19 Pandemic. Data highlights that we should develop better prevention strategies and that we need to implement better monitoring programs for the early diagnosis of HCC.

OP9. COMORBIDITY ASSESSMENT IN THE VULNERABLE POPULATION DIAGNOSED WITH CHRONIC B/D AND C VIRAL INFECTION FROM THE NORTHEAST REGION OF ROMANIA – STAGE SCREENING RESULTS LIVE(RO) 2 – EAST

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Introduction. Chronic viral hepatitis B/D and C can be complicated by comorbid conditions that may influence treatment eligibility and outcomes. The aim of this study was to evaluate the presence of the most common comorbidities in patients diagnosed with chronic viral B/D and C infection using rapid diagnostic tests (TDR).
Materials and methods. Between July 2021 and December 2022, we performed prospective screening for chronic viral B/D and C infection in people in vulnerable groups (poor, uninsured, rural people, people in foster care, people without shelter, Roma people, people with disabilities, people suffering from alcohol and drug addiction) from different areas of North-Eastern Romania, during the national program for the elimination of viral hepatitis LIVE(RO) 2-EST using TDRs for hepatitis B virus (Wama Immuno-Rapid HBV®) and hepatitis C virus (Wama Immuno-Rapid HCV®). We also investigated the presence of comorbid conditions in patients tested positive and presented at the Institute of Gastroenterology and Hepatology in Iasi for the staging of liver disease and the establishment of antiviral treatment.
Results. Our study included 1176 patients who came to a tertiary center for the staging of liver disease, of which 422 men (35.8%) and 754 women (64.1%), aged 35 to 83 years, with an average age of 56.32 years. The predominant source of origin was rural (73.1%). Of the patients with positive TDR, 635 (53.9%) of patients were detected with HBsAg, 521 (44.3%) of patients with anti-HCV antibodies, and 20 (1.7%) of patients with anti-HVD antibodies. Of these, 646 patients (54.9%) had at least one comorbid condition. The most common comorbidities were cardiovascular disease (21.5%), psychiatric disorders (11.5%), type 2 diabetes (8.9%), metabolic disorders (6%), thyroid disorders (5%) and cancer (2%). In addition, the presence of comorbidities was higher among patients with HCV infection than in those with HBV infection (64.9% vs. 48.5%, p = 0.014), while psychiatric disorders were most common in patients with HBV/HVD coinfection (42.3%), most likely due to the Interferon regimen that has been administered in the past to 19 individuals.
Conclusions. Patients with chronic viral hepatitis B/D and C had a high prevalence of multiple comorbidities. Effective strategies are needed to manage these comorbid conditions as well as

interdisciplinary collaboration to allow greater access to antiviral treatment and to reduce the future burden of advanced liver disease and its manifestations.
Keywords. chronic viral hepatitis, comorbidities, vulnerable population

OP10. PREDICTORS OF MORTALITY IN ALCOHOLIC HEPATITIS

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Introduction. Alcoholic hepatitis (AH) represents the acute phase of alcoholic liver disease(ALD), consequence of chronic heavy drinking, with important mortality and individual variety regarding short-term disease prognosis and therapeutic response. The diagnosis is based on specific clinical and laboratory parameters, which offer a poor severity stratification. Thus, novel parameters are continously sought for a better mortality stratification, therapeutic response assessment and even new therapeutic target. Aim: The aim of this study is to highlight new parameters that accurately predict 30-day mortality in patients with AH. **Objectives.** the development of a novel 30-day mortality score that uses readily available clinical and biological parameters. Materials and methods: This was a prospective study on patients diagnosed with AH between 2022-2023. We identified 103 patients with AH who met the NIAAA criteria for diagnosis. Patients admitted with GI haemorrhage, multi-organ failure, other cause of chronic liver disease or liver cancer were excluded from the study. After exclusion criteria, 70 patients were included in the study. Each patient was examined and blood samples were obtained on admission and on day 7. Mortality at 30-days was considered the end-point. Data was analyzed using SPSS- Independent samples T-test, Chi square test, post-hoc test and multivariate logistic regression. **Results.** The independent statistically significant variables that were associated with mortality were: fever ($p<0.001$), BMI ($p<0.03$), PT($p<0.001$), total bilirubin day-7($p<0.001$), CRP ($p<0.001$), LDH($p<0.01$) and 24h creatinine height excretion index (CHI)($p<0.02$). Multivariate backward logistic regression was used to determine a novel prognostic score, with criterion for retaining variable being $p<0.05$. Fever ($p=0.02$), Bilirubin day 7 ($p=0.03$), PT($p=0.027$), CRP($p=0.002$), CHI ($p=0.003$) were associated with mortality and were incorporated in a novel score analyzed using Hosmer and Lemeshow goodness-of-fit test. An increase in PT by 1s increased the risk of death by 13% and an increase of CRP by 1mg/l increased the risk of death by 10%. Infections increased the risk of mortality ($p<0.02$) with urinary tract infections being the most frequent (31.3%, adjusted residual 2.5), followed by pneumonia (12.5%). Amongst available prognostic scores, Maddrey discriminant function ($p=0.03$) and Lille score ($p=0.02$) accurately estimated mortality while ABIC and GAHS did not for our study sample. Conclusions: Fever, CRP and 24h creatinine excretion index are not included in available prognostic models and could prove to be a useful tool in assessing mortality in alcoholic hepatitis after validation in larger studies. Keywords: Alcoholic Hepatitis, Alcoholic Liver Disease, Creatinine Excretion Index, Alcohol, SAH

OP11. PROSPECTIVE EVALUATION OF THE PREVALENCE AND RISK FACTORS OF NONALCOHOLIC FATTY LIVER DISEASE IN ASYMPTOMATIC PATIENTS UNDERGOING SCREENING FOR COLORECTAL CANCER

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Background & aims. In our country prospective studies to establish the prevalence of obesity and non-alcoholic fatty liver disease (NAFLD) are lacking. We prospectively assessed the prevalence and severity of NAFLD in a cohort of asymptomatic patients attending the national screening programme for colorectal cancer.
Methods. Screening for NAFLD was performed using abdominal ultrasound and Fibroscan with CAP module. Also antropometric parameters, comorbidities like diabetes and arterial hypertension, and risk behaviours like smoking and alcohol consumption were evaluated
Results. We screened 70 patients with FIT positive tests, attending for colonoscopy. The mean age was 60 ± 7.0 years, 48.5% were male, the mean BMI was 28.46 ± 4.54 kg/m2, and 37,1% were obese. The prevalence of NAFLD as evaluated as any degree of steatosis on Fibroscan with CAP module was 79.7% and the prevalence of severe steatosis was 26.6%. Significant fibrosis (F ≥2) was present in 13.8%. In a multivariable logistic analysis, the only factor associated with the presence of NAFLD was waist cirumference at high risk (>102 cm in men and >88 cm in women)
Conclusion. The obesity and NAFLD incidence rate in asymptomatic general population is high and worrying. Abdominal obesity seems to be more predictable than BMI for the diagnosis of fatty liver.
Keywords. Non alcoholic fatty liver disease, colorectal cancer screening

OP12. PRELIMINARY DATA FROM THE VIRAL HEPATITIS MICRO-ELIMINATION PROJECT THROUGH HCV/ HBC SCREENING IN PRISONERS IN ROMANIA

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Background and Aims. Elimination of viral hepatitis represents a WHO objective that Romania undertook to fulfill it through the National Framework Plan for the control of viral hepatitis. Micro-elimination programs are recommended by WHO in order to reach the targets. Prisoners represent a population at risk for viral infection, considering multiple vulnerabilities: PWID, high-risk sexual behaviours and violence and the absence of screening upon incarceration.There are no standard protocols for HCV/ HBV testing in Romanian prisons. A pilot study of HCV/ HBV screening and linkage to care in prison setting was conducted using mobile medical teams in different prison facilities in three regions of Romania.
Method. Multidisciplinary mobile teams were set up, coordinated by three University Hepatology Centers. A point-of-care anti-HCV and HBs-Ag tests and medical history were performed to prisoners and to staff. Only those positive for HBV/HCV rapid tests had blood collected for viremia and non-invasive tests and were selected for the hospital visit, for liver disease staging and treatment initiation.
Results. For two years, multidisciplinary teams visited 18 detention centers in three regions of Romania - S-M, S-E, and N-E. Local awareness campaigns preceded every test visit.
A number of 9950 persons deprived of liberty (PDL) and a number of 427 penitentiary staff were tested. The global prevalence of hepatitis B infection was 2.48 % and of hepatitis C infection was 9.9% with important diferences between centres and regions – 11,49% HCV infection vs 2,08% in the detention centres from the south part of the country and the N-E region, respectively.
The greater part of tested were men (94%), with secondary education (51.7%) from urban areas (54.2%). 85.3% did not know they had hepatitis and had not been treated previously. Were highlighted 18.4% former PWID. 3.7% of PDL declared blood transfusions in the past, and a percentage of 28,2% declared previous surgical interventions. We specify these are interim data, the project being ongoing.
Patients' medical records were processed and the eligible subjects started antiviral treatment after the hospital visit for complet diagnosis and staging.
Conclusion. The prevalence of HCV and HBV in prisoners is significantly higher than in the general population. This ongoing project is a proof of concept that detection of incarcerated HCV/HBV positive patients and their linkage to care, in the prison environment in Romania, is feasible, prisons providing a rare opportunity for viral hepatitis micro-elimination.
Key words. viral hepatitis microelimination, prisons

OP13. ASSESSMENT OF THE IMPACT OF ALCOHOL CONSUMPTION ON LIVER FIBROSIS IN ASYMPTOMATIC PATIENTS USING TRANSIENT ELASTOGRAPHY

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Introduction. In recent decades, alcohol consumption, as part of an unhealthy lifestyle, which has been on the rise in many parts of the world, is a key factor that explains the constant upward trend of mortality associated with this etiology. This study aimed to investigate the prevalence of liver fibrosis in the asymptomatic alcohol-consuming population.
Objectives. The purpose of the study was to evaluate the relationship between advanced liver fibrosis measured by transient elastography, laboratory parameters, and the amount of alcohol consumed depending on non-modifiable risk factors such as age and gender.
Material and method. Between January 2022 and December 2022, we examined patients with day hospitalization in the Institute of Gastroenterology and Hepatology in Iasi, without liver history, who admitted a moderate or high consumption (women <7 versus >7 drinks/week; men <14 versus >14 drinks/week) for at least one year. The classification of the fibrosis stage by transient elastography was adjusted according to transaminase values. The results were analyzed by univariate analysis and logistic regression to establish models of prediction.
Results: The study included 689 patients with an average age of 49.32±14.31 years, a proportion of 63.7% represented by men. Advanced fibrosis (· F3) was detected in 19.30% of the examined patients, predominantly in men (14.1%) and patients

over 55 years old (12.5%). Excessive alcohol consumption is associated 2 times more with advanced fibrosis in women (OR=5.08; CI 95%: 3.45-9.50) and the group under 40 years old (OR=6.29; CI 95%: 1.67-9.43) compared to men (OR=2.27; CI 95%: 1.76-3.81) respectively patients over 55 years old (OR=3.21; CI 95% : 2.28-4.45) ($p<0.05$). Using logistic regression, it was demonstrated that there was a strong correlation between advanced fibrosis, excessive alcohol consumption, low serum albumin level and the reduction of triglycerides in men (R2 Nagelkerke = 0.854; $p<0.001$) supplemented with the reduction of cholesterol in the age group 40-55 years (R2 Nagelkerke = 0.785; $p<0.001$), respectively of ferritin in those over 55 years old (R2 Nagelkerke = 0.804; $p<0.001$). The association of excessive alcohol consumption, age, low levels of albumin, LDL-cholesterol and C-reactive protein generated a significant predictive model (R2 Nagelkerke = 0.784; $p<0.001$) for female patients.

Conclusion. Screening using transient elastography represents an approach that could provide early diagnosis of advanced liver fibrosis in an asymptomatic population, with the possibility to prevent the evolution of ALD and the development of complications of cirrhosis.

Keywords. alcohol consumption, advanced fibrosis, screening

OP 14. WHAT TO CHOOSE WHEN DIAGNOSING EXTRAHEPATIC BILE DUCT TUMORS: EUS-FNA OR CONTRAST ENHANCED EUS-FNA

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Aims. Contrast enhanced endoscopic ultrasound (CH-EUS) is superior to standard endoscopic ultrasound (EUS) for T staging of biliary duct tumors (BDT) but its role in guiding EUS-fine needle aspiration (EUS-FNA) is unknown. We compared the diagnostic performance of CH-EUS-fine needle aspiration (CH-EUS-FNA) and standard EUS-FNA in BTD and aimed to determine the factors influencing the results.

Methods. This randomized controlled study was conducted in a tertiary medical center and included jaundiced patients with BDT on CT scan. Patients were randomly assigned to EUS-FNA or to CH-EUS-FNA group. Final diagnosis was based either on EUS-FNA or surgical specimen results or endoscopic retrograde cholangiopancreatography (ERCP) or 12-month follow-up.

Results. 61 patients were included in the study, 31 in EUS-FNA and 30 in CH-EUS-FNA group (mean age 74±11.04 years, mean tumor dimension 20.39±9.17mm). Most BDT were located in the distal bile duct (n= 40). Final diagnosis (based on: surgery in 9 cases, ERCP in 7, EUS-FNA in 41, follow-up in 4) were: cholangiocarcinoma (n=37), pancreatic ductal carcinoma (n=12), other malignancy (n=3), benign lesion (n=9). Diagnostic sensitivity, specificity and accuracy were 84%, 100% and 87% respectively in EUS-FNA and 82%, 100%, and 83% respectively in CH-EUS-FNA group (p=0.22). Plastic biliary stent placement or tumor location did not influence the results CH-EUS hyperenhancement with rapid wash-out was seen in 81.8% of cholangiocarcinoma cases.

Conclusions. Most but not all of cholangiocarcinoma are hyperenhanced, but CH-EUS-FNA had similar value with standard EUS-FNA in diagnosing bile duct tumors.

Keywords. contrast enhanced endoscopic ultrasound, extrahepatic cholangiocarcinoma, bile duct tumor, fine needle aspiration.

OP15. FEASIBILITY, CLINICAL SUCCESS AND SAFETY PROFILE OF INTRADUCTAL RADIOFREQUENCY ABLATION IN THE MANAGEMENT OF INOPERABLE PERIHILAR CHOLANGIOCARCINOMA PATIENTS: INTERIM ANALYSIS OF THE COMBORFA RANDOMIZED CLINICAL TRIAL

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Introduction. Therapeutic options in the management of inoperable perihilar cholangiocarcinoma (pCCA) patients are very limited and include palliative chemotherapy and endoscopic drainage procedures. Recently, ERCP-guided intraductal radiofrequency ablation (RFA) has been proposed as a potential adjuvant therapy in these cases.

Study aims. We aimed to evaluate the feasibility, clinical success rates and safety profile of an endoscopic treatment protocol including RFA and biliary stenting in inoperable pCCA patients.
Methods. We performed an interim analysis of a single center, randomized control trial of native papilla cases of pCCA patients with ECOG 0-2 performance status and localized disease who required endoscopic biliary drainage (NCT05563870). Patients in the control arm underwent palliative stenting with plastic stents while patients in the active arm received RFA ablation with the Habib probe and plastic stenting. Treatment in both arms was planned based on preprocedural CT and MRCP, with the aim of draining as much of the viable liver volume. All patients were referred for palliative chemotherapy according to the current standard of care. Technical and clinical success rates and procedure-related adverse event (AE) rates were evaluated prospectively at 30 days.
Results. We included 15 patients (6 in the RFA arm, 9 in the control arm) between April 2022-April 2023. Patients were predominantly female (9/15), mean age was 72 years and most cases were classified as Bismuth IV strictures (7/15). Median ECOG status was 1 (range 0-2) and mean bilirubin level prior to endoscopy was 15.9 mg/dL (range 1.8-36.8). Technical success was achieved in 14/15 patients and clinical success in 13/15 patients. Notably, there were 4 cases of cholangitis in the control arm compared to only 1 case in the active arm, 1 case of bleeding (control arm), 2 cases of cholecystitis (1 in each arm) and 1 perforation (active arm) and 1 case of severe pancreatitis requiring percutaneous drainage (control arm). There was no difference in the advent of moderate and severe AEs following the procedure (4 in the active arm vs. 7 in the control arm, p=0.64) and most cases were successfully managed by endoscopy, with only 1 case requiring surgery and 1 death recorded at 30 days after the procedure. 5 patients underwent systemic chemotherapy after endoscopic drainage.
Conclusions. Our preliminary data suggests that RFA followed by adequate biliary drainage is technically feasible even in difficult-to-treat cases such as high-grade hilar stricture, with no additional increase in complication rate in patients receiving ablation therapy.

OP 16. DIFFERENCES IN ANTIMICROBIAL THERAPY FOR ACUTE CHOLANGITIS ACCORDING TO TOKYO 2018 GUIDELINES IN PATIENTS WITH MALIGNANT AND BENIGN BILE DUCT OBSTRUCTION

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Aim. Acute cholangitis (AC) is a medical emergency that requires prompt and effective treatment to prevent lethality. Biliary drainage is the backbone treatment for patients with AC, but antimicrobial therapy allows patients to undergo non-emergent drainage procedures. The aim of this retrospective study was to investigate the bacterial species that cause AC and analyze their antimicrobial resistance patterns.
Materials and Methods. The study was conducted over two years and compared patients with benign and malignant bile duct obstruction as the etiology for AC. The diagnosis of AC was established using TG18 criteria. All patients had a bile culture sample and a blood culture sample collected. A total of 262 patients were included, with 124 cases of malignant obstruction and 138 cases of benign obstruction.
Results. The results showed that 192 (73.3%) patients with AC had a positive bile culture. The positive rate of biliary cultures was higher among patients with benign biliary obstruction compared with malignant etiologies (55.7% vs. 44.3%). There were no significant differences in the Tokyo severity scores between the two study groups. Most of the bacteria types identified in bile were monobacterial infections (19% in the TG1 group, 17% in the TG2 group, and 10% in the TG3 group).
E. coli was the most commonly identified microorganism in both blood and bile cultures among both study groups (46.7%), followed by Klebsiella spp. (36.0%) and Pseudomonas spp. (8.0%). However, significantly more patients with malignant bile duct obstruction had a higher percentage of bacterial resistance for cefepime (33.3% vs. 11.7%, p-value = 0.0003), ceftazidime (36.5% vs. 14.5%, p-value = 0.0006), meropenem (15.4% vs. 3.6%, p-value = 0.0047), and imipenem (20.2% vs. 2.6%, p-value < 0.0001).
In conclusion, this study suggests that the positive rate of biliary cultures is higher among patients with benign biliary obstruction, while malignant etiology is associated with increased resistance to cefepime, ceftazidime, meropenem, and imipenem. Early and appropriate antimicrobial therapy is crucial in the management of AC, especially in patients with malignant obstruction. Further studies are needed to investigate the appropriate antimicrobial therapy for AC and to develop effective strategies for preventing and treating antimicrobial resistance in this patient population.
Keywords. acute cholangitis; antibiotic resistance; antimicrobial resistance

OP17. ALCOHOL-RELATED ACUTE PANCREATITIS AND ITS ASSOCIATED RISKS – EPIDEMIOLOGICAL STUDY FROM A LARGE TERTIARY CENTER

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Introduction. Alcohol abuse (AA) is the main etiology of acute pancreatitis (AP) in Eastern Europe with a substantial mortality.
Material & Methods. We performed an electronic health care records (EHRs) search (ICD-10 codes: K85, B25.2, B26.3) for AP episodes treated at University Emergency Hospital of Bucharest between 2015 and 2022.
Aim. association between AA and outcomes like: length of stay (LoS), ICU, outcome at discharge, severity, morphology and daily cost. In this study AA related episodes matched with those related to all other etiologies. Severity and morphology as Atlanta Revised Classification.
Results. 1503 episodes of AP (942 gastroenterological, 561 surgical) in 1314 unique patients were analysed, 1252 (83,3%) had a probable cause, out of those 482 (38,5%) being reported as alcohol related as a single cause. Chi-square analysis to examine the association between etiology and outcome with results showing a relationship $\chi2(4)=38.28$, $p<0.01$. Adjusted residuals (AR) showing association between AA-AP and discharge at will (+4.1) and a lower probability of them to be transferred (-4.4). Association found between etiology and ICU $X2(1)=22.15$, $p<0.01$, AR showing a lower probability of AA-AP to be admitted in ICU (-4.7). Etiology and severity also associated $X2(2)=12.50$, $p<0.01$ with AR suggesting a higher probability of a mild course (+3.1) and a lower probability of a severe disease (-2.7). Morphology and etiology also associated $X2(6)=29.64$, $p<0.01$ with AA-AP less probable to develop with normal pancreas (-4.0), but more prone to: pseudocysts (+3.2) and APFC (+2.2). Daily average costs differed $H(1)=146.08$, $p<0.01$, with AA having a lower cost (Md=728.40) than all others (Md=956.84). No differences regarding LoS $F(1)=2.24$, $p=0.13$.
Conclusion: AA-AP related to milder course, lower cost but a higher probability of local complications.
Keywords. acute pancreatits, alcohol abuse, outcome, risks, cost
Li, Cl., Jiang, M., Pan, Cq. et al. The global, regional, and national burden of acute pancreatitis in 204 countries and territories, 1990–2019. BMC Gastroenterol 21, 332 (2021). https://doi.org/10.1186/s12876-021-01906-2

OP18. PANCREATIC CANCER STEM CELLS EXPRESSION ON ENDOSCOPIC ULTRASOUND FINE NEEDLE BIOPSY PANCREATIC DUCTAL ADENOCARCINOMA SAMPLES

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Pancreatic ductal adenocarcinoma (PDAC) is characterized by an intense fibrosis which enhances the growth of tumor cells and drives an epithelial-mesenchymal transition. The consequence is the uncontrolled proliferation of cancer cells, including pancreatic cancer stem cells (PCSC), which can enhance the metastatic potential.
Objective. The aim of this study is to assess the expression of pancreatic cancer stem cells, on pancreatic endoscopic ultrasound-guided fine-needle biopsy (EUS-FNB) specimens.
Material and Methods. A total of 21 patients diagnosed with PDAC after EUS-FNB within the Research Center of Gastroenterology and Hepatology of Craiova, were included in the study, and the samples were sent for immunohistochemical assessment. Anti-Human CD 24 (policlonal, Abcam, ab 199140) and EpCAm (Epr 20532-225, Rb monoclonal, Abcam, ab 223582) were used.
Results. All cases were positive for CD24 and EpCAM. In NOS ductal adenocarcinomas, CD24 immunomarking was heterogeneous, with variable intensity and a variable number of positive cells within the same case. Well and moderately differentiated adenocarcinomas that formed tubular or papillary structures showed a higher intensity CD24 expression compared to poorly differentiated or undifferentiated adenocarcinomas. EpCam showed a stronger immunolabeling intensity in the analyzed samples. PDAC EpCam expression was of moderate and high intensity and with a heterogeneous appearance in NOS G1 adenocarcinomas, but the intensity of the immunomarking tended to decrease with increasing histological grade.
Conclusions. EUS-FNB PCSC immunohistochemistry is feasible. At the subcellular level, the basolateral membranous and cytoplasmic staining of EpCam in PDAC could be correlated with tumor invasion and possibly with the unfavorable evolution of this type of carcinoma, while CD24 frequently presents an apical immunostaining

pattern and could suggest the presence of an epithelial-type phenotype of tumor cells, with a lower potential for invasiveness and metastasis

OP19. SAFETY OF EARLY VERSUS LATE ENDOSCOPIC OR PERCUTANEOUS INTERVENTIONS IN INFECTED NECROTIZING PANCREATITIS -A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction. In necrotizing pancreatitis, international guidelines recommend waiting at least four weeks from the onset of acute pancreatitis (AP) to attempt the endoscopic and percutaneous drainage. However, when it comes to infected pancreatic necrosis, (IPN) the optimal time for drainage is not specific and was not evaluated since the surgical era.

Aims. We performed a systematic review and meta-analysis to compare early vs delayed endoscopic or percutaneous drainage in IPN.

Methods. A systematic search was performed on PubMed, Embase, Cochrane, Scopus, and Web of Science from inception until 31st March 2022, without restrictions. Eligible studies reported on differences in patients with IPN who underwent early drainage (intervention group: as defined in each study, less than 4 weeks) vs. patients who had late intervention (control group: as defined in each study, more than 4 weeks). We included both randomized controlled trials and observational studies. Indication for drainage was infected necrosis and persistent organ failure. The random-effects model estimated pooled odds ratios (OR) and mean differences (MD) with 95% confidence interval. The study protocol is registered on PROSPERO, CRD42022296711.

Results. Out of 10141 records screened we included seven in the meta-analysis. Two studies are randomized controlled trials, and five are retrospective cohort studies. Our analysis revealed that mortality rates are similar between the two groups [OR 0.95; 95%CI 0.52-1.72]. Also, no significant differences were found for the incidences of new onset organ failure [OR 0.91; 95%CI 0.26-3.13] bleeding [OR 0.85; 95%CI 0.46-1.58], and the need for open surgery [OR 1.13; 95%CI 0.17-7.62] while the length of hospital stay (LOH) [MD 4.33; 95%CI -2.96- 11,62] and number of days in intensive care unit (ICU) [MD 1.55; 95%CI -18.20- 21.29] tended to be longer in the early drainage.

Conclusion. Our results suggest that while early endoscopic and percutaneous intervention may not worsen the clinical outcomes it seems to be associated with prolonged LOH and ICU days.

Keywords. acute pancreatitis, infected pancreatic necrosis, early drainage, late drainage, endoscopic, percutaneous drainage, necrosectomy, walled-off-necrosis.

OP20. THE CT EVALUATION OF PERIPANCREATIC VASCULARIZATION IN PANCREATITIS - FROM THE DIAGNOSIS OF COMPLICATIONS TO THERAPEUTIC PLANNING

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Introduction. Pancreatitis, which is characterized by the acute inflammation of the pancreas, can lead to a wide range of complications, mainly related to pancreatic necrosis. Computed tomography (CT) is the preferred method for staging pancreatitis, as it allows the evaluation of the location and extent of complications, with vascular involvement being relatively common. The severity, duration, and extent of pancreatitis may result in different types of complications, such as splenic or portal vein thrombosis, pseudoaneurysm, or hemorrhagic pseudocyst. Moreover, the relationship of walled-off necrosis and pseudocyst with the main peripancreatic vessels is crucial when planning percutaneous or endoscopic drainage.

The aim of this study. To present the spectrum of vascular involvement and complications in pancreatitis, especially by their CT semiology, and the correlation with various therapeutic options.

Material and methods. We conducted a single-center, retrospective cohort study on patients with pancreatitis examined by CT at the Radiology Department of the Emergency Hospital "Sf. Spiridon" Iasi between January 2021 and December 2022. All signs of vascular involvement were recorded in a database.

Results. Forty-two patients were confirmed to have vascular complications related to pancreatitis

following CT examination. Among the most frequent complications, necrotic acute and walled-off collections were identified in 8 patients, 5 of them being complicated by hemorrhage. Pseudoaneurysms of peripancreatic vessels were identified in 3 cases. Left-side portal hypertension, as a consequence of splenic vein thrombosis, characterized by gastric submucosal, perigastric, greater omental, or mesenteric collateralisation, was identified in 11 cases. In our group of study, 50% of the vascular complications were represented by portal or splenic vein thromboses, with 20% of the patients developing gastric varices. Endoscopic transgastric drainage was considered in 8 cases and vascular involvement (collaterals, encasement of major vessels) was noted for all these cases.

Conclusion. It is crucial to recognize vascular findings associated with acute pancreatitis, as they prompt or impact the therapeutic approach. Furthermore, since the trend in managing acute pancreatitis is towards minimally invasive procedures, recognition of vascular involvement is an important step when planning the procedure.

Keywords. vascular complications, pancreatitis, CT

OP21. ACUTE PANCREATITIS CAUSED BY PANCREATIC CANCER - AN ENTITY WE MUST BE AWARE OF

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Introduction. Acute pancreatitis (AP) is among the most common causes of emergency admissions in gastroenterology departments. Although AP etiology comprises mainly gallstones, alcohol abuse, and hyperlipidemia, there is a strong, bidirectional association between AP and pancreatic cancer (PC).

Case presentation. We present the case of a 76-year-old woman, smoker (15 pack-years), non-drinker, without relevant personal/family medical history, admitted in another unit for intense epigastric pain irradiated to the back, nausea and vomiting for 10 days prior to hospitalization. She also reported unintentional weight loss – 10 kilograms in six months. At that time – there were no remarkable clinical findings, the blood tests showed high amylase (2 times the upper normal limit(2xULN)), moderate inflammation, mild hyperglycemia, normal liver function tests, and triglycerides. She was diagnosed with acute pancreatitis (AP). The supportive treatment (hydration, pain killers) lead to symptoms decrease. One week afterward a contrast enhanced abdominal CT (CECT) scan was performed revealing a pancreatic head mass (55 mm), invading the duodenum, lesser gastric curvature, in contact with the superior mesenteric artery (SMA), also common bile duct and Wirsung duct dilation and small fluid pericefalic collections. She was referred to our hospital for further investigations. At admission (one month after symptoms onset) the pain persisted, the blood test showed - high - amylase (2xUN) and lipase (5xULN), cholestasis (GGT-5xUNL, ALP – 1.5xUNL, normal BB), moderate inflammation, hyposideremia (22ug/dL). Endoscopic ultrasound (EUS) was performed describing a voluminous pancreatic head cystic lesion compressing the gastric wall – drainage was considered unsafe. She was further referred to abdominal MRI performed 3 months after disease onset that showed a locally advanced pancreatic head tumor, complete regression of the pseudocyst. The patient became jaundiced (total BB of 7 mg/dL) and continued to lose weight. EUS tissue acquisition (EUS-TA) was performed. The pathology results established the diagnosis of high-grade pancreatic adenocarcinoma.

Discussion. This was a case of AP caused by PC diagnosed at 2 months after AP onset by EUS-TA after AP remission. The tumor had otherwise a typical course with weight loss, abdominal pain, and jaundice A biliary stent will be placed and chemotherapy will be started.

Conclusion: Although rare clinicians must be aware of the PC etiology of AP - especially in older patients, with presumably idiopathic AP etiology, weight loss, and concomitant new-onset diabetes. To this end, a follow-up CECT must be performed during the first year after AP in selected cases.

OP22. LONG TERM EVOLUTION OF CHRONIC PANCREATITIS COMPLICATED WITH GASTRIC CANCER

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Introduction. Chronic pancreatitis is a long term condition which involves a lot of complications and can have an unpredictable outcome.

Case Report. We present the case of a 66-year-old patient who was first admitted to our clinic in 2018 for pain in right upper quadrant and epigastric part of the abdomen. Choledocholithiasis and chronic pancreatitis were found on an MRI. He underwent ERCP and a plastic stent was placed in the common bile duct due to duodenal stenosis secondary to inflammatory changes of the pancreatic tissue. A CT and a MRCP were performed for the follow up one

year later. Lithiasis was found both in the choledoc and main pancreatic duct. Neither an ERCP was not possible (due to duodenal stenosis), nor surgical intervention (because of thrombosis in the splenic and portal vein, complicated with portal cavernoma, subcardial varices and esophageal varices). He gradually developed symptoms suggestive for gastric outlet obstruction. An endoscopic gastroentero-anastomosis using a HotAxios prothesis was performed in 2019 with resolution of the complaints. Serial ERCPs were necessary in the next year for restenosis of the bile duct and four plastic stents were placed. In March 2023 the patient was admitted again for dyspeptic syndrome. A CT scan described thickening of the gastric walls and retroperitoneal and thoracic lymphadenopathy. Adenocarcinoma of the stomach was confirmed through gastroscopy. The gastroenteroanastomosis was permeable at this time. One month later the symptoms reappeared and the gastroscopy showed that the tumor was fully invading the anastomosis. We managed to place an enteral prothesis inside the HotAxios stent with good control of symptoms. He was discharged and referred to the Oncology Department.

Discussions. A lot of therapeutic interventions were necessary to alleviate patients symptoms. Close monitoring made early detection of an aggressive form of gastric cancer possible. Still, its prognosis remains poor, as surgical intervention is not possible due to vascular complications of pancreatic disease. The etiology of the pancreatitis in this case was toxic (smoking and alcohol), which also contributed to developing the gastric tumor.

Conclusion. Chronic pancreatitits has a natural evolution which leads to permanent structural changes in the pancreas and the outcome can not be all the time influenced by medical treatment. The evolution can still be either stopped or slowed down by completely removing the etiology factor, but unfortunately it was not the case for this patient.

Keywords. chronic pancreatitis, gastric cancer, ecoendoscopy, gastroenteroanastomosis

OP23. PROPORTION OF METABOLIC SYNDROME COMPONENTS IN CONFIRMED PANCREATIC ADENOCARCINOMA USING EUS-FNA

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Introduction. Metabolic syndrome is a complex interplay between several conditions. Recent data have showed an association between metabolic syndrome and several cancer.

The aim of our study was to evaluate the prevalence of metabolic syndrome components in patients with the pancreatic adenocarcinoma.

Material and Methods. We have retrospectively identified from the hospital database all patients with focal pancreatic tumors who underwent endoscopic ultrasound (EUS) with guided fine needle aspiration biopsy (EUS-FNA) between July 2019 and November 2020. The patients with pancreatic adenocarcinoma confirmed by pathological examination of tissue obtained by EUS-FNA or further curative resection were included in study.

Demographics, anthropometric measurements, data on metabolic syndrome, clinical history of diabetes, hypertension, pancreatic and liver disease, blood levels of glucose, cholesterol, triglycerides were collected from the medical charts and analyzed.

Results . A total of 51 patients, 24 men and 27 women with a median age of 63,76 (32-79 years) had pancreatic adenocarcinoma histologically confirmed an d were included in the study.

Twenty four patients (47,05%) had increased waist circumference with a body mass index (BMI) greater than 25kg/m2.

The fasting blood glucose concentration > 100 mg/dL was found in 35 cases (68,62%), 18 patients were previous diagnosed with type 2 diabetes mellitus (median age of diagnostic 57,33 years).

Nineteen patients (37,25%) were treated for heart disease and arterial hypertension.

An increased level of triglycerides >150 mg /dL was found in 9 patients (19,64)%, three of them were on therapy for dyslipidemia.

Fourteen patients (27,45%) had liver steatosis diagnosed by abdominal ultrasound.

Conclusions. Although this is an observational retrospective study, the metabolic syndrome components are frequent in our group. Some metabolic syndrome components as overweight or obesity and diabetes mellitus, represents risk factors for pancreatic adenocarcinoma. In these category of patients, searching and aggressively treating is a good strategy in order to decrease the morbidity and the mortality of patients with pancreatic cancer.

Keywords. pancreatic adenocarcinoma, metabolic syndrome, EUS-FNA

OP24. UNCONVENTIONAL APPROACH OF A PERIPANCREATIC ABSCESS, COMPLICATED WITH A CUTANEOUS FISTULA, IN AN ADVANCED PANCREATIC CANCER: A CASE REPORT

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Introduction. In the context of infected peripancreatic fluid collections, surgical drainage could be the preferred method, but it is more invasive and leads to a higher burden, especially in

more frail patients. Advances within endoscopic drainage strategies have led to innovative changes, with endoscopic ultrasound (EUS) - guided drainage being a less debilitating alternative with similar efficiency to its surgical counterpart. We report a successful case of EUS-guided drainage and intracavitary lavage in a terminally ill patient.

Case presentation. A 47-year-old male patient with stage IV pancreatic cancer, with an uncovered biliary self-expandable metal stent (SEMS) placed for malignant biliary obstruction, was admitted for jaundice, fever, abdominal pain and weight loss. Laboratory data showed hyperbilirubinemia, cholestasis, elevated liver enzymes, and a high C-reactive protein value. Abdominal CT showed an advanced pancreatic tumour, with a dysfunctional stent and a 120/90/60 mm retrogastric abscess. Using a needle knife, EUS-guided drainage was performed by placing two transgastric pigtail stents. After the procedure, the patient developed a subcutaneous abscess in the left abdominal wall which led to cutaneous fistulisation. Surgical percutaneous local drainage was performed, as well as a new EUS which allowed flushing of the abscesses with hydrogen peroxide after which three pigtail catheters were placed in order to insure transgastric drainage. At the same time, reintervention for the occluded biliary metal stent was performed with the placement of a new SEMS. Evolution was favourable under guided antibiotherapy, with the subsequent closure of the fistula.

Discussions. Endoscopic drainage is an effective, long term, less debilitating alternative for perigastric abscesses. In patients who undergo palliative therapy, the focus should be on the quality of life, minimal recovery time and duration of hospitalization.

In conclusion, EUS guided drainage offers these advantages, as well as the possibility of intracavitary lavage.

Keywords. endoscopic ultrasound, pancreatic ductal adenocarcinoma, uncovered self-expanding metal biliary stent, endoscopic retrograde cholangiopancreatography

Chapter 2. Oral Presentation – Digestive Tract

OP25. CLOSURE OF MUCOSAL DEFECTS POST ENDOSCOPIC RESECTION USING AN ENDOLOOP SYSTEM: DESCRIPTION AND RESULTS OF A NEW TECHNIQUE

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Introduction. Modern endoscopic treatments, such as endoscopic mucosal resection (EMR) or endoscopic submucosal dissection (ESD), allow nowadays the resections of larger (> 20 mm) and more complex lesions, regardless of the localization in the digestive tract. The risk of post-polypectomy bleeding (PPB) depends on multiple factors, such as the size and the site of the lesion. Recently, it has been proved that only a complete closure of the mucosal defect with endoclips (possible in just 50% of cases) is associated with a significant reduction of the hemorrhagic risk.
Objectives. The aims were to define a new technique of closure of mucosal defects post EMR or endoscopic submucosal dissection ESD, to assess its rate of technical success and complications.
Material and methods: After endoscopic resection by EMR or ESD of a large colorectal or duodenal lesions (diameter ≥25 mm), two similar techniques for closure of mucosal defects were implemented, using a single-channel colonoscope or gastroscope, with a standard channel diameter. An endoloop dropped directly through the working channel or towed parallel to the endoscope by an endoclip is fixed with several clips on the margins of the defect. The loop is fastened either directly (parallel to endoscope method) or after being reattached to the mobile hook (through the working channel method) and the defect was closed such as a purse-string suture.
Results. Twenty-three patients (52% women, median age 67 years) were included in this analysis. Three patients took previous anticoagulant treatment, while 4 had an antiplatelet therapy. A total of 22 colorectal and 1 duodenal resection were performed, for polyps with a median size of 40 mm. The risk of PPB for the colonic lesions was calculated using the clinically significant bleeding (CPSEB) score, 10 patients having high risk. A technical success of closure of mucosal defects was obtained in 100% of cases, 4 patients (17%) necessitating one supplementary endoclip for a total closure. The rate of clinical significant delayed bleeding, delayed perforation or post-polypectomy syndrome was 0%.
Conclusions. The presented original methods for closing the mucosal defect, using clips and endoloop, are safe and easy for implementation, allowing an excellent technical success rate and no consequent complications.
Keywords. endoscopic mucosal resection, endoscopic submucosal dissection, post-polypectomy bleeding

OP26. COLD SNARE POLYPECTOMY IN SESSILE SERRATED LESIONS

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Introduction. Polypectomy has been shown to reduce the incidence of colorectal cancer.
The ESGE guidelines from 2017 recommends that cold snare polypectomy should be used for removal of the diminutive polyps, smaller than 5 mm and also for sessile polyps 6 – 9 mm in size. This recommendation is based on lower complication rates and higher complete resections.
Objectives. The goal of the study is to establish if the cold snare polypectomy is safe in removing the polyps smaller than 1 cm.
Methods. The patients with polyps detected at colonoscopy between 2020-2022 years in the Gastroenterology Clinic from the Emergency Hospital, Targu-Mures entered this study,
Results. From the total number of the polyps (753), 623 (82,73%) were adenoma and 130 (17,26%) were sessile. From the last group 83 were hyperplastic polyps, 35 sessile serrated lesions (SSL) and 12 traditional serrated adenomas (TSA). The hyperplastic polyps and 75% of the SSA were resected with cold snare, being less than 1cm. There were no bleedings and no complications. The rest of the SSL were resected by hot snare, with no complications either.
Conclusions. Cold snare polypectomy is safe in serrated lesions less than 1 cm. There are recently published studies that demonstrated that cold snare polypectomy is safe also in SSA larger than 1 cm, however this has to be further established in the future guidelines.
Key words. sessile serrated lesions, cold snare, polypectomy

OP27. EFFECTS OF AN EXCLUSION DIET ON INFLAMMATION MARKERS

AND MAINTENANCE OF REMISSION IN PATIENTS WITH QUIESCENT IBD – A 1-YEAR PROSPECTIVE TRIAL

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Background and aim. Recent research has shown that there is considerable interest in studying inflammatory bowel diseases (IBD) due to the potential for dietary interventions to be used as a therapeutic approach for their onset and progression. Evidence suggests that Western-style diets, with high intake of processed foods, food additives, red meat, and animal fat, have been associated with an increased risk of IBD. Thus, the purpose of this study is to evaluate the link between an anti-inflammatory exclusion diet and the maintenance of IBD remission, as well as to assess the potential therapeutic advantages of this dietary approach in preserving IBD remission.
Methods. The inclusion and exclusion criteria were applied to a total of 189 individuals with IBD, with 21 individuals not meeting the criteria. Therefore, 168 eligible patients were enrolled in the study and allocated to either an exclusion diet or a regular diet, based on their personal preference.
Results. A cohort of 84 adult patients with inflammatory bowel disease (IBD) was recruited for the study. The cohort included 47.6% males, with 44 patients having ulcerative colitis (UC) and 40 having Crohn's disease (CD). The intervention group received an exclusion diet consisting of the removal of red and processed meat, fried foods, high-lactose foods, fast food, white bread, sweetened drinks, and vegetable oils rich in omega-6 for a period of 1 year. An equivalent number of IBD patients with similar demographics and disease types formed the control group. The exclusion diet was well tolerated, with 90% of participants adhering to it frequently or always. The study demonstrated that the clinical response was maintained in 80 patients (95.2%) in the intervention group, which was significantly higher than the 72 patients (85.7%) in the control group (p-value=0.036). Although not statistically significant, fecal calprotectin was higher in the control group than in the intervention group at the one-year follow-up interval.
Conclusions. Patients who adhered to an exclusion diet have the chance of a significantly higher rate of maintenance of clinical remission (95% versus 86% in the control group). A trend toward improvement in inflammation tests was observed in the intervention group, confirming once again that Western-style diet is an important etiological factor in IBD. The exclusion, anti-inflammatory diet should be discussed with each patient with IBD
Keywords. diet, inflammatory bowel disease

OP28. HEREDITARY COLORECTAL CANCER: EXPERIENCE FROM TRYING TO CREATE THE FIRST ELECTRONIC REGISTRY IN ROMANIA

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Introduction. Hereditary colorectal cancer (HCRC) syndromes represent a relatively diverse group of disorders that exhibit different patterns of inheritance. We aim to create the first registry of this type for this category of patients in order for them to have access to better healthcare and to give them a new perspective
Keyword: colorectal cancer, hereditary syndromes, cancer registry
Materials and Methods. We started collecting data since August 2021. We made an extensive examination consisting of personal infromation and important clinical data. All patients introduced in the study had lower and upper GI examinations performed, and also CT exams when indicated by guidelines. For Lynch Syndrome we used the Amsterdam and Bethesda criteria, while for familial adenomatous polyposis syndrome we combined the colonoscopy results with family history. We also collected family information in order to be able to perform screening testing for them depending on their respective syndrome.
Results. We managed to introduce 26 patients that have either a genetic, histological or clinical diagnosis. Out of these, some are only family members that haven't been genetically tested and aren't diagnosed yet, but still have to be followed. We have 22 index patients, and are currently actively following other family members at high risk. We have 6 Lynch Syndrome families, 2 Peutz-Jeghers families, 3 Attenuated FAP Syndrome families, 2 MAP families, 7 FAP families and one Juvenile polyposis syndrome family with a sex distribution male to female of 9:17, (34.61% male, 65.39% female). Both patients with MAP have had genetic testing done, and also the Juvenile polyposis patient. Currently, family members are being introduced into the study in order to perform screening examinations according to guidelines and create an efficient timetable that can help prevent complications and diagnosis of advanced tumours.
Conclusion. While challenging, it is clear that there is an urgent need for an electronic registry in order to offer this category of pacients a better life expectancy and a better quality of life

OP29. OBESITY IN INFLAMMATORY BOWEL DISEASE

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Key words. inflammatory bowel disease (IBD), normal weight, obesity, overweight

Introduction. Even if for a long time patients with IBD were considered malnourished and underweight, there is an important subgroup suffering from obesity and overweight.

