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Contents

Chapter 1. Oral Presentation – Gastroenterology 5
Chapter 2. Oral Presentation – Hepatology and Pancreatology 19
Chapter 3. Oral Presentation – Endoscopy... 24
Chapter 4. Oral Presentation - Nursing 38
Chapter 5. Poster Presentation - Gastroenterology...................................... 44
Chapter 6. Poster Presentation – Hepatology and Pancreatology 86
Chapter 7. Poster Presentation - Endoscopy.. 111

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Chapter 1. Oral Presentation – Gastroenterology

OP1. BIOLOGICAL THERAPY IN CROHN'S DISEASE: PRESCRIBING HETEROGENEITY AND A PATIENT-CENTERED APPROACH. A RETROSPECTIVE OBSERVATIONAL STUDY

Raluca Avram[1,2], Laura Huiban[1,2], Carol Stanciu[1,2], Ioana Damian[1,2], Cristina-Maria Muzica[1,2], Ana-Maria Singeap[1,2], Irina Girleanu[1,2], Sebastian Zenovia[1,2], Camelia Cojocariu[1,2], Catalin Sfarti[1,2], Anca Trifan[1,2]

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Introduction: The emergence of biological therapy has revolutionized the treatment of moderate and severe inflammatory bowel diseases, which, however, do not benefit from a uniform use, as each medical staff is faced with an individualized decision depending on the patient. Thus, we set out to report the way biological therapies are prescribed in Crohn's disease according to the experience of a tertiary center in northeastern Romania.
Materials and methods: The study performed was a unicentric retrospective one, within the Institute of Gastroenterology and Hepatology Iași. Patients with Crohn's disease who received biological therapy between January 2022 and December 2023 were included, data being collected from observation sheets in electronic and physical format.
Results: Of 144 patients included, predominantly male (55.2%), with an average age of 46.01, 46.52% (67) received biological therapy. The most frequent biological molecules recommended were: Adalimumab in a proportion of 64.17% (43), Ustekinumab 61.19% (41), Infliximab 23.88% (16) and Vedolizumab 8.95% (6). From the total of these patients, 55.22% (37) benefited from a single line of biological treatment, 32.83% (22) from 2 lines of treatment, and 11.94% (8) from 3 lines. We further note that 61.19% (41) of patients had Adalimumab as first-line treatment, of which 43.9% (17) maintained their therapeutic response, 22.38% (15) received Ustekinumab as first-line biologic with a rate of 100% maintenance of therapeutic response and 16.41% (11) Infliximab with a maintenance rate of 45.45% (5).
Conclusions: In conclusion, based on both the data obtained in this and other numerous studies, it is difficult to assert the superiority of one biological treatment over another, thus emphasizing the personalized way of prescribing this type of therapy.
Keywords: personalized therapy, biological treatment, inflammatory bowel diseases

OP2. TRENDS IN THE INCIDENCE OF HELICOBACTER PYLORI IN A TRANSILVANIA REGION

Simona Bataga[1], Imola Torok, Melania Macarie, Sergiu Frandes, Naomi Ciurea, Paul Grama, Monica Pantea, Diana-Alexandra Amarinei, Marius Ciorba