Aim. The aim of this study was to assess how obesity influences the response to treatment and the evolution of IBD.

Materials and Methods. We perform a retrospective observational study including102 patients divided into 23 patients with obesity (BMI>30kg/m2)- 22.5%, 41 overweight patients (BMI> 25kg/m2)- 40.1%, 33 normal weight patients (BMI 18.5-25 kg/m2)- 32% and 5 underweight pacients (BMI <18.5)- 4.9% out of 177 patients with IBD admitted in our center during 1st Jan 2022-31 Dec 2022. Because of lack of data 75 patients were excluded from this study. We decided to organise the patients in 2 groups: G1- obese and overweight and G2- normal weight patients.

Results: There were 64.7% CD patients (24.2% obese, 39.4% overweight) and 35.3% UC patients(a lower percentage of obese patients 19.4% but similar for overweight patients 41.7%). Also, obesity and overweight was more frequently identified at male patients than female patients(70.8%vs 48.6%) and it seems to be more common for people over 40 years old(67.1% of our patients). CD patients from G1 had a lower prevalence of penetrating disease 4.7% vs 21.2% from G2 patients, but higher rates of perianal disease(26.2% vs 12.1%). Obesity seems not affect the extension of UC disease as G1 and G2 patients present the most common form- pancolitis 45.5% and 61.5%. Anti-TNF medication was preferred for both categories(48.4% Infliximab and 26.5% Adalimumab for G1vs 42.4% and 24.2% for G2), with the mention that 46.9% of G1 patients vs 21.2% of G2 patients required the optimization of the dose of biological treatment, but with similar rates of switch with another biosimilar. The prior surgery was comparable for both groups(28.1% G1 vs 21.2% G2), with a preference for laparoscopic surgery 54.1% vs 35% for the last category(G2) and also a lower risk of postoperative complications (3% vs 20%).

Conclusion: Patients with IBD present rates similar to the general population of obesity prevalence. Also, obesity seems to be involved in maintaining a chronic proinflammatory status of these patients, with a poor response to therapies that are not weight-based and intravenously administered, frequently requiring to escalate the treatment dose and a more difficult laparoscopic access for surgery with a higher risk of developing postoperative complications.

OP30. PREVALENCE OF COAGULOPATHY IN PATIENTS WITH CELIAC DISEASE: A SINGLE-CENTER RETROSPECTIVE CASE-CONTROL STUDY

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Introduction. Despite being one of the most frequent chronic digestive diseases worldwide, with a prevalence of 1%, celiac disease (CD) remains severely underdiagnosed. Among the instruments used to improve its diagnostic rate, hematologic parameters have been proposed as screening tests to select patients with an increased probability of having CD. Assessment of coagulation is included in routine check-ups, and CD has been reported to be associated with coagulopathy. We aimed to assess if subtle changes in coagulation tests could be used in clinical practice to prompt testing for CD.

Methods. We retrospectively recruited all patients with clinical suspicion for CD during a study period of 7 years (between 2015 and 2022), who were tested by IgA tissue transglutaminase (tTG) serology and serum total IgA (IgG tTG in case of IgA deficiency) and underwent upper gastrointestinal endoscopy with multiple biopsy sampling of the duodenal bulb and distal duodenum, in line with currently available guidelines. According to this evaluation, patients were stratified as either CD or non-CD controls. Also, we included gluten-free diet (GFD) treated CD patients, as a second control group. Routine laboratory workup including coagulation tests was performed in all patients. We excluded outliers, consisting of 2 patients with incoagulable INR and patients with other potential causes for altered coagulation tests (anticoagulants, liver impairment, etc.).

Results. Altogether, there were 51 newly diagnosed CD patients, 42 non-CD (controls), and 49 GFD-treated CD patients. Mean age and gender distribution were similar among the three groups. The mean age of newly-diagnosed CD patients, GFD-treated CD patients, and controls was 43.1 years, 45.9 years, and 42.4 years, respectively, with a male gender distribution of 19.6%, 18.3%, and 28.5%. Among the included patients 13% had a prolonged INR. The mean INR was slightly higher in newly diagnosed CD patients, compared to GFD-treated CD patients and non-CD controls: 1.12, 1.01, and 0.99, respectively. Consequently, prothrombin activity was slightly lower in newly diagnosed CD patients,

compared to GFD-treated CD and non-CD controls. Interestingly, after GFD, the mean INR of CD individuals reached a value similar to that of non-CD controls.

Conclusions. Subtle changes in INR, defined as a value within the normal range, but closer to the upper limit, could be an indicator of probability for CD.

Keywords. celiac disease, coagulopathy, INR, prothrombin activity, gluten-free diet

OP31. PREVALENCE OF H. PYLORI INFECTION AND EFFICACY OF QUADRUPLE AND LEVOFLOXACIN TRIPLE ERADICATION THERAPIES: A RETROSPECTIVE ANALYSIS

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Introduction. Helicobacter pylori (H. pylori) infection is a prevalent global health concern associated with various gastrointestinal disorders. This study investigates the prevalence of H. pylori infection among patients undergoing gastroscopy and evaluates the efficacy of quadruple and levofloxacin triple eradication therapies.

Objective. The primary objective is to determine the prevalence of H. pylori infection in patients presenting with gastrointestinal symptoms and to assess the success rate of quadruple and levofloxacin triple therapies for H. pylori eradication.

Materials & Methods. A retrospective analysis of 556 gastroscopies performed between January and December 2022 was conducted. Indications for gastroscopy included epigastric pain, heartburn, postprandial fullness, early satiation and regurgitation. Rapid urease H. pylori tests were performed by obtaining gastric antrum mucosa samples. Endoscopic findings were documented. H. pylori-positive patients were recommended either quadruple or levofloxacin triple therapy. Treatment completion and H. pylori fecal antigen testing results were assessed via phone interviews.

Results. Among the 556 gastroscopies, 417 patients exhibited gastritis or duodenitis (75%), 196 had hiatal hernia (35%), 14 displayed gastric ulcers (2.5%), 5 had duodenal ulcers (0.9%), 13 showed tumor formations (2.3%), and 74 had normal findings (13.3%). H. pylori infection was detected in 359 patients (64.6%). Of these, 190 received quadruple therapy (53%) and the remainder received triple therapy (47%). The prevalence of H. Pylori was significantly higher in the group with gastritis (82.2%, $p<0.0001$), the group with hiatal hernia (74%, $p=0.0204$), and significantly lower in patients with normal gastroscopy findings (12.1%, $p<0.0001$) In phone interviews, 59 patients were unreachable (16.4%), 43 did not initiate treatment (12%), 34 discontinued treatment due to intolerance (9.5%), and 40 completed treatment without fecal antigen testing (11.1%). Among the 183 patients who completed treatment (102 quadruple therapy, 81 triple therapy) and were reachable for phone interview, 167 (94 quadruple therapy, 73 triple therapy) achieved complete H. pylori eradication, corresponding to an overall eradication rate of 91.3% (92.2% for quadruple therapy and 90.1% for triple therapy; $p=0.8132$).

Conclusions: The study demonstrates a high prevalence of H. pylori infection among patients undergoing gastroscopy. Both quadruple and levofloxacin triple therapies exhibited satisfactory eradication rates; however, patient adherence and treatment tolerance remain crucial factors in successful H. pylori eradication.

Keywords. Helicobacter pylori, gastroscopy, quadruple therapy, levofloxacin triple therapy, eradication, prevalence

OP32. STARTING UNTUTORED ESD CAN BE SAFE AND SUCCESSFUL - AN INITIAL, SINGLE OPERATOR EXPERIENCE

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ESD is a mainstay of therapeutic endoscopy but requires proper training with expert supervision. An endoscopist is considered competent in gastric ESD after at least 30 tutored procedures. Lack of mentorship or formal training programs in ESD is an ongoing problem in Western countries. We describe the initial experience of an untutored and unsupervised rteam in practising ESD.

Methods. This is a retrospective report of the initial case series of ESD cases performed by a team consisting of two unsupervised practitioners with experience in diagnostic and therapeutic endoscopy (complex EMR, ERCP). The main operator had previously undergone self-study and viewed over 30 live endoscopic procedures, observed 15 gastric ESD cases in a high-volume center, and had accumulated 10 hours of ex vivo porcine model self-training with no supervision. We compare the results with the

common benchmarks for proficiency (>90% R0 resection rate, > 9 cm2/h resection speed), report adverse events and describe techniques employed.
Results. A total of 7 ESD cases were performed across 6 months (9.2022-3.2023): 4 in the rectum and 3 in the stomach. The gastric lesions were adenocarcinomas eCuraA and the rectal lesions comprised of 2 high-grade dysplastic serrated lesions and 2 adenocarcinomas of which one was sm2 and referred for further surgical treatment. 2 cases were performed in extremely fibrotic lesions due to excessive previous biopsies or attempted resections and 2 patients were high-risk patients with cirrhosis or anticoagulant treatment. The mean excised lesion size was 12.27 cm2. All lesions were complete endoscopic en bloc 100% R0 resections. The mean resection time was 4 hours and the mean resection speed was 3.1 cm2/hour. There were no adverse events during follow-up.
Conclusions. Starting ESD in moderately difficult lesions can be successful and safe in well-controlled untutored environments but extremely long procedural time in initial cases is to be expected.

OP33. THE IMPACT OF THERAPEUTIC STRATEGIES ON PROGNOSIS AND HOSPITALIZATION COSTS RELATED TO CLOSTRIDIUM DIFFICILE ENTEROCOLITIS

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Background. Enterocolitis caused by Clostridium difficile is one of the most common nosocomial infection whose severity and frequency has increased considerably over the past decade, with high epidemiological impact worldwide. Clostridium difficile infection encompasses a wide spectrum of symptoms, from asymptomatic form to the production of fulminant colitis and the development of toxic megacolon. The representative symptom of this pathology is the presence of diarrhea characterized by the appearance of three or more soft, watery stools within 24 hours.
Objectives. The hypothesis of the study is to highlight the optimal therapeutic conduct in terms of remission of symptoms and to optimize the costs and length of hospitalization.
Material and Method. We conducted a longitudinal, retrospective study including 60 patients admitted to the First Internal Medical Department, Emergency County Hospital Targu Mures, patients with specific symptoms and confirmed with Clostridium difficile by laboratory tests. The study was conducted over a 3-year period from January 2019 to December 2021.
Results. In terms of demographic distribution, out of the total number of patients, 68% is represented by female patients, respectively 32% of male patients, aged between 40 and 90 years, with an average of 73.13 years (+-10.48 years). As risk factors are identified advanced age, multiple comorbidities, frequent and prolonged hospitalizations, but the most important is the antibiotherapy used in the management of infectious pathologies. Of the antibiotic treatments, the cephalosporin group gave an Clostridium difficile infection incidence of about 57%, followed by carbapenems 25% and flouroquinolone 18% respectively. In accordance with the therapeutic conduct of eradicating the mentioned infection, patients were divided into 2 groups, the first group is patients treated with vancomycin per os 4x125 mg daily and the second group with metronidazole tablets 3x500 mg daily. A statistically significant association is observed in patients treated with vancomycin versus those with metronidazole (p<0,001, 95% CI 0.18-0.75), in decreasing days of hospitalization, as well as a reduction of costs associated with hospitalization in patients treated with vancomycin. (p<0,001, 95%CI 0.06-0,662).
Conclusion. Early initiation of vancomycin antibiotic, combined with primary prophylaxis methods, can significantly reduce the duration and costs associated with hospitalization.
Keywords. Clostridium difficile, antibiotherapy, hospitalization, costs.

OP34. OBSERVATIONAL STUDY REGARDING THE EFFECTS OF HELICOBACTER PYLORI ERADICATION THERAPY ON INTESTINAL DYSBIOSIS, AFFECTING THE GENERAL STATE OF HEALTH AND THE IMPACT OF PROBIOTIC THERAPY ON IMPROVING THE FUNCTIONAL CAPACITY

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Study's objectives. Helicobacter pylori (H.P) is the most common chronic bacterial infection in humans. Conservative estimates suggest that 50% of the world's population is affected. Infection is more frequent and acquired at an earlier age in resource-limited countries compared with industrialized nations. Once acquired, infection persists and may or

may not produce gastroduodenal diseases: antral gastritis, peptic ulcer disease and various gastrointestinal neoplasms.
The latest studies highlight the benefit of eradicating H.P infection, but also the intestinal dysbiosis following therapy.
Material and method. We present a prospective study, carried out within IC Fundeni, Bucharest for a period of 4 weeks after Helicobacter pylori (H.P) eradication therapy (proton pump inhibitor 40mg x2/day+ amoxicillin 1000mg x 2/day+ levofloxacin 500mg/day + bismuth 120mg x 4/day, 14 days), which included a number of 66 patients divided into 2 groups: 33 in the control group and 33 patients in the probiotic group :Streptococcus faecalis, Clostridium butyricum, Bacillus mesentericus, Lactobacillus sporogenes: 1 capsule x 2/day, during 4 weeks, after HP eradication therapy (BIOSUN), in order to assess the effects of Helicobacter pylori eradication therapy on intestinal dysbiosis, regarding the general state of health and the impact of probiotic therapy on improving the functional capacity.
Patients were evaluated at the end of H.P eradication therapy - visit 1 and after 4 weeks from HP eradication therapy - visit 2, concerning the following aspects: self-assessment of general health state, the ability to perform physical/workplace-related activities, presence of pain (of any kind) with impact on daily/other activities, energy level, presence of melancholy or discouragement feeling, social activities impairment due to emotional or physical issues.
Results. At visit 1, among the 66 patients included in our study, 36% patients (15 patients included in the probiotic group and 9 patients included in the control group) confirmed a good/very good/excellent general condition. A good general status proved to be consistent with the absence of: painful symptoms/abdominal discomfort, depressive /anxiety states and with an adequate energy level. 39% patients (12 patients included in the probiotic group and 14 patients in the control group) reported a moderately altered general status and 24% patients (6 patients included in the probiotic group and 10 patients in the control group) a severely altered general status. The altered general condition index was directly correlated with: limitation of physical/work-related activities, presence of pain /abdominal discomfort, frequency of depressive episodes and reduced energy levels.
The evaluation carried out 4 weeks from HP infection eradication therapy confirms the improvement of the general condition in 10% of the 33 patients included in the probiotic group. The improvement of the general condition was associated with an increase in functional capacity and energy level, without changing the frequency of depressive episodes.
Among the 33 patients included in the control group, 9% confirmed the improvement of general condition, with a directly proportional increase in functional capacity and energy level, also without changing the frequency of depressive episodes.
Conclusions. The primary results, assessed shortly after the second visit, demonstrate insignificant differences between the two groups regarding the improvement of the general state, ability to perform physical / workplace-related activities and energy level.
No changes were documented regarding the frequency of depressive episodes, possibly associated with the functional nature of the reported symptomatology.
No adverse effects were reported during probiotic therapy based on Streptococcus faecalis, Clostridium butyricum, Bacillus mesentericus, Lactobacillus sporogenes.
The obtained results will also be analyzed according to individual characteristics (age, sex, duration of symptoms, stress level at work);
The long-term effects of probiotic therapy after HP eradication therapy remain to be assessed (possible using intestinal microbiota analysis before and after probiotic therapy).
Key words. probiotic, functional capacity, general state;

OP35. CLOSTRIDIOIDES DIFFICILE INFECTION- EPIDEMIOLOGIC POSTPANDEMIC DATA FROM A TERTIARY CENTER IN THE NORTH-EASTERN REGION OF ROMANIA

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Introduction. Clostridioides difficile infection (CDI) is becoming an increasing burden for the healthcare system. Our aim was to audit the data on CDI cases on a 3 month-period in the Gastroenterology Department of Sf Spiridon County Clinical Emergency Hospital Iasi, a tertiary gastroenterology unit in north-eastern Romania.
Methods. We performed a retrospective study including patients managed in the Gastroenterology Department of Sf Spiridon County Clinical Emergency Hospital Iasi for CDI during a 3-month period of 2023. All patients fulfilling the definition CDI, based on clinical, biological and/or colonoscopic criteria were included in this study.
Results. 77 adult patients were treated in the Gastroenterology Department for CDI, with a median age of 62 (52-69). Most of the cases were hospital-acquired CDI (93.5%) and all the hospital-acquired CDI appeared in the context of prior antibiotic treatment. The underlying pathologies were variable, ranging from liver cirrhosis as most frequent (59.74%) to ulcerative colitis (9.09%), acute

pancreatitis (6.49%), cholangitis (3.89%) and others. The majority of the cases were first episodes of CDI (92.1%). The management of CDI included mainly Vancomycin monotherapy (77.9%) or association with Metronidazole (3.89%), in severe and fulminant cases, while Metronidazole was the chosen treatment for 18.18% of cases, all of which were non-severe.

Discussions and conclusions. CDI cases of variable severity were managed in our department. In the audited period, the CDI cases arose on a wide range of underlying diseases, most of which are chronic diseases that might require antibiotic treatment or prophylaxis (as is the case for liver cirrhosis) or bear risk of developing CDI (such as inflammatory bowel disease). Considering these aspects, even though most of the CDI cases were initial episodes, there is a significant risk of recurrence, which could imply significant healthcare related costs and morbimortality.

Keywords. Clostridioides difficile infection, epidemiology, antibiotics

OP36. ENDOSCOPIC ULTRASOUND-GUIDED CHOLEDOCHODUODENOSTOMY AND DUODENAL STENTING IN MALIGNANT GASTRODUODENAL STENOSIS

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In the context of simultaneously malignant biliary obstruction and gastric outlet obstruction endoscopic ultrasound-guided biliary drainage is a promising alternative to surgical bypass and percutaneous biliary drainage when endoscopic retrograde cholangiopacreatography is not possible.

A 52-year-old female patient with stage IV gastric adenocarcinoma was admitted in our service for jaundice, persistent vomiting and weight loss. The blood-tests showed obstructive jaundice, cholestasis and significant hepatic cytolysis. The CT-scan showed a gastric tumor with pancreaticoduodenal invasion and dilation of the main bile duct. Upper endoscopy identified an infiltrating tumor causing obstruction at the first portion of the duodenum, which was not traversable with an endoscope. Consequently, ERCP with direct papillary access was not possible. After a multidisciplinary discussion and patient information about the palliative therapeutic alternatives, the surgical bypass was rulled out due to significant hepatic cytolysis and a EUS-guided drainage was decided. EUS was then performed with a linear therapeutic echoendoscope. With the echoendoscope positioned in the first part of duodenum a transduodenal puncture of the bile duct was done using a 19-G needle. A guidewire was passed into the biliary tree, followed by dilation of the tract between the gastrointestinal lumen and biliary tree with a 6.5-Fr cystotome. A self-expandable partially covered metal stent was then placed over the guidewire under fluoroscopic guidance. After the biliary drainage a duodenal stenting was performed. The evolution was partially favorable with significant jaundice remission but with persistence of vomiting, so a second metal stent was placed inside the duodenal stent. During the second procedure the biliary stent was accidentally suppressed but the postprocedural aspect of the biliary orifice appeared like a choledochoduodenoanastomosis. The patient was discharged 7 days after the procedure with a significant regression of biliary retention, hepatic cytolysis and an improvement of oral intake.

Endoscopic drainage to palliate simultaneous GOBO has emerged as a reasonable and effective alternative for patients who are poor candidates for surgery or if PTBD is not preferred. Poor survival may be expected after the onset of GOBO, thus enhancing the quality of life through fast reinitiation of feeding, minimizing the recovery time and the duration of hospitalization and reducing adverse events are the goals of therapy. EUS-BD would be able to offer these advantages.

In conclusion, simultaneous double stenting employing EUS-BD methods is reasonably effective and safe with high technical and immediate clinical success for patients with GOBO.

Endoscopic ultrasonography-guided biliary drainage, Endoscopic ultrasound, Duodenal stenting.

OP37. RISK FACTORS FOR ACUTE DIVERTICULITIS

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Introduction. Inflammation of one or more diverticula, known as acute diverticulitis (AD), can be followed by a number of complications (perforation, abscess, fistula, and peritonitis). It is critical to quickly identify patients who need immediate treatment in order to avoid complications related to acute diverticulitis.

Some studies have reported that the neutrophil-to-lymphocyte ratio (NLR) provides predictive data on the severity of acute diverticulitis.
Aim. Our study aimed to assess the associations of NLR, platelet-to-lymphocyte ratio (PLR), monocyte-to-lymphocyte ratio (MLR), and systemic immune inflammation (SII) with the severity of acute diverticulitis and the classifying ability of inflammatory markers concerning Hinchey score.
Methods. We conducted a retrospective single-institute study that included patients admitted with acute diverticulitis between January 2012 and February 2023 using computer tomography (CT) or colonoscopy to assess acute diverticulitis (AD). Patient characteristics, clinical signs, laboratory parameters (leukocyte count, neutrophils, lymphocytes, thrombocytes, and monocytes), days of hospitalization, surgical outcomes, recurrence rates, the time interval from the first to a recurrent episode, and cumulative length of stay due to acute diverticulitis were collected. Complicated diverticulitis (cAD) was defined as > Hinchey 1a. The modified Hinchey score was based on the radiological reports of CT scans. Associations were analyzed between NLR, PLR, MLR, and SII values at admission and patient outcomes. The sensitivity and specificity for the diagnosis of cAD were determined using receiver operating characteristic curve (AUROC) curves.
Results. A total of 147 patients were included in the study; 75 (51.02%) of these were men. The median age was 60.8 years (range 25–89 years). Based on radiological criteria, including the modified Hinchey score, 65 (44.22%) patients were classified as having complicated diverticulitis and 82 (55.78%) as having uncomplicated disease. The area under the AUROC classifying a Hinchey score >= 1b and the corresponding best cutoffs and respective sensitivity and specificity were: for SII: 0.812 (0.73 - 0.888), cutoff =1200, Se = 82%, Sp = 76%; for NLR: 0.773 (0.676 - 0.857), cutoff =4.06, Se = 80%, Sp = 69.3%; for PLR: 0.725 (0.63 - 0.813), cutoff =144.38, Se = 80%, Sp = 56%; for MLR: 0.665 (0.542 - 0.777), cutoff = 0.38, Se = 65.7%, Sp = 65.2% When evaluating the recurrence prediction of NLR, no statistically significant association was found (AUROC = 0.476 (0.288–0.663)).
Conclusion. Our study indicates that SII, NLR, and PLR have statistically significant and clinically useful classifying abilities to identify higher Hinchey scores, but they cannot predict recurrences.
Keywords. acute diverticulitis, Hinchey score, inflammatory markers

OP38. NOT ALL SUB EPITHELIAL LESIONS ARE GISTS: TRUST FNB AND YOUR HISTOPATHOLOGIST!

Gheorghe Balan, Sebastian Zenovia, Cucu Catalina, Stefan Chiriac, Catalin Sfarti

We present the case of a 66 years old female patient referred for upper GI endoscopy evaluation for weight loss and epigastric pain. Endoscopic evaluation showed an elevated lesion of approx. 3cm in the gastric body with normal adjacent mucosa and a central depression highly suggestive for a GIST. CTscan confirmed a gastric GIST and no metastases. The oncology team suggested EUS-FNB so that the patient underwent EUS which showed a 2.9/3/7cm lesion originating from the 3rd layer (submucosal space). FNB followed by histopathology and imunohistochemistry evaluation showed a large volume G2 neuroendocrine tumour. The case stresses the importance of EUS and FNB evaluation of gastric subepithelial lesions as not all lesions can be easily evaluated only be upper GI endoscopy and CT scanning despite localised disease.

OP39. EXTRADIGESTIVE-GIST: A RARE FINDING

Gheorghe Balan, Sebastian Zenovia, Cucu Catalina, Stefan Chiriac, Catalin Sfarti

We present the case of a 72 years old male patient hospitalised within the Diabetes and Metabolic Diseases Departament for weight loss and severe diabetes mellitus imbalance. The patient underwent transabdominal ultrasonography which detected an abdominal mass of approx. 40mm in the epigastric region followed by abdominal contrast-enhanced CT scan which has confirmed a 47/40mm solid tumour in the gastrosplenic ligament and a suspected right adrenal mass of 25mm. The patient has been referred for EUS and FNB. EUS evaluation confirmed the positioning of a 46mm solid tumour in contact with the splenic hilum. Moreover, a hypoechoic, poorly delineated lesion as been observed in the left adrenal area. FNB of both lesions showed a CD4+, CD114+, DOG1+ tumour interpreted as EGIST (extra digestive-GIST). However, despite it's metastatic character, Ki67 was of less than 2%.

OP40. CLOSING AN ESOPHAGEAL FISTULA: A STENT-TASTIC APPROACH

Andrei Dumitru, Cristina Tocia, Alexandru Marichescu, Cristina Dan, Răzvan Popescu, Eugen Dumitru

Case description. We present the case of a 71-year-old female patient who came to the ER complaining of intermittent dysphagia for solids and liquids in the last 2-3 weeks, having had a laparoscopic hiatus hernia repair with a Nissen's fundoplication one month ago. Upper GI endoscopy confirmed the presence of a tight gastroesophageal junction stenosis, at the level of the fundoplication. The case was discussed by a multidisciplinary team,

and surgical treatment was advised.
After the surgical intervention, the patient developed a perianastomotic fistula, which was treated endoscopically using an FC-SEMS. After an initial stent migration, the stent was fixed using clips, and the barium swallows showed no contrast extravasation.
After 8 weeks, the patient presented to the ER with hematemesis, caused by a distal stent migration causing a gastric contact ulcer. The stent was extracted, and complete fistula closure was observed.
Discussion. The role of endoscopic treatment in cases of postoperative dysphagia. Other treatment options when dealing with an esophageal fistula: OTSC, vacuum therapy, glue injection, and endoscopic suturing.

OP41. GREEN ENDOSCOPY IN ROMANIA – READY FOR PRIME TIME?

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Introduction. Climate change and its impact on the environment are matters of high concern. Thus, recent European recommendations for environmental sustainability in endoscopy have been published. We aimed to assess the real-life perception of those recommendations as well as the level of implementation in a tertiary-care center in North-Eastern Romania.
Methods. We included medical personnel from a tertiary-care center in North-Eastern Romania, namely senior and junior gastroenterologists, residents, and endoscopy nurses. An online survey was developed, that included the statements from the latest British Society of Gastroenterology (BSG), Joint Accreditation Group (JAG), and Centre for Sustainable Health (CSH) joint consensus on practical measures for environmental sustainability. Participants were asked to provide their opinion on the statements choosing their position from strong disagreement, disagreement, agreement, strong agreement, and no opinion. The results were collected confidentially and analyzed.
Results. There were 29 participants, aged 36.9 ± 8.17 years old, mostly women (42.5%). Among the respondents 11 were senior gastroenterologists, 6 were junior gastroenterologists, 8 were residents, and 4 were endoscopy nurses. Most participants agreed that endoscopy was an important source of waste (65.5%) and that measures are needed to reduce the negative impact of endoscopy on the environment (62%). Concerning the need for strict adherence to professional guidelines when considering the indication for endoscopy 44.8% of the respondents strongly agreed while 34.5% agreed. Sustainable alternatives to conventional diagnostic endoscopy were favored however by only 48% of the respondents while 27.6% strongly disagreed. Trainee involvement based on methods including simulation and online image libraries was mostly disagreed upon (51.7%). All participants agreed that both upper and lower digestive endoscopies should be grouped on the same day and 86.2% of the respondents considered that the use of single-use endoscopes should be restricted to select indications. More than 50% of the participants strongly agreed on the need for sustainability in new decontamination units. Most participants agreed that the judicious use of sterile water is necessary to reduce the impact on the environment as well as the minimization of histopathology use. With one exception, all respondents agreed that endoscopy accessories should be carefully considered and planned pre-procedure to minimize waste. Over 50 % of the respondents strongly agreed that the judicious use of NO as well as paperless protocol use and optimization of PPE should be implemented. Over 60% agreed that, when possible, personnel should be able to work from home. However, most participants did not agree with the proposed low-flow devices on water taps. The use of renewable energy sources as well as energy-efficient lighting of the endoscopy unit was agreed upon by most participants as well as efficient waste management. All participants agreed that heating, ventilation, and air conditioning would be turned off when endoscopy rooms were not in use. Over 70% agreed that patients should bring their cups to the hospital. More than 80% considered that remote consultation could be the default means of providing post-endoscopy follow-up. However, only 25% considered that alternative investigations would eventually replace endoscopy. Concerning the implementation of these measures, only 34% agreed that they were already implemented in Romania, while over 50% considered that they could be implemented in our country.
Conclusions. All in all, most of the proposed measures for environmental sustainability in endoscopy were agreed upon by the participants. There was however disagreement concerning the replacement of endoscopy by alternative investigations as well as the use of methods other than endoscopy for trainees to reduce the number of procedures.
Keywords. Green endoscopy, sustainability, climate change, Romania.

OP42. DESIGNING A MULTIDISCIPLINARY LYNCH CENTRE IN AN EMERGENCY UNIVERSITY HOSPITAL: CLINICAL AND EPIDEMIOLOGICAL FEATURES OF COLORECTAL CANCER PATIENTS

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Background. Lynch syndrome (LS former known as HNPCC) is a subject of interest for gastroenterologists and other specialties. The design of a multidisciplinary center for Lynch syndrome requires not only equipment but also the existence of a complex team of specialists who are trained to possess expertise in this field.
Aim. In order to design the project, we started a colorectal cancer prevalence study among patients who present themselves in a university emergency hospital. The purpose of the study was to characterize epidemiologically and clinically the cases of colorectal cancer diagnosed and treated in our hospital and to highlight among them the potential cases of LS. This study represents only one part of the prevalence study of digestive or gynecological tumors that may present the defining elements of LS.
Methods. We performed an observational, retrospective study in a single tertiary center were the complete diagnosis and treatment is recommended by the tumor board team.The board's goal is to determine the best possible cancer treatment and care plan for an individual patient.
The complete medical files of the patients discharged with CCR diagnosis confirmed by biopsies were collected and analyzed, on a period of one year before (2019), during (2020-2021) and a year after (2022) pandemic time. From the total number of patients discharged with CCR, we chose those younger than 50 years old, for whom we searched the medical records if they fulfill the Amsterdam criteria. All patients underwent pathological examination and IHC.Those who presented microsatellite instability MSI, were registered to undergo genetic tests to identify the possible presence of LS.
Results. from 1850 CCRs discharged patients who performed histological examination and IHC (2019-2022), 165 (8.91%) were under 50 year old at diagnosis and 24 of them (14,4%) had MSI high on IHC. Of these, only 3 patients fulfill the family history for LS. For all 24 patients we recommend genetic testing in order to confirm the specific mutations.
From 165 patients, we lost for follow-up 18 (10.9%)
Conclusions. The design of a multidisciplinary center for LS is feasible, under the premise that the data collection methodology is homogenous and the patients go through the diagnostic and follow-up protocol under the coordination of a team of specialists in genetic syndromes. The high percentage of patients with MSI on IHC offers the opportunity to diagnose those with genetic LS by complete family history anamnesis and genetic testing.
Key words. Lynch syndrome, colorectal cancer, IHC, multidisciplinary team

OP 43. ESOPHAGEAL HIGH-RESOLUTION MANOMETRY – THE EXPERIENCE OF A TERTIARY CENTER FROM NORTH-EASTERN ROMANIA

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Introduction. High-resolution manometry (HRM) is one of the most notable recent advances in the field of esophageal function. In the absence of organic lesions, HRM provides measurements of esophageal function, identifies the pathology and guides the treatment. The aim of this study was to assess the HRM particularities of diagnosis, clinical features and therapeutic management in patients evaluated for esophageal motor dysfunction.
Material and methods. Our study included all patients suspected of esophageal motility disorders, admitted in our tertiary referral center in North-Eastern Romania between July 2022 and March 2023. Demographic, clinical and laboratory characteristics were carefully collected from the patients' medical charts. All patients were investigated by upper digestive endoscopy and barium esophagogram prior to HRM. Patients diagnosed with eosinophilic esophagitis were excluded from the study. An ISOLAB HR® system from Standard Instruments, with a 36-pressure channels solid-state catheter was used. The HRM diagnosis of esophageal motor diseases was established based on Chicago 4 protocol and classification.
Results. Out of the 38 patients included in the study, 15 (39.5%) were female and 23 (60.5%) male, with a mean age of 61.2±11.9. Regarding clinical features, the majority of patients presented with dysphagia (80.4%). Seven (18.4%) patients associated significant weight loss and 6 (15.8%) reported non-cardiac chest pain. Esophageal motility disorders were found in 29 patients (76.3%), 9 patients (23.6%) having a normal HRM aspect. Achalasia was identified in 15 patients (39.5%), with type I in 3 patients (7.9%), type II in 7 patients (18.4%) and type III in 5 patients (13.2%). Distal esophageal spasm was found in 4 patients (10.5%),

hypercontractile esophagus in 2 patients (5.3%), esophagogastric junction outflow obstruction (EGJOO) in 2 patients (5.3%), ineffective esophageal motility in 1 patient (2.6%), absent contractility in 4 patients (10.5%) and dyshagia lusoria was identified in only one patient (2.6%). Regarding therapeutic management, endoscopic dilation was performed in 10 patients (26.3%) and 3 patients (7.8%) were referred to surgery.

Conclusion. Esophageal HRM remains an important tool for assessing esophageal motor dysfunction. The esophageal motility disorders still represent a diagnostic and therapeutic challenge in clinical practice.

Keywords: dysphagia, esophageal motility disorders, esophageal high-resolution manometry

Chapter 3. Oral Presentation – Various

OP44. Burnout syndrome in a tertiary university centre in Romania

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Background. Burnout syndrome is a commonly seen in healthcare professionals, particularly in physicians who are exposed to a high level of stress at work and has a negative impact on the medical activity. The physicians who had have high burnout levels have been shown to commit more medical errors. Aim: To assess the level of the burnout syndrome in a tertiary university centre of gastroenterology in Romania.
Methods. This observational study involved physicians from a tertiary gastroenterology university centre. An online questionnaire assessed the presence of burnout using the Maslach Burnout Inventory (MBI).
Results. A total of 64 physicians responded to the questionnaire. In terms of high burnout, 11 doctors (17.18%) had emotional exhaustion, 13 doctors (20.3%) had depersonalization, and 58 doctors (90.62%) scored low for personal achievement. There were statistically significant correlations between the personal accomplishment and exhausting scores and between the personal accomplishment and depersonalization scores, respectively (P=0.007, and P<0.001, respectively).
Conclusion. Physicians present an increased risk for burnout relative to workers in other fields. The high rate of burnout among physicians found by our study requires careful attention. Further studies aiming to identify other factors that contribute to burnout and as well as measures to combat burnout are necessary. Professional societies should get involved in studying the factors that generate burnout among physicians as well as to find solutions to reduce them.

OP45. THE AWARENESS OF MEDICAL WORKERS AND STUDENTS REGARDING THE ARTIFICIAL INTELLIGENCE-BASED SOLUTIONS USE IN MEDICINE

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The latest technological progress provided significant changes in the approach of several areas of daily life, healthcare, and research. In this context, there are many solutions based on artificial intelligence (AI) that were designed to provide assistance in repetitive, ultraprecision, and high-performance data analysis tasks. While the benefits of using AI in Medicine are suggestive, they are shadowed by potential limitations based on the perception of the targeted users due to lack of awareness, mistrust, and human versus machine controversy. Thus, we aimed to find the current opinion of the medical workers and students regarding the modern applications of AI in medical care and research.
Using an online specialised platform, we conducted a survey addressed to the members of academic and healthcare community. They were invited to answer specific questions evaluating their knowledge on AI, and their availability to accept and use AI-based applications in daily life and profession. Also, they were challenged to identify advantages and weaknesses of AI-based applications in healthcare and medical research.
We found that the responses regarding the use of AI-based solutions in daily life and healthcare suggested several differences in awareness. Also, some of the participants identified several possible sources of inequity in receiving medical care when intelligence-based applications were used in decision making demarche. Similarly, despite that AI-based resources could offer high performance solutions to medical care and research consequent to technology progress, the participants pointed out that the main negative outcome of artificial would be the lack of empathy involved in patients' management.
AI-based solutions in medical care could offer significant improvements of the medical act and in biomedical research. However, there are still many limitations that should be addressed when adapting AI resources in Medicine.
Keywords. artificial intelligence, healthcare, research, advantages, limitations

Chapter 4. Poster Presentation – Liver, Bile Duct, Pancreas

EP1. PREVALENCE OF HYPONATREMIA IN CIRRHOTIC PATIENTS AND ITS CORRELATION WITH THE SEVERITY OF THE LIVER DISEASE

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Introduction. Hyponatremia is a predictive factor of decreased survival in cirrhotic patients, being associated with increased morbidity and mortality. Hyponatremia is defined as a sodium serum concentration below 135 mEq/L,and is considered mild when the serum sodium concentration is in the range of 134-130 mEq/L, moderate for serum sodium concentrations between 129-125 mEq/L, and severe when the level falls below 125 mEq/L.
Objectives. It is to investigate the prevalence of hyponatremia in cirrhotic patients and to show the correlation between the sodium serum concentration and the severity of the liver disease.
Materials and methods. Retrospective studies were conducted on hospitalized patients with cirrhosis, regardless of etiology, at the Colentina Clinical Hospital- Bucharest, in the Gastroenterology Department, between 2021-2022.
Results. There were 240 cirrhotic patients, of which 84 were classified as Child class A, 4 of them with hyponatremia (4.76% of cases), then were 106 patients classified as Child class B, of which 26 (24.52%) had hyponatremia, and 50 patientsclassified as Child class C, hyponatremia being identified in 16 of them (32%).Regarding the severity of the hyponatremia, the following were highlighted: all the Child class A cirrhotic patients had mild hyponatremia (100%), among those with Child class B score– hyponatremia was framed as follows: 7.69% was mild, 30.77% moderate and 61.54 % severe, and in the case of Child class C cirrhotic patients, a small percentage had mild hyponatremia-6.25%, with moderate sodium serum concentrations in 18.75% of patients, and severe hyponatremia in 75% of cases.
Conclusions. It can be observed that hyponatremia can also occur in cases of compensated cirrhosis, in asymptomatic patients, and in this situation a therapeutic intervention must be carried out, even if the serum sodium concentration is only slightly reduced. The most important thing is that hyponatremia is a common feature in the advanced stages of the liver disease and the sodium serum concentration correlates with the severity of them. The findings of this study can be superimposed with the data from the specialized literature.

Keywords. Hyponatremia, Child-Pugh score, Cirrhosis

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EP2. A RARE PRESENTATION OF CONJUGATED HYPERBILIRUBINEMIA

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Hyperbilirubinemia is commonly detected in daily clinical practice and for the appropriate treatment, it requires a meticulous evaluation. We present a clinical case of hereditary non-hemolytic conjugated hyperbilirubinemia, specifically, Rotor syndrome to increase awareness of this extremely rare condition.
A 42-year-old man was admitted due to asymptomatic intermittent mild jaundice from early childhood, without significant changes in the history of the disease. The physical examination exposed no signs of chronic liver disease, except mild jaundice. Serum total bilirubin was elevated 7.3 mg/dl, with a direct fraction of 4.4 mg/dl, increased bilirubin in urine. Laboratory tests for liver function, viral hepatitis, autoimmune disease, copper, and ceruloplasmin, results of the abdominal ultrasound were within normal range. Normal hepatobiliary and pancreatic system was demonstrated at MRCP. Without other abnormalities found, it was suspected a genetic cause of jaundice, either Rotor or Dubin-Johnson syndrome. Liver biopsy revealed the absence of black pigmentation, which is more characteristic of Rotor, as opposed to Dubin-Johnson.
Ultimately to distinguish between the diseases, it was performed a hepatobiliary scintigraphy (HBS) using 150 Mbq of 99mTc intravenously. At HBS, contrast uptake in the liver was faint and severely postponed. Gallbladder was visualized tardily at minute 66 (Norm: 13- 15 min) with retention of the radiopharmaceutical in the cardiac blood pool and extended, selective kidney excretion. Sequential static scintigram at 24h after the initial investigation

didn't show major changes, suggestive of delayed excretion in the hepatobiliary system. Due to technical problems, an analysis of urinary coproporphyrin and genetic testing wasn't conducted, however, HBS results confirmed the suspicion of Rotor syndrome. Throughout the follow-up, the patient had a benign clinical course and no complications were detected.

Although Rotor syndrome is a rare hereditary condition and often an exclusion diagnosis it is important to take into consideration this disease when evaluating a patient with nonpruritic, asymptomatic jaundice on the account of conjugated bilirubin. In addition, this case illustrates the value and accuracy of hepatobiliary scintigraphy for confirmation and in the differential diagnosis of the illness.

Recognition of Rotor syndrome and differentiating it from other conditions has considerable clinical implications, notably for preventing costly, often irrelevant clinical workup and for appropriate counseling of the patient with benign hyperbilirubinemia.

Keywords. Rotor syndrome, hepatobiliary scintigraphy, hyperbilirubinemia

EP3. EPIDEMIOLOGY OF CHRONIC VIRAL HEPATITIS B/D AND C IN THE VULNERABLE POPULATION IN THE NORTH-EAST AND SOUTH-EAST REGIONS OF ROMANIA – INTERMEDIATE STAGE RESULTS IN THE LIVE(RO)2 - EAST SCREENING

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Introduction. In order to meet the requirements of the WHO, namely - the eradication of viral hepatitis by 2030, UMF "Grigore T. Popa" from Iasi together with ARAS and the Hospital "St. Spiridon" from Iasi, carries out since 2020 the project "LIVE(RO) 2 - Integrated regional program for prevention, early detection (screening), diagnosis and targeting treatment of patients with chronic liver disease secondary to viral infections with liver viruses B/D and C in the North-East and South-East regions". This study aimed to assess the epidemiological characteristics of the vulnerable population in the eastern part of the country diagnosed with chronic B/D and C viral infection.

Materials and methods. Between July 2021 and December 2022, we performed a prospective screening of chronic viral hepatitis B/D and C in vulnerable people in the counties of North-East and South-East of Romania, within the national program LIVE(RO) 2 - EST. Rapid diagnostic tests were used to detect HBs antigen (HBsAg) and anti-HCV antibodies (HCVA): HBV (Wama Immuno-Rapid HBV®) and HCV (Wama Immuno-Rapid HCV®). Rapid test-positive patients were tested for HBV DNA and HCV RNA and those eligible under the national protocol were treated with antivirals.

Results. The study included 55593 individuals tested rapidly, of which 2160 (3.8%) patients were tested positive (1120 women, 1040 men, mean age 55.86 ± 6.023 years, predominantly rural background - 76.19%). Of these, 1077 (49.8%) were HBsAg positive, 918 (42.5%) with HCV positive needle, 37 (1.7%) HBV/HCV coinfection and 128 (5.9%) HBV/VHD coinfection. HBV-DNA was performed in 724 (67.3%) individuals, of which 452 (62.5%) subjects > 2,000 children/ml. Also, 518 (54.3%) patients with HCV-positive Ac had detectable HCV RNA, of which 375 (72.3%) received antiviral treatment. Depending on the ethnicity, the prevalence of viral infection was 4.29% in Roma people and 3.23% in Romanian people. Among the vulnerable groups determined by work, inactive people (27.7%), uninsured people (11.2%), unskilled people (1.87%), unemployed people (0.6%) and people working in agriculture (0.59%) were predominantly tested. Among the special vulnerable groups, people with disabilities (3.99%), people addicted to alcohol (2.43%) and people with a minimum income (1.21%) were predominantly tested.

Conclusions. The high prevalence of B/D and C viral infection in the vulnerable population tested in the North-East and South-East Region of Romania compared to the rest of the population, indicates the significant viral spread of the infection in these people, a condition that requires further testing and the need for policies public health in vulnerable groups to promote access to existing health services and early initiation of optimal antiviral treatment.

Keywords. chronic viral hepatitis, epidemiology, vulnerable population

EP4. GENOTYPIC ASPECTS IN WILSON DISEASE PATIENTS WITH LIVER DAMAGE FROM THE REPUBLIC OF MOLDOVA

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Introduction. Wilson disease (WD), is a rare metabolic disease, associated with phenomenal mutational polymorphism and high phenotypic variety.
OBJECTIVE: To assess demographic distribution, epidemiological characteristics, clinical presentations, and genetic features of Moldovan patients with WD.
Methods. It was conducted a retrospective study on 108 patients suspected of WD, between 2006 and 2023. The Ferenci Scoring System was used to specify the diagnosis. The age and the symptoms at onset were used as the main phenotypic parameters. In 93 cases the genetic test was performed by the Sanger sequencing method of the exons with a high and moderate frequency of mutations, only 12.9% of patients were done sequencing of the entire gene.
Results. Out of 108 patients, 57.4% (62/108) were men, and the female-male ratio was 1:1.3. The mean age was 16 years (range 3-63 years). The average duration of the diagnostic period was 22.5 months, varying between 1-36 months. In 10.8% the diagnosis was established more than 3 years after the onset of the disease. In 40.7% of cases, WD was suspected before the age of 18 years. In 31.6% of patients, the onset was with a hepatic presentation, the type of lesion varying from chronic hepatitis to acute hepatic failure. Hepatic onset was more common in females (45.8%, $p<0.01$) and neurologic in males (61.5%, $p<0.05$). Mutations were detected in 61.35% of genetic tests performed, of which 70.2% are pathogenic variants. In 62.1% of cases, p.H1069Q was detected, of which 36.1% were homozygous recessive, 41.7% had associations with other variants (pathogenic, benign, or uncertain), and in 22.2% the second mutation is unknown. This mutation is associated with liver damage in 52.8% of cases, which was diagnosed at the onset or during the natural evolution of WD.
Conclusions. 36% of the patients with WD are homozygous, and in 52% of these patients' liver damage is established. establishing the correlation between the genotype-phenotype of the patient with WD is necessary for the personalized treatment of these patients.
Keywords. Wilson disease, Moldovan cohort, hepatic presentation, genetic test.

EP5. HEPATIC PECOMA: A RARE AND CHALLENGING DIAGNOSIS

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Introduction. We present a case of a young woman with an expansive liver mass, described in the histopathological report as a perivascular epithelioid cell tumor (PEComa) with unfavourable evolution and poor prognosis.
Case presentation. Female patient with insignificant medical history presents with epigastric and right upper quadrant pain with distended abdomen for 2 years. Following an MRI examination a hepatic solid mass with malignant characteristics was found. A percutaneous needle biopsy was performed with inconclusive results. The patient underwent chemotheraphy with poor clinical and imaging response, progression of disease being objectified through increased size of the hepatic lesion and the appearance of a osteolytic lesion at the follow-up CT scan performed after 19 months. A repeat biopsy is indicated by minilaparotomy. Results of the anatomopathological and immunohistochemistry report show findings consistent with the appearance of a PEComa or an epithelioid angiomyolipoma with infiltrative growth in the hepatic parenchyma and malignant features (tumour size over 5 cm, focal cytonuclear pleomorfism, definite mitosis). Since the disease is advanced, chemotheraphy with temsirolimus was initiated.
Discussions. Perivascular epithelioid cell tumour (PEComa) are rare mesenchymal tumors composed of distinctive cells that show a focal association with blood vessel walls and usually express melanocytic and smooth-muscle markers. Most frequently found in the uterus, they have a wide anatomical location and liver implication is infrequent. It is often misdiagnosed as hepatocellular carcinoma. Patients have no history of underlying liver conditions and tumoral markers are within normal range values. Sporadic and more common found in middle-aged females, although in rare cases, PEComas are related to alterations in tuberous sclerosis complex. The key immunological markers for precise diagnosis are α-SMA, HMB-45 and melan-A.
Imaging appearances are variable, most common aspects found are well-defined, heterogenous, arterial enhanced masses with wash-out in veno-portal phase and dysmorphic vessels or arterio-venous shunts, with or without fat component present. Most tumors are benign, malignant potential being uncertain, there are cases that imply invasive growth, distant metastasis or reccurences.
There is no standardized medical therapy, complete surgical resection is desirable for ensuring long term survival.
Conclusions. Hepatic PEComa's are rare tumors with possibility of presenting benign and malignant features, thereby posing diagnostic and treatment challenges. It is important to achieve an accurate diagnosis of PEComa and to include it in the differential diagnosis of large liver masses, regardless of the patient's age.

EP6. MEDITERRANEAN DIET IN PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE

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Background. Non-alcoholic fatty liver disease (NAFLD) is a pathology whose incidence and prevalence continues to increase, especially in countries where their inhabitans have adopted a Western type diet and a sedentary lifestyle and in our regional gastroenterology center the incidence of patients with NAFLD is 14, 46% from 1st January 2020 to 6th December 2022.There are several published studies in the last decade that have shown an essential role of mediterranean diet (MD) in the process of modulating the intestinal flora for the patients with NAFLD. Material and methods: We conducted a search of PubMed and Web of Science using multiple search terms including: NAFLD, MD, gut-liver axis. We included studies that contained pathways and mechanisms models of non-alcoholic fatty liver disease and the link with MD. Results: The results of the studies revealed that the percentage of patients with hepatic steatosis of grade 2 or even higher was reduced from 93% to 48% and a percentage of 20% of patients showed regression of steatosis and it seems also a greatly improvement in biochemical profile of the patients with the decrease of liver enzymes and even the normalization of ALT values; also MD positively influences the diversity of the intestinal flora that associates the increase of Bacteroides, decrease of Firmicutes and growth of Bifodbacteria which associates the decrease in serum cholesterol and the decrease in C-reactive protein ($p < 0.05$).
Conclusions. A correct, Mediterranean-type diet, with promising results in many of the studies carried out so far can be one of the best treatment options for diagnosed patients with NAFLD.
Keywords. non-alcoholic fatty liver disease, mediterranean diet, gut-liver axis

EP7. NONALCOHOLIC FATTY LIVER DISEASE AND CLINICAL GUIDELINES IN THE PREVENTION OF LIVER CIRRHOSIS AND HEPATOCELLULAR CARCINOMA

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Introduction. Nonalcoholic fatty liver disease (NAFLD) is the most common liver disease worldwide. The prevalence of NAFLD is rising because of ongoing epidemics of obesity and type 2 diabetes. Nonalcoholic steatohepatitis (NASH) has a prevalence up to 5% and the NAFLD progression is influenced by environmental and genetic factors. NASH–associated cirrhosis accounts 13% of all cases with hepatocellular carcinoma (HCC).
Objective. Detection of NASH in patients with risk factors such as central obesity, type 2 diabetes, arterial hypertension and hypertriglyceridemia.
Material and method. The study includes 84 patients (52 men si 32 women), meanage 54 years which were explored between april 2021 - march 2023 in Gastroenterology Institute by blood tests, abdominal ultrasound, upper digestive endoscopy (UDE), Fibroscan and CT.
Results. All patients were known with obesity and arterial hypertension, being found in Gastroenterology Institute with elevated liver enzymes, cholestasis, hyperglycemia and hypertriglyceridemia. Fibroscan detected liver fibrosis between F2–F4. 29 patients were diagnosed with liver cirrhosis (LC) and portal hypertension syndrome of which 18 were LC Child A, 9 LC Child B and 2 LC patients with increased AFP were detected with HCC confirmed at CT, one of them being nonresponder to previous antiviral treatment for hepatitis C. They were registered at the Regional Institute of Oncology for specialized treatment, and the rest of the patients were monitored and treated by the gastroenterologist, having a favorable outcome.
Conclusions. The clinical practice guidelines help clinicians screen and identify patients at risk for NASH, so they may receive appropriate treatment promptly. Screening patients with prediabetes, type 2 diabetes, obesity and at least two cardiometabolic risk factors, or those with hepatic steatosis identified on imaging, or elevated plasma aminotransferase levels that persist for longer than 6 months is useful in detecting the early diagnosis of NASH in order to prevent liver cirrhosis and even HCC.
Keywords. Nonalcoholic steatohepatitis, guidelines, screening, diagnostic

EP8. PATHOLOGIES DISCOVERED INCIDENTALLY IN PATIENTS WITH CHRONIC VIRAL INFECTION B / D AND C DIAGNOSED IN THE SCREENING PROGRAM LIVE (RO)2 – EAST

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Introduction. The overall burden of B / D and C viral hepatitis remains substantial, despite the major advances in the prevention and treatment of patients in recent years, due to comorbidities and complications associated with liver disease. In this context, the national screening program LIVE (RO) 2 aims to further assess all patients identified as positive for one of the hepatitis B / D / C viruses.**Objectives.** The study aimed to identify fortuitous pathologies discovered in patients with chronic viral B / D / C infection diagnosed in the LIVE (RO) screening program 2.

Materials and methods. We conducted a prospective study that included people from vulnerable groups (poor, uninsured, rural people, people in foster care, homeless, Roma population, people with disabilities, and suffering from alcohol or drug addiction) in different areas of North-Eastern Romania, between July 2021 - December 2022, during the national screening program LIVE (RO) 2-EAST. We also investigated the presence of newly discovered conditions in patients who tested positive and directed to the Institute of Gastroenterology and Hepatology in Iasi for the staging of liver disease and the establishment of antiviral treatment.

Results. The study group included 1176 patients, of which 422 men (35.8%) and 754 women (64.1%), aged between 35 and 83 years, with a mean age of 56.32 years. The predominant source of origin was rural (73.1%). Of the patients with positive RDTs, 635 (53.9%) patients were detected with HBsAg, 521 (44.3%) patients with anti-HCV antibodies, and 20 (1.7%) patients with anti-HVD antibodies. Of these, 215 patients (18.2%) were diagnosed with a new pathology associated with B / D / C viral infection. The most common pathologies discovered incidentally were liver cirrhosis (94, 43.7%), liver cysts (35, 16.2%), liver hemangiomas (29, 13.4%), gallstones (24, 11.1%), type II diabetes mellitus (T2DM) (15, 6.9%), uterine fibroids (9, 4.1%), hepatocellular carcinoma (7, 3.2%), choledochal lithiasis (2, 0.9%). In addition, the presence of fortuitous pathologies was higher among patients with HBV infection than in those with HCV infection (65.3% vs. 42.1%, p = 0.012). Among the risk factors associated with hepatocellular carcinoma (HCC) are chronic alcohol consumption (43%, compared to 19% in the group of patients without HCC), and the association of T2DM in 3 patients (31%, compared to 10% in the group of patients with HCC).

Conclusions. Patients with chronic B / D / C viral infection had a high prevalence of incidentally detected comorbidities, which necessitates the need for public health policies in vulnerable groups to promote access to existing health services to reduce the future burden of chronic diseases but also secondary complications of chronic liver disease.

Keywords, B / D / C viral hepatitis, new pathologies, incidental discover

EP9. SCREENING OF ESOPHAGEAL VARICES NEEDING TREATMENT USING 2D-SWE OF THE LIVER AND SPLEEN

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Aims. Among the non-invasive methods of evaluation in cirrhotic patients, the shear wave elastography (2D-SWE) method has been used to quantify the stiffness in chronic liver disease with good accuracy. Several studies have shown that each complication of cirrhosis is associated with a certain amount of liver stiffness. The objective of the study we performed was to quantify the use of elastography (liver and spleen) in predicting the risque and the grade of gastro-esophageal varices in patients diagnosed with hepatic cirrhosis.

Methods. We used the GE Logiq E9/E10 ultrasound system for 34 pacients. We excluded the pacients with liver neoplasia, infiltrative liver disease, acute virale hepatitis and obstructive cholestasis. The value cutt-off used for liver stiffness was >11.88 kPa (>1.99 m/s), correspondent for F4 Metavir. The procedure was realized after 4 hours of fasting, intercostal at 1.5-2 cm below liver and spleen capsule avoiding vessels. Six measurements were obtained for each patient. The results were compared with upper digestive endoscopy.

Results. We performed liver elastography for 34 patients known with liver cirrhosis, 94.2% due to ethanol consumption, of which 29.4% (n:10) were female and 70.5% (n:24) were male. We compared the degree of esophageal varices with the value of elastography. Elastography can differentiate patients without esophageal varices from patients with moderate (p value=0.072) or large esophageal varices (p value=0.013), but it cannot differentiate between patients without esophageal varices and those with small esophageal varice (p value=0.8249). However, there was a lack of correlation between the elastographic values of the spleen and the degree of esophageal varices (p value= 0.5860).

Conclusions. The results obtained are indicating that 2D-SWE of the liver can be used for ruling-out varices needing treatment in patients with cACLD, knowing that the presence of varices and especially of varices needing treatment indicates distinct prognostic stages in patients with compensated ACLD (cACLD).

Keywords. elastography, stiffness, gastro-esophageal varices, hepatic cirrhosis

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EP10. SCREENING OF VIRUS B AND C INFECTION IN ROMA POPULATION

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Background. In Romania, there is no published data focusing specifically on the prevalence of viral hepatitis B and C in the Roma population.
The objective of the study was to assessed the prevalence of virus B and C infection in Roma population.
Material and Methods. The HepOut screening campaign was carried out in September 2022 and consisted of testing for Hepatitis B, Hepatitis C in two predominantly Roma ethnic communities in the Cluj County. The testing consisted in Point of Care rapid tests HbsAg + anti HBV antibody, anti HCV antibody and dual HIV-1/2 Ag/Ab combo from Abbot.
Inclusion criteria: patients that signed the informed consent and fully completed the risk factor form. Exclusion criteria: patients that did not present an official ID, unaccompanied minors and lack of consent.
Results. There were 295 patients tested, with 259 being from Pata Rat (suburb of Cluj-Napoca) and 36 from the Cojocna (village in Cluj county) communities.
Of these, there were 53 children (aged between 5 and 17 years), 160 women (aged between 18 and 73 years, median age of 42.92 years) and 82 men (aged between 18 and 72 years old, median age of 48.03 years).
The total of HBV positive patients was 14 patients (9 females and 5 males) of which 6 were newly detected cases. The prevalence of HBV was 4.75%. The prevalence for HBV females was 3.05% while the males had a prevalence of 1.69%.
The 6 newly detected HBV patients were aged between 28 and 48 years old and shared common risk factors such as unprotected sexual contact, multiple dentistry interventions and tattoo practices.
There were 6 total HCV cases with positive test, 4 females and 2 males. The prevalence for HCV was 2.03%. The HCV patients displayed an age distribution between 35 and 64 years of age and none could identify the mechanism of infection, albeit confirming exposure to risk factors. The prevalence for the female HCV population was 1.36% and 0.68% for HCV positive males.
There were no children detected with a positive test.
Conclusions. A high rate of HBV infection and moderately higher HCV infection prevalence were detected in the studied Roma population compared with the general population.

Keywords. virus B infection, virus C infection, screening, Roma population
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EP11. SEMS PLACING FOR REFRACTORY VARICEAL BLEEDING

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Introduction. The first line of therapy for esophageal variceal bleeding is band ligation and it has been proved that this is the most effective and accessible endoscopic method for achieving hemostasis. However, band ligation is not always feasible due to fibrosis from previous ligations. Fully-covered self-expandable metal stents (FC-SEMS) are a viable option in refractory esophageal variceal bleeding as a bridge therapy to a definitive hemostasis modality.
Case presentation. We herein report the case of a 66 year-old patient admitted for hematemesis and melena, with a 10-year history of hepatitis B+D virus-related cirrhosis with multiple episodes of esophageal variceal bleeding for which he had underwent repeated endoscopic band ligations. On physical evaluation the patient had an altered general status with preserved mental status, was hemodynamically unstable, jaundiced, presented multiple spider angiomas on the anterior thorax, peripheral edema, an abdomen distended by ascitic fluid with periumbilical collateral circulation and non-palpable liver and spleen due to the large amount of ascites. The Child-Pugh score was 13 and MELD score was 32. Vasoactive pharmacological therapy (terlipressin) was initiated at adminision and volemic resuscitation was performed. He underwent upper gastrointestinal endoscopy 4 hours later which showed large esophageal varices with active spurting. Endoscopic band ligation was initially attempted; however, aspiration of the varices was very difficult due to intense fibrosis from previous ligations and the bands detached immediately after placement. Therefore, we decided to place a fully-

covered SEMS as the bleeding was persistent. The bleeding stopped shortly after the stent was deployed. Unfortunately, the patient's general status rapidly deteriorated and he underwent cardiac arrest a few hours after the procedure and died due to worsening of liver failure.
Discussion. Endoscopic band ligation is the treatment of choice for esophageal variceal bleeding. However, this method is not always successful and the bleeding is persistent despite band placement. Fully-covered SEMS or balloon tamponade are recommended as bridge therapies to TIPS for refractory esophageal variceal bleeding, with similar efficacy although with a safer profile favouring SEMS.
Conclusion. FC-SEMS can be used for refractory esophageal variceal bleeding as stent placement is superior to other methods as a bridge therapy.
Keywords. variceal bleeding; self expandable metal stents; bridge therapy

EP12. SUBOPTIMAL MONITORING REDUCES SURVIVAL IN PATIENTS WITH DELTA VIRAL LIVER CIRRHOSIS

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Background. Regular monitoring of liver complications is crucial to reduce morbidity and mortality in patients with delta viral liver cirrhosis.
Aim and Objectives. To determine the frequency and factors associated with clinical, laboratory and imaging monitoring to identify events of liver decompensation and hepatocellular carcinoma in patients with delta viral liver cirrhosis.
Methods. Retrospective cohort study of patients with delta viral cirrhosis (n=144) monitored for 4 years between 2018 and 2022, within the Gastroenterology Clinic, Republican Clinical Hospital, Chisinau. We calculated the proportion of patients monitored for liver decompensation and identified the factors associated with suboptimal monitoring.
Results. mean age 52 years, 58% men; 73% come from the south and center of Moldova. Only 20.8% (n=30) of patients had surveillance for HCC and 27.08% (n=39) for liver decompensation throughout the study period. During follow-up, 31.9 (n=46) developed one decompensation event and 22.2% (n=32) developed more than one decompensation events, 7.6 % (n=11) patients were diagnosed with HCC, 16.6 % (n=24) died. On multivariable regression, age 53.3 years (OR 1.64, p<0.005), decompensated cirrhosis (OR 1.91, p<0.001) were associated with significantly higher odds of undergoing surveillance every 4-6 months for liver decompensation and every 12 –14 months for HCC. Close monitoring every 4-6 months (p=0.001) versus every 12-14 months was associated with reduced risk of decompensation.
Conclusions. Our study suggests that routine monitoring for patients with delta viral liver cirrhosis is suboptimal. Monitored patients were more likely to prevent decompensation and had significantly better survival. More efforts are needed to optimize the surveillance of patients with delta liver cirrhosis.
Key-Words. viral delta liver cirrhosis, decompensation, monitoring, surveillance

EP13. THE EFFICACY OF USING ORAL SEMAGLUTIDE IN PATIENTS WITH TYPE 2 DIABETES AND NON-ALCOHOLIC FATTY LIVER DISEASE

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Introduction. Non-alcoholic fatty liver disease (NAFLD) is usually associated with type 2 diabetes mellitus (T2DM). The limited number of NAFLD treatment options is well known. Semaglutide, a GLP-1 receptor agonist approved to treat T2DM, is crucial for obtaining a healthy weight. Additionally, may constitute a cutting-edge therapy option for T2DM patients with NAFLD. In this study, liver steatosis and fibrosis in T2DM patients are measured using vibration-controlled transient elastography (VCTE) with controlled attenuation parameter (CAP).
Material and methods. Fifty-seven consecutive patients with T2DM and NAFLD receiving oral semaglutide were enrolled from September 2022 to February 2023 and evaluated by VCTE with CAP. Clinical and analytical data for every subject were recorded. Oral semaglutide was initiated at a dose of 3 mg once daily and subsequently increased to 7 mg at 4 weeks, and 14 mg at 8 weeks in accordance with the diabetologist's recommendations.
Results. VCTE analysis showed that 40 diabetic people (70.2%) had significantly lower CAP levels after 24 weeks compared to baseline. Only 14 (24.5%) diabetic patients experienced a significant decrease in liver fibrosis. Regarding body mass index (BMI), aspartate aminotransferase (AST) and alanine aminotransferase (ALT), have improved significantly compared to the baseline (mean BMI 28.72±5.43 kg/m2 to 25.67 ±6.11 kg/m2, mean AST 58.17 ± 16.33 IU/L to 34.54 ± 13.8 IU/L, mean ALT 63.31 ±

12.66 IU/L to 39.17 ± 14.3 IU/L). The mean hemoglobin A1c (HbA1c) value reduced significantly from baseline to 24 weeks (from 8.9% to 7.4%). A significant correlation existed between changes in CAP values and fasting plasma glucose (p=0.31, p=0.52), as well as AST (p=0.188, p=0.48), and BMI (p=0.274, p=0.44). Nausea and diarrhea were the most often reported side effects.
Conclusion. In individuals with T2DM with NAFLD, oral semaglutide therapy has improved glycemic control, liver enzymes, body weight, and liver steatosis. These findings suggest that semaglutide may be useful in the treatment of NAFLD patients, therefore more studies concerning liver fibrosis are necessary.

EP14. THE IMPACT OF COVID-19 PANDEMIC ON VARICEAL UPPER GASTROINTESTINAL BLEEDING: OUTCOMES IN A ROMANIAN EMERGENCY HOSPITAL

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Aims. Variceal bleeding is a common and severe cause of hospitalization in cirrhotic patients. We analyzed how the COVID-19 waves modified the outcome of the patients compared to COVID-19 extra-wave intervals.
Methods. We retrospectively included all patients hospitalized between March 2020 and December 2021 for variceal bleeding. They were separated in 2 categories: hospitalizations during COVID-19 extra-waves period and the COVID-19 waves. Variables like sex, age, hemoglobin at presentation, endoscopic timing, hemostatic methods, transfusion necessity, duration of hospitalization and mortality were analyzed.
Results. Out of 76 patients (2020-2021), 20patients were hospitalized during the COVID-19 waves. The median age did not differ significantly across groups (61 years [IQR: 52-65] vs 58years [IQR: 44-64]), 59 patients being male and 17 being female.The number of admissions for variceal bleeding and gastroscopy requirement and timing were similar regardless of the studied period ($p > 0.05$). Median hemoglobin admission values were significantly lower in the following subgroups: patients in whom gastroscopy was performed in less than 6 hours or more than 12 hours ($p = 0.045$) and patients requiring PRBC transfusion ($p = 0.018$). There were also no differences in duration of hospitalization and mortality between the two studied periods ($p>0.05$).
Conclusions. The number of patients remained relatively constant in both periods. We found no differences in the management and outcomes of patients with variceal bleeding throughout the COVID pandemic. Our results might be influenced by the low number of patients and need confirmation on larger cohorts.

EP15. THE PLACE OF THE MEDITERRANEAN DIET IN THE TREATMENT OF NON-ALCOHOLIC STEATO-HEPATITIS: EVIDENCE-BASED NUTRITIONAL CONSIDERATIONS

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Introduction. The role of the Mediterranean diet (MD) in the management of NASH has been intuited for a long time but current scientific data bring information beyond the obvious regarding its effectiveness associated with physical activity (PA) for which reason is recommended by EASL-EASD-EASO.
Material and method. We have compared recent studies regarding components of MD to identify what exactly of this diet is essential in the treatment of NASH and what is the weight of each element in the regression of lesions in NASH.
Results. MD includes large amounts of: water, vegetables, fruits, grasses, olive oil, in moderate amounts olives, fish, vegetable spices, peanuts, nuts, seeds, potatoes and in small amounts red or processed meat, sweets, alcohol. The social component of MD is essential, often involving meal preparation and family serving.
MD adherence (quantified by score) was shown to be directly proportional to reduction in hepatic steatosis in both NASH patients and those with associated diabetes.
Fish and seafood contain omega 3 fatty acids that cannot be produced in the body and have been shown to reduce lipid accumulation, reduce liver cytolysis enzymes, decrease insulin resistance, and have an anti-inflammatory effect; their reduction is associated with steatosis and fibrosis.
Olive oil contains MUFAs and smaller amounts of ALA and palmitic acid, polyphenols and antioxidants and has a beneficial effect on NASH but also on the other components of the metabolic syndrome.
Fruits and vegetables: NASH patients have a lower consumption of fruits and vegetables than the general population. They also intervene by reducing the overall energy density of diet generating small portions that contribute to weight loss, but also their composition of phenols and flavonoids have anti-inflammatory and anti-fibrotic effects, inhibit neo-lypogenesis and stimulate hepatic beta-oxidation.

Integral grasses act through the following mechanisms: reduce energy intake, modulate the microbiota, specific phytochemical effects.
Reducing red meat consumption is essential in MD because it is positively associated with NASH but also with insulin resistance, abdominal obesity and metabolic syndrome.
Most authors noted better resolution of NASH in nondrinkers.
Conclusion. MD is proven to be the most effective diet in adjusting liver status even in the absence of weight loss, which makes it more attractive than other diets. Obviously, associated with caloric reduction, the benefit is also evident on the other components of the metabolic syndrome.
Keywords. mediterranean diet, non-alcoholic steato-hepatitis

EP16. THE ROLE OF COMPUTED TOMOGRAPHY IN EVALUATION OF RECIPIENTS FOR LIVER TRANSPLANTATION

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Introduction. Computed tomography (CT) plays a crucial role in the evaluation of recipients before liver transplantation. It provides detailed information on the liver's size, shape, and vascular anatomy, helping to identify anatomical abnormalities and surgical challenges. CT scans can reveal the presence of pathological entities that may complicate or preclude the transplantation process. Overall, CT scans are an essential tool for assessing the suitability of potential liver donors.
Objective. This observational study aimed to investigate the role of CT in evaluation of recipients before liver transplantation. Specifically, the study aims to summarise the anatomical and pathological abnormalities detected by CT, that might represent potential surgical challenges.
Materials and methods. We included in our study a total of 146 patients assessed by CT of the thorax, abdomen, and pelvis, in order to be included on waiting list or to be evaluated before liver transplantation procedure. All patients underwent CT scans between March 2017 and April 2023, at "Saint Spiridon" University Hospital Iasi. Statistical analyses were performed using descriptive statistics. Data were de-identified to maintain patient confidentiality.
Results. Our study included a number of 146 patients, 104 males and 42 females. The mean age of liver recipients was 52. The most frequent causes of liver cirrhosis identified were chronic hepatitis and alcohol abuse. Most of them had only minor lung parenchymal abnormalities, 16% had pleural effusions and 81% had ascites. We identified a number of 21 patients with partial portal vein thrombosis and 3 patients with complete portal vein thrombosis, of which 7 people had cavernous transformation of the portal vein. Only 6 people had no portosystemic collateral pathways, while the rest of them presented with various dilatations of pre-existing anastomoses between the portal and systemic venous systems. In our group, 41% had anatomical variants of the hepatic arterial system, the most frequent one being the right hepatic artery branching off the superior mesenteric artery.
Conclusion. This study highlights the crucial role of CT in the evaluation of recipients before liver transplantation, for liver disease and associated pathologies. Our findings demonstrate that CT can accurately identify critical factors in the decision-making process for liver transplantation, like portal vein thrombosis or anatomical variations of liver vascularity, which can significantly impact surgical planning. These findings provide valuable insights into the utility of CT imaging in liver transplantation and may help to improve patient outcomes.
Keywords. Transplantation, recipients, liver cirrhosis, anatomical variants, surgical planning.

EP17. A HIDDEN CAUSE OF HYPERTRANSAMINASEMIA: LIVER TOXICITY CAUSED BY CHELIDONIUM MAJUS L. REPORT OF TWO CASES OF HERB-INDUCED LIVER INJURY AND LITERATURE REVIEW

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Introduction. Sometimes we find cases of elevated transaminases with an unclear etiology. A detailed history is useful and can uncover hidden causes. We report here two cases of herbal-induced liver injury with severe hypertransaminasemia caused by ingestion of Chelidonium majus L (celandine), considered an alternative therapeutic.
Case description. Case No. 1: A 64-year-old female patient presented to the emergency department for jaundice. The patient reported using celandine capsules for one month to treat her gallstones. The diagnosis was herb-induced liver injury (HILI), gallstones, and choledocolithiasis. Transaminases were over 1000 UI/l. After discontinuing the use of celandine and receiving intravenous treatment consisting of amino acids and phospholipids, the patient's condition improved. Following this, they

were referred for endoscopic extraction of common bile duct stones and cholecystectomy.
Case no. 2: A 66-year-old female patient presented to our medical department for investigation of increased liver function tests that were incidentally detected while evaluating musculoskeletal pain. After a directed questionnaire, she reported consuming celandine tea regularly for "health promotion." Transaminases normalized after intravenous therapy with amino acids and phospholipids.
Discussion. As more and more people use herbal substances as alternative therapies, it is important to expect an increase in cases with unexplained elevated liver function tests. Celandine is one of the most aggressive herbs, and physicians should clearly ask about its use in cases of unexplained liver injury.
Conclusion. Celandine is an herb used as an alternative therapy with high liver toxicity. Patients with unexplained liver injuries should be asked about the consumption of this herb.
Keywords. celandine; Chelidonium majus L; herbal-induced liver injury (HILI); toxic hepatitis.

EP18. PROPRANOLOL VERSUS CARVEDILOL IN PREVENTING VARICEAL BLEEDING

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Introduction. Non-selective beta blockers combined with endoscopic variceal band ligation is the most effective method of preventing variceal bleeding. Carvedilol has been shown to be more effective in reducing the hepatic venous pressure gradient than Propranolol (it has additional anti-alfa1-adrenergic activity, which makes the compound more potent in decreasing portal pressure).
Methods. We conducted a retrospective study over one year (2022) at IGH Iasi. We included patients with acute variceal bleeding admitted to the Acute Therapy department.
Results. The study involved 148 patients with variceal bleeding, aged between 21 and 68 years; 133 patients (89.8%) were under treatment with Propranolol (64 patients never had any variceal haemorrhage) and 15 patients (10.2%) were under treatment with Carvedilol (for 8 patients treated with Carvedilol it was the first episode of variceal bleeding). Of the 133 patients treated with Propranolol, 39 (29.32%) performed endoscopic variceal band ligation during the same hospitalization, and most of them (28 patients (71.79%)) did not rebleeded. Of the 15 patients treated with Carvedilol, 6 patients (40%) performed endoscopic variceal band ligation and most of them (5 patients (83.3%)) did not rebleeded; 9 patients (60%) treated with Carvedilol did not performed endoscopic variceal band ligation and only 1 patient from 9 (11.1%) had another episode of variceal haemorrhage.
CONCLUSION- We concluded that Carvedilol is more effective than Propranolol in preventing variceal haemorrhage (lower rate of rebleeding in the group of patients treated with Carvedilol) and also Propranolol is more effective for secondary prophylaxis when it is associated with endoscopic variceal band ligation.
Keywords. Propranolol, Carvedilol, variceal bleeding

EP19. ACUTE CHOLANGITIS OVERLAPING WITH STAUFFER SYNDROME IN AN ELDERLY PATIENT

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Introduction. Stauffer syndrome is a rare type of paraneoplastic syndrome that presents as cholestasis with absence of underlying disease. Classically Stauffer syndrome has been described in patients with renal cell carcinoma. Cholangitis is inflammation of the bile ducts. The bile duct system carries bile from the liver and gallbladder to the first part of your small intestine (the duodenum). Usually, cholangitis is caused by a bacterial infection.
Case report. A 78 year-old male patient is brought to the Emergency department for epigastric pain, nausea and vomiting, chills and dark colored urine. Initial bloodwork revealed cholestasis and a slightly elevated CRP. An abdominal CT scan was performed that revealed a 7x6 cm mass on the left kidney, CBD diameter- 8mm, hepatic steatosis and aortic, renal and iliac atherosclerosis. After 12 hours, the bloodwork was repeated. This time it revealed high leukocytosis with neutrophilia, high C-reactive protein level accompanied by a high procalcitonin level, modified creatinine level and cholestasis with bilirubin levels higher than the previous result. The patient was admitted and was started on broad spectrum antibiotics after blood cultures were taken. After the blood cultures result, the patient was switched to a lower tier antibiotic. A second CT scan was ordered, this time contrast enhanced. It described central intrahepatic bile duct dilatation, CBD with a diameter of 11 mm that narrowed near the ampulla of Vater, a 7x6 cm mass on the left kidney with central necrosis without malignancy criteria at that time. An EGD was performed in order

to exclude a tumoral process of the ampulla. After 10 days the patient status improved, however the bloodwork results still revealed cholestasis. The patient was redirected to a urology clinic for an elective nephrectomy.
Conclusions. We interpret the case as an overlap between Stauffer syndrome and acute cholangitis, and we want to emphasize the importance of abdominal imaging in cases with unexplained cholestasis.
Keywords. Stauffer syndrome, cholangitis, renal carcinoma.

EP20. ALCOHOLIC LIVER CIRRHOSIS ASSOCIATED TO FOURNIER GANGRENE

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Introduction. Liver cirrhosis represents the end stage of chronic liver diseases and it has a progressive evolution and an immunosuppressed status, often associated with bacterial infections. The Fournier gangrene is a form of necrotising fasciitis with polymicrobial etiology, which affects especially the male reproductive system and it is usually secondary to anorectal and uro-genital infections.
Case presentation. We present the case of a 33 years old male patient with alcoholic liver cirrhosis, with chronic alcohol intake. He was admitted in our department for jaundice, abdominal pains, severe asthenia. The clinical examination revealed intense jaundice, tremor of the upper limbs, abdominal distension with dullness, pain in the right hypocondrium and epigastric region at deep palpation, with portal vein collateral circulation, hepatosplenomegaly. The biochemical tests showed: thrombocytopenia, nonspecific inflammatory syndrome, moderate macrocytic anemia, hepatocytolisis, cholestasis syndrome, liver insufficiency, metabolic acidosis, hyponatremia. The viral etiology of liver disease was excluded by serologic laboratory tests. During hospitalization, the patient presented perineal pains and fever. The perineal consult revealed erythematous, painful and infiltrated retroscrotal and perineal skin, with hyperesthesia and a region of approximately 2 cm diameter with reddish-purple hue. The abdominal-pelvic CT revealed hepatomegaly, intense steatosis, portal hypertension signs (dilated portal vein, splenomegaly, moderate ascites), increased densification of perianorectal fat on the right side and of the soft tissues in the perineal region, without air inclusions; important buildup of fluid in the scrotum. The urologic exam established the diagnosis of Fournier gangrene with indication of surgical treatment which was performed and consisted in incision, necrectomy, debridement and cytostome. The postoperative evolution was slightly positive, under treatment with antibiotics, local bandage and liver support.
Discussions. Although the patient had an immunodepressed status, caused by the alcoholic liver cirrhosis, and the Fournier gangrene has a high rate of mortality among these patients, under the gastroenterological and urological care, the evolution was favorable.
Conclusion. This complex case shows the harmful consequences of alcohol consumption, causing progressive damage of liver function and immunodepression with grafting of polymicrobial infections which can determine sometimes necrotising fasciitis, like Fournier gangrene, in which early recognition, diagnosis and adequate management reduce mortality.
Keywords. alcoholic liver cirrhosis, Fournier gangrene

EP21. AN UNEXPECTED DIAGNOSIS OF AMYLOIDOSIS IN A PATIENT WITH ELEVATED CA-125

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Introduction. Systemic amyloidosis represents the extracellular deposition of amyloid fibrils that can generate heart failure, nephrotic syndrome and hepatomegaly. The diagnosis of amyloidosis can be suggested by the clinical manifestations of the patient, but the diagnostic method is tissue biopsy.
Case report. We present the case of a 70-year-old woman with a history of breast cancer that was admitted at the Internal Medicine Department for progressive abdominal distension. At clinical examination the patient presented enlarged abdomen. The laboratory findings showed cholestasis, and proteinuria. The abdominal ultrasound revealed hepatomegaly, splenomegaly and moderate ascites, with no signs of cirrhosis. The peritoneal fluid examination revealed transudate. To investigate the cause of ascites, a viral or autoimmune etiology was excluded by laboratory tests. A computed tomography scan was performed that showed bilateral pleural effusion, retroperitoneal adenopathy and moderate ascites. Considering the malignancy history of the patient, we investigated peritoneal carcinomatosis, or a possible ovarian cancer as a cause for ascites, by evaluating the serum CA 125 that had an elevated level. Next a diagnostic laparoscopy was performed which showed

no signs of a malignant disease or cirrhosis. The cardiac etiology of ascites was investigated by echocardiography and magnetic resonance imaging which showed restrictive cardiomyopathy. Considering the clinical, laboratory and imaging findings, the suspicion of amyloidosis was raised and for reaching the diagnosis a rectosigmoidoscopy with biopsy was performed. The histopathologic examination with Congo red stain viewed under polarized light showed amyloid deposits, and urine protein electrophoresis test revealed the presence of free light chain proteins.

Discutions. In the differential diagnosis of ascites, amyloidosis is seldom investigated and should be considered in a patient with multiple serous cavity effusion, heart failure and proteinuria. The early exclusion of ovarian cancer as a cause of ascites is important for the treatment management, but serum CA 125 is a non-specific marker that has been shown to increase in patients with ascites and chronic congestive heart failure. In patients with ascites, the rise of CA 125 value might be the product of peritoneal cells when stretched by the ascitic fluid.

Conclusion. Systemic amyloidosis with cardiac involvement can generate cardiomyopathy with heart failure. The significant increase of serum CA 125 value indicate a poor prognosis in patients with light chain amyloidosis. Awareness should be raised to relevant clinical manifestations that indicate amyloidosis for the early diagnosis and treatment for the improvement of the prognosis.

Keywords. amyloidosis, ascites, elevated CA 125

EP22. APPARENTLY FIT BUT NOT HEALTHY – HIGH CARDIOVASCULAR RISK IN LEAN NAFLD PATIENTS

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Background and Aims. Non-alcoholic fatty liver disease (NAFLD) and obesity are independently related to an increased risk for atherosclerotic cardiovascular disease (ASCVD), the primary cause of mortality in NAFLD patients. Even though many subjects with NAFLD are normal weight, it still remains uncertain whether their ASCVD risk is of major importance. The aim of this study is to assess and compare the ASCVD risk between lean and obese patients with NAFLD.

Methods. Normal weight and obese patients were evaluated between January 2020 and February 2023 and their data was analyzed. NAFLD was diagnosed by vibration-controlled transient elastography (VCTE) with controlled attenuation parameter (CAP) and the American College of Cardiology/American Heart Association guidelines was used to evaluate the ASCVD risk.

Results. In the obese group, 104 (63.8%) patients were diagnosed with NAFLD, compared to 32 (12.3%) in the lean population. In comparison to those with obese NAFLD, subjects with lean NAFLD had significantly higher ASCVD scores (mean 15.3% vs 22.7%, $p<0.001$). Moreover, subjects with lean NAFLD and significant liver fibrosis had a higher risk of ASCVD events, compared to their obese counterparts (OR, 2.51 vs 1.95, $p=0.034$). Regarding the presence of the components of the metabolic syndrome, the prevalence of type 2 diabetes mellitus was higher the obese group, while changes in the lipid profile and higher systolic blood pressure were more frequently found in lean subjects.

Conclusions: Subjects with lean NAFLD had an ASCVD score that were significantly higher than those with obese NAFLD. In both study groups, the presence of significant liver fibrosis was an essential risk factor associated with an ASCVD event, but the effects were more pronounced in lean individuals.

Keywords. Nonalcoholic fatty liver disease; Lean; Obese; Atherosclerotic cardiovascular disease

EP23. BODY MASS INDEX AND WAIST CIRCUMFERENCE AS PREDICTORS OF HISTOLOGICAL FEATURES OF NONALCOHOLIC FATTY LIVER DISEASE

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Introduction. NAFLD is a pathology that frequently correlates with obesity. Previously it was considered an exclusive feature of obese patients, however recent studies have suggested the possibility of "lean NAFLD", which develops in non-obese patients.

Aim. We try to assess the relationship between, on the one hand, body mass index and weight circumference, and on the other hand the result of liver biopsy, as assessed through fibrosis, activity, and steatosis.

Methods. A total of 81 patients participated in the study, which had recent hepatic biopsy for histological characterization of NAFLD. Each patient was weighed and measured, and the results were

compared to the biopsy, as evaluated by the SAF criteria. The data was analyzed using SPSS – using Independent samples T test, Kruskal-Wallis test, ANOVA test, Mann Mann–Whitney U test, Chi square test.

Results. Divided by activity groups, group 1 contained the 32 patients with no activity (A0), and group 2 contained the 49 patients with activity (15 – A1, 20 – A2, 11 – A3, 3 – A4). There were significant differences for BMI across the two groups, with average values being 28 for group 1 and 33 for group 2 ($p<0.001$). There were no significant differences waist circumference ($p=0.374$). Divided by steatosis groups, there were 27 patients with S1, 42 with S2, 6 with S3, with S4. Patients with S1 had significantly lower waist circumference (average 77 cm), compared to the other patients, with higher degrees (average 95 cm), p-value < 0.001. There were no significant differences in BMI between steatosis groups ($p=0.871$). There were no significant differences for fibrosis grades, compared to either BMI or waist circumference.