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Introduction.Since the discovery of the Helicobacter pylori (HP) there have been tremendous development in the pathogenesis and treatment of this gram-negative bacteria that colonizes almost half of the stomach in the world's population.
The purpose of this study was to determinate the trends in the incidence of HP in our region, and also of the precancerous lesions.
Methodes. There have been included in the study a group of 12541 patients from the years 2014-2018 and a group of 7219 patients from more recently years 2019-2023.
All the patients had dyspeptic syndrome and in all the patients upper digestive endoscopy has been performed in the Gastroenterology Clinic from Târgu Mureș, Emergency Clinical Hospital. Patients with haemorrhage were excluded from the study.
In all the patients gastric biopsies and histopathological exam were made, OLGA classification was used.
Results.From the first group, in 2131 patients (52,9% males and 47,1% females) were found gastric changes. Histopathological, 32,7% of the patients had atrophic gastritis, 43,1% intestinal metaplasia (23,7% complete metaplasia and 19,4% incomplete metaplasia) and 0,7% dysplasia. Active gastritis/pangastritis with HP was identified in 59,3% of the patients. In 4,8% of cases there were revealed polyps (hyperplastic, adenomatous) and were removed. The incidences of preneoplastic lesions reported to the total numbers of patients were: 5.55% atrophic gastritis, 7.30% intestinal metaplasia and 0,11% dysplasia.
In the second group from 2640 patients that underwent upper gastrointestinal with biopsy sampling, HP was present in 453 patients (17,41%.) Histopathological, 14,79% of the patients had atrophic gastritis, 24,5% intestinal metaplasia and 2,64% dysplasia.
Conclusions: HP incidence is decreasing, probably due to the intensive treatment and testing by general practitioner and also by the gastroenterologist. The decreasing in incidence of HP is corelating with the decreasing of the precancerous lesions and gastric cancer.
Keywords: incidence, Helicobacter pylori, precancerous lesions

OP3. CHARACTERISTICS OF MALLORY-WEISS SYNDROME IN A TERTIARY HOSPITAL FROM THE SOUTH-EAST SIDE OF ROMANIA

ANDREEA Bugescu-Bola[1,2], PhD student , resident doctor Andrei Dumitru[1,2], PhD student , resident doctor Ioana Popescu[1,2], PhD student, resident doctor Ana Maria Popa[1,2], PhD student, resident doctor Raluca Rafti[1,2], University Lecturer Luana Alexandrescu[1,2], Senior Lecturer Eugen Dumitru[1,2],

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Introduction : Mallory-Weiss syndrome (MWS) is a gastrointestinal condition resulting from mucosal lacerations at the gastroesophageal junction, usually due to severe vomiting or retching. While MWS is typically self-limited, it can result in significant upper gastrointestinal bleeding in some cases. Given the limited recent data on MWS characteristics in this area, this study aimed to investigate the clinical and endoscopic features of MWS at a tertiary hospital in southeastern Romania.
Material and method : The retrospective study involved patients who underwent upper gastrointestinal endoscopy due to MWS from January 2022 to December 2023 at the Endoscopy Unit of Constanta County Clinical Emergency Hospital. Data was extracted from the Hipocrate database using the code K22.6 "Gastro-esophageal haemorrhagic dilaceration syndrome." Patient clinical presentation, endoscopic findings, treatment, and clinical outcomes were assessed. Data analysis was conducted using the Microsoft Excel Analysis ToolPack.
Results : Among 662 patients admitted with nonvariceal upper gastrointestinal bleeding, 87 (13.14%) were diagnosed with MWS. The average age was 57 years (+/-14.61), with a male predominance (76%). Hematemesis was the most common presenting symptom (65%), followed by melena (35%) and 20% presenting both upon admission. Alcohol consumption was reported in 78% of cases. The average hospitalization was 5.72 days (+/-2.78). Endoscopy identified mucosal lacerations at the gastroesophageal junction in all cases. Approximately 24% of cases showed an association of MWS with gastric and/or duodenal ulcers. Bleeding was effectively managed with conservative treatment using proton pump inhibitors and supportive care; however, 45% of patients required endoscopic haemostasis.
Conclusions : These findings offer insights into MWS as a contributor to upper gastrointestinal bleeding in a tertiary hospital in southeastern Romania, with generally positive outcomes.