Conclusion. BMI and waist circumference are easy to measure, non-invasive parameters, that could be useful to estimate, patients with lower risk for progression, as estimated by no activity and/or lower grades of steatosis.

Keywords. Non-alcoholic Fatty Liver Disease; Body Mass Index; Waist circumference; Liver biopsy

EP24. CHANGES IN COMPONENTS OF METABOLIC SYNDROME AFTER ANTIVIRAL ERADICATION IN HEPATITIS C VIRUS INFECTION

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Introduction. Over 71 million people worldwide suffer from chronic hepatitis C, a systemic disease that is currently being viewed as a new cardiometabolic risk factor.

Aim. The objective of this study was to compare the lipid profiles of patients with hepatitis C virus (HCV) infection before and after viral elimination.

Materials and methods. We conducted a prospective study between October 2017 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. 128 of the 132 patients exhibit a persistent viral response (SVR). The average TC levels for patients who obtained SVR increased from baseline to 177.01 42.2 mg/dl. The discrepancies between the baseline values of the TC and those discovered during SVR and post-SVR surveillance were statistically significant (p 0.05 and p = 0.049, respectively). When compared to the baseline, the average LDL-cholesterol readings at SVR and post-SVR surveillance were higher on average (116.2 35.6 vs 124, 24 34.9 vs 136.72 22.5 mg/dL).

The post-SVR examination reveals significant HDL value variability, with lower values discovered compared to the study's second surveillance moment. After viral clearance, the serum triglyceride level had also changed. The mean triglyceride concentrations are lower (128.441.8 mg/dL) at the time of the SVR assessment. In the third evaluations, the mean value is somewhat higher (135.445.2 mg/dL). The differences between the values acquired at the time of SVR and the beginning values were found to be statistically significant (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, metabolic changes, virus eradication

EP25. CLINICAL PROFILE OF PRIMARY SCLEROSING CHOLANGITIS ASSOCIATED WITH INFLAMMATORY BOWEL DISEASE

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Background. Primary sclerosing cholangitis (PSC) is a chronic, progressive cholestatic disease that is associated with inflammatory bowel disease (IBD) in approximately 70-75% of cases. Most cases of IBD are represented by ulcerative colitis (UC) (80%). Existing data are from the literature, but the profile of this rare disease in association with inflammatory bowel disease in Romania is less studied.

Aims. The clinic- demographic profile in patients diagnosed with sclerosing cholangitis.
Methods. We performed a retrospective analysis of patients diagnosed with PSC between Jan 2018 to Oct 2022 in a tertiary medical center. The diagnosis was based on both typical aspect on MRI (paucity of biliary ducts with dilatations and stenosis) and hepatic biopsy. All patients had colonoscopy with ileal intubation with biopsy for excluding the association of inflammatory bowel diseases.
Results. From 14 patients diagnosed with PSC there were 11 patients included, mean age was 46 , male: female ratio being 3:2. UC was identified in 89% of cases, as pancolitis in 4 (36%) patients. Only one patient was diagnosed with ileo-colonic Crohn's disease (CD). The clinical presentation included obstructive jaundice in 5 (45%) patients, liver cirrhosis in 3 (27%) patients (Child-Pugh B in all cases) and cholangiocarcinoma in one (9%) patient. The MRCP aspect showed a dominant stricture in 5 (45%) patients, located in the hilum in 2 (18%) cases.
Perinuclear anti-neutrophil cytoplasmic antibodies (pANCA) were not suggestive for diagnosis, were identified in only 9% of cases. ERCP with stenting was performed in case of dominant strictures with cholangitis in 5 (45%) patients , with secondary lithiasis in 2 (18%) cases.
Conclusions. The association of PSC-inflammatory bowel disease is a rare disease , with involvement of ulcerative colitis in most of the patients and mild symptoms.
Keywords. Primary sclerosing cholangitis, inflammatory bowel disease, ulcerative colitis, Crohn's disease

EP26. A GIANT PANCREATIC PSEUDOCYST TREATED WITH ENDOSCOPIC DRAINAGE

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Introduction. A pancreatic pseudocyst is a relatively common complication of acute pancreatitis. However, very few cases of giant pancreatic pseudocysts, those measuring 10 cm or more in major diameter, have been reported in the literature. We present a case of endoscopic cystogastrostomy of a giant pancreatic pseudocyst.
Case report. A 61 years old patient, with an episode of acute pancreatitis 5 weeks ago, was admitted to our hospital complaining of abdominal pain and vomiting. Abdominal examination revealed a palpable, tender epigastric mass. Laboratory investigations revealed a normal lipase, normal white blood cell count and liver enzymes. An abdominal CT scan showed a huge pancreatic pseudocyst measuring 188 mm/158 mm. Endoscopic drainage was performed, and a double-pig tail stent(10 French/10cm) was placed under fluoroscopy guidance, with immediate drainage of >2000 ml of fluid. A second stent was attemped, but without success. The patient tolerated the procedure well. An ultrasonography performed the next day showed the remission of the pseudocyst. The patient was discharged after 3 days. An abdominal CT scan at 4 weeks showed full resolution of the pseudocyst and the migration of the stent in the transverse colon. Fortunately, the stent did not perforate and was eliminated from the body through stool.
Conclusions. Although there is no consensus on the ideal management of giant pancreatic pseudocysts, the endoscopic drainage is preferred due to it's low mortality and costs. Stent-related complications such as migration and clogging with subsequent infection can occur.
Keywords. pancreatic pseudocyst, cystogastrostomy, double-pig tail stent

EP27. PANCREATIC PSEUDOANEURYSM

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Historic. A 59-year-old patient, a chronic ethanol user, without any medical history, presents with hematemesis and abdominal pain.
Methods. The level of hemoglobin was 8.2 g/dL, without any other biological modification.
The emergency upper digestive endoscopy revealed a large clot that almost completely occupied the esophageal and gastric lumen, up to the duodenal angle. Endoscopic re-evaluation at 24 hours: esophagus and stomach with free lumen, gastric body with extrinsic compression on the posterior face towards the greater curvature and intensely edematous mucosa at that level.
Abdominal ultrasound revealed multiple calcifications at the level of the pancreatic head and body and at the level of the tail of the pancreas, a cystic formation of approximately 5 cm was visualized, with a pulsed Doppler signal. CEUS:hyperinhancement in the center of the lesion and lack of contrast in the periphery, an aspect that was maintained in the portal and parenchymal phases.
The abdominal CT showed a corporeo-caudal pancreatic pseudoaneurysm of the splenic artery with dimensions of 65 mm, with parietal thrombosis with a stratified appearance, affecting about 40% of the lumen, with contrast extravasation, in direct contact with the posterior gastric wall.
Results. The suspicion of upper digestive hemorrhage secondary to a fistula between the

pseudo-aneurysm of the splenic artery and the stomach was raised, but also the possibility of a wirsungorrhagia, given the direct contact of the lesion with the pancreatic tail.
Abdominal angiography with angioplasty was performed, secondary to the extravasation of the contrast substance at the level of the splenic artery with a 3/18 mm Bentley type stent graft, with an optimal result, without extravasation of contrast.
Diagnosis. Upper gastrointestinal hemorrhage secondary to a splenic artery pseudoaneurysm. Chronic ethanolic pancreatitis.
Conclusions. Bleeding from splenic artery pseudoaneurysm is a rare and often fatal cause of gastrointestinal bleeding The most common causes are pancreatitis and abdominal trauma. In pancreatitis, pancreatic enzymes can cause vascular necrosis and rupture of elastic tissue, leading to pseudoaneurysm formation. Another way can be through pseudocysts (41% of patients with pseudoaneurysms),
In this patient's case, the pseudoaneurysm most likely occurred secondary to a pseudocyst that eroded the splenic artery, with intracystic hemorrhage, which led to a localized hemorrhage and not to a hemoperitoneum, and subsequently to the digestive tract, transgastric or through the main pancreatic duct.
After stent placement by angiography, the patient had a favorable evolution at ultrasound reevaluation at 1 month, with remission of the lesion.

EP28. RARE CASE OF ACUTE PANCREATITIS

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Acute pancreatitis accounts for 0.8% of admissions at the Bacau Regional Hospital ER. Main causes for acute pancreatitis include gallbladder stones and alcohol consumption. Intraductal papillary mucinous neoplasms (IPMN) are benign cystic lesions of the pancreas. Here I illustrate the case of a 63 year old male which presents at the emergency department in January 2022 with symptoms including pain in the upper abdominal quadrant which started 10 days prior, accompanied by nausea, bilious and non-bilious vomiting. PPH: cholecystectomy (2019), grade II hypertension, dyslipidemia. On physical examination: no fever, non-pruritic jaundice, abdominal meteorism, diffused pain, gas transit present. Abdominal radiography: no hydroaeric levels, no pneumoperitoneum. Abdominal echography: liver steatosis, surgically removed gallbladder, nondilated biliary ducts, lipomatous pancreas. Biological markers: elevated amylase and lipase, cholestatic syndrome, bilirubin, AST ALT, GGT, triglycerides, cholesterol – elevated levels. Upon admission, in the Internal Medicine section: CA 19-9 = 2265U/ml, HBs antigen and anti HCV antibodies nonreactive, fecal elastase within range. Upper endoscopy: antral gastritis caused by biliary reflux. Iv contrast CT: hepatic steatosis, aortic atheromatosis. Contrast cholangiopancreatography: cystic tumoral formation of the uncinate process, slight lipomatous infiltration of the pancreas, nondilated biliary pathways. Clinical and biological evolution – favorable, under medication. Echo-endoscopy with FNA conducted February 2022 in a tertiary center: IPMN of secondary duct. October 2022: clinical, biological, imagistic reevaluation.
Case particularity: the presence of IPMN presents a risk of recurring acute pancreatitis, but also a potential evolution towards adenocarcinoma.
Keywords. acute pancreatitis, intraductal papillary mucinous neoplasms (IPMNs).

EP29. DISTAL CHOLANGIOCARCINOMA VERSUS CEPHALIC PANCREATIC NEOPLASM – DIAGNOSTIC SURPRISE

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Introduction. Cholangiocarcinoma defines the malignant tumor of the bile ducts and the diagnosis is difficult due to its location, size and desmoplastic characteristics, clinically mimicking cephalic pancreatic neoplasm. The tumor is rarely identified by ultrasound and more often by CT, MRI, or percutaneous fine needle aspiration, and endoscopic transpapillary biopsy has a sensitivity up to 86%.
Case Study. Patient B.L. aged 67 addressed in emergency to Gastroenterology and Hepatology Institute (GHI) for jaundice, pruritus, pain in the right hypochondrium, acolic stools and hyperchromic urine, symptoms that started 10 days before admission, following a food abuse. Clinical examination reveals jaundice, right hypochondrium painful to palpation, without signs of peritoneal irritation, and digital rectal examination indicates acolic stool.Biologically, normocytic normochromic anemia is detected, cholestatic syndrome with total bilirubin 10.9 mg/dl and direct bilirubin of 8.63 mg/dl, AP= 405 U/L, GGT=1425 U/L, liver cytolysis: ALT=488 U/ L, AST=346 U/L, CA 19-9 >1200 IU/ml, lipase=683 U/l, amylase=165 U/L. Abdominal CT with contrast shows dilated common bile duct (CBD) and intrahepatic ducts, alithiasis gallbladder, portal vein and superior mesenteric vein thrombosis, inhomogeneous cephalic pancreas, dilated Wirsung, secondary hepatic dissemination.Cholangio-MRI shows left hepatic lobe metastases, bilateral pleural effusion, minimal ascites, CBD=13.5 mm decalibrates irregularly intrapancreatically, having a stenosis with imaging features of malignancy and the

Wirsung duct presents a 5 mm cephalic stenosis.The patient was sent to the Regional Institute of Oncology, Iași for specialized treatment, later returning to GHI for an endoscopically guided fine needle biopsy (FNB) that examined the pancreas and the distal choledochus at the level of the duodenal bulb and DII.A correct positioned biliary stent is detected and the head of the pancreas presents a hypoechoic echostructure because of local edema. In the distal CBD, in contact with the metal stent, a hypoechoic, inhomogeneous, imprecisely delimited lesion of 3/4 cm is identified, with a central area of necrosis. Acquire 22 gauge needle FNB indicates observation of distal cholangiocarcinoma and the histo-pathological examination confirms malignancy.
Discussions. Ecoendoscopy with FNB has the highest accuracy in establishing the diagnosis of distal cholangiocarcinoma, facilitating the differential diagnosis with cephalic pancreatic neoplasm and establishing stenting with Gemcitabine chemotherapy.
Conclusions. In our case the diagnosis of distal cholangiocarcinoma required a multidisciplinary team and interventional investigations were ERCP, echo-endoscopy and FNB, apart from cholangio-MRI and CT. CBD stenting and associated chemotherapy are the therapeutic options in advanced distal cholangiocarcinoma.Whipple pancreaticoduodenectomy would be the curative treatment in uncomplicated forms.

EP30. EFFICACY AND RESPONSE PREDICTORS OF ANTICOAGULATION WITH SULODEXIDUM FOR THE TREATMENT OF NONMALIGNANT PORTAL VEIN THROMBOSIS IN PATIENTS WITH CIRRHOSIS

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Introduction. Thrombosis of the splanchnic venous system, especially of the portal vein, is a phenomenon with an increasing incidence in patients with liver cirrhosis (10-26%).
Methods. We performed a prospective study in the Department of Internal Medicine, Fundeni Clinical Institute, including 96 patients with liver cirrhosis and nonmalignant portal vein thrombosis. The patients were randomized into 2 groups: group A (51 pts) treated with sulodexidum 2 tb/day for 6 months, and group B (45 pts), which represented the witness group. The patients were followed over a period of 12 months after the end of treatment. Acute/subacute thrombosis was defined as the absence of flow in part or all of the lumen of the portal vein trunk, portal vein branches, splenic vein(s) or superior mesenteric vein, associated with the presence of solid material within the vein, as documented by imaging studies, in the absence of any grade of thrombosis during the previous 6-month scheduled hepatocellular carcinoma screening study.
Results. No statistically significant differences were observed between the 2 groups with regards to etiology, MELD score (12.8±3.6 vs 13±3.9, p=0.28), and Child-Pugh class (7.8±0.9 vs 8.1±0.8, p=0.25). The incidence of trombophylic disorders was of 9 cases in group A and 6 cases in group B. Thrombosis of the main PV was observed in 76.4% in group A and 66.6% in group B, right portal vein- 41.1% vs 33.3%, left portal vein - 17.6% vs 17.7%, SMV - 19.6% vs 13.3%, longest diameter in transverse section (mm) 24.9±7.8 vs 25.1±7.4 (p=NS). After 6 months, complete response was present only in group A, treated with sulodexidum (23.5%), partial response 25.4% in group A vs 6.6% in group B (p=0.0001), no response 51.1% in group A vs 93.3% group B. Rethrombosis appeared in 12.5% patients after stopping treatment (median time 2.3 months). Univariate and multivariate analyses of predictive factors associated with recanalization after sulodexidum therapy revealed: involvement of ≥ 2 vessels (HR 13.7, 95% CI 1.4-187, p=0.021), start of treatment ≤ 14 days (HR 10.3, 95% CI 0.68-121, p=0.032), longest diameter in transverse section < 18 mm (HR 15.2, 95% CI 1.3-198, p=0.029).
Conclusions. Anticoagulation with sulodexidum in patients with liver cirrhosis and PVT leads to partial and complete recanalization of portal venous axis in 48.9% of patients, without adverse reactions.
Keywords. portal vein thrombosis, portal vein recanalization, chirrhosis, sulodexidum.

EP31. EPIDEMIOLOGY OF PANCREATIC CANCER IN THE SOUTH-EAST SIDE OF ROMANIA (5 YEAR DATA)

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Introduction. Pancreatic cancer (PC) is one of the deadliest cancers with short-term survival rates. Since there are no current screening recommendations for PC, primary prevention is very important. Due to lack of recent information on epidemiology of PC in this region, aim of our study was to assess the characteristics and epidemiological

features of PC in south-east side of Romania in the last five years.

Material and method. The retrospective study included 346 patients with PC who were admitted between 2018-2022 to Constanța County Clinical Emergency Hospital. Data on age, sex, personal medical history, cancer details and type of treatment perfomed were obtained from hospital records. We calculated the prevalence in this period (rates were reported per 100.000 people). Mortality data was partially known, so was not included in the analysis. Data analysis was performed with Microsoft Excel Analysis ToolPack.

Results. Out of 346 patients, 56.1 % were male and 43.9% were female. Mean age was 72 +/- 11.3 years.

Analysis showed an increasing prevalence of PC in the last five years: 11.3 (2018), 11.5 (2019), 12.2 (2020), 12.5 (2021), 13.2 (2022). In comparison with other published data in 2012 and 2019 about PC in Romania we observed a slighty higher prevalence in our region.

Risk factors: diabetes mellitus was present in 32% patients, chronic pancreatitis in 30% patients; smoking was noted in 45%, alcohol consumption in 66% patients, obesity in 25% patients and cardiovascular cormobidities in 58% patients.

Most common cancer location was the head of the pancreas in 68.9% patients, followed by body and/or tail in 31.1 % patients.

Metastasis were noted in 56% patients and most common were hepatic metastasis, followed by pulmonary metastasis and peritoneal metastasis.

Therapy: curative surgery was indicated in 9% of the patients, 45% received palliative endoscopic treatment and most of them received oncologic treatments.

Conclusions . In the south-east side of Romania, PC is a disease of the elderly, it is usually diagnosed in late stages and incidence has slighty increased in the last five years; diabetes mellitus, chronic pancreatitis, alcohol and smoking, and cardiovascular cormobidities remain the most common associated risk factors.

Keywords: pancreatic cancer, incidence, diabetes mellitus

EP32. FOLLOW-UP OF THE FATTY LIVER IN PATIENTS WITH ACUTE PANCREATITIS

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Introduction. Acute pancreatitis is one of the most prevalent gastrointestinal diseases requiring emergency care globally, associated with high morbidity and mortality. The disease is often associated with other pathologies, one of the most common is fatty liver.

Objective. The aim of our study is to follow-up the relationship between acute pancreatitis and comorbid fatty liver, to draw conclusions between the presence of steatosis and the severity course of pancreatitis by processing the data.

Methods. In our retrospective study, we follow-up patients admitted to the Gastroenterology Department of the Emergency Clinical Hospital in Târgu Mureş between January 2019 and December 2020 with acute pancreatitis, based on the following aspects: presence of fatty liver, triglyceride level, severity of pancreatitis, the age and gender of patients. The diagnosis of fatty liver was made by imagistics (ultrasound, CT). Alcoholic and non-alcoholic fatty liver cases were not separated. The statistical processing of the data was carried out using Microsoft Excel and GraphPad Prism programs.

Results. Over the course of 2 years studied, 216 patients with acute pancreatitis were found, 65 women (30.09%) and 151 men (69.91%). The average age was 56.09 years.123 cases was associated with fatty liver - 56.94%, of which 35 are women (28.45%) and 88 are men (71.54%). The average age was 54.03 years. The presence of fatty liver was more common in severe acute pancreatitis, but the difference was not statistically significant (p=0.5143). Hypertriglyceridemia was found in 48 cases (22.2%), 30 patients had fatty liver. When fatty liver and acute pancreatitis were present together, hypertriglyceridemia increased the incidence of severe acute pancreatitis and the difference was statistically significant (p=0.0067).

Conclusion. The results of our study confirm that fatty liver is often associated with acute pancreatitis – in our cases, it was present at more than half of the patients with acute pancreatitis. The severity of acute pancreatitis is not affected by the presence of fatty liver, but if hypertriglyceridemia is associated, this indicates a significantly poor prognostic factor for the course of pancreatitis.

Keywords. acute pancreatitis, fatty liver, hypertriglyceride

EP33. GIANT PANCREATIC PSEUDOCYST COMPLICATED WITH SPLENIC ARTERY EROSION

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Introduction. Pancreatic pseudocyst presented as pseudoaneurysm of the splenic artery is a rare but serious complication in patients with chronic pancreatitis.

Case presentation. A 46-year-old male patient with long evolution of chronic pancreatitis presented to the Emergency Unit due to abdominal pain. The

patient was cachectic and had increased values of amylases, severe anemia (5 g/dl hemoglobin) but no inflammatory syndrome. Standard ultrasound showed a fibrotic, calcified pancreas with a big pseudocyst localized distal to the body and tail. Contrast enhanced mode found a 12 cm diameter transonic image, with Doppler signal inside, communicating with a large vessel, most probably the splenic artery, causing the contrast agent to fill the cavity; this demonstrated the presence of a big artery eroding-pseudocyst converted to pseudoaneurysm. Furthermore, the angio-CT described a 20x14 cm retroperitoneal hematoma in touch with the splenic and left gastric artery. The patient was immediately reffered to the interventional radiologist who acted for angiographic coil embolization of the proximal splenic artery with no success and classical surgery was proposed due hemodynamic instability. Unfortunatelly, the surgical hemostasis was uneffective because of the mutual communication of the splenic artery and the pseudocyst and the patient deceased.

Discussions. Our case shows that the pancreatic pseudocysts may complicate with acute hemorrhagic events with high morbidity and life-endangering potential.

Conclusion. Contrast enhanced ultrasound plays a major role for diagnosing hemorrhagic pseudocysts when they present as pseudoaneurysms and should be considered as a reliable tool for their aproach.

Keywords. CEUS, angiography, pseudoaneurysm, pseudocyst, pancreatitis;

EP34. HEMOPERITONEUM – A RARE COMPLICATION OF LIVER CIRRHOSIS

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Introduction. Varices are abnormally dilated veins that result from portal hypertension and appear in approximately 50% of patients with liver cirrhosis. Spontaneous hemoperitoneum is an extremely rare complication of portal hypertension, with a high risk of mortality.

Case presentation. We present the case of a 65-year-old female patient with hemoperitoneum as a complication of liver cirrhosis. The patient had a medical history of surgically treated hydatid cyst, no alcohol consumption, and was admitted in our clinic for hematemesis, nausea, and dizziness. Clinical examination revealed paleness, epigastric, flank, and right hypochondrium tenderness on palpation, hepatomegaly at 4 cm below the right costal margin, irregular surface with sharp edge, and grade II splenomegaly. Laboratory tests showed a nonspecific inflammatory syndrome (leukocytosis, accelerated ESR, increased CRP), mild normocytic anemia, minor hepatocytolytic syndrome, cholestasis, hyperglycemia. Abdominal ultrasound detected a cirrhotic liver, splenomegaly, free intraperitoneal and perihepatic fluid. Upper digestive endoscopy showed grade II esophageal varices with red spots, large gastric varices (GOV 1 and GOV 2), and mild hypertensive portal gastropathy. Medical treatment was initiated with proton pump inhibitors, hemostatics, vasoactive drugs and hepatoprotectors, initially with symptom improvement, but later with recurrence of gastrointestinal bleeding manifested by melena, followed by syncope and hemodynamic instability. The patient was reevaluated endoscopically, and there was no blood found in the examined digestive tract. Abdomino-pelvic CT with contrast substance revealed pelvic hemoperitoneum and varicose dilations of the umbilical vein, vascular blush at the level of the right flank intestinal loop. Diagnostic paracentesis confirmed the presence of hemoperitoneum. Surgical intervention was decided, and exploratory laparotomy was performed for both diagnostic and therapeutic purposes, revealing peri-umbilical varices, with separate ligature for hemostasis. The postoperative evolution was favorable, and the patient was discharged after two weeks.

Discussions. In patients with liver cirrhosis, the most common suspected cause of hemoperitoneum is bleeding from intrabdominal tumor formations; however, other etiologies, such as intra-abdominal ectopic varices, should also be considered.

Conclusion. Although the patient presented with one of the most serious and rare complications of liver cirrhosis, early diagnosis of hemoperitoneum and appropriate treatment led to her survival.

Keywords. hemoperitoneum, liver cirrhosis, ectopic varice

EP35. INFECTIONS IN LIVER CIRRHOSIS: THE EXPERIENCE OF TIMOFEI MOȘNEAGA STATE REPUBLICAN HOSPITAL, CHIȘINĂU

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Liver cirrhosis (LC) is the 4th leading cause of death globally. It induces cirrhosis-associated immune dysfunction, increasing the predisposition to infection, thus the rate of hospital admissions and mortality. In this study we aim to assess the correlation between liver cirrhosis and community acquired infections via clinical, paraclinical issues and the role of inflammatory markers in diagnosis.

It was performed a retrospective study of patients with liver cirrhosis, admitted to a hospital in Chisinau,

between 2020-2021. Samples data on symptoms and laboratory findings were collected from electronic clinical records. The cohort was divided into two groups with and without associated infection. The Fisher exact, Chi-square, and T-student tests were used to compare groups.
A total of 104 patients were included, 50 (48%) with associated infection and 54 (52%) without it. No statistical distinction was identified amongst groups regarding age, sex, and excessive alcohol use. Urinary infection was the most common infection 29 (50%), followed by pneumonia 20 (30%). The infectious syndrome was marked by fever 10 (20%) and chills 4 (8.68%), with an eloquent difference between groups ($P<0.05$). There was a statistically significant relationship ($P<0.001$) between patients with decompensated cirrhosis and an increased rate of community infections. The severity of hepatocellular insufficiency and cholestatic syndrome correlates with community acquired infections ($P<0.05$). The value of erythrocyte sedimentation rate (ESR) and c-reactive protein (CRP) was significantly elevated in the first group compared to the control ($P<0.01$), however with low diagnostic specificity.
Infections are frequent in decompensated LC, the most common of which is urinary tract infection, but conventionally with an atypical clinical picture. PCR and ESR, although low in specificity, are elevated in patients with LC and associated infections.
Keywords. Liver cirrhosis, associated infection

EP36. NON-ALCOHOLIC FATTY LIVER DISEASE – A COMMON FINDING AMONG PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Background and Aims. Inflammatory bowel diseases (IBD) are caused by a dysregulated immune response in the hosts, favored by genetic susceptibility. In addition to symptoms related to the digestive tract, about 40% of patients with IBD also experience extraintestinal manifestations. Although, non-alcoholic fatty liver disease (NAFLD) has been frequently associated with IBDs, the relationship between these two pathologies remains unclear. The aim of this study was to investigate the prevalence of NAFLD among IBD patients, as well as the factors that connect these two conditions.
Material and methods. From January 2022 to November 2022, consecutive IBD patients were enrolled from a tertiary care center hospital in Iasi. Patients' demographic information, clinical characteristics including blood pressure, biological parameters, and anthropometric measurements were collected. Following informed consent, participants underwent a fibroscan evaluation for liver stiffness measurement (LSM) and controlled attenuation parameter (CAP).
Results. 93 patients with IBD were enrolled (65,3% men, 55,6% with ulcerative colitis). 45 (48,3%) of them were diagnosed with NAFLD, with a mean CAP score of 283 ± 33.4 vs. 215 ± 23.7 in patients with IBD only. Regarding liver fibrosis, mean LSM value in the NAFLD group was 6.8 ± 1.9 kPa vs. 5.7 ± 2.3 kPa in the non-NALFD group. Subjects with NAFLD exhibited higher body mass indexes than those with IBD only (26.2 vs. 33.1, $p<0.05$). In addition, the prevalence of diabetes was much greater among this group (27.5% vs. 0%; $p=0.0001$), as was the prevalence of elevated HbA1c levels in the absence of a diabetes diagnosis (14% vs. 7.35%; $p=0.23$). They also had a non-significantly higher mean systolic blood pressure and greater incidences of hypertension. Compared to those without NAFLD, the NAFLD cohort had higher rates of diagnosed hypercholesterolaemia, were older with a higher mean disease duration and had a higher non-significant level of triglycerides. The 10-year risk of myocardial infarction or death estimated by the Framingham risk scores for hard coronary heart disease was higher in the NAFLD group (2.32% vs. 4.27%, $p=0.0024$).
Conclusions. NAFLD is a multifaceted condition that is becoming more common in IBD patients. Although the present evidences in the literature suggest a small risk for the advance of liver fibrosis, the cardiovascular risk seems to be of a greater interest. Considering the above data, patients with IBD should be evaluated with a multidisciplinary approach.
Keywords. Nonalcoholic fatty liver disease; Inflammatory bowel disease, Cardiovascular risk

EP37. OBESITY, PHYSICAL ACTIVITY AND DIET AS RISK FACTORS IN PANCREATIC CANCER

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Introduction. Obesity, lack of physical activity and diet have been inconsistently associated with pancreatic cancer.
Aim. To evaluate the prevalence of overweight, body weight change trends, diet and physical activity

level in pancreatic cancer patients diagnosed between 01.2018-02.2023.
Methods. Prospective observational study that included patients diagnosed with pancreatic adenocarcinoma who were interviewed about dietary habits and weight changes, and physical activity over time.
Results. A total of 186 patients with pancreatic adenocarcinoma were included. Regarding weight changes, it was observed that 56% of patients were under or normal weight at diagnosis, while a BMI below 25 was observed at one year and 5 years before only in 19.35%, respectively 12.9%. Excluding the data 5 years before diagnosis, the overweight and obesity prevalence between 20-29 years old was 43.54% respectively 11%, at 30-39 years old 43.54% respectively 25.8%, at 40-49 years old 22% respectively 45,6%, and at 50-59 years old 34% respectively 52.3%. Over 50 % of patients led a sedentary life. Regarding diet more than 75% of patients consumed red meat, dairy products, bread and bakery products, fruits and vegetables regularly more than 5 times a week. The consumption of fish and nut products was generally much less frequent, maximum 2 times a week in over 80% of cases. Less than half of the patients (47%) confirmed alcohol consumption, mostly occasionally, only 17% reported drinking more than 5 times a week. The favorite alcoholic drink was liquor, followed by wine, generally homemade.
Conclusions. Most of the patients in the study were obese throughout their lives, but there was a weight loss starting 5 years before diagnosis, more severe in the last year. This can be explained by the advanced degree of the disease at diagnosis associated with a possible paraneoplastic hyperanabolic syndrome, the majority not complaining of loss of appetite or early satiety in the last year. Diet studies have suggested a protective effect against pancreatic cancer of the Mediterranean diet and regular consumption of nuts, even if in small quantities. This can also be confirmed by the patients included in this study whose diet does not respect these principles. Alcohol consumption does not seem to increase the risk of pancreatic neoplasm. This has also been observed in numerous studies with inconsistent results, and can also be determined by a declarative reduced consumption, due to the stigma associated with high consumption.
Keywords. diet, pancreatic cancer, obesity

EP38. OCCULT HEPATITIS B INFECTION IN CHIDREN

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Introduction. Occult hepatitis B infection (OBI) is defined as the presence of replication-competent HBV DNA in the liver, in the presence or absence of HBV DNA in the blood of HBsAg-negative individuals.
Materials and methods. Estimation of the importance of characteristic immunoserological markers for OBI in children and their role for practical medicine based on 908 PubMed bibliographic sources, of which 18 were selected with reference to pediatric patients.
Results. The prevalence of OBI varies from region to region worldwide. This variability relies upon the sensitivity of HBV DNA detection assays, the sample size, and the detection of HBV DNA in liver tissue and serum by nested PCR or real-time PCR. The prevalence of OBI varies from 1% to 87% in different regions of the world.The prevalence of OBI in children due to mother-to-child transmission despite maternal anti-HBV immunoprophylaxis remains controversial and is still little known. In Egyptian pediatric patients, OBI was determined in 31% of HCV-positive cancer patients. All detected HBV patients belonged to genotype D, with mutations found in the surface genome of HBV that favored the formation of occult infection. The detection of OBI requires the use of immunoserological tests of the highest sensitivity and specificity, with a lower detection limit for HBV DNA lower than 5-10 IU/mL, and for HBsAg - a quantitative detection limit <0.1ng/ mL. The presence of elevated serum ALT and AST in HBsAg-negative pediatric patients as well as chronic cryptogenic hepatitis should prompt their evaluation for occult viral hepatitis B. In patients diagnosed with chronic viral hepatitis C or other chronic liver diseases and in whom detect anti-HBcor summary and anti-HBs (+) at levels < 100 mIU/ml, quantitative HBV DNA testing with high-sensitivity assays is required. In the case of the existence of the possibility of performing a biopsy liver, immunostaining of the collected tissue for AgHBs and AgHBcor and testing of HBV DNA in the sampled tissue portion is required.
Conclusion. The global prevalence of OBI varies significantly in different populations depending on the factors of increased risk for infection, the epidemiological situation in the region and deserves attention from public health authorities. Existing epidemiological data indicate the need to identify the pediatric population at increased risk for OBI, with the aim of determining appropriate preventive and management strategies.
Keywords. occult HBV infection, children.

EP39. PORTAL VEIN THROMBOSIS AND THROMBOPHILIA

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Introduction. Portal vein thrombosis refers to the presence of a thrombus within the portal vein that

causes complete or partial obstruction of blood flow to the liver. Several risk factors exist, including cirrhosis, malignancy, and the Janus kinase 2 (JAK2) V617F mutation. Inherited or acquired thrombophilias are also potential contributors. The most frequent hereditary thrombophilias are the heterozygous forms of factor V Leiden.

Patients and methods. We present the case of a 46-year-old female patient, a chronic ethanol user, who was admitted to the gastroenterology unit with a 3-week history of abdominal pain located predominantly in the upper abdomen, nausea, and vomiting. From the anamnesis, we note that the patient presented with four pregnancies that stopped in evolution without any additional investigations. Laboratory tests revealed iron deficiency anemia, coagulopathy, inflammatory syndrome, hyperlipasemia, and hyperamylasemia; peripheral blood smear: erythrocyte anisopoikilocytosis with rare red blood cells "on target"; and platelet anisopoikilocytosis. The patient underwent abdominal computed tomography, which revealed acute chronic pancreatitis and portal system thrombosis with the development of periportal cavernoma and splenomegaly. Upper digestive endoscopy is attempted, but the patient refuses the procedure. The thrombophilic profile was performed, highlighting the presence of factor V Leiden.

Discussion. Portal vein thrombosis is a rare but severe condition. Several risk factors predispose to portal vein thrombosis, such as inflammatory conditions encountered in pancreatitis, and inherited and acquired prothrombotic disorders may also play a role, such as thrombophilia. The presence of factor V Leiden is the most common cause of hereditary hypercoagulability in the European population. This mutation determines the resistance of factor V to the anticoagulant action of activated protein C, which is cleaved at a much slower rate. Thus, an ineffective anticoagulant pathway results in an increased risk for thromboembolic events.

Conclusion. The prognosis of patients with portal vein thrombosis is generally favorable, especially in the case of patients without cirrhosis or malignancy. Mortality tends to be related more to the underlying pathology and less to the direct consequences of portal vein thrombosis.

Keywords. portal vein thrombosis, thrombophilia, pancreatitis

EP40. PREDICTING FACTORS FOR BILIARY ETIOLOGY ACUTE PANCREATITIS – EPIDEMIOLOGICAL STUDY FROM A LARGE TERTIARY CENTER

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Introduction. Biliary etiology acute pancreatitis (B-AP) remains the most frequent encountered in western population. Its predictors are important since in some cases of AP it is difficult to establish its etiology.

Materials & Methods. We performed an electronic health care records (EHRs) search (ICD-10 codes: K85, B25.2, B26.3) for AP episodes treated at University Emergency Hospital of Bucharest between 2015 and 2022. Aim of the study is to assess prediction of B-AP. In this study we have matched B-AP episodes with those related to all other known etiology episodes.

Results: 1614 episodes of AP, in 1410 unique patients, out of which 942 (58,36%) gastroenterological. Data about etiology was found in 1353 (83,82%) episodes, out of which 553 (40,9%) were B-AP. Chi-square analysis showed a correlation between sex and B-AP $X2(1)=269.83$, $p<0.01$ with post-hoc adjusted residuals (AR) showing females to be more prone to B-AP (+16,4) than any other etiology. A statistical significant association was found between B-AP and history of AP $X2(1)=92.45$, $p<0.01$ with AR showing that B-AP tends to be associated with a unique event (+9.6). An independent-samples t-test was run to compare age between B-AP and non-B-AP. There was a significant difference in age between B-AP ($M=62.38$) and non-B-AP ($M=52.41$) $t(1351)=11.39$, $p<0.01$ two-sided. There were no significant correlation found by the type of residence $X2(1)=1.87$, $p=0.17$. ALT levels, obesity showed statistical correlations.

Conclusion. Sketch of a patient with B-AP should be: elderly woman with no previous episodes of AP. The lack of personal history of AP in biliary etiology might be explained by surgical/endoscopic correction of the cause at the inaugural event. No association found between type of residence and B-AP. Increased ALT and obesity might be also indicators of a biliary etiology.

Keywords. acute pancreatitis, biliary-etiology, predictors

EP41. PREDICTING FACTORS IN ALCOHOLIC ACUTE PANCREATITIS – EPIDEMIOLOGICAL STUDY FROM A LARGE TERTIARY CENTER

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Introduction. Alcohol abuse (AA) is a well-known cause of acute pancreatitis (AP). Alcohol induced pancreatitis was diagnosed if there was a history of alcohol abuse or binge before admission with no other evident cause of pancreatitis from the history or investigations performed.

Material & Methods. We performed an electronic health care records (EHRs) search (ICD-10 codes: K85, B25.2, B26.3) for AP episodes treated at University Emergency Hospital of Bucharest between 2015 and 2022. Aim of this study was to evaluate possible association between AA and demographical data like: sex, residence, age or personal previous episodes of AP. In this study we have matched AA related episodes with those related to all other known etiology episodes.
Results. 1503 episodes of AP (942 gastroenterological, 561 surgical) in 1314 unique patients were analysed, regarding etiology 1252 (83,3%) had a probable cause, out of those 482 (38,5%) being reported as alcohol related as a single cause. A crosstab analysis regarding sex showed a statistical significant association between sex and etiology $X2(1)=266.561$, $p<0.01$, with males being associated with AA $X2(1)=265.69$, $p<0.01$. There was an association found between etiology and previous episodes of AP $X2(1)=60.60$, $p<0.01$ with recurrence and AA being associated. Pearson correlation analysis showed an association between etiology and age $r(1250)=0.26$, $p<0.01$ with AA associated with younger age (Md=50.94) than all other etiologies (Md=59.68). No statistical significant differences were observed regarding residence $X2(1)=1.61$, $p=0.20$.
Conclusion: Sketch of a patient with alcohol related AP should be: young male with recurrent AP. Although we took into account the possibility of a correlation between AA in AP and the type of residence, none significant was found.
Keywords. acute pancreatitis, alcohol abuse, predictors, recurrence.

EP42. PREDICTIVITY OF SCORING SYSTEMS FOR LIVER CIRRHOSIS, IN ACUTE VARICEAL BLEEDING MORTALITY

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Background. Acute variceal bleeding (AVB) is a potentially life-threatening condition associated with high mortality among cirrhotic patients. Various risk scores are used in risk stratification for non-variceal bleed, but their utility in AVB remains unclear.
OBJECTIVE: The aim of the study is to compare systems in predicting in-hospital mortality in cirrhotic patients with acute variceal bleeding - Model for End-Stage Liver Diseases (MELD), Child-Pugh, Glasgow-Blatchford Bleeding (GBS) and Rockall scores.
Methods. We retrospectively included all cirrhotic patients admitted to the emergency room with acute variceal hemorrhage between 2017 to 2021, that underwent upper gastrointestinal endoscopy with endoscopic hemostasis (band ligation) in the emergency department of SCJU Targu-Mures.
Results. A total of 210 patients were included (male/female: 165/45; mean age: 59.12±11.76 years; Child-Pugh class A/B/C: 47/91/72). The main endpoint of the study was the in-hospital outcome, 83% of patients (n = 175) survived while 17% (n = 35) died. The mean Glasgow-Blatchford score was 12.68 ± 3.25 vs 15.31 ± 2.91 ($p<0.0001$), Rockall score 6.98 ± 0.86 vs. 7.68 ±1.02 ($p<0.0001$) and MELD score 12.78±4.73 vs. 15.31±2.91 ($p<0.0001$). Areas under receiving-operator characteristics curve (AUROC) for predicting the in-hospital mortality were compared. AUROCs for predicting the in-hospital mortality for Child-Pugh score was 0.714 (95% confidence interval [CI]: 0.648-0.774), GBS 0.731 (95% CI: 0.666-0.790), MELD score 0.767 (95% confidence interval [CI]: 0.704-0.823), respectively for Rockall score was 0.699 (95% confidence interval [CI]: 0.632-0.760).
Conclusions. The present study shows that MELD score is an excellent indicator in in-hospital mortality of acute UGIB in cirrhotic patients.
Keywords. liver cirrhosis, upper gastrointestinal bleeding, band ligation

EP43. PRELIMINARY STUDY ON THE APPLICABILITY OF HEPATOCELLULAR CARCINOMA RISK FACTOR SCORE PAGE-B IN DIFFERENT CHRONIC LIVER DISEASES

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Hepatocellular carcinoma (HCC) is currently the most severe form of liver disease consisting of malignant processes following fibrotic and cirrhotic damage. Despite there are several validated scores for assessing the overall risk to develop HCC in patients diagnosed with chronic liver diseases, most of these are designed for patients with viral hepatitis B and C and subsequently rely on specific measurements, such as viral load or viral profiling. PAGE-B is commonly used to predict HCC risk in patients with viral hepatitis B. In this context, this study aimed to evaluate the applicability of PAGE-B in different liver diseases predisposing to HCC. On a series of 104 consecutive patients, PAGE-B was calculated

according to standard guidelines. Based on the collected data, the applicability of PAGE-B was evaluated in several liver pathologies predisposing to HCC, such as alcoholic liver disease, chronic viral hepatitis C, and non-alcoholic fatty liver disease. The mean age of the patients was 67,65 ± 1,15 years, while the sex distribution was 57,28 % males to 42,72 % females. The selected cohort consisted of 11 patients with alcoholic liver disease (10,57 %), 54 patients with chronic viral hepatitis C (51,92 %), and 39 patients with non-alcoholic fatty liver disease (37,5 %). We found that the patients with alcoholic liver disease patients scored highest for PAGE-B (20,09 ± 0,45), while non-alcoholic fatty liver disease patients score lowest (17,89 ± 0,47), significantly different from one another (p = 0,021). In conclusion, our results suggested that PAGE-B could be useful in evaluating HCC risk in chronic liver diseases, but further studies are needed to find a suitable scoring system to predict the overall risk to develop HCC in patients that are diagnosed with non-alcoholic fatty liver disease.