Key words: Mallory-Weiss syndrome, upper gastrointestinal bleeding, endoscopy

OP4. ENDOSCOPIC SUBMUCOSAL DISSECTION OF COLORECTAL TUMOR EXHIBITING THE ‚’MUSCLE RETRACTING SIGN ‚’

Denisa - Cristiana Busuioc[1], Dana Bilous[1], Claudia Bugeac[1], Ovidiu Vasile[1], Adrian Tulin[2], Elena Tianu[1], Mihai Ciocîrlan[2]

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Introduction: The muscle retracting sign represents the feature of a muscle layer being pulled toward a protruding macronodular colorectal lesion, that can sometimes be present during ESD (endoscopic submucosal dissection). For colorectal tumors with positive muscle retracting sign, dissection often result in incomplete resection or perforation, due to the dificulty of the procedure.
Case presentation: We present the case of a 68 years old patient, clinically asymptomatic, recently diagnosed during colonoscopy with a 4 cm protruding sessile rectosigmoid tumor. The patient presented into the gastroenterology clinic for ESD (endoscopic submucosal dissection). During ESD, a ‚’muscle retracting sign’’ area was recognised in the center of the lesion. An appropriate dissection line was identified, as close to the lesion and as far from the muscularis propria as possible. The remaining tissue was then dissected. At the end of the dissection, it was suspected the presence of a centimetrical perforation, in the center of the postresection ulceration. The defect with the perforation was completely closed intraoperative, using metalic clips. The histopathological diagnosis was that of in situ colorectal adenocarcinoma (complete R0 and curative tumor removal). Postoperative evolution was monitored with multiple CT scans (at 24h, 5 days and 2 months post ESD), that initially reveald pneumoperitoneum, retropneumoperitoneum and subcutaneous emphysema with partial and then total remission during the follow-ups.
Discussions: The presence of the MRS (the muscle retracting sign) during ESD is commonly associated with a high risk of incomplete tumor removal, and also, an increased risk of perforation.
Conclusion: In case of small perforation following the endoscopic submucosal dissection of a colorectal tumor presenting MRS, fast intraoperative management (closure of the perforation with metalic clips) and postoperative care resulted in a good postoperative evolution and therapeutic remmision of the pneumoperitoneum and

retropneumoperitoneum, without additional surgery.
Key words: Muscle retracting sign.

OP5. RESULTS FROM THE PILOT SURVEY ASSESSING THE PERCEIVED SATISFACTION AND SAFETY OF PATIENTS UNDERGOING SCREENING COLONOSCOPY FOR COLORECTAL CANCER IN THE REGIONAL PILOT PROGRAM FOR COLORECTAL CANCER SCREENING IN ROMANIA (SOUTH-MUNTENIA)

Andreea Elena Chifulescu[1,2], Mircea Diculescu[1,2], Mircea Manuc[1,2], Bogdan Cotruta[2], Ion Bancila[2], Ionut Saizu[2], Anca Dimitriu[1,2], Razvan Iacob[1,2], Dan Cristian Pitigoi[2], Cosmin Ciora[1,2], Teodora Ecaterina Manuc[1,2], Stefania Bunduc[2], Iulian Stefan[2], Elena Milanesi[1,3], Cristian Gheorghe[1,2]

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Introduction: Based on European Union recommendations and funding, Romania launched the colorectal cancer (CCR) screening program in 2020, comprising four regional projects: South-Muntenia, South-East, South-West, and Bucharest-Ilfov. The program included a risk-assessment questionnaire for invited individuals aged 50-74, offering quantitative fecal immunochemical tests (FIT) for average risk and colonoscopies for high risk or FIT positives. Fundeni Clinical Institute Bucharest coordinated the South-Muntenia pilot project, conducting all colonoscopies. To ensure screening quality, colonoscopy satisfaction was assessed.
Materials and Methods: Between January 2022 and December 2023, patients undergoing colonoscopy received a 15-item questionnaire (Yes/No answers and one multiple-choice), assessing their peri-colonoscopy experience.
Results and conclusions: Out of 1260 distributed questionnaires, 1103 were recorded. Patients originated from all 7 counties, primarily Prahova, Argeș, and Ialomița (24.8%, 20.9%, 15.5% respectively). Within the targeted age range, the majority of patients fell into the 65-70 age category (30.7%). Most of the respondents considered colonoscopy information clear (98%) and understood post-procedure results (94.2%). 84% found information on potential adverse reactions and emergency procedures clear and useful. Satisfaction with facilities was as follows: waiting room (96.3%), recovery room (84.6%), and waiting time (89.2%). Nearly all were satisfied with the physician's (98.8%) and endoscopy staff's (99.1%) behavior. Post-procedure symptoms were reported by 23.2%, mostly tolerable (83.7%): pain (10%), bloating (15.7%), rectal bleeding (3.9%), nausea/vomiting (2.2%). Among those with prior colonoscopy, 61.4% rated it equal to or better than previous one. 97.5% would repeat the procedure, and 99.7% believed screening is beneficial. Regarding negative aspects, appointment flexibility posed an issue for 27.4% of subjects. Overall, satisfaction with colonoscopy was high, though certain areas showed room for improvement: waiting times, recovery room quality, information regarding post-procedural complications, and appointment flexibility. Few patients experienced symptoms. Subjects widely recognized the benefits of CRC screening, stressing the need for ongoing enhancements to screening programs.
Key words: colorectal cancer screening quality, colonoscopy, patient satisfaction