Keywords: Hepatocellular carcinoma, non-alcoholic fatty liver disease, chronic viral hepatitis C, PAGE-B

EP44. PREVALENCE OF HEPATITIS B AND C IN PRISON POPULATIONS FROM NORTH AND CENTER OF ROMANIA

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Introduction: Inmate populations are considered high-risk groups for viral hepatitis infection and dissemination, due to perilous conducts, such as illicit intravenous drug use, unprotected intercourse, multiple sex partners, unsafe tattooing practices, sharing infected personal items or antisocial behavior.
Objectives: The aim of the study was to evaluate the prevalence of hepatitis B and C in a high-risk population from five prisons located in the North and Center of Romania within a screening program implemented between 2022-2023.
Methods: A medical team screened the penitentiary populations from 5 cities from North and Center of Romania (Gherla, Aiud, Oradea, Bistriţa, Baia Mare) in 2022 and 2023 by performing rapid tests for viral hepatitis B and C. After signing the informed consent, each participant's blood sample was evaluated for the presence of HBV surface antigen (HBsAg) and HCV antibody (HCVAb).
Data from this study was collected during the project "Liber de C", financed by AbbVie Romania and implemented by Medical Association "Sprijin pentru Spitalul Universitar de Urgenţă Bucureşti" in partnership with Liver Research Club, Cluj-Napoca.
Results: A total number of 1332 participants were included in the study, 14,1% being females and 85,9% being males. The mean age was 37,4 years. A percentage of 39,9% of the total inmate population agreed to be tested with the highest rate of acceptance in Gherla (58,29%), followed by Oradea (37,76%), Baia Mare (35%), Bistriţa (30,68%) and Aiud (26,7%). The prevalence of hepatitis B was 2,8% and the prevalence of hepatitis C was 1,3%.
Conclusions: Rapid screening tests for virus B and C in a high-risk population from Romanian prisons have shown an overall decreased prevalence of the infections, with higher rates of hepatitis B compared to hepatitis C.

Key words: hepatitis B, hepatitis C, prevalence, prison

EP45. PROPRANOLOL VERSUS CARVEDILOL IN PREVENTING VARICEAL BLEEDING

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Introduction. Non-selective beta blockers combined with endoscopic variceal ligation (EVL) is the most effective method of preventing variceal bleeding. Carvedilol has been shown to be more effective in reducing the hepatic venous pressure gradient than Propranolol (it has additional anti-alfa1-adrenergic activity, which makes the compound more potent in decreasing portal pressure).
Methods. We conducted a retrospective study over one year, January 1st – December 31 2022, at the Institute of Gastroenterology and Hepatology Iasi. We included patients with acute variceal bleeding admitted to the Acute Therapy department.
Results. The study included 148 patients with variceal bleeding, mostly males (64.8%), aged between 21 and 68 years. Overall, 133 patients (89.8%) were under treatment with Propranolol and 15 patients (10.2%) were under treatment with Carvedilol. In the Propranolol group, 64 patients (48%) had the first episode of variceal haemorrhage versus 8 patients (53.3%) in the Carvedilol group. Of the 133 patients treated with Propranolol, 39 (29.32%) performed EVL during the same hospitalization, and most of them (28 patients (71.79%)) did not rebleeded; 94 patients (70.7%) treated with Propranolol did not performed EVL and 60 of them (63.8%) had another episode of variceal haemorrhage. Of the 15 patients treated with

Carvedilol, 6 patients (40%) performed EVL and most of them (4 patients (66.6%)) did not rebleeded; 9 patients (60%) treated with Carvedilol did not performed EVL and only 1 patient from 9 (11.1%) had another episode of variceal haemorrhage.

Conclusion. We found lower rates of rebleeding in the group of patients treated with Carvedilol which confirms that Carvedilol alone is more effective than Propranolol in preventing variceal haemorrhage, but combining EVL and Propranolol is better in preventing the recurrence of variceal bleeding compared to EVL and Carvedilol.

Keywords. Propranolol, Carvedilol, variceal bleeding

EP46. PULMONARY THROMBOEMBOLISM AS INITIAL MANIFESTATION OF PANCREATIC CANCER

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Introduction. Pancreatic cancer is the fourth leading cause of cancer related-deaths worldwide, with a 5-year life expectancy of approximately 5%. Because the asymptomatic character of the disease, the majority of patients with pancreatic cancer progress to either metastatic or locally advanced disease and are being diagnosed in late stages.

The association between venous thrombosis and pancreatic neoplasm was first observed and described 150 years ago, but the underlying pathophysiological mechanisms are only partially understood.

Case presentation. We present a clinical case of a 68-year-old male with a medical history of peptic ulcer who presented to the emergency department for acute onset of dyspnea and chest pain. Having clinical, biological and echocardiographic abnormalities suggestive of a pulmonary thromboembolism the patient performed a computed tomography (CT) pulmonary angiogram which confirmed the diagnosis. On the lower, toraco-abdominal CT sequences, a caudal pancreatic tumor formation and liver metastases were identified.

Further, the additional investigations as well the therapeutic conduct of the patient was established by a mixed cardiologist-gastroenterologist-oncologist team.

Discussions. Armand Trousseau described the association between venous thrombosis and pancreatic cancer. The etiopathogenic mechanisms are not fully understood, but it seems that the genetic events involved in neoplastic transformation, procoagulant factors, mucin production and proinflammatory factors may cause the prothrombotic and hypercoagulable state.

Pancreatic cancer is characterized by a rapid evolution, the clinical manifestations appear late and in general are determined by the expansion and local invasion of the tumor.

In our case, although discovered in advanced phase, the patient did not present any of the classical clinical manifestations of pancreatic cancer. The absence of the typical signs and symptoms can be explained by the more "rare" caudal location of the tumor. The discovery of the pancreatic neoplasm was "incidental", being revealed on the lower sequences of the imaging examination performed to confirm the pulmonary embolism.

Pulmonary thromboembolism „as a symptom" is a rare conditios wich can be associated with pancreatic cancer, worsening the prognosis.

It can be a cause of sudden death and requires anticoagulant therapy which can interfere with a possible curative/palliative surgical intervention.

Conclusion. Although it is a rare complication, the presence of a pulmonary thromboembolism in a patient without cardiovascular risk factors and without digestive symptoms should raise the suspicion of pancreatic malignancy and refer the patient to pancreatic tumor screening.

Keywords. Pancreatic, cancer, pulmonary, embolism

EP47. RISK FACTORS FOR DEVELOPING IMPAIRED NUTRITIONAL STATUS IN PANCREATIC CANCER PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction. Impaired nutritional status has an increased incidence in certain gastrointestinal

cancers and is associated with altered prognosis and quality of life. The mechanisms of development are incompletely elucidated and there is no efficient treatment to prevent its occurrence and progression. We performed a systematic review and meta-analysis to investigate the risk factors that contribute to impaired nutritional status in patients with gastrointestinal cancer. We report here the results on pancreatic adenocarcinoma (PDAC) cases only.
Patients/Methods: We conducted the systematic search in 3 databases (PubMed, Embase and Central) on 21.10.2022 with no restrictions. We included in the analysis studies that fit the following PECO (population, exposure, comparison, outcome) framework: P: pancreatic cancer patients, E/C: any of the evaluated biomarkers, O: impaired nutritional status, as defined in each article. A random-effects model yielded the pooled odds ratios (ORs) and 95% confidence intervals (CIs). The risk of bias was assessed with the QUIPS tool.
Results. Twenty-eight articles comprising 18359 patients were included in the analysis. The overall quality of the articles was good, and most of them were at low risk of bias. Presence of biliary obstruction (OR 2.05 [CI 1.72 to 2.45]) and metastases (OR 1.79 [CI 1.19-2.70]), ECOG ≥2 (vs. ECOG<2) (OR 12.83 [CI 1.59 to 103.81]) and pancreaticoduodenectomy (vs. distal pancreatectomy) (OR 2.15 [CI 1.49 to 3.09]) were associated with significantly higher odds of impaired nutritional status in PDAC. Moreover, we observed clinically relevant point estimation of odds for increased risk of nutritional status impairment in head (vs. other) tumour location (OR 1.27 [CI 0.91-1.77]) presence of diabetes mellitus (OR 1.58 [CI 0.65 to 3.83]) and presence of hypertension (OR 1.87 [CI 0.32 to 10.81]), however we found these odds not significant.
Conclusion/Discussion. Biliary obstruction, metastatic stage, pancreaticoduodenectomy, and ECOG ≥2 confer an increased risk for impaired nutritional status to PDAC patients. These factors may be included in a nutritional risk screening tool personalized for pancreatic cancer. (The last two authors equally contributed).

EP48. RISK FACTORS TO PREDICT MORTALITY IN PATIENTS ON THE WAITING LIST FOR LIVER TRANSPLANT – 5 YEARS EXPERIENCE OF A SINGLE CENTER

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Introduction. Patients with end-stage liver diseases, included on the waiting list (WL) for liver transplant (LT) can develop complications that increase the morbidity and mortality, due to different risk factors. The aim was to evaluate different prognostic factors for mortality in patients included on the WL for LT.
Materials and methods. We performed a single-center retrospective cohort study from 1 January,2018 to 31 December, 2022, in 120 patients included on the WL for LT. We analyzed the following prognostic factors: MELD, MELD Na, MELD 3.0, ALBI, occurrence of acute-on-chronic liver failure (ACLF) from grade 1 to 3, occurrence of liver cirrhosis complications, infections, neutrophil-to-lymphocyte ratio (NLR), lymphocyte-to-monocyte ratio, platelet-to-lymphocyte ratio, using univariable and multivariable Cox proportional hazards models.
Results. From 120 patients included, 63.3% were males, with a median age of 55 ± 11.55 years. The most frequent etiology of the liver disease was B + delta hepatitis viral infection in 35.8%, followed by alcoholic etiology in 35% of cases. 30.8% of patients had hepatocellular carcinoma. The median MELD Na score at the inclusion on the waiting list was 17 ±7.3. During the follow-up on the waiting list, 39.2% of patients had infectious complications, such as spontaneous bacterial peritonitis (SBP), pneumonia, urinary tract infections and cellulitis. The median waiting time for all patients was 300 ± 686 days. Liver transplant was performed in 66.7% of cases, and 22.5% patients died during follow-up. Univariate analysis demonstrated that the following factors were associated with higher death rates: presence of ACLF (p<0.0001), refractory ascites (p=0.012), acute kidney injury (p=0.0007), hepatic encephalopathy (p=0.0064), infectious complications (p=0.0077), higher MELD score (p=0.043), MELD Na score (p=0.0048) and MELD 3.0 (p=0.0053), higher NLR (p=0.0011). Multivariate analysis was performed and the presence of ACLF (p=0.0051) and a higher NLR (p=0.042) were found to be independent predictors for mortality.
Conclusions. In patients included on the waiting list for liver transplant, occurrence of acute-on-chronic liver failure and neutrophil-to-lymphocyte ratio can be used as predictive factors for mortality.
Keywords. liver transplantation, prognostic factors.

EP49. STANDARD COAGULATION CUT-OFFS FOR INTERVENTIONAL PROCEDURES IN CIRRHOSIS - IS THROMBOELASTOGRAPHY RENDERING THEM OBSOLETE?

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Introduction. Patients with cirrhosis have frequent abnormalities in standard coagulation tests (SCTs). Despite not providing an adequate hemostasis assessment, cut-offs based on SCTs still frequently guide interventional procedures and blood product transfusions. Thromboelastography (TEG) provides a global assessment of coagulation, including clotting factors (R-time), fibrinolysis (Ly30), platelet (maximum amplitude-MA), and fibrinogen (K-time, alpha-angle) function.
Objective. To investigate whether conventional cut-offs based on SCTs are associated with TEG abnormalities.
Methods. A consecutive series of patients with cirrhosis and at least one abnormal SCT (using standard cut-offs: INR>2, platelet count<50.000/μL, fibrinogen<200 mg/dL) was analyzed using TEG.
RESULTS: 106 patients were included, of which 62 (58.5%) were in the Child-Pugh C class. Of the 50 (47.1%) patients with an INR>2, no patients met the criteria for fresh frozen plasma transfusion, while 25 (50%) had a hypercoagulable status. Patients with thrombocytopenia <50.000/μL (n=36, 33.9%) had a higher rate of TEG-based platelet dysfunction compared to patients without thrombocytopenia (20% vs. 2.8%, p=0.01), yet overall, only 8 (7.5%) met the TEG-based criteria for platelet transfusion. Regarding fibrinogen, of the 55 patients (51.8%) with values<200 mg/dL, 13 (23.6%) met the criteria for cryoprecipitate transfusion, compared to 3 (5.8%, p=0.01) in patients with fibrinogen>200 mg/dL. Overall, 69 (64.4%) patients had at least one hypercoagulable feature on TEG. The INR-R, platelet count-MA, fibrinogen-K, and fibrinongen-alpha-angle correlation coefficients were all <0.5.
Conclusions. TEG provides a significantly better risk stratification than conventional SCT cut-offs in patients with cirrhosis and might significantly reduce blood product use.
Keywords. cirrhosis; coagulation; thromboelastography; international normalized ratio; transfusion

EP50. THE DIAGNOSIS OF PANCREATIC NEUROENDOCRINE TUMORS USING EUS FEATURES

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Background. Endoscopic ultrasound (EUS) in association with fine needle aspiration (FNA) it is considered to be the standard of pancreatic mass lesions diagnosis. Our aim was to determine which ultrasound features, including a particular hypoechoic rim aspect can predict a pancreatic neuroendocrine tumor (pNET) diagnosis.
Methods. The EUS examinations performed for solid pancreatic lesions from 2015 to 2019 in a Tertiary Gastroenterology Center were evaluated in a prospective study. There were 175 cases analyzed, out of which pNET diagnosis was established by FNA in n= 19 (10.8%). Mean age of patients with pNETs was 56.1 ± 10.3 years, significantly lower than all cases in the study group and 52.7% of which were females. We studied the following EUS characteristics by univariate and multivariate analysis: well defined margins, hypoechoic EUS aspect, homogeneous pattern, the presence of internal vascularization, stiff elastographic appearance, the presence of multiple lesions, the internalization of large vessels, Wirsung duct dilation and the presence of a hypoechoic rim delimiting the interior margin of the lesion.
Results. The following EUS features were significantly associated with EUS diagnosis of pNET: well defined margins (63.1% vs 35.7% p=0.02), homogeneous pattern (36.8% vs 16.9%, p=0.03), the presence of internal vascularisation (63.1% vs 24.3%, p=0.0004), blue on elastography (89.4% vs 64.2%, p=0.03) and the presence of a hypoechoic rim (47.3% vs 2.5%, P< 0.0001). In the multivariate logistic regression analysis only the presence of a hypoechoic rim was independently associated with the pNET diagnosis (p< 0.0001).
Conclusions. EUS appearance can suggest the diagnosis of a pNET. The presence of a hypoechoic rim delimiting the interior margin of the lesion is an independent predictor of pNET diagnosis.
Keywords. EUS FNA, pNET

EP51. THE INFLUENCE OF COMORBIDITIES AND THEIR TREATMENT ON THE INITIATION AND PERFORMING INTERFERON-FREE THERAPY IN PATIENTS WITH CHRONIC C LIVER INFECTION

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Introduction. Hepatitis C virus may cause chronic liver infection which may progress to advanced fibrosis, liver cirrhosis and hepatocellular carcinoma (HCC). Eradication of HCV could reduce the risk of liver cirrhosis, HCC and liver-related deaths.

Interferon-free (IFN-free) treatment can achieve high sustained virological response (SVR) rates, even in patients with one or more comorbidities.

Objectives. We want to verify the influence of comorbidities and their treatment on the initiation and performing genotype-specific IFN-free therapy and also on obtaining SVR in these patients.

Material and methods. We made a retrospective study on 85 patients with chronic C infection - 63 female and 22 men (sex ratio 2.86/1), aged between 45 and 80 years old, with median age 62 ± 2.3 years old, hospitalized in "St Spiridon" Hospital Iasi - Gastroenterology between 2019 - 2021 in order to initiate IFN-free therapy. Distribution of the group according to comorbidities: cardiovascular disease - 46 patients (58,8%), diabetes - 8 patients (9,4%), 9 patients - endocrinological disorders (10,5%), 5 patients psychiatric diseases (5,8%), 2 patients respiratory diseases (2,35%), 4 patients hematological diseases (4,7%), 2 patients - neoplastic antecedents (cured gastric neoplasia) 2,3%, 4 patient neurological diseases (4,7%), 5 patients without associated disease (5,8%). The drug interactions were checked and the therapeutic schemes were modulated accordingly. 57 patients (67%) presented F1-F3 grade of fibrosis and 28 patients (32,9%) F4, of which 6 (7%) with decompensated cirrhosis. The associated treatment consisted of: antihypertensives, levothyroxine, insulin therapy, antidepressants, antiparkinsonian, antipsychotics, antidementia.

Genotype-specific IFN-free therapy was: Viekirax-Exviera (ombitasvir, pari, ritonavir +dasabuvir) in 46 patients (55,42%), Harvoni (ledipasvir/sofosbuvir) in 26 patients ((31,32%) and Zepatier (Grazoprevir) – 11 patients (13,25%).

Results. Out of the 85 patients, 2 with neurological pathology could not initiate the therapy (2,3%). 83 HCV patients (97,64%) started IFN-free treatment. One patient developed severe heart failure and needed to stop IFN-free treatment after six weeks administration (1,17% of total). 82 patients started and finished IFN-free treatment (96,4%). All of them achieved sustained SVR at 12 weeks after treatment (100%).

Conclusion. Despite the presence in patients with HCV chronic infection of various comorbidities along with their treatments, IFN-free therapy could be initiated and followed in the vast majority of them. In our study, all patients which started and finished IFN-free regimens obtained SVR. Close monitoring and careful attention are needed to handle unexpected adverse events.

Key-words. interferon-free therapy, chronic viral C infection, comorbidities

EP52. TOBACCO USAGE PREDICTORS IN ACUTE PANCREATITIS - EPIDEMIOLOGICAL STUDY FROM A LARGE TERTIARY CENTER

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Introduction. Tobacco usage in Acute Pancreatitis (AP) remains an 'chicken-egg situation' in the literature, related to an increased risk of pancreatitis in several studies, however, not all studies have found an association and it is unclear whether there is a dose-response relationship between increasing amount of tobacco smoked and pancreatitis risk.

Material & Methods. We performed an electronic health care records (EHRs) search (ICD-10 codes: K85, B25.2, B26.3) for AP episodes treated at University Emergency Hospital of Bucharest between 2015 and 2022.

Aim: prediction of smoking tobacco products (STP) by sex, residence, age or personal history of AP.

Results. 1503 episodes of AP (942 gastroenterological, 561 surgical) in 1314 unique patients were analysed, data about STP found in 430 (28,6%). Out of those 305 (70,9%) active STP (aSTP), 89 (20,7%) former STP (fSTP) (>4wk) and 36 (8,4%) never smoked (NS).

A chi-square test of independence showed a significant association between gender and smoking $X2(2)=14,64,p<0.01$. Males more likely to be aSTP $z=3.04,p<0.01$ and woman more likely to be NS $z=3.49,p<0.01$. Association between the type of residence and smoking was found $X2(2)=7,70,p=0,02$ showing that episodes regarding patients residing in urban area were associated with fSTP $z=2.73,p<0.01$. Personal history of AP had correlation $X2(2)=8.28,p=0.02$ as it was found that NS were more prone to have a single episode $z=2.82,p<0.01$. Concerning age distribution a Kruskal-Wallis test showed differences according to the types of smoking habit $H(2)=40.34,p<0.01$ and Mann-Whitney U test indicated the age of aSTP (Md=48.00) was younger than that of fSTP (Md=58.00) $U=7837.00,p<0.01$ and that of NS (Md=57.50) $U=3915.50,p<0.01$.

Conclusion. Typical sketch of aSTP in AP: middle-aged man with recurrent AP. Other relevant finding, probably related to general trends, was the association between fSTP and urban residence. The association of STP with younger age might be related to a lower life expectancy. No significant differences regarding age between NS and fSTP might indicate the benefits of quitting on life expectancy and AP. A further study will look into the risk associated with TP usage and severity of AP

Keywords. acute pancreatitis, tobacco, smoking, prediction factors, recurrence.

EP53. TUMORAL OBSTRUCTIVE JAUNDICE: DIAGNOSTIC AND TREATMENT – CLINICAL CASE

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Introduction. The most common causes of tumoral obstructive jaundice are cephalic pancreatic neoplasm and cholangiocarcinomas, followed by gallbladder cancer and metastatic tumors compressing the bile ducts.
Case presentation. We present the case of a 64-year-old female patient, without digestive history but with familial neoplastic aggregation, who was referred for jaundice, diffuse abdominal pain, and weight loss. She performed a abdominal-pelvic CT in an elective regime which concludes acute pancreatitis CTSIm score 2. The biological panel: thrombocytosis, hepatocytolytic syndrome, icteric cholestasis, slightly increased amylazuria, inflammatory syndrome, modified coagulation tests, and increased CA19-9. Abdominal ultrasound: Homogeneous hepatomegaly, CBP 11.5 mm, non-dilated CBIH, homogeneous spleen, absence of ascites. Since the MRCP examination is not possible (osteosynthesis), EDS was performed which highlights the papilla with normal anatomy, biopsies are taken - without dysplasia or tumor aspects. Then ERCP was performed which revealed distal choledochostenosis with a radiological appearance of malignancy, cytological brushing and biopsy was performed and an 8.5/7 Fr plastic biliary stent was placed. The evolution was favorable, with the reduction of jaundice and bilirubinemia; the patient was referred to the Iași Regional Oncology Institute.
Discussions. The result of the choledochal biopsy is inconclusive ("suspicious tumor smears"), therefore the CT examination was repeated, which now concludes cephalic pancreatic neoplasm with the invasion of the main bile duct. A laparotomy is performed, but an advanced, inoperable local cancer is found.
Conclusions. In our patient, ERCP allowed biliary decompression with symptomatic and biological improvement. Literature data show that ERCP with biliary stent placement is the most commonly used technique for biliary decompression in patients with obstructive malignant tumoral jaundice, especially in those with inoperable tumors.
Keywords. cholangiocarcinoma, cephalic pancreatic neoplasm, ERCP

EP54. USEFULNESS OF AGGRESSIVENESS INDEX (AGI) IN ASSESSING THE PATTERN OF HCV-RELATED HEPATOCELULLAR CARCINOMA AFTER DIRECT ACTING ANTIVIRALS

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Introduction. Despite the high efficacy of direct acting antivirals (DAAs) in curing chronic HCV infection, there is a concern regarding a more aggressive phenotype of hepatocellular carcinoma (HCC) after DAA treatment. Although there are many clinical cohort studies that have evaluated the incidence and recurrence of HCC in these patients, data on the tumor characteristics of HCC after DAAs are not sufficient to establish a clear conclusion. A promising index was recently developed for the evaluation of HCC aggressiveness (AGI) which comprises 4 tumor-related parameters: maximum tumor diameter (MTD), number of tumor nodules, portal vein thrombosis (PVT) and serum AFP levels.
Aim. We aimed to investigate the usefulness of AGI in assessing the pattern of HCV-related HCC after DAAs and the predictive value in survival.
Material&methods. We carried out a retrospective comparative observational study in which we included patients treated with DAAs for HCV infection and diagnosed with HCC in the Institute of Gastroenterology and Hepatology from Iași, Romania, between January 1st, 2017 and December 31, 2019. Patients were matched based on age and sex with a historic cohort consisting of patients with HCV-related HCC without DAA therapy. Based on AGI, patients were divided into three aggressiveness classes: class A (low aggressiveness), B (intermediate aggressiveness) and C (high aggressiveness).
Results. Among the 124 patients with chronic HCV infection diagnosed with HCC, 66 (53.2%) patients were males and 58 (46.8%) were female, with a mean age of 62.38 ± 9.88 years. According to DAA-treated and DAA-naive status, patients were divided into 2 groups: the DAA group included 30 treated patients and the non-DAA group included 94 DAA-naive patients. In the DAA group, the frequency of single HCC was much higher (73.3%) than in naïve patients (53.2%) (p = 0.052), as well as smaller tumor sizes (41.07 ± 18.116mm vs. 61.79 ± 34.477mm, p=0.001) and lower rates of malignant PVT (20% vs. 36%, p = 0.146). According to AGI,

class B was the most frequently observed (42.6%) in DAA-naïve patients, followed by class A (31.9%) and class C (25.5%), whilst in DAA-treated patients the most frequent was class A (46.7%), closely followed by class B (40.0%), and class C in 13.3% of cases. The 3-year survival probability for AGI class A vs. B vs. C was 66.9% vs 40.2% vs 8.4%; p=0.001, from the time of diagnosis by Kaplan-Meier plot. There was a significantly higher survival rate in the DAA group compared to DAA-naïve patients (75.3% vs. 52.4%, p = 0.008).

Keywords. hepatitis C virus, hepatocellular carcinoma, aggressivity index

EP55. TRANSLATION INTO THE CLINICAL PRACTICE OF BAVENO VII CONSENSUS RECOMMENDATIONS

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Background. Specific Baveno VII consensus recommendations are based on the reliability of non-invasive criteria to rull out or rull in clinically significant portal hypertension (CSPH).
Aim. We aimed to assess the translation into the real-world clinical practice of the main Baveno VII consensus recommendations.
Material and methods. We launched a brief on-line survey, and we invited physicians to respond to several questions related to advanced chronic liver disease patients' care (the use of non-invasive criteria to avoid endoscopy when CSPH is rulled out, the prevention of decompensation when CSPH is rulled in, and the type of non-selective beta-blocker).
Results. 108 gastroenterologist and hepatologist practitionners answered our survey. According to the type of the medical unit in which they developed their clinical activity, there was an uniform distrubution between municipal, county and universitary hospitals. For clarity and reproducibility, we present the questions and answers as they were originally formulated. Question A. Do you perform an upper gastrointestinal endoscopy for variceal screening to patients with Thrombocyte count <150.000/mmc and liver stiffness measurement < 15 kPa? Answers: 1. Yes: 67 (62%); 2. No: 41 (38%). Question B. Do you initiate non-selective beta-blockers to your patients when liver stifness measurement is more than 25 kPa, for the prevention of the decompensation? Answers: 1. Yes: 99 (85%); 2. No: 9 (15%). Question C. If yes, what NSBB do you prefer? Answer: 1. Carvedilol: 92 (85%); 2. Propranolol: 16 (15%).
Conclusions. Baveno VII consensus recommendation regarding avoidance of UGIE in patients with NIT rulling out CSPH is not generally adopted in the clinical practice. The majority of gastroenterologists and hepatologists preffer however performing UGIE, which can be explained by the fear of possibly missing oesophageal varices, and also by the wide acessibility of UGIE in Romania, both in general hospitals, but especially in universitary centers. However, the NSBB (Carvedilol being the most frequently the first choice) are generally recommended by non-invasive criteria, proving the awareness of the practitioners regarding the prevention of decompensation BAVENO VII take-away message.

Keywords. Baveno VII consensus, clinical significant portal hypertension, non-invasive tool

Chapter 5. Poster Presentation – Digestive Tract

EP56. THE PARTICULARITIES OF BRGE IN PATIENTS WITH COMORBIDITY WITH UNSPECIFIED POST-COVID-19 SYNDROME

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Keywords. GERD, post-COVID-19, Overlap, PPI, Prokinetics, IEPS.

Background. According to the ACG, GERD is a multi-symptom disease that responds differently to PPIs. Heartburn is more likely to respond to PPIs than regurgitation or extraesophageal symptoms.
The ESNM/ANMS 2021 consensus indicated that the old concept of GERD as a single clinical, pathophysiological disease has been overcome. Today, GERD is a spectrum of different diseases with similar manifestations that have different pathogenesis and prognosis.
Unspecified post-COVID-19 syndrome U 09.9 – signs and symptoms that develop during or after an infection consistent with COVID-19, are present for more than 12 weeks and are not attributable to alternative diagnoses – following NICE guidance.
The aim. The aim of the study was to assess the particularities of GERD symptoms and their impact in patients with unspecified post-COVID-19 syndrome.
Material and methods. The current research included 46 patients with GERD endoscopic positive: 26 male (56,5%) and 20 female (43,5%). Median age 43±11,4 years. A thorough physical examination on the basis of comprehensivtion (biomedical approaches) included and fibroesofagogastroduodenoscopy with biopsy. Patients were also subjected to the therapeutic test (with PPI double dose).
Results. In a number of patients, the classic symptoms of GERD (heartburn, belching, regurgitation, burning in the mouth) did not respond adequately to 8 weeks of PPI treatment and returned after discontinuation of therapy.
GERD in comorbidity with post COVID-19 syndrome (Overlap syndrome), in 37% it was manifested by atypical symptoms: hoarseness - 35.3%, cough - 64.7%, dry throat - 76.5%, bad breath - 52.9%, reflux thoracalgia - 35.3%, as well as laryngopharyngeal reflux - "silent reflux". Moreover, atypical symptoms that made it difficult to make a diagnosis were noted in 37% of patients with erosive GERD + post COVID-19 syndrome, and in 31% with NERD + post COVID-19 syndrome.
In the treatment of overlap (GERD + post COVID-19 syndrome), PPIs (double dose) + prokinetics (Itopride 50 mg x 3/day) were used. Some patients (taking into account the presence of SPEP) - received Rebamipide (100 mg x 2/day).
Conclusions.
1.Comorbidities GERD with Unspecified post-COVID-19 syndrome – is overlap syndrome aggravating the negative impact .
2. Atypical symptoms of GERD associated with post-COVID-19 syndrome make it difficult to make a diagnosis.
3. The aggravation of symptoms is probably due to increased epithelial permeability syndrome (IEPS) in the presence of overlap syndrome.
4. The management of these patients requires comprehensive approach on terms of family physicians.

EP57. TWO YEAR, SINGLE CENTER STUDY OF ESOPHAGEAL CANCER

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Introduction. Esophageal cancer (EC) is a significant public health concern, as it remains one of the leading causes of cancer-related death worldwide. Oncological, surgical and palliative treatments are the management options.
Aim and methods. to analyze the epidemiological, personal data, clinical characteristics, investigations and treatment approach for patients with EC. We retrospectively studied the files of patients diagnosed with EC between 1st of January 2021 and 31st of December 2022 in Bihor Emergency Clinical County Hospital (surgical and non-surgical wards).
Results. In the above mentioned period, we identified 83 cases of EC, with a mean age of 65.66 years, with a predominance of male gender (81.92%) and rural geographic background (50.60%). The clinical picture was dominated by dysphagia in 73 patients (87.95%), followed by loss of appetite, in 38 patients (45.78%) and weight loss in 35 patients (42.16%). Other symptoms included vomiting, hoarseness and nausea in a smaller subset of patients. Only 69 patients (83.13%) had an upper gastrointestinal endoscopy (UGIE), 59 patients (71.08%) underwent CT scan examination and the rest of the patients being diagnosed and evaluated directly during surgery. Regarding the localization of the tumors, most of them were found in the lower esophagus (37.14%), followed by the medium part (36.14%) and superior region (26.50%). Based on the UGIE, most cases were already obstructive (53.01%). Histologically 62 patients (74.69%) had squamous carcinoma followed by adenocarcinoma (14.45%) of mainly moderate differentiation G2

(20.48%). Management strategies included: 41 surgeries (49.39%) of which 28 (33.73%) ended up in the placement of a feeding gastrostomy, 21 patients (25.30%) had an esophageal stent placement, 42 patients (50.60%) received chemotherapy and 38 (45.78%) had radiotherapy. During the 2 years of our study, 18 patients (21.68%) died.
Conclusions. Our study revealed that unfortunately most cases of EC were diagnosed in an advanced stage of the disease when mostly palliative treatment options remained available. We also want to emphasize the need of an early diagnosis with a standardized workup and staging approach to avoid unnecessary surgery and provide best outcomes for the patients. Rising awareness of these aspects must become a flagship of our daily practice.
Keywords. Esophageal cancer, endoscopy, histology, treatment

EP58. MANAGEMENT OF GASTROESOPHAGEAL REFLUX DISEASE IN IMPROVING PATIENTS' QUALITY OF LIFE

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Introduction. Clinical studies have shown a difference of opinion between patients and gastroenterologists regarding the management of gastroesophageal reflux disease (GERD) and its impact on quality of life. Medical treatment used for symptomatology control can be overrated by the doctors while the severity of symptoms is underestimated when compared to patient statements.
Aim. Diagnostic assessment of GERD in patients with prolonged heartburn and regurgitation.
Material and method: The study includes 96 patients (54 women si 42 men), meanage 56 years with GERD symptoms, explored in the outpatient Clinic and the Gastroenterology Institute between april 2022 - march 2023 by anamnesis, biological tests, upper digestive endoscopy (UDE) and abdominal ultrasound.
Results. 56 patients presented GERD and esophagitis at UDE (58,3%): 36 class A, 15 class B and 5 class C, of which 25 were H.Pylori positive (44,64%) and 40 were without GERD (41,6%). The patients were negative for Sars Cov 2 virus and were treated with PPI and antibiotics for eradication of H.Pylori infection. All patients had a detailed discussion with the attending gastroenterologist regarding their lifestyle and GERD treatment, rather than with their family doctor.
Conclusions. Reflux esophagitis associated with H. Pylori infection is more frequent in women in our study. The treatment with PPI and antibiotics obviously improves the patients' quality of life. These patients were also more knowledgeable about when to take their medication than those who did not have a comprehensive discussion with their doctor.This requires improvement of the relationship between family doctor and patient, in order to send the patients with GERD symptoms to the gastroenterologist for endoscopic evaluation and specialized treatment.
Key words. gastroesophageal reflux disease, management, quality of life

EP69. COMBINED PH-IMPEDANCE MONITORING – A NECESSARRY TOOL FOR THE GASTROINTESTINAL FUNCTIONAL UNIT

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Introduction. Multichannel intraluminal esophageal impedance combined to pH-metry (pH-MII) is a sensitive tool for evaluating gastroesophageal reflux disease (GERD). The impedance–pH monitoring diagnostic test determines the frequency of reflux episodes (both acid or nonacid and liquid, gas or mixed) and the time relationship of reflux episodes and symptoms. Extradigestive manifestations and refractory GERD are two of the main recommendations for the assessment of upper digestive tract by pH-MII.
Material and method. We conducted a prospective study between January 2022 – March 2023 at our tertiary referral center in North-Eastern Romania that included 26 patients suspected of GERD. All patients were investigated through pH-MII. We used a ZepHr® system from Sandhill Scientific and single-use catheters with one pH electrode and 6 impedance electrodes. Patients who underwent MII-pH testing for refractory GERD were tested on proton pump inhibitor (PPI), while patients with no previous evidence of GERD were assessed off PPI. The diagnosis of GERD and phenotypes were based on Lyon metrics.
Results. Out of the 26 patients, 14 (53.8%) were male and 12 (46.2%) female, with a mean age of 48.6±13.5 years. Nineteen patients (73.07%) presented with extradigestive GERD symptoms, of whom 7 patients (36.8%) with chronic cough, 7 patients (36.8%) with chronic laryngitis, 4 patients (21.05%) with non-cardiac chest pain and 1 patient (5.26%) with bronchial asthma. The rest of 7 (26.92%) patients were investigated for refractory GERD. After the final analysis of pH-MII tracks, we

found GERD in 10 (38.5%) patients, functional heartburn in 6 (23.1%) patients and hypersensitive esophagus in 3 (15.4%) patients. All the 10 patients diagnosed with GERD had acid reflux, with a mean DeMeester Score of 46.7±83.8 and a mean AET of 12.8±20.9%. The mean total number of GERD episodes was 100.3±7.5 and the mean longest reflux episode was of 53.7±85.7 minutes.
Conclusion. Multichannel intraluminal esophageal impedance combined to pH-metry represents an important instrument for assessing extradigestive GERD and refractory GERD.
Key words. multichannel intraluminal esophageal impedance, pH-metry, gastroesophageal reflux disease

EP60. NON EOSINOPHILIC CHRONIC STRICTURING ESOPHAGITIS: LESSONS FROM THIRTY EIGHT CASES

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Introduction. The endoscopic workup of dysphagia can lead to the diagnosis of atypical esophagitis, with a thickening of the esophageal mucosa, a narrowed lumen, mucosal exudates, furrows, and sloughing. While these endoscopic aspects suggest eosinophilic esophagitis, pathology might not report the presence of eosinophils, but rather chronic inflammation such as spongiosis, parakeratosis, and lymphocytic infiltration of the mucosa.
Objective. We aimed to report the management of this disease and to assess the prevalence of associated dermatological conditions.
Methods. We retrospectively evaluated the medical records of our patients with non-eosinophilic stricturing esophagitis for clinical, endoscopy, and pathology data. Patients were evaluated by a dermatologist in order to search for a specific associated dermatological condition. A blood immunoassay and skin biopsy were performed if needed.
Results. Thirty-eight patients (twenty-six women) were included in the study. The median age at onset of symptoms was 56.5 years, with a median duration of symptoms of two years. Thirty-five (92%) patients presented with dysphagia at diagnosis and eighteen (47%) with weight loss. At endoscopy, a single esophageal stenosis was diagnosed in 19 (50%) patients, localized in the upper third in 22 (57%) patients. Thirty patients received endoscopic treatment (dilatation in 29/38 and local triamcinolone injection in 11/38 patients).
In 21 patients, oral, skin or vulvo-anal lesions were found on dermatological examination. Nineteen patients (68% of these patients having dermatological lesions) received systemic treatment, including corticosteroids, immunosuppressive drugs and plasmapheresis.
Conclusion. The management of non eosinophilic chronic stricturing esophagitis is challenging, because of a low contribution of esophageal biopsies and the lack of specific treatment. In our experience, a dermatological evaluation helped in 55% of cases to introduce a systemic treatment, leading to limit the use of endoscopic dilatation.

EP61. EOSINOPHILIC ESOPHAGITIS

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Eosinophilic Esophagitis
Introduction. The current definition of esophageal eosinophilia is the presence of any eosinophils in the esophageal epithelium. There is a large body of evidence that EoE patients have aeroallergen sensitization and concurrent atopic diseases, including asthma, allergic rhinitis, and eczema.
EoE is currently defined as a "chronic, immune/antigen-mediated esophageal disease characterized clinically by symptoms related to esophageal dysfunction and histologically by eosinophil-predominant inflammation". It is also a clinicopathologic disease, meaning that clinical and pathologic information must be considered jointly without either of these parameters interpreted in isolation. Diagnostic criteria: Endoscopy with esophageal biopsy is the only reliable diagnostic test for EoE.
Clinical Case. A 26-year-old man with no past medical history, no drug history or allergies, presented with upper abdominal pain of 5 months, dysphagia and heart burn. He lost 5 kg weight in the last 2 months. The patient denied any recent use of non-steroidal anti-inflammatory drugs (NSAIDS), alcohol or anticoagulants.
An endoscopy was performed and revealed: oedema (mucosal pallor), fixed rings grade 3 (severe distinct rings that do not permit passage of a diagnostic endoscope), exudates (white spots – grade 1, mild lesions involving less than 10 % of the esophageal surface area), furrows, crepe paper esophagus (mucosal fragility) and narrow caliber esophagus. 2-4 biopsies were obtained from both the proximal and distal esophagus and revealed eosinophil-predominant inflammation >= 15 eos per high-power field;
We initiate treatment with bougie dilation first with 7 mm, then with 9 mm followed by PPI 40 mg and topical steroid Budesonide 3mg swallowed with a tbs of honey. After 2 weeks of medical treatment, another bougie dilation was performed: one complete with 9mm and another incomplete with 11mm.
Discussion. Originally, EoE was thought to be a rare disease, but over the last 15 years, the prevalence and interest has greatly increased. In adults, solid food dysphagia is the most common presenting

symptom and mucosal biopsies of the esophagus should be obtained in all patients.
Conclusions. While illnesses such as GERD are more prevalent, it is important to keep in mind that more rare diseases are always possible. Until more data are available, the continued use of PPIs, topical glucocorticosteroids, or elimination diets are reasonable options, and this is a very preference-sensitive area of management.
Authors: Dr. Musat Florin, Dr.Nita Anca, Dr. Craciun Manuela

EP62. ESO-GASTRIC LESIONS INDUCED BY THE INGESTION OF CAUSTIC SUBSTANCES IN A GROUP OF PATIENTS HOSPITALIZED IN THE CLINICAL EMERGENCY COUNTY HOSPITAL BIHOR: WHAT ARE THE PARTICULARITIES?

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Introduction. The ingestion of caustic substances represents a medical/surgical emergency, the severity of the lesions usually depends on the nature and quantity of the ingested product, and the treatment requires a multidisciplinary approach.
Aim and methods. to retrospectively analyze the profile of the patients with caustics ingestion from Bihor Emergency Clinical County Hospital between 1st of January 2013 and 31st of December 2023. We carefully analyzed the files of the aforementioned patients for clinical, biological, endoscopic, therapeutic as well as the evolving patterns.
Results. We included 42 patients, with a clear male predominance, M/F ratio of 1.62. The mean age was 34.6 years ±14.2, rural/urban ratio 24/18. From the studied group, 12 patients (28.5%) were known and followed-up with a psychiatric illness. Accidental ingestions were less frequent n=13 (31%) than voluntary ingestions n=29(69%). Among the substances, HCl/bleach was the most used n=20 (47.6%), followed by ethylene glycol n=12 (28.6%), NaOH n=5 (11.9%), H2SO4 n=2 (4.8%), unknown substance n=3 (7.1%). At admission, 23 (54.8%) patients presented oropharyngeal lesions, vomiting in 32 cases (76.2%), epigastric pain in 32 cases (76.2%), esophageal syndrome in 10 cases (23.8%), hematemesis in 4 cases (9.5%), peritoneal syndrome in 3 cases (7.1%), acute renal failure in 7 cases (16.7%). After excluding a surgical emergency, the UGIE performed in the first 24 hours after admission, showed according to the Zargar classification: grade I esophageal lesions -7 cases (16.7%), grade II -18 cases (42.9%), grade III – 6 cases (14.3%) and grade IV -3 (7.1%). Grade I gastric lesions were observed in 18 patients (42.8%), grade II in 4 patients (9.5%), grade III in 13 patients (31%), grade IV in 2 (4.8%). All patients received medical treatment (PPI, metoclopramide) and parenteral nutrition according to severity. Early pneumomediastinum after UGIE was observed in 3 patients (7.1%). The in-hospital mortality rate was (16.7%). A predictive factor for unfavourable prognosis is hyperleukocytosis (p=0.018). There is no significant correlation between the amount ingested (p=0.8) or age (p=0.6) and the evolution of the patients or between the product ingested and the severity of esophageal/gastric involvement at admission.
Conclusion. In our study, the epidemiological profile of caustic ingestion was dominated by the voluntary ingestion of HCL/bleach, the symptomatology was mainly digestive, and hyperleukocytosis represented an unfavourable prognostic factor.
Keywords. caustics, eso-gastric lesions

EP63. OVER-THE-SCOPE-CLIP FOR POSTOPERATIVE ESOPHAGEAL FISTULA

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Introduction. Over-the-scope-clips (OTSC) usage has markedly increased during the past years, with important indications being digestive fistulas, perforations and refractory peptic ulcer bleeding. The aim of this presentation is to illustrate the usage of OTSCs for post-operative fistulas.
Case presentation. We herein present the case of a 66 year-old patient diagnosed with antropyloric adenocarcinoma who underwent curative surgery - total gastrectomy with Roux-en-Y esophagojejunostomy. The subsequent evolution was favourable and the patient was discharged eight days later. Two weeks after surgery the patient was readmitted with a suspicion of anastomotic fistula after food was observed on the drainage tube. An abdominal CT scan with oral contrast was performed that confirmed the anastomotic fistula. Upper gastrointestinal endoscopy was undertaken to further evaluate the fistula. A small, 4 mm defect was observed at the level of the eso-jejunal anastomosis site. A 10 mm OTSC clip (OVESCO) was placed on the fistula, sealing it completely. Fluoroscopic control performed afterwards did not show extravasation of the contrast medium and therefore the patient was discharged the next day. Six weeks later the patient was admitted for endoscopic evaluation. The fistula had completely healed and the OVESCO clip was no longer in position.
Discussion. Gastrointestinal fistulae still represent a major complication of gastrointestinal surgery. Patients who develop fistulas and have surgically

altered anatomy are difficult candidates for surgical revision. New endoscopic options are available for the management of gastrointestinal fistulae, with encouraging results and major advantages over corrective surgery such as reduced hospital stay and faster recovery. OTSC allows endoscopic full thickness closure of gastrointestinal leakages after surgical interventions.
Conclusion. In this case, the use of an OVESCO clip was the ideal solution for closing an anastomotic fistula in a patient with total gastrectomy with Roux-en-Y esophagojejunostomy for gastric cancer.
Key words. over-the-scope clip; postoperative fistula

EP64. RISK FACTORS FOR MULTIPLE POTENTIALLY BLEEDING LESIONS IN EMERGENCY UPPER GASTROINTESTINAL ENDOSCOPIES

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Introduction. Gastrointestinal bleeding is one of the most important medical-surgical emergencies. Upper gastrointestinal bleeding (UGIB) , defined as hemorrhage having its origin above Treitz'angle, is the most frequent type, and is suspected when the patient present with hemethemesis and/or melena. Etiological diagnosis is vital for the patients'prognosis, and it relies mostly on upper gastrointestinal endoscopy (UGIE). However, endoscopy can show more than one bleeding or potentially bleeding lesion.
Aim. The objective of our study was to analyze the frequence of multiple potentially bleeding lesions as seen in emergencies upper gastrointestinal endoscopies.
Material and methods. We performed a retrospective study on patients with acute UGIB presented in the Emergency Department of „St. Spiridon" Clinical County Hospital, investigated by UGIE, in the last six months; epidemiological, clinical and biologic data were recorded, as well as the results of UGIE. Furthermore, correlations between the presence of multiple potentially bleeding lesions and clinical and biological factors were made.
Results. 480 patients with suspected acute UGIB were investigated by emergency UGIE. The bleeding source was found in 375 (78%) patients; among them, 278 (58%) patients had one single bleeding lesion, while in 97 (14%) patients more than one potentially bleeding lesion was found. For the remaining 105 (22%) patients, no obvious causal lesion were found, and they were further investigated. The most frequent unique lesions were peptic ulcers and gastro-oesophageal varices, while the most encountered associations were Mallory-Weiss syndrome and peptic ulcer, and gastro-oesophageal varices and gastro-duodenal ulcer. The factors correlated with the presence of multiple potentially bleeding lesions were: age, alcohol consumption, the presence of cirrhosis and Charleson comorbidity index.
Conclusions. Even if in most cases UGIE is diagnostic for UGIB, there are cases when no lesions are found and also cases with more than one potentially bleeding lesion. Older age, the alcohol consumption, cirrhotic patients and the presence of comorbidities are associated with multiple potentially bleeding lesion. Thorough clinical examination and accurate endoscopic exam are mandatory for the right diagnosis and treatment, to ensure the most favorable patients' outcome.
Key words. upper gastrointestinal bleeding, upper gastrointestinal endoscopy, risk factors

EP65. EUS-GUIDED GASTROENTEROSTOMY VERSUS ENTERAL STENTING IN MALIGNANT GASTRIC OUTLET OBSTRUCTION: INITIAL EXPERIENCE FROM A SINGLE CENTER

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Introduction. EUS guided gastroenteroanasomosis (EUS-GE) established itself as an effective and safe procedure to alleviate malignant gastric outlet obstruction (mGOO), but enteral stenting (ES) is often preferred in patients with short life expectancy and disseminated malignant disease. Our aim was to compare survival rates, technical and clinical success and complications between the two groups as our center has begun performing this novel technique, EUS-GE.
Methods. The patients with mGOO treated by EUS-GE between March-2022 and March 2023 were included and then retrospectively matched 1:1 (primary disease & stage and Charson Comorbidity Index) with patients that underwent ES.
Results. 5 EUS-GE and 20 ES patients were included. After matching, 5 patients per arm were analyzed with no significant differences within the matched parameters. The indication of the procedure was mGOO related to inoperable pancreatic cancer invading duodenum (n=8) and gastric antrum carcinoma obstructing the pylorus (n=2), with no/ minimum ascites and

hepatic metastasis (n=8). Technical success rate was 100% in both arms. Median survival was 4mos in the EUS-GE group and 5mos in the ES group. All patients in the EUS-GE group and 3/5 in the ES group were able to eat solid food (GOOSS score=3). Symptom recurrence after an initial improvement occurred in 1/5 in the EUS-GE group and 3/5 in the ES group. Significant complications (defined as II or higher on AGREE classifications) appeared in 1/5 cases in both groups.
Conclusions. Initial experience with EUS-GE seems to be more efficient and longer lasting than ES for alleviating symptoms associated with malignant gastric outlet obstruction without increase in complication rates. The low survival rate in both groups was related to the advanced disease stage of the patients.

EP66. PROGNOSTIC FACTORS IN THE EVOLUTION OF PATIENTS WITH MALLORY-WEISS SYNDROME

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Introduction. First described in the literature as clinical cases in 1929 and then in 1932 by Mallory and Weiss, this pathology has benefited from the modern prerogative of statistical study and interpretation. However, there are statistical shortcomings due to a relatively small incidence (4.6% of UGIB and 0.13% of UGIE). The objective of this study was twofold: to identify the clinical, biological, and endoscopic characteristics of patients with MWS and to analyze the prognostic factors that influence the evolution of these patients.
Methods. This was a retrospective, analytical, and observational study that included patients with Mallory-Weiss syndrome presented in the emergency department of the Regional Institute of Gastroenterology and Hepatology "Prof. Dr. Octavian Fodor" over a 6-year time span from 2015 to 2021. Patients with UGIB and laceration of the esophagus, hernial sac or cardial orifice, as well as those with esophageal laceration produced during endoscopy, were eligible for participation.

Results. Out of the 2561 patients with hematemesis (K92.0) or gastroesophageal tear (K22.6) who were screened for enrollment, only 266 met the inclusion criteria. Regarding symptomatology, most patients presented with hematemesis (80.5%). The preferred therapeutic endoscopic methods were hemoclip placement (47.7%) and epinephrine injection (30.1%), often used in combination. Of the 11 patients who experienced in-hospital rebleeding, most did so within five days, but only 46.46% of them had an MW tear as the source. The in-hospital mortality rate was 6.8%. Both the Complete Rockall score and Glasgow Blatchford Score were positively correlated with transfusional intake and in-hospital mortality rate in terms of means. When stratified into risk groups, only the Rockall score had statistical significance: 44.40% of the deceased had ≥7 points vs. 13.7% in the complementary group ($p<0.001$), and 28.6% of those with ≥3 RCM transfusion had ≥7 points vs. 13.4% in the complementary group ($p<0.001$). Although the rate of active hemorrhage increased between the groups with a transfusion requirement of <3 RCM and ≥3 RCM, the increase was more pronounced proportionally in the subgroups with active hemorrhage from other lesions and combined active hemorrhage (MWT+other lesions), rather than in the subgroup with MWT alone ($p=0.048$).
Conclusions. MWS is a pathology with a generally benign evolution that is largely influenced by comorbidities and associated endoscopic lesions. No patients underwent surgical hemostasis. Prognostic scoring systems may be used to predict outcomes in patients with MWS.
Keywords. gastrointestinal hemorrhage, Mallory-Weiss syndrome, Mallory-Weiss tear, Glasgow Blatchford Score, complete Rockall score

EP67. RECURRENT ANEMIA IN GAVE PATIENT

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Introduction. Gastric antral vascular ectasia (GAVE) is an uncommon but often severe cause of upper gastrointestinal (GI) bleeding, responsible of about 4% of non-variceal upper GI haemorrhage. The diagnosis is mainly based on endoscopy. GAVE is characterized by a pathognomonic endoscopic pattern, mainly represented by red spots organized in stripes radially departing from pylorus, defined as watermelon stomach, or arranged in a diffused-way.
Case Report. We report the case of a 83 years old female patient admitted for chest pain associated with difficulty in breathing and fatigue, the symptoms subside at rest. Acute myocardial infarction was excluded but severe anemia was detected with a haemoglobin of 5.9 g/dl. The patient was known with paroxysmal atrial fibrillation controlled by amiodarone, rheumatoid arthritis for which the patient administered methotrexate, the treatment was ceased several years ago due to the reduction of disease activity. Due to CHADs-VASc score of 5, the patient was under chronic anticoagulation with DOAC. In order to identify the source of the supposed bleeding, a Upper Digestive Endoscopy was performed. The investigation revealed grade I esophageal varices without signs of recent bleeding and antral vascular ectasia. Due to local conditions, endoscopic band ligation was

preferred. After the management of the anemia the patient was discharged with a haemoglobin of 9 g/dl. After a month from the EBL the patient restarted administration of DOAC which lead to a new episode of acute GI bleeding, a second session of EBL was performed with the recommendation not to administer anticoagulants until a third session which was set after 2 months. **Discussion.** The first line treatment is considered argon plasma coagulation (APC), given its wider availability, safety, efficacy and cost-effectiveness, though different types of endoscopic treatments are available. Given the condition of a specific patient, the physician can choose which is more appropriate for a better management.
Conclusion. A patient with multiple comorbidities must have a comprehensive approach and a good understanding of bleeding versus thrombotic risks.
Key Words. Acute GI bleeding; Endoscopic treatment; Endoscopy; GAVE

EP68. ENDOSCOPIC FINDINGS IN FUNCTIONAL DYSPEPSIA

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Keywords: functional dyspepsia; endoscopy; Romania
Introduction: Functional dyspepsia is one of the most common functional gastrointestinal diseases, its global prevalence is currently estimated at 7.1%. In Romania, the current prevalence stands at 7.4%. Functional dyspepsia is further divided into epigastric pain syndrome (EPS) and postprandial distress syndrome (PDS). No structural disease that is likely to explain the symptoms is a major criterion for diagnosis.
Materials & methods: We aimed to provide updated clinical and epidemiological data on the current status of functional dyspepsia in Romania. We conducted a retrospective study using our tertiary care center's database of 144 patients diagnosed with functional dyspepsia in the Second Medical Department, Emergency Clinical County Hospital, Cluj-Napoca, Romania from January 2021 to April 2023.
Results and conclusions: Out of 1368 upper gastrointestinal endoscopies performed in our department between 2021 to 2023, we identified 170 patients with a primary diagnosis of functional dyspepsia admitted in our department that underwent upper endoscopic examination. Twenty-six patients were excluded from the final study due to Helicobacter pylori being present in their gastric biopsies. The final study included 144 patients. 16.6 % of patients were men and 83.4% were women. The mean age at admission was 52.5 years, while the distribution of age varied from 25 to 73 years. 69.4% of patients met the criteria for EPS, while 30.6% of them were diagnosed with PDS. The most common endoscopic findings in functional dyspepsia were erythematous gastritis (94;65.2%), normal endoscopy (36;25%), and congestive gastritis (14, 9.7%). Antrum was the most common site affected, in 96 (57%) patients with gastritis. Patients with functional dyspepsia can have associated mild gastrointestinal diseases that do not explain their symptoms

EP69. OTSC FOR PRIMARY HEMOSTASIS IN SEVERE PEPTIC UPPER GI BLEEDING – IS IT A SOLUTION?

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Introduction. Over-the-scope-clips (OTSC) are not usually used as a first line treatment method for non-variceal upper gastrointestinal bleeding. The objective of this presentation is to highlight the possibility of using OTSCs as a first-line choice in selected patients with severe peptic ulcer bleeding.
Case presentation. We herein report the case of a 47 year-old patient, with a history of heavy alcohol consumption, who was admitted for haematemesis and melena. On physical evaluation the patient had an altered general status with hemodynamic instability, was conscious and intensely pale. Laboratory tests revealed severe anemia, metabolic acidosis and elevated values of serum urea and creatinine. During the stay in the Emergency Department, the patient underwent cardiac arrest, which was resuscitated. He was intubated and was transferred in the Intensive Care Unit. After adequate hemodynamic resuscitation, emergency upper GI endoscopy was performed at the bedside, and a 30 mm ulcer located on the anterior wall of the duodenal bulb, with a large-caliber visible vessel was identified. A 10 mm OTSC was mounted on the visible vessel. The subsequent evolution was favourable and the patient was discharged from the Intensive Care Unit. Seven days after the index endoscopy, the patient presented signs of rebleeding, although with no signs of hemodynamic instability. Upper GI endoscopy revelead the duodenal ulcer with a visible vessel and no OTSC clip in situ. Combined hemostasis was performed with adrenaline injection, endoscopic monopolar forceps coagulation and through-the-scope clip placement. Hemostasis was achieved and the patient was dischargheda few days later.

Discussion. Typically, gastric or duodenal ulcers with a visible vessel (Forrest IIA) should receive endoscopic hemostasis by standard methods – endoscopic electrocoagulation/hemoclips, with or without epinephrine injection. However, OTSC appear to be a solution in selected cases with severe bleeding. Even though guidelines suggest using this hemostatic modality in carefully selected patients with bleeding Forrest IA and IB ulcers, indications may be expanded in the future to include Forrest IIA ulcers in particular clinical scenarios such as patients with hemodynamic instability and large ulcers with important vissible vessels, with predicted difficult conventional hemostasis.

Conclusion. OTSCs may be successfully used as a first-line choice in selected patients with severe peptic ulcer bleeding. In this context, the clinical situation as well as expertise and devices availability are important factors in guiding the decision.

Key words. over-the-scope-clips; severe peptic non-variceal bleeding

EP70. UNUSUAL CAUSE OF UPPER GASTROINTESTINAL BLEEDING

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Aims. An 84-year-old patient with a history of high blood pressure presented to the emergency room with lower abdominal pain and haematochezia.

Methods. Clinical:hemodynamically stable. Biological: WBC 32700 /microL, Hb=8.1 g/dL, PLT = 321 000 /microL, INR=1.23, CRP = 292 mg/L. CT-scan: no contrast extravasation in the digestive tract, infrarenal aortic aneurysm (130 mm cranio-caudal), with parietal thrombus plus a retroaortic abscess with stenosis ofthe inferior vena cava.

Vascular surgery consultation: no surgical indication ->admission to the gastroenterology department.Emergency upper GI endoscopy: adherent clot in the fornix, stasis fluid. 60 cm rectosigmoidoscopy: mucosal lesions suggestive of ischemic colitis.

Reevaluation after 12 h: WBC = 26 000 /microL, hemoglobin = 7.1 g/dL

Results. Re-evaluation of the CT-scan: suspicion of an aorto-duodenal fistula. Second upper GI endoscopy: gastric mucosa, bulb and D2 lined with fresh blood. On withdrawal, an infrapapillary lesion suggestive for an aortoenteric fistula. Duodenoscopesecond look:an erosion with a diameter of 10 mm with a deep punctate hole: most likely aortoenteric fistula. The patient was transferred to cardio-vascular surgery: double-layer duodenorrhaphy and aorto-aortic interposition of a silver Dacron prosthesis were done.

Conclusion. The particularity of the case was represented by the rare cause of haemorrhage with difficult diagnosis. The approach and treatment required a multidisciplinary team and a good collaboration. The patient was discharged after 17 days with a good general condition.

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EP71. ENDOSCOPIC SUBMUCOSAL DISSECTION FOR ESOPHAGEAL LEIOMYOMA IN THE IMMEDIATE PROXIMITY OF AORTIC CROSS

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Introduction. Leiomyomas of the esophagus are rare tumors but the most common benign lesions of the esophagus originating from smooth muscle cells. Endoscopic submucosal dissection gained more and more in therapeutical approach of submucosal lesions. **Case Description/Methods.** The patient is a 62 year-old female with gastric sleeve history presented to our department complaining of dysphagia from 2020. Gastroscopy showed a 30 mm submucosal lesion at 20 cm from dental arch. Echoendoscopy revealed a hypoechogenyc homogenous lesion developed from musculara propria, without adenophaties and very close to aortic cross (7 mm). EUS-FNA biopsy confirmed esophageal leiomyoma. The endoscopically or surgery were the two therapeutical options presented to patient. In general anaesthesia with orotracheal intubation we performed endoscopic submucosal dissection. We used electrosurgical DualKnife J from Olympus. The classic tunneling technique was considered a high risk option, due to proximity to aorta. We choosed a bilateral approach to perform dissection of both sides of the lesion, trying to push it into the esophageal lumen. The site of mucosal incision was closed by metalic clips. The procedure duration was 1 hour. No adverse events during procedure was reported. The postprocedural course was uncomplicated. The patient was instructed to take nothing by mouth, and was administered intravenous proton-pump inhibitor injection every 12 hours for 24 hours. Then, we resumed oral intake with a clear liquid diet. The patient received postoperative antibiotic treatment. He was discharged uneventfully 1 day later.

Conclusion. Although surgery was considered the

treatment of choice and ideally involves enucleation of the tumor, endoscopic submucosal dissection may be considered superior to surgery. ESD is now a feasible, effective, and safe technique for the removal of submucosal lesions.

Keywords. endoscopic submucosal dissection, endoscopic submucosal tunnel dissection, esophageal leyomioma

EP72. HELICOBACTER PYLORI AND PRIMARY ANTIBIOTIC RESISTANCE IN A CENTER OF THE NORTH-EASTERN ROMANIA

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Introduction. Helicobacter pylori (H. pylori) infection is one of the most widespread in the world. A study carried out in the North-East Region of Romania showed a prevalence of H. pylori infection of 39.9%. Treatment of H. pylori infection is becoming increasingly difficult as antibiotic resistance develops in various regions of the globe.
Aim. To assess the antibiotic resistance of H. pylori strains isolated in the adult population in a center of the North-Eastern Region of Romania.
Material and method. 117 patients hospitalized in the Gastroenterology Department of Bacău County Emergency Hospital, between October 2019 and November 2020, identified with H. pylori infection by fecal antigen were included. All patients performed upper digestive endoscopy with 2 biopsies (from antrum and body gastric). 90 positive cultures were obtained and examined for antibiotic susceptibility for amoxicillin (AMX), clarithromycin (CLR), metronidazole (MTZ), levofloxacin (LEV), tetracycline (TET), rifampicin (RIF). The diffusimetric method with E-tests according to the EUCAST guideline was used. Antibiotic resistance was considered at the minimum inhibitory concentration (MICs) of > 0.5 mg/L for CLR, > 8 mg/L for MTZ and > 1 mg/L for TET and LEV. The data obtained were analyzed considering demographic criteria (age, gender) and patients' environment.
Results. Antibiotic resistance of the H. pylori strains was recorded as follows: 72.2% for MTZ (65/90 patients), 30% for CLR (27/90 patients), 26.7% for AMX (24/90 patients). The highest resistance was observed in females, as follows: 97.8% for MTZ (44/45 patients), 46.7% for CLR (21/45 patients), and 40% for AMX (18/45 patients). Antibiotic resistance was low for LEV (6/90 patients, 6.7%), for RIF (7/90 patients, 7.8%) and for TET (12/90 patients, 13.3%). By age groups, the highest resistance to CLR and AMX was observed at 60-69 years, of 22.2% (10/45 patients), followed by 50-59 years, 13.3% (2/15 patients), 40- 49 years, 8.3% (1/12 patients) and 70-79 years, 6.7% (1/15 patients).
Conclusion. H. pylori strains isolated in patients with primary infection show increased resistance to MTZ, CLR and even AMX in the population in a center of the North-Eastern Region of Romania. It is necessary to identify an individualized treatment management of H. pylori infection depending on demographic criteria (age, gender), patients' environment and resistance to antibiotics in the region.

Keywords. Helicobacter pylori, Antibiotic resistance, North-Eastern Romania.

EP73. HELICOBACTER PYLORI INFECTION ERADICATION RATE – PROSPECTIVE, RANDOMIZED STUDY

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Introduction. Helicobacter Pylori (HP) has high prevalence of resistance and low eradication rate following standard triple therapy. In Romania the resistance at clarithromycin is more than 30%.
Aim.According to published consensus (Toronto Consensus and Maastricht V/Florence Consensus) [1,2], we decided to evaluate the eradication rate of HP infection using different therapeutic regims in our geographic area.
Method. We performed a prospective, randomized study, starting from June 2017. 300 symptomatic patients with HP infection were included in study. HP status was evaluated by using histopatological exam, urea test from gastric biopsies, C13 urea respiratory test, HP antigen from stool or serologiocal antibody test.
Patients were randomly divided in 3 groups: first group received concomitant quadruple therapy consisting of a proton pump inhibitor, amoxicillin, clarithromycin and metronidazole for 14 days; second group received concomitant triple therapy consisting of a proton pump inhibitor plus amoxicillin for 14 days and azithromycin for 6 days; third group received quadruple therapy consisting of a proton pump inhibitor, amoxicillin, levofloxacin, metronidazole for 14 days.
HP eradication was checked by the 13 C urea respiratory test six weeks after the end of the treatment.

Results. 300 patients were included in the study (148 females, 152 males). Median age was 44.98 years. The Helicobacter Pylori infection was diagnosed by histopatological examination in 127 patients, by urea test of gastric biopsies in 53 patients, by urea respiratory test in 39 patients, by using serological antibody in 54 patients and by fecal antigen in 27 patients.
In 287 patients (95.66%) HP eradication could be evaluated. At 6 weeks after treatment, the respiratory test was negative in 264 patients (91.98%). The eradication rate was 95.88 % (93 patients) in first group, 91.4% (85 patients) in the second group and 88.66% (86 patients) in the third group (p = 0.175). Previous treatment for HP was noted in six patients (7.52%) in first group, 15 patients (17.64%) in the second group, respectivelly 16 patients (18.6 %) in the third group. Previous HP infection did not influenced significantly statistically the eradication rate (p = 0.223 for groups 2 vs. group 1; p = 0.076 for groups 3vs. 2). Non-eradication rate was 8.01 % (23 patients).
Conclusion. Our results suggest that clarithromycin regim in quadruple therapy for 14 days and triple therapy included azithromycin had high rate of Helicobacter Pylori eradication in our area comparative with levofloxacin regim. The eradication rate tends to decrease in patients with failed previous regims

EP74. IBD ACTIVITY AND HELICOBACTER PYLORI INFECTION

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Introduction. There are an inverse association between Helicobacter Pylori (H. pylori) infection and prevalence of IBD [5, 10,11,12]. Also studies have reported an inverse association between H. pylori prevalence and disease severity of IBD [13]. H. pylori is one of the environmental infections causing changes in gut microbiota and immune system dysregulation, which may affect IBD activity. The current study aimed to compare the clinical, laboratory, and histological severity of the newly diagnosed IBD with the presence or absence of H. pylori infection.
Methods. This was a retrospective study that included 50 newly diagnosed inflammatory bowel disease patients (30 ulcerative colitis patients and 20 Crohn's disease patients). Diagnosis of IBD was based on both endoscopy/colonoscopy and biopsy. Also, for assesing Disease activity was quatified by CDAI for Crohn disease and UCDAI dor ulcerative colitis. Also, fecal calprotectine was evaluated. The presence of H. pylori was evaluated by the H. pylori stool antigen test (HpSA). Results: The overall positivity of H. pylori infection in patients with IBD was 19.2%. Patients with HpSA had a significantly lower fecal calprotectine (145.57 ± 28.12 vs. 320.57 ± 67.54 (µg/mg); P= 0.02), Mayo score (4.12 ± 1.09 vs. 8.01 ± 1.23; P < 0.001) and CDAI score (112 ± 67 vs. 198 ± 89; P < 0.001) compared to those with negative HpSA. **Conclusion.** We reported a significantly lower H. pylori infection rate in IBD patients. H. pylori-positive IBD patients have a milder disease with less activity compared to H. pylori-negative IBD patients. **Keywords.** helicobacter pylori, inflammatory bowel disease.

EP75. AN UNEXPECTED CASE OF GASTRIC SUBMUCOSAL LESION – THE ROLE OF ENDOSCOPIC ULTRASONOGRAPHY

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Introduction. Gastric duplication cysts (GDCs) are rare congenital anomalies that are characterized by the presence of cystic structures within the gastric wall. The diagnostic is challenging as these lesions often present clinical as well as radiological findings common with other gastric lesions. In this report, we present a case of GDC in a young patient presenting for recurrent epigastric pain.
Case presentation. A 25-year-old woman presented for recurrent epigastric pain. An upper digestive endoscopy was performed showing a 2 cm submucosal lesion located in the body of the stomach. Subsequently, an endoscopic ultrasound was performed, thus a well-defined cystic lesion was identified. The lesion presented all layers of the gastric wall; therefore, a gastric duplication cyst was suspected. Fine needle aspiration (FNA) was considered but refused by the patient. For further characterization of the lesion, a magnetic resonance investigation (MRI) of the abdomen was carried out. The result confirmed the presence of a lobulate cyst of 18 mm diameter without apparent communication with the gastric lumen. Surgical treatment was discussed with the patient but follow-up was agreed upon.
Discussion. GDCs are rare entities, as only 2-8% of digestive tract duplications are found in the stomach. Although they can be symptomatic, most often these lesions are found during examinations performed for other indications. EUS is essential for the characterization of gastric submucosal lesions as it allows the differentiation between cystic and non-cystic lesions and it indicates the layer of origin of the lesion. Moreover, FNA can be performed thus aiding in the final diagnostic. In our case, the combination between EUS and MRI played a crucial

role in the diagnosis and management of the GDC. EUS allowed the rapid characterization of the lesion and MRI offered detailed anatomical information as well as the relation to adjacent structures without the need for ionizing radiation. Although most patients receive surgical or endoscopic treatment, follow-up is possible, especially in the setting of small GDCs.

Conclusion. This case underlines the importance of EUS and MRI in the evaluation of gastric submucosal tumors and for the identification of rare lesions such as GDCs. Both techniques present good accuracy in the characterization of these lesions and allow for a timely diagnosis, preventing the need for more invasive procedures and allowing for subsequent management decisions to be taken.

Keywords. Gastric duplication cyst, gastric submucosal lesion, endoscopic ultrasound, magnetic resonance.

EP76. A RARE CASE OF SOLE GASTRIC CROHN'S DISEASE IN A YOUNG MAN

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Introduction. Crohn's disease is a chronic inflammatory bowel disease (IBD) that can affect any part of the gastrointestinal tract from the mouth to the anus. However, gastric involvement in Crohn's disease is extremely rare, accounting for less than 0,07% of cases (1).

The symptoms of gastric Crohn's disease can vary depending on the location and severity of inflammation in the stomach. Some common symptoms may include abdominal pain, nausea and vomiting, loss of appetite, weight loss, bloating and gas and diarrhea.

Case Study. We present the case of a 28 years old man that was referred to our department for frequent diarrheic stools, abdominal pain and loss of weight (6kgs in 3 months). His brother was prior diagnosed with Crohn's disease. Lab tests showed leucocytosis (11670/µl), mild normochromic microcytic anaemia (Hb 12,6 g/dl), thrombocytosis (505.000/µl), low iron level (5.33 µmol/l) and positive faecal calprotectin. Upper endoscopy showed infiltrated duodenal mucosa and atrophic gastritis, lower endoscopy showed external haemorrhoids, serial biopsies were taken from the entire explored intestinal tract. A diagnosis of gastric Crohn's disease was established after histological examination. At follow-up, the patient related that he did not tolerate sulfasalazine, so budesonide treatment was initiated with ulterior satisfying results.

Discussion. Gastric Crohn's disease can be challenging to manage, and patients may experience flares and remissions over time, quality of life potentially being impaired. Even if a key puzzle piece, genetics is not the only factor involved in the development of Crohn's disease. However, with proper treatment and management, many patients with gastric Crohn's disease can achieve long-term remission and lead healthy, fulfilling lives. Budesonide can be the therapy of choice for gastric limited IBD, with good outcome (2).

Conclusion. Even if it's a extremely rare finding (less than 0.07% of the inflammatory bowel disease cases), if such patients complain of abdominal pain, nausea, vomiting, and loss of appetite, this kind of pathology should be suspected. It is important for the physician to keep in mind that Crohn's disease may cause the mentioned symptomatology and affect only gastric mucosa.

Keywords. Crohn's disease, Inflammatory bowel disease, Budesonide

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EP77. LINITIS PLASTICA CAUSED BY GASTRIC CARCINOMA WITH "SIGNET RING CELLS" - CLINICAL CASE

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Introduction. Linitis plastica is a severe form of gastric cancer, histologically characterized by "signet ring cell" and caused by primitive gastric cancer or metastatic infiltration from other organs.

Case presentation. We present an 81-year-old patient with no digestive history, who presents for epigastralgia, food vomiting, diarrhea, loss of appetite and weight loss. Abdominal-pelvic CT: stomach with liquid content, with hydro-aerial level, circumferential parietal thickening of the gastric wall; small bowel loops with parietal contrast uptake; stratified parietal thickening at the level of the entire colon and rectum; free liquid in all peritoneal spaces. Empty abdominal X-ray: hydro-aerial level on topography of the stomach, aerocoly. Biological: iron deficiency anemia, inflammatory syndrome, increased ACE. Abdominal ultrasound: expansive

formation on gastric topography, ascites in the lower abdominal floor, homogeneous liver. EDS: gastric liquid stasis, infiltrated, rigid gastric mucosa, complete pyloric stenosis. Gastric biopsy: clusters of tumor cells at the level of the gastric mucosa and extended to the muscularis mucosae, with "signet ring" type morphology. Rectoscopy: at 3 cm from the anal margin the mucosa is infiltrated, with almost complete stenosis – rectal biopsy: carcinomatous infiltration with a "signet ring" appearance, suggestive of extrinsic infiltration, possibly from the gastric level.

Discussions. The investigations concluded linitis plastica - gastric carcinoma with "signet ring" cells with extension to the small intestine, colon and peritoneal carcinomatosis. The patient is addressed to IRO Iași, for palliation.

Conclusions. As evidenced by the data in the literature, this case of plastic linitis is diagnosed at an advanced stage, the severity given by the extension of the gastric carcinoma to the entire small and large intestine and to the peritoneum limiting the therapeutic possibilities.

Key words. linitis plastica, gastric carcinoma, "signet ring" cells

EP78. ENDOSCOPIC ULTRASOUND-GUIDED HEPATICOGASTROSTOMY IN MALIGNANT DUODENAL OBSTRUCTION

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Introduction. Endoscopic retrograde cholangiopancreatography (ERCP) is the main procedure for managing obstructive biliary disease. In the context of unsuccessful ERCP, endoscopic ultrasound-guided biliary drainage (EUS-BD) has become a promising alternative to surgical bypass and percutaneous biliary drainage (PTBD). We report one case of successful biliary decompression through direct transluminal stenting using EUS guidance.

Case presentation. We report the case of a 60-year-old female patient with stage IV colorectal adenocarcinoma previously submitted to palliative gastrojejunostomy L-L for duodenal malignant obstruction. The patient presented with obstructive jaundice, cholestasis, and inflammatory syndrome due to local relapse of her malignancy and peritoneal carcinomatosis. The papillary region was not reached by conventional enteroscopy/duodenoscopy. EUS was performed with a linear therapeutic echoendoscope, and intrahepatic biliary duct dilation was confirmed. With the echoendoscope positioned in the upper part of the lesser curvature, a segment III intrahepatic bile duct was punctured with a 19-G needle. A guidewire was then advanced through the needle to the intrahepatic ducts, followed by dilation with a cystotome. A proximally covered metal stent was then delivered into the left hepatic bile duct through the stomach wall, but the length of the remaining part of stent into the stomach was insufficient, so a second partially covered metal biliary stent was placed inside the metal stent. The patient was discharged 6 days after the procedure with regression of biliary retention. The stent was still patent 60 days after the procedure and the patient restarted chemotherapy.

Discussion and conclusion. EUS-BD has emerged as an alternative to percutaneous and surgical drainage in cases where ERCP techniques are difficult or not feasible. Conventionally, percutaneous drainage is considered the rescue therapy in the setting of ERCP failure. Although the technical success rate of percutaneous drainage is over 95%, drainage complications continue to be a major problem along with the significantly reduced quality of life. A recent review compared the efficacy and safety of EUS-BD and PTBD, proving equivalent technical success. However, EUS-biliary drainage was associated with better clinical success, fewer post-procedure adverse events, and lower reintervention, with a stent patency of 329 days. No significant differences were observed for the duration of hospital stay between the two procedures, but EUS-biliary procedure was more cost-effective.

In conclusion, EUS-BD is a useful tool in case of failure of ERCP or altered anatomy, with a high rate of technical success and clinical efficacy.

Keywords. Endoscopic ultrasonography-guided biliary drainage, obstructive jaundice, colon carcinoma

EP79. FUSOBACTERIUM NUCLEATUM AND TANNERELLA FORSYTHIA IN GASTRIC CANCER PATIENTS

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Introduction and Aim. Oral microbiota has shown a higher bacterial diversity and abundance in individuals with digestive tract malignancies. According to recent research, some periopathogens link to gastro-intestinal neoplastic tissue and accelerate its progression. The present study was

carried out to evaluate a possible association between the abundance of Fusobacterium nucleatum and Tannerella forsythia and periodontal status with the characteristics of gastric cancer.

Materials and Methods. Twenty-four patients with gastric cancer were examined and divided in two groups, with periodontitis and gingivitis. The patients' oral cavity was examined, gingival crevicular samples were collected, and the following parameters were recorded: number of absent teeth, probing pocket depth, clinical attachment loss and bleeding on probing. Quantitative real-time polymerase-chain-reaction was used to evaluate the amount of the two bacteria in the gingival crevicular fluid samples. The differentiation grade and tumour dimension were registered during the histopathological exam of the gastric cancer tissues. Following the statistical analysis, correlations between periodontal disease's clinical parameters, the bacterial strains identified, and the characteristics of gastric cancer were made.

Results. The strong significant correlation between tumour dimension and all periodontal parameters ($p < 0.05$) but also between the size of the tumour and F. nucleatum ($p < 0.05$) could suggest a positive association between periodontal disease, gastric tumoral growth and periopathogens' implication in this process. A moderate significant correlation was found between tumour dimension and T. forsythia ($p < 0.05$). The low differentiation grade was most common across both groups.

Conclusions. Our findings point to a potential association between periodontal disease, the two subgingival periopathogens evaluated and gastric cancer's evolution. Consequently, we can state that further research is required for a more comprehensive understanding of this deadly disease, for early diagnosis and for discovering new strategies to limit its progression

Keywords. periodontal disease, gastric cancer, periopathogens, Fusobacterium nucleatum

EP80. GASTRIC LYMPHOMA ASSOCIATED WITH REFRACTORY CYTOMEGALOVIRUS GASTRITIS

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Cytomegolovirus is an important common pathogen in immune-compromised patient,such as hematological diseases including non Hodgkin's lymphoma,human immunodeficiency,recipients of organ transplants,immunosuppressive therapy or cancer chemotherapy. It can involve any site in the GI tract,but the colon and the stomach are the most common.

We report a case of gastric lymphoma that developed in the presence of CMV gastritis, which had been present for at least 6 months and was refractory to treatment.Nine years ago the patient had been diagnosed as having chronic lymphatic leukemia, for which he received as the first line of treatment R-FC X 6, followed by remission,maintained until August 2020.It was initiated treatment with Ibrutinib as a second-line treatment of 420 mg/day.

A 60-years-old male patient,presented with epigastralgia,retrosternal pain,weight loss of about 10 kilograms in the last year,inappetence,nausea and vomiting.

On examination, there was tenderness on abdominal palpation in the upper abdominal quadrant,tachycardia and pallor.His laboratory parameters revealed hemoglobin-12 g/dl,neutropenia-500/mm3,elevated ESR and LDH,HIV serology was negative.IgM for CMV was positive in high titers but quantitative PCR for CMV was negative.

Esophago-gastroduodenoscopy revealed gastric body and antrum with a proliferative-infiltrative tumor formation,with irregular surface,brittle,bleeding spontaneously,with areas of ulceration and covered in places with fibrin deposit.

Histological examination of the biopsy specimens showed nuclear inclusions in the epithelial cells with positive immunostaining for cytomegalovirus and lymphoid infiltrate predominantly represented by medium and large cells,mixed with neutrophils,that are PAX 5 positive. CT examination performed with contrast substance,describes diffuse circumferential thickening of the gastric wall at the level of high curvature,with extension at antral level of up to 34 mm,with multiple perigastric adenopathies,in the hepatic hilum,periceliac,lombo-aortic and interaorto-cave of up to 25 mm.The final diagnosis following gastroscopy and histopathological examination was of diffuse large B cell lymphoma with primary gastric onset associated with cytomegalovirus gastritis.

The treatment with Ibrutinib was discontinued and 6 cycles of R-CHOP(rituximab,cyclophosphamide,doxorubicin, vincristine, and prednisone) were administered,respectively Valganciclovir 450 mg/day.

On follow-up at 6 month,multiple biopsies were taken,further detecting the presence of CMV

Cytomegalovirus disease of the gastrointestinal tract is a major cause of morbidity and mortality in immunocompromised patients,especially those with non-Hodgkin's lymphoma.The use of chemotherapy treatment is associated with the development of certain severe viral infections, such as Cytomegalovirus. This case demonstrated that CMV should be taken into account when diagnosing immunocompromised patients with gastric cancer or gastritis.

Keywords: Cytomegalovisrus, gastric lymphoma, gastritis, nuclear inclusions , gastroscopy

EP81. EXCELLENT NEGATIVE PREDICTIVE VALUE AND TIME-IMPROVED DIAGNOSTIC YIELD OF CAPSULE ENDOSCOPY IN

SUSPECTED ISOLATED SMALL BOWEL CROHN'S DISEASE

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Background. There is no unique diagnostic test for Crohn's disease, and the diagnosis of isolated small bowel Crohn's disease (SBCD) is even more challenging, due to non-patognomonic clinical picture and low availability of accurate exploration methods. Small bowel capsule endoscopy (SBCE) revolutionized the approach of middle gastrointestinal tract, becoming the first investigation tool when small bowel pathology is suspected.
Objective of the study. The aim of our study was to assess the value of SBCE in diagnosing isolated SBCD.
Materials and methods. We retrospectively studied the patients undergoing SBCE for suspected isolated SBCD, in a six-year period, including in our analysis only the patients with a minimum one-year follow-up period. We calculated the diagnostic yield of SBCE, defined as number of capsule endoscopy exams whith positive findings, and we also assessed its yearly variation in time over the six-year period. Subsequently, analyzing follow-up data, positive and negative predictive values were assessed.
Results. 78 patients were investigated by SBCE for suspected isolated SBCD. SBCE showed lesions compatible with the diagnosis of SBCD in 49 patients, corresponding to a specific diagnostic yield of 62.8%, while for the remaining 29 patients (37.2%), no CD lesions were found. Following additional investigations, three of the 49 patients initially thought as having isolated SBCD were reclassified as SB lymphoma, eosinophilic gastroenteritis and intestinal tuberculosis, respectively, corresponding to a positive predictive value of 93.8%. During follow-up, none of the 29 patients with negative SBCE was diagnosed with CD, corresponding to a negative predictive value of 100%. We found a progressively increase of the diagnostic yield over time (from 42.6% in the first year to 70.2% in the last year of the analyzed period), corresponding the most probably to the refinement of the indication.
Conclusions. Despite a relatively low diagnostic yield, SBCE has a good positive predictive value for isolated SBCD. However, as CE is a purely visual technique with no capability of taking biopsies, final diagnosis needs confirmation by additional investigations. Nevertheless, SBCE has a 100% negative predictive value, being an excellent tool for rulling out isolated SBCD. Refinement of the indication could ensure a better diagostic yield.
Key words. capsule endoscopy, small bowel, Crohn's disease

EP82. FAILURE TO ATTAIN MUCOSAL HEALING FOR PATIENTS WITH CELIAC DISEASE FOLLOWING A GLUTEN FREE DIET

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Introduction. Celiac disease (CD) is a common autoimmune enteropathy elicited by the ingestion of gluten peptides among HLA DQ2 or DQ8-positive individuals. The present study aims to determine the rate of mucosal recovery and predictors of persistent mucosal damage after GFD.
Material and Methods. The retrospective study included only adult patients (age≥18 years old), with biopsy-proven CD evaluated at a tertiary referral centre between 2016-2021.
Results. A total of 102 patients were enrolled, two thirds were females, median age of 39 yrs. The initial biopsy analysis showed different stages of villous atrophy (VA) in 79 (77.4%) cases, while 23(22.5%) cases showed mild enteropathy (Marsh 1,2). After at least 12 months of GFD, 26 (25.5%) patients had persistent VA despite good or excellent adherence to GFD. Younger patients (< 35yrs), who showed severe mucosal damage (Marsh 3c lesions) and who had increased anti-gliadin antibody (AGA) levels were at risk for failure to obtain mucosal recovery (MR). The logistic regression analysis demonstrated that complete mucosal atrophy ($p = 0.007$) and high AGA antibody levels ($p = 0.001$) were independent risk factors for lack of mucosal improvement after at least 12 months of GFD. Interestingly, genotype, tTG-IgA antibody levels, or duration of GFD levels did not influence the occurrence of MR.
Conclusions. Although AGA seropositivity has lost much of their diagnostic significance in recent years due to the introduction of the more sensitive and specific antibody tests, our study reported that patients aged < 35yrs, who showed severe mucosal damage (Marsh 3c lesions) and who had increased AGA antibody levels at diagnosis were at risk for failure to obtain MR. The elevated AGA levels at diagnosis could be used as a prognostic tool for assessing MR.
Keywords. celiac disease, risk factors, anti-gliadin antibodies.

EP83. FOLLOW-UP OF IBD PATIENTS IN THE GASTROENTEROLOGY CLINIC

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Background and aim. The management of patients with inflammatory bowel diseases (IBD) has been changed during the COVID-19 pandemic, when many hospitals have been designated COVID-19 support. We performed a comparative retrospective analysis of the management of IBD patients treated in Gastroenterology Clinic in two distinct periods: before the pandemic (between 2016 and 2019) and during the pandemic (between 2020 and 2022).
Methods: We collected data regarding IBD extension and severity, therapy, and type of medical visits over a period of seven years.
Results. A total number of 146 patients were included, 101 with ulcerative colitis (UC), and 45 with Crohn disease (CD). 27 patients with UC had proctitis, 38 left sided colitis, and 36 pancolitis. Among CD patients 14 had colonic involvement, 13 ileal involvement, and 18 ileo-colonic disease. 99 patients with UC were on aminosalicylates, 18 on immunomodulators (Azathioprine), and 19 on biologic therapy. Biologics were used in 17 patients with CD, Azathioprine in 15 patients, aminosalicylates in 42 patients. We registered a total of 1755 hospital visits, from which 958 (54.6%) were in the pre-pandemic period. Patients with UC had the highest number of hospital visits (1159, 66%). We noticed a progressive increase in the number of visits in pre-pandemic years until 2019 (23.42%), followed by a decrease in 2020 (16%), then a further increase in 2021 (25.98%). The majority of visits (850, 48.4%) consisted in one-day hospitalizations, 637 (36.3%) were outpatient visits, and 268 (15.3%) ward hospitalizations. In pre-pandemic years a significant higher admission rate was for patients with UC, while during the pandemic for CD patients ($p< 0.05$). Before 2020 patients were more frequently referred for mild (225, 23.5%) to moderate IBD flares (270, 28.2%); 36 (3.75%) ward hospitalizations for severe flare were registered. During the pandemic, IBD remission was noted in most hospital visits (396, 49.6%, $p<0.05$). Ward hospitalizations were indicated only for severe IBD flare (57, 7.2%). There was a significantly higher rate of ward hospitalizations (173, 65%) and one-day hospitalizations (470, 55.3%) before 2020, and a significant increase in the number of outpatient visits (322, 50.5%, $p<0.05$) during the pandemic. Presentation at the hospital for the purpose of administering biological therapy was prevalent in the pandemic (460, 57.7%).
Conclusions. Although hospital referrals have declined during the pandemic years, we optimized therapy and maintained IBD remission at a significant rate. There was a significant shift to outpatient visits, enforced by the pandemic restrictions.