OP6. THE ROLE OF UPPER GASTROINTESTINAL TRACT EXPLORATION IN HEREDITARY COLORECTAL CANCERS

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Introduction: Colorectal cancer is one of the main causes of death by cancer in the European Union and in Romania. Hereditary colorectal cancer (HCRC) syndromes represent a relatively diverse group of disorders that exhibit different patterns of inheritance. Our aim was to analyze changes that appear on the upper gastrointestinal (GI) tract during screenings
exploration.
Materials and methods: We studied data collected since 2021 that consisted of extensive interviews with the patients, gathering information about sex, onset manifestations, family history and past imaging studies. For Lynch Syndrome we used the Amsterdam and Bethesda criteria, while for familial adenomatous polyposis syndrome (FAP) we combined the colonoscopy results with family history.
Results: We managed to introduce 33 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 27 index patients, and are currently actively following other family members at high

risk. We have 8 Lynch Syndrome families, 2 Peutz-Jeghers families, 3 Attenuated FAP Syndrome families, 2 MUTYH- polyposis families, 11 FAP families and one Juvenile polyposis syndrome family with a sex distribution male to female of 12:21, (36.4% male, 63.6% female). Out of 33 patients, 27 had upper GI tract explorations performed sometime in their history, 4 of them weren't explored and 2 enter other categories. We obtained abnormal findings in 6 of the 27 patients mentioned before, the rest of 21 having normal results in the explorations. All the patients that had abnormal findings were diagnosed with a polyposis syndrome.
Conclusions: There isn't enough data in literature to assess the optimal interval for upper GI screening in HCRC patients, but these patients have to be explored in order to prevent another cancer diagnosis.
Keywords: colorectal cancer, hereditary syndromes, upper GI explorations