EP84. POTENTIAL CELIAC DISEASE: NOT ALL CELIACS ARE EQUAL

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Celiac disease (CD) is a common autoimmune enteropathy elicited by the ingestion of gluten peptides among HLA DQ2 or DQ8-positive individuals. The spectrum of gluten-induced signs and symptoms is quite wide, varying from classical CD to more difficult-to-diagnose subtypes such as potential CD (PCD). Recent epidemiological studies report that PCD represents one-fifth of the total CD diagnoses. According to the Oslo definitions, PCD is defined by the presence of specific celiac autoimmunity, anti-tissue transglutaminase IgA, and anti-endomysium IgA, along with HLA-DQ2 and/or -DQ8 positivity, and non-atrophic mucosal changes (Marsh 0 or Marsh I). Several questions remain unanswered regarding the diagnostic and therapeutic dilemma of the potential celiac patient. Is PCD an intermediate stage towards true CD? It may be safe to assume that PCD and active CD are variants of the same disease. Are we risking underdiagnosing or over-diagnosing CD in potential celiac patients? Further research is still needed to answer these questions and to help identify the PCD patients who will progress towards overt CD, and whether these patients would benefit from an early implementation of the GFD. Time of diagnosis, amount of gluten exposure, and the microbiome are risk factors worth exploring.
Keywords. potential celiac disease, diagnosis, treatment, gluten free diet.

EP85. UNUSUAL CAUSE OF OCCULT SMALL-BOWEL BLEEDING

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Introduction. Suspected small-bowel bleeding may be overt or occult. In the absence of clinically obvious hemorrhagic manifestations, the anemic syndrome secondary to chronic occult loss is often the alarm signal. We present the case of a patient with severe iron deficiency anemia, diagnosed by small-bowel capsule endoscopy (SBCE) with hemorrhagic ileal polyp, with further succesfull surgical solution.

Clinical presentation. 74-year-old male patient with significant associated cardiovascular diseases - arterial hypertension, permanent atrial fibrillation, heart failure NYHA class III, undergoing oral anticoagulant therapy. The worsening of the cardiac symptoms lead to the detection of a severe iron deficiency anemia (Hb 6.4 /dL), with no overt bleeding. Consequently, the exploration of the gastrointestinal tract was decided. After negative upper gastrointestinal endoscopy, colonoscopy, and abdominal CT examination, SBCE was performed. An irregular sessile protruding lesion, developped on less than a quarter of the circumference, with active bleeding, in the distal third of the small intestine, was seen. Consequently, the surgeon performed a cuneiform ileal resection, with anatomo-pathological result of ulcerated hyperplastic polyp. The immediate and long-term postoperative evolution was favorable, both clinically and biologically, with the amelioration and then remission of the anemia.

Conclusions. Infrequent benign tumors, with extremely rare sporadic occurrence, ileal hyperplastic polyps may present with occult hemorrhage as complication, probably having as risk factor the associated anticoagulant treatment, with occult hemorrhage, responsible for severe secondary iron deficiency anemic syndrome. Applying the investigational algorithm for unexplained iron deficiency anemia allows the etiological diagnosis and the application of the curative therapeutic intervention.

Key words. occult gastrointestinal bleeding, small-bowel bleeding, capsule endoscopy, hyperplastic polyp

EP86. UNUSUAL ETIOLOGY OF OBSTRUCTIVE JAUNDICE IN NEWLY DIAGNOSED CELIAC DISEASE PATIENT

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Introduction. Celiac disease (CD) malabsorption may provoke various extraintestinal features like neurological disorders with a powerful impact on the patient's life. Gluten enteropathy diagnosis may be delayed and therewith the cancer risk may increase.

Case presentation. A 35-year old epileptic male patient was admitted with newly onset abdominal pain, vomiting, jaundice and weight loss. The abdominal ultrasonography (US) showed ductal criteria for chronic pancreatitis (CP): irregular duct contour, visible side branches, hyperechoic duct margins and dilated main duct. Besides hepatic cholestasis and cytolysis, the blood tests showed significant lipase elevation, suggesting acute pancreatitis (AP). The upper digestive endoscopy using the side-viewing endoscope revealed the loss of duodenal folds with scalloping appearance. Advancing towards the second part of the duodenum this aspect became more irregular with an infiltrative and stenosing appearance. The biopsies showed poorly differentiated duodenal adenocarcinoma with diffuse areas of signet ring cells, respectively marked villous atrophy: Corazza-Villanacci grade B2. The tTGA were positive at high titer, same as HLA DQ2. Cephalic pancreaticoduodenectomy was performed, with clear resection margins - G3, pT3N0M0. Following surgery, besides the jaundice remission, the patient's neurological status considerably improved under optimized treatment and gluten free diet (GFD). At 6 months follow-up there were no signs of tumor residue, the patient gained weight, US revealed no signs of pancreatitis and the seizures bouts were less frequent.

Discussions. There is a 60- to 80-fold increased risk of small bowel carcinoma in patients with celiac disease (CD), a long-standing or refractory disease increasing even more the risk of malignancy. In this case the morbidity was higher due to development of acute pancreatitis episodes on CP, caused by the ampular obstruction. Patients with CD have an increased risk of CP and AP, but the strength of these associations as well as the implied mechanisms are not very well clarified. A Swedish retrospective study found that patients with CD had a 3-fold increased risk of developing pancreatitis, with a lower hazard ratio for gallstone related AP comparative with non-gallstone related AP. We consider that the association with the neurological disorder might be only incidental since the imaging found no occipital calcifications specific to a seizure syndrome associated with CD.

Conclusions. Gluten enteropathy is a complex disease associating multiple extraintestinal symptoms. An early diagnosis with early GFD reduce the risk of small bowel carcinoma and definitely can prevent other extraintestinal manifestations.

Keywords. Celiac disease, jaundice, acute pancreatitis, epilepsy, duodenal adenocarcinoma.

EP87. COMPLICATIONS OF ANTI-TNF-ALPHA THERAPY IN A PATIENT WITH INTESTINAL TUBERCULOSIS

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Introduction. Inflammatory bowel diseases and intestinal tuberculosis (TB) have similar clinical and endoscopic appearance, one of the main differences between those two entities being the presence of caseation necrosis as seen by the histopathological examination, which is specifically for TB.

Case presentation. 35-year-old woman presented to our hospital for significant weight loss and mild anemia. Endoscopy and colonoscopy were both performed. Colonoscopy revealed multiple ulcers and important edema affecting the transverse colon, which made the colonoscope advancement impossible. Biopsies were taken from the affected segment and further investigations were made in order to exclude any enteral infections. We suspected Chron's disease so screening tests for detecting TB, HIV infections and viral chronic hepatitis were also performed in order to initiate biological treatment.
Tests results came negative for any systemic or enteral infections, but QuantiFERON TB Gold test was inconclusive. As the chest-X ray revealed no lesions and the biopsy revealed chronic granulomatous colitis without caseation necrosis we decided to repeat the test, which came back negative. We started anti-TNF alpha therapy with infliximab and further evolution of the disease was favorable.
Two months after the treatment initiation the patient presented to the emergency room with fever, abdominal pain and ascites fluid. CT scan was performed and multiple abscesses were also identified. The patient underwent surgery with right ileo-colectomy and ileostomy. Fragments were recovered and sent for histopathological examination. This time huge granulomas with caseation necrosis were identified, suggesting intestinal TB.
Discussions. Intestinal TB represents 12% of the extra-pulmonary TB cases and the prevalence around the world is about 1-3%. From those cases, TB most frequently affects the ileo-cecum site, due to several factors such as physiological stasis, narrow lumen, the low activity of the digestion and the high prevalence of lymphoid tissue. On the other hand, isolated TB of the colon is rarely seen and represents almost 11% of all intestinal TB cases.
Conclusions. Romania represents an endemic country for TB so detailed differential diagnosis should be made, especially with inflammatory bowel disease, as their treatment, more specifically biological therapy could lead to important complications, such as abscesses as it was our patient's case. Unfortunately, in this situation if it wasn't for the biological therapy that led to the aggravation of the TB, the disease would be treated as an inflammatory bowel disease and the diagnosis would be delayed even more.
Key words. colonic tuberculosis, Chron's disease, anti-TNF alpha.

EP88. THE ROLE OF FECAL CALPROTECTIN IN THE ASSESSMENT OF CLINICAL RELAPSE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Introduction. Fecal calprotectin (FC) is the most popular and well-studied non-invasive biomarker in diagnosing and monitoring inflammatory bowel disease (IBD) patients and it is routinely tested and widely used in clinical practice.
Aim. to evaluate the usefulness of FC in predicting clinical relapse in IBD patients treated with anti-TNF agents, during one year of follow-up.
Methods. We conducted a retrospective study including 50 IBD patients treated with anti-TNF agents (Infliximab, Adalimumab), in clinical remission (defined according to clinical Mayo and CDAI score) for at least 6 months, evaluated in a tertiary center between April 2021 through April 2022. For each patient, demographic and clinical parameters, data on the extent of the disease, type of treatment and FC value were collected. The patients included in the study were reevaluated 1 year later after the initial evaluation, regarding clinical remission/relapse.
Results. There were 29 patients with ulcerative colitis (UC) (58 %) and 21 with Crohn's disease (CD) (42 %)), with a mean age of 42 years (21-63 years). 28 patients (18 with UC and 10 with CD) were treated with Infliximab and 22 (11 UC, 11 CD) with Adalimumab. Out of 50 IBD patients, 28 (56%) had FC <50 µg/g, 15 (30%) had FC between 50 – 150 µg/g and 7 (14%) had FC ≥ 150 µg/g. After 12 months, we observed persistent clinical remission rates of 82.75% (24) for UC and 71.42% (15) for CD. Clinical relapse was present in no patient with FC <50 µg/g, in 47% of patients with FC between 50 – 150 µg/g, and in 71.42% of the patients with FC ≥ 150 µg/g. All UC who relapsed had initial FC value more than 150 µg/g. There were no differences in clinical relapse in patients treated with Infliximab vs Adalimumab.
Conclusion. FC more than 150 µg/g is a good non-invasive marker for 1 year clinical relapse in IBD patients treated with anti-TNF. The predictive role is more obvious for patients with UC compared to CD, regardless of the type of anti-TNF used.
Keywords: Fecal calprotectin, UC, CD, clinical remission.

EP89. EFFECTIVENESS OF EXTENDED MESENTERIC EXCISION IN PREVENTING POSTOPERATIVE CROHN'S DISEASE RECURRENCE:

SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction. Crohn's disease (CD) is characterized by recurrent flares of intestinal inflammation that can determine intra-abdominal complications. Frequently, patients require surgery and almost 25% will need multiple interventions. The mesentery might be involved in CD pathogenesis by modulating local hormonal and immunologic processes and surgical techniques involving the mesentery have recently drawn attention. We aimed to review the literature and to investigate whether removing the mesentery during intestinal resection might influence the postoperative outcome.

Objective. We evaluated the effectiveness of performing extended mesenteric excision (EME) in preventing postoperative CD recurrence (POR) compared with limited mesenteric excision (LME). We also investigated the role of EME on overall postoperative complications (POC) compared to LME.

Materials and methods. Studies reporting short- and long-term outcomes of CD patients who underwent intestinal resection with EME compared with LME were considered eligible. A systematic search was performed in Pubmed, Embase, Cochrane, Scopus and Web of Science from inception until 9th November 2022. Pooled odds ratios (ORs) with a 95% confidence interval (CI) were calculated using the random-effects model. The risk of bias was assessed with the ROBINS-I tool. We evaluated the certainty of evidence according to the recommendations proposed by the GRADE Working Group.

Results. 7201 records were retrieved. After duplicate removal and selection process, we included six papers that reported data from five studies. The meta-analysis comprised data pooled from three retrospective cohort studies, of which two included patients with ileocolic resections and one with colorectal resections. These studies analyzed 516 patients, of which 304 underwent EME and 212 LME. Our results showed a non-significant lower rate of surgical recurrence in the EME group compared with LME (OR 0.3; 95%CI:0.02-3.73). Regarding overall POC, EME was also associated with non-significant lower odds (OR 0.78; 95%CI:0.33-1.82). The certainty of the evidence was very low and low, respectively due to the moderate level of bias and, more importantly, by the inconsistency and imprecision of the results.

Conclusion. Our meta-analysis indicated a trend towards lower rates of POR in patients who underwent intestinal resections with EME compared with LME. However, results should be interpreted cautiously due to statistical non-significance and low quality of evidence. Considering overall POC, performing intestinal resections with EME appears to be a safe procedure compared with LME. Results from ongoing randomized controlled trials and further studies are needed to determine the role of mesentery resections in CD surgery.

Keywords. inflammatory bowel disease, IBD, creeping fat

EP90. EFFECTS OF VITAMIN D SUPPLEMENTATION ON CROHN DISEASE PATIENTS

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Introduction. Vitamin D deficiency is commonly diagnosed among patients with inflammatory bowel disease. Vitamin D normalization is associated with reduced risk of relapse, reduce risk of IBD related surgeries and improvement in quality of life. The aim of this study was to evaluate the possible therapeutic role of Vitamin D supplementation in mild and moderate Crohn disease.

Methods. We performed a double-blind randomized placebo-controlled study conducted over a period of 6 months. The study enrolled 30 patients diagnosed with mild and moderate Crohn disease with Crohn 's Disease Activity Index (CDAI Score) <450 and Vitamin D deficiency levels <30 ng/ml. Serum 25(OH)D levels were measured in all patients enrolled in the study. We assigned 30 CD patients with 2000 UI Vitamin D per day or placebo for 6 months. We determined CDAI score and serum 25(OH)D levels at 0 and 6 months.

Results. 11 patients had Vitamin D levels <10 ng/ml, 14 patients had Vit D levels between 11-20 ng/ml, and 5 patients presented VD levels between 21 and 30 ng/ml. At 6 months, 25(OH)D concentrations were significantly higher in those who were treated (p<0.003). In the placebo groupd 25(OH)D concentrations stayed approximately the same. At 6 months, patients with 25(OH)D levels >30 ng/ml had significantly lower CDAI score (p=0.05).

Discussion/Conclusion. Vitamin D supplementation significantly increased 25(OH)D levels in CD patients with mild and moderate disease activity and was associated with lower CDAI score. Our analysis indicates that Crohn disease patients due dietary malabsorption should supplement their diets with Vitamin D. These results should provide directions for future research, as more exploration is needed.

EP91. OUTCOMES OF CLOSTRIDIOIDES DIFFICILE INFECTION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES: A RETROSPECTIVE STUDY

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Introduction. Patients with inflammatory bowel disease (IBD), such as Crohn's disease and ulcerative itis, are at an increased risk of developing C. difficile infection (CDI) due to their compromised immune systems and frequent use of antibiotics. The outcomes of CDI in IBD patients can be severe and potentially life-threatening. The aim of this study is to assess the clinical presentation, disease course and outcomes of IBD patients during CDI infection.
Methods. We conducted a retrospective study in which patients with IBD and CDI were evaluated, referred to a tertiary gastroenterology center. All IBD cases were manually verified in the patients electronic records. CDI was confirmed by presence in stool of toxins A and B. We assessed IBD course and outcome in our cohort positive cases with CDI.
Results. From a total of 112 patients with IBD (UC 66.96%, CD 33.03%, mean age 42.32, range 18-73 years), 28 (25%) patients presented CDI. From 28/112 IBD patients with CDI, 48.4% presented moderate and severe IBD activity, 45.4% presented severe CDI with more than 10 stools per day, fever and white blood cells >15.000 and 39.3% were non severe CDI (p=0.01). 7.14% IBD and CDI patients were admitted in ICU. In 15.1% cases the biological therapy for IBD was stopped or postponed and 2/33 patients required surgical interventions. No deaths were reported.
Conclusion. CDI is a serious complication that can occur in IBD patients, leading to severe symptoms, disease flares, and increased risk of mortality. It is important to be aware of the increased risk of CDI in IBD patients and take appropriate measures to prevent and treat CDI promptly. Early diagnosis and treatment are crucial to improving patient outcomes and reducing morbidity and mortality associated with this infection.

EP92. ENDOSCOPICAL AND HISTOPATHOLOGICAL CRITERIA FOR THE DIFFERENTIATION OF CROHN'S COLITIS FROM ULCERATIVE HAEMORRHAGIC PANCOLITIS IN PATIENTS EVALUATED IN FUNDENI CLINICAL INSTITUTE

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Introduction. Crohn's disease (CD) and ulcerative colitis (UC), can resemble similarities regarding endoscopic/ histologic aspects, which carry different outcomes . The definitive diagnosis of IBD requires corroboration of multiple datas, upper and lower endoscopy playing an important role for the positive diagnostic and for excluding other causes of diarrhea.
Study objective: This work is a single-center study with retrospective recruitment of patients with first diagnosis of IBD and its primary objective is to analyze whether or not there is a relationship between the macroscopic diagnosis and the histopathological one. As secondary objectives we analized epidemiological data, symptoms, macroscopic appearence of the lessions and the existence of microscopic lessions and we calculated histopathological scores (GHAS for CD and Geboes for UC).
Materials and methods. A retrospective recruitment of patients newly diagnosed with IBD has been made, within 4 years. 174 patients were eligible and were distributed into two groups: 80 patients with exclusive colonic CD and 94 patients with pancolitis. Patients with ileal involvement, fistulizing pattern, or who were already diagnosticated and treated were excluded.
Results. We had a slightly male preponderance (52.9% versus 47.1%) with a mean age of disease onset of 38.0 years; we had 68.7% patients with CD inflammatory pattern, respectively 31.3% with stenosing one. Most of the patients had moderate disease (34 –CD and 57- UC). Most commonly reported macroscopic appearance was erythema and oedema in both groups: 76.4% (CD) and 87.4% (UC). In terms of histological severity, severe forms (translated by Geboes score >3.1 and GHAS > 10) are overwhelmingly found in both groups.
Conclusions. The concordance between the macroscopic appearance reported by the endoscopist and the microscopic appearance concluded by the pathologist, correlated positively with the degree of chronic inflammation for patients

with UC, but we did not obtain similar results for those with CD, partialy reflecting the discontinuous nature of the lessions. The results of the correlation between Mayo score and Geboes score demonstrated that any increase in the degree of chronic inflammation, architectural changes, presence of eosinophils or neutrophils in the lamina propria, or erosions/ulcerations were associated with an increase in Mayo score. Concerning a possible correlation between the severity of CD and histopathological appearance, we had a striking observation, namely that no statistically significant association between predictors and the degree of severity of CD was evident. In conclusion, we hypothesized that a possible influence of histopathological lesions on disease severity is small.

EP93. THE GREAT IMITATOR IS NOT ONLY LUPUS

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Introduction. Distinguishing Crohn's disease (CD) and intestinal tubeculosis (ITB) may represent a remarkable clinical dilemma in Romania, an endemic country for tuberculosis which has experienced at the same time a significant increase in the incidence of inflammatory bowel disease.
Case presentation. A 22 years-old female presented in our unit for abdominal pain, diarrhea (3-4 stools/day) and weight loss (7 kg.) since approximately 9 months ago. Previous investigations from another hospital included an abdominal ultrasound which revealed thickened enteral loops with intensified parietal Doppler signal suggestive of inflammation; fecal calprotectin was extremely elevated (>20.000 ug/mg).
In our unit, we ordered stool tests that were negative for bacterial, viral or parasitic infections. Complete blood count, renal, liver and coagulations tests were within normal limits. We decided to perform colonoscopy; ileocecal valve stenosis was noted due to marked edematous mucosal changes, ulcerations and nodularity. Passage of the endoscope in the terminal ileum was not possible due to the ulcero-hypertrophic lesions, but multiple biopsies were taken from the stenotic area.
Even though Crohn's disease was highly suspected we decided to perform chest X-ray since intermittent cough and night chills were also noted during hospitalization. Radiographical findings consisted of numerous small nodular opacities up to 3-5mm diameter scattered throughout both lungs highly suggestive of miliary TB. Both sputum culture (intense BAAR reaction), CT scan and biopsies confirmed tuberculosis with extraintestinal manifestations.
Our patient is currently under antimycobacterial treatment with favorable clinical outcome. A further follow-up to reassess the ileocecal valve stenosis is expected.
Discussions. Intestinal tuberculosis and Crohn's disease have multiple overlapping features in terms of symptoms, radiologic, endoscopic and even histological findings. Misdiagnosis can be a crucial error, since immunosuppressive therapy for CD may favor the spread of tuberculosis and worsens prognosis. There are case reports in the literature with disseminated tuberculosis after anti-TNF therapy for suspected CD. Miliary tuberculosis with extraintestinal manifestations is not frequently encountered in immunocompetent patients. Nevertheless, initial results (including HIV testing and CT scan) did not identify any potential deficiency of the immune system in our patient.
Conclusions. Judicious clinical examination merged with radiological, endoscopic and histological findings is of utmost importance in proper distinction between intestinal tuberculosis and Crohn's disease, to a great degree in Romania which is still endemic for the former.
Key words. intestinal tuberculosis, Crohn's disease.

EP94. CROHN'S DISEASE ONSET AFTER TREATMENT WITH ANTI-IL17 AND RESISTANCE TO ANTI-TNF THERAPY

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Introduction. Presentation of the case of a patient known to have ankylosing spondylitis, who required treatment with Secukinumab 150mg/month after which Crohn's disease had started. Case study: 52-year-old patient known to have ankylosing spondylitis since 2012 , followed treatment with Secukinumab since 2018, setting out the diarrheal stools and abdominal pain after 1 year. Thus, he performed calprotectin which revealed a high value of 1000mcg/day, colonoscopy with the highlighting of macroscopic changes typical of pathology, but also biopsy from the ileal mucosa which confirmed the suspected diagnosis of Crohn's disease. Thus, it is decided to switch to Infliximab 500mg/8 weeks associated with Mesalazine 2g/day. In 2021, he is considered a secondary non-responder to Infliximab considering the persistence of symptoms. It is decided to switch to Certolizumab 400mg/month. The evolution was unfavorable with increasing calprotectin to 1000mcg/day. In 2022, he is considered a primary non-responder to Certolizumab and is switched to Golimumab 50mg/month with an increase in the dose of mesalazine to 3g/day. The evolution was favorable, calprotectin currently having a value of 330mcg/g. Discussions: It is considered that the patient has a favorable response at the present moment and it is decided to continue

the therapy with Golimumab 50mg/month and Mesalazine 3g/day. **Conclusions.** The therapeutic options are limited in ankylosing spondylitis associated with inflammatory bowel disease considering the fact that IL 17 inhibitors are contraindicated and the patient is already a non-responder to two of the anti-TNF biological therapies.

EP95. DISEASE IMPACT ON QUALITY OF LIFE IN INFLAMMATORY BOWEL DISEASE VERSUS IRRITABLE BOWEL SYNDROME

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Background. Inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS) are perceived different pathologies, one organic and the other functional, which influence the quality of life (QOL). We aimed to compare the relative impact of the disease on QOL in two groups of outpatients suffering from IBS and IBD attending our outpatient clinic at a university hospital in Romania and to compare them with a healthy group of students.
Methods. The studied groups completed an SF-36 quality of life form, the associations between gastrointestinal (GI) symptoms, psychosocial score (PS) and mental status (MS) were analyzed by multiple linear regressions.
Results. QOL appears to be similarly reduced in both disease groups (global mean SF-36 value: 57.2 +/- 14.2 in IBS patients versus 55.4 +/- 17.3 in IBS patients IBD: $P > 0.05$) compared with the control group. GI symptoms were associated with changes in the PS, but not with the MS in both groups, significantly lower than in the control group ($p<0.01$). The most important predictor of the change in the mental score was depression ($p<0.01$). Anxiety significantly contributed to the decrease of the three scores (GI, PS, MS) in all studied groups.
Conclusions. Patients with IBS present health-related quality of life, mental distress and psychosocial status similar to those with IBD. Anxiety and depression change the psychosocial and mental status even in healthy patients.

EP96. ADENOMA-LIKE ADENOCARCINOMA – A NEW CHALLENGE AHEAD

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Adenoma-like adenocarcinoma is a rare subtype of colorectal carcinoma recognized by WHO in 2019 that has a histological appearance similar to that of adenomatous polyps. These tumors are characterized by the presence of dysplastic glandular structures that resemble those found in adenomas. Compared to other subtypes of conventional colorectal carcinomas, patients have significantly lower rate of nodal metastasis, distant metastasis and mortality. We present the case of a 68 years old male, with complex cardio-vascular pathology associated, chronic renal failure and diabetes mellitus, who was endoscopically evaluated two years ago. At that moment, the patient was diagnosed with an apparently benign transverse polyp, having the indication for polypectomy but was therapeutically neglected. During the current year, the patient was referred to our service for colonoscopic reevaluation. We identified the prior described sesile polyp, measuring 3cm, with glandular architecture KUDO V, with a strong macroscopic malignant aspect so we didn't considered it appropriate for endoscopic resection. For this reason, we took multiple tissue samples and tattooed the lesion for surgical further management. The pathology reported high grade dysplasia adenoma so the patient received the recommendation of endoscopic resection. At the second colonoscopy in our department, efficient elevation was obtained injecting methylene blue solution with subsequent diathermic en-block resection. The final pathology report concluded adenoma like adenocarcinoma subtype of CRC with resection margins < 0.5mm from the submucosal invasion, without tumoral budding or perineural and lympho-vascular invasion. After the tumor board discussion, the patient was referred for surgical treatment. Segmentary colectomy was performed, with favorable outcome in the absence of oncological treatment necessity. In conclusion, adenoma-like adenocarcinoma is a particular subtype of colorectal carcinoma that has a challenging endoscopic and histological diagnosis, as it can mimic adenoma on biopsy in the context of a macroscopic malignant appearance, therefore influencing treatment decisions.
Keywords: adenoma-like adenocarcinoma; endoscopic resection; colo-rectal cancer; segmentary colectomy;

EP97. ANORECTAL MELANOMA - THE IMPORTANCE OF EARLY DIAGNOSIS AND TREATMENT

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Introduction. Anorectal melanoma is a rare and aggressive malignant tumor with poor prognosis, developed from mucosal melanocytic cells. It's described in 0.4-1.6% of all melanomas, with a higher prevalence in women and a 5-year overall survival rate of about 20%. It can affect the anal canal and rectum, but most frequently, it's described in the 6 cm of the anal verge. The pathogenesis is not fully understood, though melanocytes have been rarely found in the digestive tract. Because of non-specific symptoms, the disease frequently mistaken for a benign disease, such as hemorrhoids. The gold standard diagnostic method is colonoscopy with biopsy and immunohistochemical staining. The management is different depending on cancer stages and includes local or radical surgery, palliative surgery and adjuvant therapies (radiotherapy, chemotherapy, immunotherapy or targeted therapies) [1].

Case study. A 77 year old female presented with rectal bleeding and appetite loss, starting a week before, associated with nausea and vomiting two weeks prior. Rectal examination described external hemorrhoids without active bleeding and a pedunculated tumor mass, 2cm from the anal verge. Colonoscopy showed a cribriform, ulcerated, necrotic, semipedunculated mass, about 3 cm in diameter, occupying 50% of the intestinal lumen. Multiple biopsies were collected, histological and immunohistochemical examinations certifying the diagnosis of anorectal mucosal melanoma. Additional investigations (upper endoscopy, dermatological consult, CT imaging of thorax, abdomen, pelvic MRI and bone scintigraphy) showed no other primary site or distant metastasis. There was no regional lymph node involvement. The patient first underwent local excision, but the resection margins turned out positive (R1), thus leading to radical surgical intervention by laparoscopic abdominoperineal resection.

Discussions. This is a rare case of anorectal melanoma, which was diagnosed at an early stage (T2N0M0) and due to surgical treatment, she now has the opportunity for long term survival, compared to patients who only underwent non surgical therapy. The surgical intervention (local excision or extensive resection) is considered the most promising treatment for stage I disease and has been associated in some studies with significantly better overall survival (long rank=17,41) and disease specific survival (long-rank=14,55). Due to the rarity of this type of cancer, the prognosis is still unclear [1,2,3].

Conclusions. Anorectal melanoma is a rare and aggressive malignant tumor with poor survival. The surgical treatment for localized disease is currently the most promising treatment and has been associated with significantly better overall survival and disease specific survival.

Keywords. anorectal melanoma, survival rate, treatment

EP98. ANORECTAL MOTILITY DISORDERS IN INFLAMMATORY BOWEL DISEASE PATIENTS

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Background and aim. In spite of prolonged disease remission of IBD patients, induced by the new biological molecules, a significant number of them suffer from persistent debilitating symptoms with major impact on the quality of life. Frequently, these symptoms are due to post-inflammatory motility changes and misinterpreted as functional disorders. Our aim is to identify and characterize the anorectal motility dysfunction in IBD patients.

Method. We are conducting an ongoing prospective study started in August 2019, which includes the IBD patients admitted in a Tertiary Gastroenterology Centre in Bucharest, with specific symptoms (anorectal pain, incontinence, difficult defecation). We perform high resolution anorectal manometry using Sandhill Scientific systems, the parameters being analysed using InSIGHT software. The manometric testing comprise measurements of anorectal pressure at rest, during squeeze, simulated evacuation, rectoanal inhibitory reflex (RAIR) and rectal sensory testing, in compliance with International Anorectal Physiology Working Group protocol.

Results. We studied 21 patients (12 patients with Ulcerative Colitis and 9 patients with Crohn's Disease, 15 females and 6 males, mean age 40 (±11.43) years. Only 23.1% (5 patients) had rectal active involvement. Symptoms were reported by 81.0% (17) patients: pain (57.1%), anal incontinence (94.1%), difficult evacuation (29.4%), urgency (64.7%) and intolerance of rectal therapies (35.3%); rectal inflammation was not correlated with the presence of symptoms in our study group ($p= 0.53$). Modified manometric parameters were found in 81.0% patients and were associated with previous pelvic surgical interventions ($p<0.05$); although, the latter does not seem to increase the risk of incontinence ($p= 0.33$). In 61.9% cases the manometric measurements correlated with the symptoms. 85% of the patients with passive incontinence presented lower resting pressure and 57.1% of those with active incontinence were found with lower squeeze pressures. Changes compatible with dyssynergia were detected in 61.9% of the cases. Sensory testing revealed alterations in 46.2% of patients, and RAIR was negative in 33.3% of the cases.

Conclusions. There was a considerable number of patients with anorectal motility changes. Therefore, pelvic floor investigation is an essential tool in the management of IBD patients with anorectal syptoms.

EP99. ANTIBIOTIC REFRACTORY POUCHITIS - CURRENT GUIDELINE TREATMENTS AND A NEED FOR CHANGE

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Introduction. The incidence of acute pouchitis after total proctocolectomy with ileal pouch reconstruction is currently at 20% after 1 year, and more than 30% after 5 years. The current guidelines in pouchitis include recurrent bouts of antibiotic treatment, and in spite of this, more than 10% of patients will develop antibiotic refractory pouchitis, which represents a therapeutic challenge.

Case report. A 59-years old female patient, diagnosed with severe ulcerative pancolitis which required total colectomy with ileo-rectal pouch anastomosis after developing toxic megacolon (1995) presents to the Gastroenterology Department with 8-10 semsiolid stools per day, rectorrhagia and fatigue. Paraclinical examination showed a severe iron deficiency anemia (Hgb 6,5 g/dL, HCT 27%), increased inflammatory markers (CRP, ESR, fibrinogen count, and fecal calprotectin of 1200 ug/g). Rectoscopy with intubation of the ileal pouch shoed fibrin-covered pouch ulceration (1,5-2 cm in diameter), perilesional edema and acute congestion, with the presence of loss of vascular markings, superficial erosions at the level of the rectal stump. She received treatment with IV corticosteroids and prolonged bouts of antibiotic treatment, together with Rifaximin and probiotic therapy. Repeated rectoscopy at 2 months showed a slight decrease of the fibrin-covered pouch ulceration but the persistence of perilesional edema and of mucosal changes at the level of the rectal stump and recurrent anemic syndrome resistant to iron supplementation and repeated blood transfusions.

Discussions. Current guidelines recommend initial cephalosporins and for non-responders, such as our patient, ciprofloxacin plus rifaximin. In the case of chronic antibiotic refractory pouchitis, current guidelines recommend the use of immunomodulator treatments and biological agents such as Vedolizumab, Ustekinumab and Infliximab, which show promising results, but were all administered off label or in clinical trials.

Conclusions. Pouch complications are increasingly common and require urgent care, especially in chronic antibiotic refractory pacients. Effective national guidelines are required in order to allow an easier access to optimal medical care.

Key Words. Antibiotic refractory pouchitis, Ulcerative colitis, Biologic therapy, Immunomodulator treatment.

EP100. CAN WE USED A COMPLETE BLOOD COUNT FOR EARLY DIAGNOSTIC IN COLORECTAL CANCER?

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Background. Between colorectal cancer (CRC) and systemic inflammation seems to be a powerful relationship. Inflammatory status can be quantified with analytical markers like neutrophil/lymphocyte ratio (NLR), platelet/lymphocyte ratio (PLR), mean platelet volume (MPV) and platelet/hemoglobin ratio (PHR). The combined diagnostic efficacy of these four biomarkers in CRC remains unknown and need more complex researches.

Aims: In this study we want to investigate the efficiency of NLR, PLR, MVP and PHR as a diagnostic tool in newly diagnosed patients with CRC.

Methods. We performed a retrospective case control study in which we included patients who were diagnosticated with colorectal cancer on histopathological examination and a control group with patients without colorectal cancer on biopsy but who had different types of polyps. Patients with acute infection, acute gastrointestinal disease, cirrhosis, other inflammatory diseases and incomplete data were excluded from the study. The final study group included 38 patients with colorectal cancer and the control group was formed by 61 patients with polyps (tubular adenoma, tubule villous adenoma or sessile serrated) at colonoscopy.

Results. The mean value of the neutrophil/lymphocyte ratio is statistically higher in patients with colorectal cancer compared with those without colorectal cancer ($p < 0.006$), also the mean value of the hemoglobin was significantly lower in patients with colorectal cancer ($p<0.001$), but the mean value of the mean platelet volume was not statistically different between the groups ($p=0.278$). The mean value of platelet/lymphocyte ratio was significantly higher in patients with colorectal cancer ($p = 0.012$). Platelet to hemoglobin ratio, was statistically higher in patients with colorectal adenocarcinoma in comparison with patients with benign lesions ($p = 0.001$).

Conclusions. In conclusion, parameters derived from complete blood count could be used to identify patients with high risk of colorectal cancer before colonoscopy is performed.

Keywords. colorectal cancer, complete blood count, neutrophil/lymphocyte ratio

EP101. INTESTINAL OBSTRUCTION SYNDROME OF UNCERTAIN CAUSE (ULCERATIVE COLITIS OR NEOPLASTIC LESION?) – CLINICAL CASE

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Introduction. Intestinal occlusion is a clinical syndrome characterized by the presence of a blockage in the small or large intestine, which leads to the partial or complete cessation of the passage of intestinal contents. The cessation of transit can be caused by a mechanical obstruction, as well as a dynamic obstruction due to functional disorders of the intestinal muscles. There are a variety of factors that can lead to intestinal occlusion such as hernia, tumor or inflammatory bowel disease.
Case presentation. A 66-year-old patient, hypertensive, appendectomized, without pathological personal history in the gastroenterological field, presented to the emergency room on the evening of March 13, complaining of absence of intestinal transit for faecal matter for 5 days, lower abdominal pain accompanied by nausea and vomiting. Previously, the patient had presented with stool with blood and mucus. On the rectal examination, which was difficult due to pain, the rectal ampulla was found to be empty, without signs of bleeding and internal hemorrhoids. Following an abdominal-pelvic CT examination, suspicion was raised of rectocolitis with the development of a right perirectal abscess, without excluding a tumoral rectal lesion. A rectosigmoidoscopy without preparation was performed, identifying a large vegetative, stenotic, ulcerated lesion (we took biopsies) that did not allow the investigation to continue.
Discussions. The final diagnosis was stenotic rectal neoplasm (poorly differentiated adenocarcinoma) and intestinal obstruction syndrome, and the patient was transferred to the General Surgery department for specialized treatment (a life-saving colostoma was performed). Than the patient was addressed to Regional Institute of Oncology Iași, for oncological treatment (radiotherapy).
Conclusion. The multiple etiopathologies of intestinal obstruction make patient management difficult. The suggestive clinical picture, along with the imaging and laboratory tests, lead to a precise diagnosis and allows the establishment of treatment depending on the cause and severity of the obstruction. If not intervened in a timely manner, life-threating complications such as perforation, peritonitis and sepsis can develop.
Keywords. Intestinal Obstruction Syndrome, neoplasm, rectocolitis

EP102. COLONIC LATERALLY SPREADING TUMOR, ALWAYS A DIAGNOSTIC CHALLENGE

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Introduction. Colorectal cancer is one of the most common malignancies and is still one of the major causes of cancer-related mortality worldwide. Laterally spreading colorectal tumors (LSTs) are non-polypoid neoplastic lesions with a diameter of at least 10 mm, which typically extend laterally rather than vertically along the interior luminal wall. LTSs have recently received special attention due to the significant degree of dysplasia and the diagnostic and therapeutic challenge that it represents for clinical practice. LTSs can reach impressive sizes, most of them larger than 2 cm and the classification into granular and non-granular is an important characteristic for establishing the degree of dysplasia and choosing the appropiate treatment.
Case presentation. A 73-year-old patient with significant cardiovascular (cardiac pacemaker) and metabolic diseases (diabetes mellitus type 2 and morbid obesity), without a history of digestive diseases, was admitted to our department for abdominal pain. At admisson, blood tests revealed a non-specific inflammatory syndrome, liver cytolysis, without signs of cholestasis and moderate anemia. Likewise, carcinoembryonic antigen and CA19.9 were elevated. Plain X-ray ruled out pneumoperitoneum or intestinal obstruction. Abdominal ultrasound revealed multiple hepatic metastases with the largest measuring approximately 75 mm. Upper digestive endoscopy was performed identifying a deep duodenal ulceration suggestive of possible extrinsic invasion, but with a histopathological result of benign ulceration, without tumoral elements. A computed tomography was then performed with exclusion of a pancreatic neoplasia. We decided to perform a colonoscopy that revealed a pseudodepressed flat type LST which was about 2 cm in diameter, located at about 30 cm from the anal verge with slight central depression (0-IIa+IIc). Histopathology report showed a moderately differentiated adenocarcinoma.
Discussion. The initial suspicion of diagnosis was neoplasm of pancreas with liver metastases, with a malignant duodenal invasion, diagnosis that was infirmed by the anatomopathological result that obiectivated the benign etiology of the ulcer. The

final diagnosis was colonic adenocarcinoma with hepatic metastases. The patient was addressed to Regional Institute of Oncology for oncological treatment.
Conclusion. This case offers a broad and multidirectional diagnostic perspective in a patient without significant symptoms and with multiple comorbidities.
Key words. laterally spreading tumor, adenocarcinoma, hepatic metastases

EP103. INFECTIOUS SEXUALLY TRANSMITTED PROCTITIS MIMICKING ULCERATIVE COLITIS: THE IMPORTANCE OF ANAMNESIS AND ACCURATE DIFFERENTIAL DIAGNOSIS.

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Introduction. There is a rising incidence of several sexually transmitted infections, many of which can present with proctitis, mimicking the more common ulcerative colitis.
We present a case of sexually transmitted proctitis, clinically, endoscopically and anatomo-pathologically highly resembling ulcerative colitis, in which anamnesis and clinical suspicion played a very important role in the final correct diagnosis.
Case Study. A 42 years old male patient, MSM, presented for proctalgia, diarrhea, anal discharge and lower gastrointestinal bleeding; initial biological testing showed a mild inflammatory syndrome, no anemia but extremely high calprotectin values. Colonoscopy was performed showing severe proctitis but also mild erosions in the distal ileum. Macroscopic and microscopic changes highly suggested a case of ulcerative colitis. Completion of anamnesis at biopsies results follow-up suggested the infectious factor, so suplemmentary testing was performed: tests were positive for Mycoplasma and Ureaplasma genitalium, as well as multiple high risk oncogenic Human Papilloma Virus (HPV) types. Initial treatment with 5 amino-salicylates (ASA) topical and systemic derivates was suplemmented with antibiotics according to the antibiogram, non-specific immunostimulants and anti-HPV vaccination. Clinical and endoscopic follow-up showed improvement and a good response to therapy.
Discussions. The clinical presentation of patients presenting with sexually transmitted proctitis may not differ from those with ulcerative or Crohn's proctitis, and patients may undergo incomplete testing and treatment if appropriate questions on their sexual practices are not asked. Rectal sexually transmitted diseases can lead to histological changes that mimic inflammatory bowel disease. HPV infection is considered an important risk factor for anal cancer, so regular endoscopic follow-up is important in these patients, from this point of view.
Conclusions. Sexually transmitted proctitis represents one of the several less commonly encountered causes of intestinal inflammation that may not respond to, or be made worse by, immunosuppressant therapy intended for Crohn's disease or ulcerative colitis. Thus accurate differential diagnosis becomes mandatory, such as in the presented case report.
Key Words. proctitis, Human Papilloma Virus, infectious

EP104. 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.

EP105. A POSSIBLE ASSOCIATION BETWEEN H. PYLORI INFECTION AND EXTRA-GASTRIC PATHOLOGY – A CASE REPORT

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Introduction. A frequent problem in daily practice that gastroenterologists have to confront with is Helicobacter pylori infection. The stomach is where H. pylori infection naturally occurs, this bacterium being the cause of pathologies such as gastritis, peptic ulcer, MALT lymphoma and stomach cancer. Additionally, there is proof connecting the bacteria to a number of extra-gastric pathologies.
Case report. We report the case of a 55 year old patient from a rural area, with no significant heredocollateral antecedents, with a history of cardiovascular pathology (Hypertension and Chronic Coronary Syndrome) investigated for digestive bleeding (intermitent hematochezia), important physical astenia, loss of appetite, diffuse abdominal pain and weight loss (5 kg/one month). Clinical investigation reveals: good general condition, pale teguments and mucous membranes, koilonychia, tachycardia (115 bpm), decreased left-based vesicular murmur. Laboratory examinations reveal hipochromic microcyte anemia, negative viral and autoimmunity markers, normal kidney function, normal tumor markers, except increased carcinoembryonic antigen (CEA) (9,2 ng/ml). An upper digestive endoscopy is being performed, which reveals anthral gastritis, a spastic pylorus and a congestive bulb with a 1,5 cm diameter ulcer located on the anterior wall, Forrest III. Due to its position and difficulty to reach, no biopsy for H. pylori was taken from the ulcer, however, the IgG H. pylori antibodies and fecal antigen were positive, which determined the initiation of treatment in order to eradicate the infection. Colonoscopy shows an isolated ulcerated lesion, easily bleeding when touched with the colonoscope, but with no active bleeding focus, located in the right colon. Pathology of the biopsy material was suggestive for adenocarcinoma, which determined the patient's redirection to the surgery clinic for the surgical treatment to be performed.
Discussion. The particularity of the case is the association of a duodenal ulcer H. pylori positive with right colon neoplasm, but without any other declared risk factors, H. pylori being a recognized class of human carcinogens and there are numerous studies in literature that have looked into the connection between H. pylori infection and colorectal cancer.
Conclusion. Finding out how this organism plays a role in various pathologies can be aided by eradicating this infection and reevaluating individuals who have recovered from it. It is yet unclear what the underline pathophysiology of this association is, so more fundamental research in this area is needed.
Key words. inferior digestive bleeding; colorectal cancer; Helicobacter pylori; duodenal ulcer

EP106. CAN ENTERAL NUTRITION AND FODMAP DIET IMPROVE INFLAMMATORY MARKERS IN INFLAMMATORY BOWEL DISEASE?

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Introduction. There is a growing interest among patients with inflammatory bowel disease (IBD) in using non-pharmacological methods for disease management. The importance of diet in preventing and treating IBD has also been recognized, although there is currently a lack of rigorous scientific evidence to determine the best diet. Therefore, we aimed to evaluate the effects of several diets on

inflammatory markers in adult and pediatric IBD patients.

Methods. A comprehensive systematic electronic search was performed on PubMed, EMBASE, and Scopus databases. We included full articles of randomized controlled trials (RCTs) that satisfied the inclusion and exclusion criteria. Quality assessment of included studies was conducted using Cochrane Risk of Bias Tool. The principal summary outcome was the pooled mean (95% CI) in the evaluated parameters. We used pre- and post-interventional values for assessing C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), and fecal calprotectin (FC) levels according to different evaluated diets.

Results. A total of 10 studies were included in our quantitative synthesis, 6 studies involving adults and 4 involving pediatrics. In adult IBD patients, CRP and ESR levels decreased following an elemental diet with pre- and post-interventional CRP values of 2.831 (95% CI -0.246–5.908) and 1.466 (-1.040–3.971), and ESR values of 25.075 (95% CI 13.238–36.912) and 18.278 (95% CI 8.791–27.764), respectively. On the other hand, there were no improvements in CRP levels following FODMAP diet with pre- and post-interventional levels of 2.625 (95% CI 1.862–3.387) and 2.791 (2.306–3.277). However, FC levels decreased following FODMAP diet with pre- and post-interventional levels of 71.790 (95% CI 21.623–121.957) and 68.666 (95% CI 54.813–82.519). In pediatric IBD patients, enteral diet was observed to be associated with reduced CRP levels with pre- and post-interventional values of 29.704 (95% CI 19.261–40.147) and 9.347 (95% CI -2.044–20.738) for 4 weeks diet, 29.344 (95% CI 22.041–36.648) and 5.058 (95% CI 3.850–6.265) for 6 weeks diet, as well as partial enteral diet with 29.882 (95% CI 22.066–37.691) and 5.272 (95% CI 4.282–6.262) for 6 weeks, respectively.

Conclusions. Elemental diet was observed to improve CRP and ESR levels in adult IBD patients. Although FODMAP diet was not associated with improvements in CRP levels, a reduction in FC levels was observed. In pediatric IBD patients, enteral diet for 4 and 6 weeks, as well as partial enteral diet for 6 weeks were associated with reduced CRP levels.

Keywords. inflammatory bowel disease (IBD); enteral diet; elemental diet; FODMAP diet; inflammatory markers.

EP107. MANAGEMENT OF IATROGENIC PERFORATIONS POST ENDOSCOPIC RESECTIONS USING AN ENDOLOOP SYSTEM: DESCRIPTION AND RESULTS OF A NEW TECHNIQUE

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Introduction. Iatrogenic perforations could appear as a complication of modern endoscopic resection techniques. In certain situations (stromal tumors, tumor with deep infiltration of the submucosa, significant fibrosis), a resection of the entire wall is necessary. It is recommended to close these perforations with standard clips, macroclips or endoscopic suturing device.

Objective. The aims of this study were to define a new technique of endoscopic closure of an iatrogenic perforation (using a single standard endoscope, clips and and endoloop), to assess its rate of technical success and post resection complications.

Materials and methods. After a large iatrogenic perforation (diameter ≥10 mm), during an endoscopic submucosal dissection of colorectal or gastric lesions, two similar techniques for closure of wall defects were implemented, using a single-channel colonoscope with a standard channel diameter or a gastroscope with a large operating channel. An endoloop dropped directly through the operating channel or towed parallel to the endoscope by an endoclip was fixed with several clips on the margins of the defect, directly to the muscular layer. The loop was fastened either directly or after being reattached to the mobile hook. The defect was closed with an edge-to-edge suture of the muscular layers.

Results. 9 patients (66% women, median age 69 years) were included in this analysis. Seven colorectal and two gastric transparietal lesions were resected (median size - 20 mm), with a 15 mm median size of perforation. Technical success of closure of wall defects was obtained in all the cases, with a median 6 clips used. Pneumoperitoneum was evacuated in 3 cases. The median duration of hospitalization was 4 days. One patient presented fever and one had a small abdominal collection, without requiring drainage. One patient had a non-severe post-resection bleeding from the mucosal defect.

Conclusions. The presented original methods for closing the wall defect, using clips and endoloop to realize an edge-to-edge suture of muscular layer, are safe and easy for implementation, allowing an excellent technical success rate and minimal rate of non-severe complications.

Keywords. gastric perforation, colonic perforation, endoscopic submucosal dissection

EP108. GASTROINTESTINAL AMYLOIDOSIS

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Introduction. Amyloidosis is a rare systemic disease characterized by the extracellular deposition of abnormal fibrillar proteins, which can disrupt tissue structure and function. It is a systemic disease, but the organs most frequently involved are the kidneys, the heart, the gastrointestinal tract, the liver, the spleen, and the nervous system.
Patients and methods. A 71-year-old man with a medical history of hypertension, diabetes mellitus, and a recent episode of Clostridioides difficile infection is admitted to our hospital with edema of the legs, diffuse abdominal pain, and diarrhea (10 stools per day) with a 3-month onset. Laboratory tests revealed nephrotic-range proteinuria, hypoalbuminemia, and an inflammatory syndrome. The presence of toxins A and B of Clostridioides difficile in the stool was negative. Colonoscopy revealed congestive, friable, bleeding-easily, patchy-erythematous-appearing mucosa throughout the colon. The initial endoscopic impression was inconclusive, but the histology revealed amyloidosis with strong birefringence with Congo red stain.
Discussion. Systemic amyloidosis is a complex and diverse entity with multiple etiologies and presentations that represents a significant diagnostic and treatment challenge. Within the gastrointestinal tract, symptoms are often non-specific. The diagnosis depends largely on a tissue biopsy and endoscopy.
Conclusion. Amyloidosis may affect the gastrointestinal system in isolation or present with multisystem involvement. However, the diagnosis is often delayed due to the vague clinical presentation.
Keywords: amyloidosis, gastrointestinal tract, biopsy

EP109. INTESTINAL TUBERCULOSIS: STILL CHALLENGING

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Introduction. Intestinal tuberculosis is a challenging disease because of its nonspecific features, which may lead to diagnostic delays and the development of complications. It can occur in the context of active pulmonary disease or as a primary infection without pulmonary involvement.
Patients and methods. We present the case of a 58-year-old female patient who was admitted to the gastroenterology unit with a one-month history of diffuse abdominal pain, accompanied by fever, and significant weight loss. The patient had no significant personal or family history. She declares alcohol consumption. The chest X-ray showed a suspicious lesion in the upper left lobe. A CT scan was performed and revealed free fluid, circumferential thickening of the right colonic wall, and numerous enlarged partially necrotic lymph nodes. The colonoscopy showed a congested mucosa with circumferential, deep, large ulcers covered with necrotic tissue affecting the sigmoid, transverse, and right colon. Histologic evaluation of multiple mucosal biopsies revealed the presence of submucosal granulomas with central necrosis, and acid-fast bacilli staining of the biopsied specimens was positive.
Discussion. Intestinal tuberculosis should always be considered when dealing with a patient with symptoms like abdominal pain, abdominal distention, ascites, hepatomegaly, diarrhea, and abnormal liver function tests. The ileocecal region is the most commonly affected site; however, it can involve any part of the gastrointestinal tract. Anti-tuberculosis therapy is the treatment of choice. The selection of the anti-tuberculosis therapy regimen is identical to pulmonary tuberculosis treatment in general.
Conclusion. Intestinal tuberculosis is a disease that may mimic many other diseases; therefore, a correct approach is necessary for the correct diagnosis and treatment.
Keywords. gastrointestinal tract, tuberculosis, extrapulmonary

EP110. CHOOSING THE OPTIMAL MOMENT FOR SURGERY: RISK FACTORS FOR COMPLICATION AFTER INTESTINAL RESECTION WITH ANASTOMOSIS FOR CROHN DISEASE

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Background. Biological therapy has reduced the number of cases requiring surgical interventions, but at least half of the patients are operated during their lifetime. Choosing the optimal surgical moment is based on a series of factors related to the patient, preoperative medication, long term complications of the disease.
Aim. Stratification of risk factors for postoperative morbidity, based on clinical guidelines for surgical therapy in Crohn's disease.
Methods. The analysis of our own series of cases, superimposed on the statistical data from the ECCO

surgical treatment guide, highlighted a series of risk factors, which were stratified according to the possibilities of preoperative correction.

Results. The most frequent postoperative complications were identified as: anastomotic and enterocutaneous fistulas, intraperitoneal abscesses, wound dehiscences, general complications (pneumonia, urinary infections). The following factors were taken into account: Preoperative nutritional status, especially in patients with long periods of disease evolution, preoperative corticosteroid medication, control of sepsis sources (including clostridium difficile infection), cessation or not of immunological therapy.

The nutritional status of patients with malabsorption syndrome or long-standing stenoses can be improved preoperatively by parenteral nutrition, minimally invasive treatment of the sources of intraperitoneal sepsis, correction of stenosis (percutaneous drainage of abscesses, balloon dilatations for short stenoses), antibiotic therapy and discontinuation of cortisone medication, can reduce the risk of postoperative complications.

Conclusion. The surgical moment is not clearly coded and it is difficult to choose. The decision must be multidisciplinary and take into account the patients' quality of life and the operative risk. Delaying the intervention can lead to nutritional degradation and increased postoperative morbidity as a result of prolonged corticotherapy or the installation of malabsorption syndrome.

There are often situations in which surgery represents a new beginning for the gastroenterologist in re-initiating drug therapy, such as situations in which the timing of the intervention until the non-invasive therapeutic resources are exhausted can lead to the failure of a surgical solution that, applied early, would have been beneficial.

Key words. surgery, Crohn disease, IBD, fistula

EP111. ESOPHAGEAL HIGH-RESOLUTION MANOMETRY – THE EXPERIENCE OF A TERTIARY CENTER FROM NORTH-EASTERN ROMANIA

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Introduction. High-resolution manometry (HRM) is one of the most notable recent advances in the field of esophageal function. In the absence of organic lesions, HRM provides measurements of esophageal function, identifies the pathology and guides the treatment. The aim of this study was to assess the HRM particularities of diagnosis, clinical features and therapeutic management in patients evaluated for esophageal motor dysfunction.

Material and methods. Our study included all patients suspected of esophageal motility disorders, admitted in our tertiary referral center in North-Eastern Romania between July 2022 and March 2023. Demographic, clinical and laboratory characteristics were carefully collected from the patients' medical charts. All patients were investigated by upper digestive endoscopy and barium esophagogram prior to HRM. Patients diagnosed with eosinophilic esophagitis were excluded from the study. An ISOLAB HR® system from Standard Instruments, with a 36-pressure channels solid-state catheter was used. The HRM diagnosis of esophageal motor diseases was established based on Chicago 4 protocol and classification.

Results. Out of the 38 patients included in the study, 15 (39.5%) were female and 23 (60.5%) male, with a mean age of 61.2±11.9. Regarding clinical features, the majority of patients presented with dysphagia (80.4%). Seven (18.4%) patients associated significant weight loss and 6 (15.8%) reported non-cardiac chest pain. Esophageal motility disorders were found in 29 patients (76.3%), 9 patients (23.6%) having a normal HRM aspect. Achalasia was identified in 15 patients (39.5%), with type I in 3 patients (7.9%), type II in 7 patients (18.4%) and type III in 5 patients (13.2%). Distal esophageal spasm was found in 4 patients (10.5%), hypercontractile esophagus in 2 patients (5.3%), esophagogastric junction outflow obstruction (EGJOO) in 2 patients (5.3%), ineffective esophageal motility in 1 patient (2.6%), absent contractility in 4 patients (10.5%) and dyshagia lusoria was identified in only one patient (2.6%). Regarding therapeutic management, endoscopic dilation was performed in 10 patients (26.3%) and 3 patients (7.8%) were referred to surgery.

Conclusion. Esophageal HRM remains an important tool for assessing esophageal motor dysfunction. The esophageal motility disorders still represent a diagnostic and therapeutic challenge in clinical practice.

Keywords. dysphagia, esophageal motility disorders, esophageal high-resolution manometry

Chapter 6. Poster Presentation - Various

EP112. ANAMNESIS. QUO VADIS?

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Introduction. The anamnesis is the basis of the doctor-patient relationship at the time of the first visit and along the course of the disease, bringing important data with diagnostic relevance and allowing to adopt an optimal plan of investigations, likely to lead to the shortest and fastest path to the therapeutic strategy.
Objectives. In the era of technological development, anamnesis tends to be replaced by certain investigations (some useful, some not, but certainly some risky).
Materials and method. We have analyzed some current trends regarding anamnesis from the perspective of clinical experience.
Results and discussion. Excessive use of digital technology alters the patient's ability to understand, express and communicate symptoms, making it difficult to understand them; it can be alleviated by patience of the doctor, with the use of differently formulated questions, with the invitation to describe the symptoms in their own terms but also with synonyms.
The (sometimes unreasonable) expectations of the patient, often informed by online media (but without having the discriminating ability and understanding of the disease phenomenon as a particularity different from one person to another) sometimes "forces" the doctor to satisfy the demands; it can be corrected by giving the patient detailed, pathophysiological, investigative, therapeutic explanations, but it is time-consuming and depends on the patient's cognitive abilities.
Hiding or minimizing some symptoms that the doctor may find out in a long collateral way or not at all; it can be solved by direct point questions, possibly by hetero-anamnesis.
The decrease in the patient's or relatives' sense of reasonableness in relation to the disease can be avoided or corrected by providing prognostic information from the beginning, which can be changed during the course of the disease; keeping the patient all the time informed about the chances is also a sign of assertiveness of the doctor and maintains a healthy doctor-patient relationship.
Poly-medication is sometimes a true anamnestic information-gathering expedition, some not knowing what drugs they are taking, others considering alternative therapies without risks, elements with possible causal significance for iatrogenic pathology; it can be corrected by analyzing the entire medical file if it is available.
Conclusion. Multiple new problems of recent appearance impact on a good correct anamnesis and their recognition allows the development of correction strategies and the restoration of the position of the anamnesis in the medical approach.
Keywords. anamnesis, communication, technology

EP113. FIPRONIL AND SUCROSE SHORT-TERM CO-EXPOSURE IS ASSOCIATED WITH MEMORY IMPAIRMENTS IN SILVER CRUCIAN CARP (CARASSIUS AURATUS GIBELIO)

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Sucrose is an easily assimilated macronutrient that provides a rapid source of energy and contributes to mental alertness and cognitive functions. However, excessive consumption of sucrose leads to complications, such as type 2 diabetes, obesity, and metabolic syndrome. Cognitive alterations and Alzheimer's disease onset seem to correlate with pathological glucidic metabolism alterations. Recent studies report that individuals with metabolic weaknesses could be more susceptible to cognitive alterations under episodic environmental stressors. Fipronil, one of the most known GABAergic disruptive phenylpyrazole insecticides, was recently described to induce cognitive impairments in animal models.

Here, we have assessed the effects of acute exposure to the fipronil on memory and other behavioral parameters in the Silver crucian carp (Carassius auratus gibelio) seedlings and whether these effects may be potentiated by the acute exposure to high concentration of sucrose. Behavioral assessment of the animal models was carried out using the T-maze test, light-dark test, and mirror biting test to evaluate the specific memory, locomotor, and risk assessment behaviors. The T-Maze memory task assessment was largely adapted to the recently developed FMT Y-maze method. Tissue analyses of the body fat and water content were performed to assess the effects of sucrose exposure. Short-term memory impairments as revealed by significantly decreased alternating tetragram sequences were observed only when the animals were co-exposed to fipronil and sucrose. Memory impairments were accompanied by high levels of anxiety and significantly decreased aggressiveness. The implication of GABAergic system alterations in fish may underline working-memory deficits, which rise over the significance threshold under high sucrose exposure, suggestive of increased risk for metabolic diseases.

Keywords. metabolic syndrome, memory impairment, animal model

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EP114. A CASE OF ACUTE ENDOCRINE HYPERCALCEMIA WITH DIGESTIVE MANIFESTATIONS

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Introduction. Hypercalcemia is defined as a value above 10 mg/dl of serum calcium repeated twice. Its prevalence in Europe is approximately 3/1000 for the general population, usually being asymptomatic. Hypercalcemia determines several symptoms and clinical manifestations, primarily affecting the renal system (kidney stones and renal failure), nervous system (depression and anxiety), muscular system (myalgia), digestive system (bowl syndrome and intense pain in the abdomen caused by affected striat muscles and gastric distension). Hypercalcemia can be light, moderate or severe, life-threatening manifestations appearing in severe forms (total calcium above 16 mg/dl).

Material and methods. We present the case of a 45 years old woman, who during the past two years has had numerous admissions in the ER for cephalea, nausea, lumbar pain, asthenia and myalgia. During her last visit to the ER, she manifested cephalea, asthenia, polidypsea, uncontrolled vomiting and instability when standing. She was admitted to Gastroenterology for a precise diagnosis and treatment. On admission, the patient was confused, apathetic,with sweaty teguments, presenting pain in the epigastric area.

The lab test showed inflammatory syndrome, moderate azotate retention, dyslipidemia, important hypercalcemia on two tests (total calcium=20,5mg/dl nv=8,6-10,2). Due to high levels of PTH (parathyroid hormone), the suspicion of primary hyperparathyroidism (PTH>2000pg/ml nv=12-65) occurred, a parathyroid nodule was seen using ultrasound and scintigraphy. An emergency treatment for hypercalcemia (hydratation + diuretics and bisphosphonates) was initiated, therefore the serum calcium dropped to 15 mg/dl.

Results. Endoscopy - distention of the esophagus and stomach with gastric liquid.

The multidisciplinary team (gastroentherologist, nephrologist and endocrinologist) decided on the surgical removal of the parathyroid in Saint Spiridon Hospital in Iași, the result being the normalization of the PTH and calcium values postop and remission of digestive symptoms.

Conclusion. Predominance of digestive symptoms that delayed the endocrine diagnostic and the presence of acute hypercalcemia.

Keywords. Hypercalcemia, Hyperparathyroidism, Adenoma

EP115. DIGESTIVE MANIFESTATIONS OF THE POST-COVID-19 SYNDROME: A SINGLE CENTER RETROSPECTIVE STUDY

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Introduction. Since the start of the COVID-19 pandemic, many patients reported persistent symptoms and/or complications lasting beyond 4 weeks, now referred to as the post COVID-19 syndrome. Although SARS-CoV-2 is a virus with an essentially respiratory tropism, the extra-pulmonary manifestations of this pathogen are currently described. Aim and methods: to assess the digestive manifestations of the post COVID-19 syndrome. We conducted a single-center retrospective study

(between January 2021-February 2023) including all the patients that suffered from a SarsCov2 infection and who later (after at least 4 weeks since the infection) addressed to the outpatient unit of Bihor Emergency Clinical County Hospital. We collected and analyzed demographic, clinical complaints and biological data.

Results. We identified a number of 312 patients with a positive SarsCov2 PCR test, with a male/female ratio of 1.2 and a mean age of 51±14.2. Fifty four patients (17.3%) presented for a gastroenterological consultation in our unit for persistent digestive symptoms dating back at least 4 weeks since the Covid-19 infection. Among these patients, 7 (12.9%) had a personal history of inflammatory bowel disease (IBD), 9 (16.6%) had liver cirrhosis, 5 (9.3%) had chronic hepatitis and 4 (7.4%) patients had gastro-esophageal reflux disease. In addition, 21 patients (38.9%) had functional digestive disorders. The mean time between the SarsCov2 infection episode and the gastroenterology consultation was 3±2.4 months. The major clinical complaints regarding digestive system in our patients were: bowel movement disturbances (33.3%), unspecific dyspepsia (29.6%), abdominal bloating (16.6%), heartburn (14.8%), rectal bleeding (11.1%), vomiting (7.4%), upper gastrointestinal bleeding (3.7%) and anal pain (3.7%). Eighteen (85.7%) of the patients already known with functional diseases expressed a worsening of the chronic symptoms. Four (44.4%) of the patients with liver cirrhosis presented with a decompensation of the disease (edema and ascitis) and we were not able to identify and other decompensating factor except for the recent Covid-19 infection. Two patients with IBD had a moderate flare of the disease and 12 cases (22.2%) had transient increase of the liver function tests (up to 3xUNL) and cholestasis.

Conclusions. Digestive symptoms, widely found as manifestations of SarsCov2 active infection, seem to be also part of the post COVID-19 syndrome. Though the exact causality link is hard to establish, it seems that these symptoms can be the first manifestation of a functional digestive disorder, aggravate a known functional pathology or complicate an evolving organic digestive disease.

Keywords. digestive manifestations, post COVID-19 syndrome

EP116. EVALUATION OF THE FREQUENCY OF HEPATOBILIARY AND GASTROINTESTINAL DISEASES IN THE ELDERLY

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Introduction. In elderly patients, diagnostic approaches and management strategies for digestive disorders must be correlated with the anatomical and physiological peculiarities induced by the aging process and comorbidities.

Purpose. The purpose of this study is to evaluate the frequency of hepato-bilio-pancreatic and gastrointestinal diseases in patients over 80 years old.

Method. In the study, patients over 80 years of age hospitalized in IGH Iași, between January and December 2022, for disorders of the digestive, hepatobiliary and pancreatic tracts were included.In all cases, demographic data and medical data were collected from which information with diagnostic value was selected. diagnostic explorations included imaging and endoscopic investigations.

Results. 441 patients out of 7525 hospitalized were over 80 years old (women 48%, men 52%, limits 80-101 years). Among them, 35.37% presented gastrointestinal disorders and 64.63% hepatobiliary and pancreatic disorders. The malignancies found in 29% of patients were cholangiocarcinomas (7%), hepatocarcinomas (11.71%), ampullomas (4.6%) and digestive cancers (39.84%) with esophageal location - 9 cases, stomach - 8 cases, intestinal - 34 cases. 30 patients (6.80%) benefited from ERCP. The non-neoplastic diseases found in 70.97% of cases had as frequent pathology gastro-duodenal ulcer in 82 cases, diverticula in 86 cases, gastric and colonic polyps in 20 cases. Digestive bleeding reported in 26.75% of cases, was of UGIB type in 74 cases. LGIB was reported in 9.97% of cases, with a single or multiple sources of bleeding. 13 patients (2.94%) presented with COVID 19 and 11 patients (2.49%) with ICD. Deaths were reported in 12 cases (2.72%). In 6.12% of cases the functional symptomatology was in the diagnostic context of achalasia of the cardia and irritable bowel syndrome.

Conclusions. The study data indicate a significant digestive impairment among elderly patients evaluated in hospitalization, with a common representation of the spectrum of gastrointestinal and hepato-bilio-pancreatic diseases, without age limitation or specificity.

Keywords. elderly, digestive disorders, endoscopy, computed tomography, ERCP

EP117. MUSHROOM POISONING IN BIHOR EMERGENCY CLINICAL COUNTY HOSPITAL

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Introduction. Wild mushroom poisoning provoked by the consumption of mushrooms from uncontrolled sources (personal harvesting from woods) is still a frequently encountered emergency in our country, especially in rainy seasons and with dominant digestive manifestations.
Aim and methods. we performed a retrospective study between 1st of January 2019 and 31st of December 2022, with the purpose of identifying and characterizing all the mushroom poisoning cases that sought medical care in Bihor Emergency Clinical County Hospital. All the medical files of the patients were carefully analyzed for epidemiological and personal data, clinical manifestations, blood tests disturbances and mortality rate.
Results. between the aforementioned periods we identified 103 cases with mushroom poisoning, 51.4 in women (of which 1.94% were pregnant) and 48.5 in men, most of them coming from rural areas (69.9%). The dominant age decades were 50-59 and 60-69 years, each with 24.7%. Regarding clinical manifestations, most of the patients expressed digestive complaints comprising nausea (71.84), vomiting (61.1%), abdominal pain (23.3%) and diarrhea (15.5%). The nervous system manifestations came second in place, dominated by vertigo (20.3%) and hallucinations (16.5%). Regarding laboratory parameters, 50% of the patients had normal routine blood analysis, the rest of the patients presenting with high levels of the liver tests and creatinine (29.1% and respectively 20.3%). The medium hospital admission period was 2.47 days. From 103 cases of poisoning there were 3 deaths, 2 induced by respiratory failure secondary to aspiration pneumonia caused by vomiting, and 1 case of multiple organ failure, leading to a general mortality of 2.91%.
Conclusions. Wild mushroom poisoning in our region is mostly dominated by digestive symptoms and abnormal liver tests. Despite the fact that mushroom poisoning seems to bear a relative low mortality rate it still has a high incidence in our region/hospital suggesting that ancestral habits are still present especially in rural areas and in people of adult age (50-70 years), thus indicating the need of more sanitary education measures from young ages.
Keywords. mushroom poisoning, digestive manifestations

EP118. NATURE'S METRONOME: ADIPOKINES' VITAL RHYTHM IN DIGESTIVE DISEASE PATHOGENESIS

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Introduction. Adipokines are signaling molecules secreted by adipose tissue that play a key role in regulating metabolism and inflammation. Some examples of adipokines include leptin, adiponectin, resistin, and visfatin. Focusing on the first two mentioned hormones, leptin is involved in regulating appetite and energy expenditure, while adiponectin plays a role in insulin sensitivity and anti-inflammatory processes. The dysregulation of adipokine secretion has been linked to the development of various diseases, including obesity, type 2 diabetes, and cardiovascular disease. Recent research has suggested that adipokines may also be involved in the pathophysiology of digestive diseases, such as inflammatory bowel disease (IBD) and non-alcoholic fatty liver disease (NAFLD).
Aim. The aim of this study was to investigate the association between adipokines and the risk of digestive diseases.
Methods. A systematic review and meta-analysis were conducted using MEDLINE, Scopus, and Cochrane Library databases. Studies that reported on the association between adipokines and digestive diseases were included. The quality of the included studies was assessed using the Cochrane Risk of Bias Tool. The meta-analysis was performed using a random-effects model.
Results. A total of 25 studies were included in the meta-analysis, with 16 studies focusing on IBD and 9 studies focusing on NAFLD. The results showed that adipokines such as leptin and adiponectin are involved in the pathogenesis of IBD. Leptin has pro-inflammatory effects, and its levels were found to be elevated in patients with IBD, whereas adiponectin has anti-inflammatory effects, and its levels were found to be decreased in IBD patients. Similarly, adipokines such as adiponectin, visfatin, and leptin have been shown to play a role in the development of NAFLD. Decreased levels of adiponectin have been detected in NAFLD patients, while leptin and visfatin levels were found to be increased in NAFLD patients compared to healthy controls.
Conclusion. This meta-analysis provides evidence of an association between adipokines and the risk of digestive diseases. The findings suggest that dysregulation of adipokines may play a role in the pathogenesis of IBD and NAFLD. Further research is needed to determine the mechanisms underlying this association and to explore the potential use of adipokines as biomarkers or therapeutic targets for digestive diseases.
Keywords. adipokines, IBD, NAFLD, leptin, adiponectin

EP119. PECULIARITIES OF DYSPEPTIC SYNDROME IN MEDICAL STUDENTS

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Introduction. Dyspepsia is a condition of the digestive system, with a fairly high frequency globally, originating from both organic and functional pathologies. The Rome IV criteria define functional dyspepsia in gastroduodenal disorders as any combination of 4 symptoms: postprandial fullness, early satiety, epigastric pain, and epigastric burning that are severe enough to interfere with the usual activities and occur at least 3 days per week over the last 3 months with an onset of at least 6 months in advance. Many studies have been conducted on dyspepsia, but very little is known about the risk factors, evolution and management for dyspepsia among medical students.
Purpose. Assessment of the peculiarities of dyspeptic syndrome in Indian medical students that are studying at the "Nicolae Testemițanu" State University of Medicine and Pharmacy in the Republic of Moldova.
Objectives. To study the epidemiological features and the clinical manifestations of dietary and lifestyle factors associated with dyspepsia among medical students.
Material and methods. We developed a Questionnaire, which was applied to medical students from India, studying at the "Nicolae Testemițanu" SUMF in the Republic of Moldova. The study included 52 students and ran from January 2022 to February 2023.
Results. Considering 52 medical students' responses, 92,3% of them are in the age group of 18 to 28 years. The results shows that 15.4% students are having Gastritis, 9.6 % - GERD, 1.9 % - IBD and most of them - 73% do not have a confirmed diagnosis. 48,1 % had nausea, vomiting, dull pain in the abdomen, 42.3 % - heartburn, 34.6 % - loss of appetite, 32.7 %- diarrhea, 28.8 % - flatulence, 26.9 % - constipation. Dyspeptic symptoms appeared mostly in stressful personal situations - 76.9% and during exams - 50%; against the background of skipping meals and the use of spicy food - 88.5%, fast food - 67.3%, insufficient and poor quality sleep - 48.1%.
Conclusions. According to the study's findings, food and habits are linked to a high frequency of dyspepsia among Indian medical students. To lower the prevalence of dyspepsia among medical students, strategies that encourage good eating practices, regular physical exercise, stress management, and regular meal schedules should be implemented in practice.
Keywords. dyspepsia, medical students

EP120. PREDICTIVE FACTORS FOR OPTIMAL WEIGHT LOSS IN PATIENTS WITH MORBID OBESITY AFTER SLEEVE GASTRECTOMY

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Introduction. In the last decade, bariatric surgery has proven to be the only effective method for weight loss (WL) in patients with morbid obesity.
Objective. To determine the factors that influence optimal WL after sleeve gastrectomy in patients with morbid obesity.
Material and method. 72 patients with BMI >40 kg/m2 or BMI 35–39.9 kg/m2 with severe comorbidities were included in the study. The patients were evaluated clinical, biochemical, immunological, imaging and histological preoperative and postoperative (on average 8.7 months after the surgical intervention). WL were assessed by calculated the percentage of excess body mass index loss (%EBMIL) using the following formulas %EBMIL=(BMI1-BMI2) / (BMI1-25) x100; Optimal treatment response was considered a decrease in %EBMIL >50
Results. The patient had a mean age of 44.78±10.5 years, an average BMI and preoperative waist of 47.05 kg/m2 (between 33.3 and 70.1), respectively 130 cm (between 90 and 180cm). The results of our study showed a mean decrease in %EBMIL of 69.9 ± 27.6 (14.6- 144.47), the value that shows an optimal response of postoperative weight loss. Using the univariate analysis we noted a negative correlation between % EBMIL and both the age and initial BMI of the patients ($r=-0.438$, $p<0.01$, $r2=0.19$). Patients with optimal WL have statistically significantly lower preoperative values of FG ($U= 95.5$, $z=-2.25$, $p<0.05$), TNFα ($U=53$, $z=-2.5$, $p<0.05$) and IL-6 ($U=79$, $z=-2.3$, $p<0.05$) compared to patients without clinical response (%EBMIL<50%). A negative correlation between %EBMIL and the presence of NASH was also found. Patients with preoperative NASH had a significantly lower %EBMIL than those with simple steatosis ($U=56$, $z=-2.2$, $p<0.05$).
Conclusions. Sleeve gastrectomy was an effective bariatric surgery to treat obesity. Preoperative BMI, excess weight, age, TNF α, IL-6 and the presence of diabetes and steatohepatitis were predictive factors for optimal weight loss in patients with morbid obesity after sleeve gastrectomy.
Keywords. sleeve gastrectomy, prognostic factors, weight loss, steatohepatitis

EP121. PROGNOSTIC VALUE OF SARCOPENIA IN STAGE IV DIGESTIVE CANCER PATIENTS

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Introduction. Many studies have recognized the importance of sarcopenia as a prognostic factor in patients diagnosed with cancer.
Objectives. The aim of the study is to evaluate the impact of sarcopenia on the survival time of digestive cancer patients diagnosed during a 7 years period of time.
Methods. Between 2015 and 2022, 69 out of a total of 82 patients diagnosed with digestive neoplasms have been included in the study, as having complete data, including a CT scan available for analysis. Patients were assigned into three different groups based on the cancer stage at the initial diagnosis, namely early localized stage (stages 0 and I) (n=11), advanced localized stage (stages II and III) (n=36) and metastatic stage (stage IV) (n=22). Sarcopenia, defined by the CT scan L3 measurement of skeletal muscle index (SMI), with a cut off of 34,4 cm2/m2 in females and a cut off of 45,4 cm2/m2 in males was evaluated at the time of the initial diagnosis. A Kaplan-Meier survival analysis with log rank test on each of the three groups was conducted to compare if the patients with sarcopenia at the time of diagnosis had a different survival time compared with those without. Pairwise log rank comparisons were conducted to determine which groups had different survival distributions. A Bonferroni correction was made with statistical significance accepted at the $p < .025$ level.
Results. When not looking at the disease stage, sarcopenia seemed to be a significant factor for survival ($\chi2(2) = 7.841$, $p < .005$). However, after analyzing the data depending on the stage, we observed that only in the metastatic stage group the survival distributions were statistically significantly different based on log rank test ($\chi2(2) = 6,768$, $p < .009$) compared to the early localized stage group ($\chi2(2) =.256$ $p= 0.613$) and advanced localized stage group ($\chi2(2) = 1.732$ $p=0.188$). Patients with stage IV digestive cancer that were not sarcopenic at the time of diagnosis had a median time to death of 22 (95% CI, 0 to 49) months, longer than the sarcopenic stage IV digestive cancer patients that had a median time to death of 4 (95% 1.7 to 6,2) months.
Conclusions. In the population of stage IV digestive cancer patients compared to stage I, II or III, the presence of sarcopenia at the time of initial diagnosis was associated with a poor survival.
Keywords. digestive neoplasms; skeletal muscle index; sarcopenia; survival.

EP122. SEVERE PYROSIS AT A PATIENT WITH SYSTEMIC SCLEROSIS LIMITED CUTANEOUS FORM

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Introduction. Presentation of the case of a patient with limited cutaneous systemic sclerosis with skin, vascular (Raynaud's syndrome), joint (arthralgias) and digestive manifestations.
Case study. 40-year-old patient known to have limited cutaneous systemic sclerosis since 2019, currently in treatment with methotrexate 10mg/week and prednisone 7.5mg/day presents for severe heartburn and retrosternal pain with acute onset. During the clinical examination, indurated integuments on the hands and forearms and sclerodactyly are detected. From a paraclinical point of view, the laboratory analyses, electrocardiogram and cardiac ultrasound were within normal limits. Also, the respiratory functional tests and the lung CT with fine cups did not highlight pathological modifications. Esophageal manometry was performed, which detected a decrease in pressure at the level of the lower esophageal sphincter, raising the suspicion of gastroesophageal reflux disease and endoscopy did not detect Barrett's metaplasia.
Discussions. She is a patient with systemic sclerosis limited cutaneous form with digestive manifestations (gastroesophageal reflux disease) which required initiation of treatment with proton pump inhibitors 40mg/day and metoclopramide 3 tablet/ day. It is also decided to continue the chronic treatment with methotrexate 10mg/week and prednisone 7.5mg/day.
Conclusion. Esophageal manifestations occur most frequently in patients with scleroderma with limited cutaneous form and also in the diffuse form. The risk of developing Barrett-type metaplasia later complicated with esophageal adenocarcinoma is very high in this pathology. This fact requires strict and regular monitoring and the application of adequate therapeutic conduct to prevent this type of complication that is associated with increased mortality.

EP123. THROMBOSIS IN THE ABDOMINAL VESSELS IN THE CONTEXT OF COVID-19: DESCRIPTIVE PRESENTATION OF 5 CASES WITH ACUTE ABDOMINAL PAIN

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Hypercoagulability associated with SARS-CoV-2 infection is one of the main extrapulmonary

complications of COVID-19, manifested mainly by acute abdominal pain. We present a series of 5 cases of intra-abdominal thrombotic complications correlated with the hypercoagulable state because of the COVID-19 disease and the computed tomography (CT) characteristics. The cases were registered in 4 females and one male, with ages between 54-78 years. All cases were confirmed by RT-PCR with SARS CoV-2 infection. Patients presented to the emergency department for acute abdominal pain. Laboratory investigations and radiological and ultrasonographic evaluation excluded major medical and surgical emergencies. Documentation through CT and CT angiography highlighted the following aspects: case 1, 66 years old female: thrombosis of the splenic vein and splenic arteries, splenic infarction; case 2, 57 years old female: thrombosis of the portal vein, superior mesenteric vein, and splenic vein, portal-systemic collateral circulation, case 3, 77 years old female: extensive thrombosis of the inferior vena cava 80-90%, from the origin to renal veins, case 4, 54 years old female: portal vein thrombosis, case 5, 59 years old male: thrombosis of the mesenteric vein, splenic vein, mesenteric infarction, left renal infarction, splenic infarction. All cases received anticoagulant therapy and did not require surgical interventions. Imaging monitoring at 6 months and 1 year indicated a regression of the thrombosis, but to an extent maintaining the indication of anticoagulant therapy. Conclusion In the context of the COVID-19 pandemic, abdominal visceral vessels thrombosis is a cause that should be excluded in patients with acute abdominal pain and SARS CoV-2 infection.

Keywords. thrombosis, abdominal pain, COVID19, computed, tomography

EP124. MICROBIOTA AND INSOMNIA

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Insomnia (sleeplessness) is a disturbance of sleep with negative effects on quality of life, cognitive functions and even for health. The etiology of insomnia is complex, being involved genetical, biochemical, neuroendocrine, immune and psychosocial factors. Recent studies incriminated in the pathogenesis of insomnia also the microbiota via the microbiota-gut-brain axis. So the attempt of therapeutic influence of insomnia via microbiota is logical. This was tried by probiotics with first promising results. There are necessary more thorough studies, a better understanding of the role of microbiota in the pathogenesis of insomnia and an elaboration of a preventing and treating strategy of insomnia via microbiota.

EP125. WHEN DERMATOLOGY MEETS GASTROENTEROLOGY OR AN UNCOMMON ASSOCIATION IN DAILY PRACTICE OF CLASSIC AUTOIMMUNE DISEASES

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Introduction. Hidradenitis suppurativa (HS) or Verneuil's disease is a chronic inflammatory skin disease characterised by recurrent inflammatory nodule, tombstone comedones and abscess formation. Starting from 1993 when Church et al. reported the presence of Crohn Disease in 38% of the patients with hidradenitis suppurativa, multiple studies have described the association between HS and inflammatory bowel diseases. The most recent data in the literature proves a stronger correlation between Crohn Disease and HS (HR=2.25; 95% CI 1.52-3.32) than between ulcerative colitis and HS (HR=1.56; 95% CI 1.26-1.94). Despite this, the association of the two conditions is still uncommon in the daily practice, leading to multiple challenges regarding the management of these patients.

Case report. A 25 year old smoking patient was admitted in our department for abdominal pain and approximately 12 glero sanguineous diarrheal stools per day accompanied by anal incontinence. The medical history reveals an ulcerative colitis firstly diagnosed in 2019 and Verneuil's disease from 2020. After a first therapeutic failure at Mesalazine and multiple surgical interventions to drain perineal abscesses in 2019, a combotherapy by Azathioprine and Adalimumab was started in 2020, as well as a treatment by Doxycycline for Verneuil's disease. The patient was lost of view for one year, stopping her treatment against medical advice. A medication by Infliximab was restarted one year later, but during the second perfusion, the female presented a severe reaction with abdominal pain and vomiting. Consequently, a new treatment line by Ustekinumab and Methotrexate was initiated but she stopped it one more time claiming for total colectomy. During the present hospitalisation, a rectosigmoidoscopy was performed, the progression up to the 25 cm from the anal margin showing an active ulcerative colitis classified UCEIS 6 out of 8. Despite the patient's desire for colectomy, a last medical attempt by Filgotinib was initiated.

Discussion. The most recent French guidelines regarding HS recommend a treatment based on Adalimumab or Infliximab in case of the forms associated to inflammatory bowel diseases. However, there are not standardized protocols in case of therapeutic resistance or intolerance to anti-TNF medication.

Conclusion. Our case underlines the challenging therapeutic management in a case of a depressive young patient with an uncommon association of autoimmune diseases and emphasize the need of new future perspectives concerning the association between Verneuil's disease and inflammatory bowel diseases, especially in the light of the increasing incidence of the last ones.
Keywords. Verneuil's disease; ulcerative colitis; association

EP126. NUTRIENTS DEFICIENCY LEADING TO NEUROLOGICAL COMPLICATIONS IN BARIATRIC PATIENTS

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Introduction. Bariatric surgery represents the most efficient treatment addressing obesity and its related consequences. Even if the medical benefits for patients are huge due to weight loss, and despite technical improvements in bariatric procedures, it is still associated with different types of complications. Most of the complications appear due to nutrient deficiency, as absorption is compromised after surgical anatomy modification, but also secondary to inflammatory and mechanical pathways induced by surgical procedures. The most common deficiencies reported after bariatric surgery are vitamin B deficiency (74%), hypovitaminosis D which is described in 25-70% of patients, and iron deficiency in more than 30% of patients. These deficiencies are associated with a wide spectrum of clinical manifestations.
Objective. The aim of this review is to identify neurological complications that occur after bariatric surgery.
Methods. We performed a systematic search in two databases, PubMed and Google Scholar, from inception until February 2023, without language restrictions. We included all observational studies that described neurologic manifestations after the bariatric procedure regardless of the surgical technique used.
Results. Nutritional impairment after bariatric surgery is common and implies a large spectrum of vitamin and micronutrient deficiencies, fat malabsorption, protein loss, and mineral deficiencies with different clinical manifestations. Neurological complications after bariatric surgery are very diverse with an occurrence within days to years after surgery, most frequently in patients with gastrointestinal or surgical complications. Any segment of the nervous system can be affected with different types of manifestations ranging from peripheral axonal neuropathy, nerve palsy secondary to compartment syndrome, encephalopathy, myelopathy, to psychiatric and demyelinating central nervous system diseases. Identifying patients at risk and systematic screening for nutrients deficiency with proper supplementation is essential for preventing neurological complications and lifelong sequelae.
Conclusions. Complications after bariatric surgery have a broad spectrum of manifestations involving both peripheral and central nervous system and should be suspected and diagnosed as soon as possible to prevent long term sequelae. The risk of developing central nervous system demyelination or stroke events after bariatric surgery should be further evaluated in future studies.

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