OP7. SURVIVAL STUDY OF ISCHEMIC COLITIS: A COMPARATIVE ANALYSIS OF CONSERVATIVE AND SURGICAL MANAGEMENT

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Introduction: Ischemic colitis (IC) represents the most prevalent pathology among ischemic gastrointestinal diseases, accounting for over half of the cases. Treatment strategies vary depending on the severity of the condition. For hospitalized patients without complications, recommendations include intravenous fluids, parenteral nutrition, and broad-spectrum antibiotics , with approximately 20% ultimately requiring surgical intervention. This study aims to compare survival rates, clinical success, and complication rates between conservatively and surgically treated groups.
Methods: Patients diagnosed with ischemic colitis admitted to our hospital between January 2021 and January 2024 were included and collected data was analyzed.
Results: Twenty-five patients were included with an average age of 75±7.6 years. The male-to-female ratio was 1:2.1. Major symptoms included abdominal pain (52%), bloody stools (56%), and diarrhea (28%). The diagnostic approach involved CT scan/abdominal ultrasound, followed by colonoscopy (in the absence of signs of perforation on CT) with biopsy. Treatment comprised a conservative approach in 21 patients (84%), surgical treatment in 3 patients (21.4%), and interventional radiology in 1 case (7.1%). Follow-up was done at 1 to 4 months in 11 patients (44%) and consisted of CT scan or abdominal ultrasound. Twenty-one patients (84%) had known cardiovascular diseases such as hypertension (n=21, 84%), myocardial infarction (n=5, 20%), heart failure (n=11, 44%), atrial fibrillation (n=10, 40%) and ischemic cerebrovascular accident (n=5, 20%). In the 4 patients who underwent surgical or radiological intervention, the mean time to intervention was 10.5 days. Outcome: Overall mortality rate was 20% (n=5). The complication rate was 25% (n=1) in the surgically treated group consisting of entero-percutaneous fistula leading to death. In the conservatively treated group, the complication rate was 28,5%, with 66% of cases involving Clostridium difficile infection(CDI) acquired >30 days from hospitalization, while the mortality rate was 23,8%.
Conclusion: The conservative approach appears to be associated with higher complication rate while mortality rates are similar among groups. Furthermore, ischemic colitis appears to be a risk factor for Clostridium difficile infection (CDI), a finding consistent with similar studies in the literature
Key words: ischemic colitis, survival

OP8. FEASIBILITY, SAFETY, AND EFFICACY OF ENDOSCOPIC ULTRASOUND GUIDED GASTREONTEROSTOMY – EXPERIENCE IN A SINGLE CENTER

Irina Dragomir[1], dl Voicu Rednic[1,2], dna Cristina Pojoga[1,3], dl Rares Orzan[1,2], dra Raluca Jeler[2], dl Radu Seicean[1], dl Nadim Al Hajjar[1,2], dna Andrada Seicean[1,2]

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Introduction: Endoscopic management of malignant gastric outlet obstruction (mGOO) involves several techniques: balloon dilation, enteral stenting, and endoscopic ultrasound-guided gastroenterostomy (EUS-GE) using lumen-apposing metal stents (LAMS) , . This study aims to evaluate the technical and clinical outcomes as well as adverse events associated with EUS-GE utilizing LAMS in patients with mGOO.
Methods: Patients with mGOO who underwent EUS-GE between January 2022 and April 2024 were enrolled. Baseline demographics, cancer diagnosis and stage, clinical success (assessed by the GOOSS score of ≥ 2), technical success, and adverse events were recorded.
Results: Thirteen patients undergoing EUS-GE were included, with a mean age of 69 ± 10 years.

Indications for the procedure included mGOO related to inoperable pancreatic cancer invading the duodenum (n=4), gastric antrum carcinoma obstructing the pylorus (n=7), colonic tumor invading the gastric antrum (n=1), and peritoneal carcinomatosis causing duodenal obstruction (n=1). Follow-up ranged from 1 to 6 months. Technical success was achieved in 11 out of 13 cases (84.6%). In the two cases where EUS-GE was not technically successful, enteral stenting was the subsequent choice. In one instance, EUS-GE was performed following enteral stent dysfunction. Clinical success was observed in all patients. 10 out of 11 (90.9%) patients were able to resume oral intake of solid food. One patient needed hospitalization for symptom recurrence but no endoscopic treatment was needed. The median survival was 6 months. The mean hospitalization duration was 8 days. Significant complications (defined as Grade II or higher on the AGREE classification) occurred in 1 patient (9.09%).
Conclusions: EUS-GE serves as a viable primary treatment modality for mGOO or as a salvage option following unsuccessful enteral stenting, offering patients the opportunity to resume oral intake of solid food and improving quality of life.
Key words: endoscopic ultrasound guided gastroenterostomy, gastric outlet obstruction, lumen-apposing metal stents

OP9. UNUSUAL COMPLICATION AFTER BILIARY STENTING

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Introduction:Internal biliary drainage and endoscopic biliary stents are frequently utilized during endoscopic retrograde cholangiopancreatography (ERCP).Prolonged biliary stenting may be considered in high-risk patients with irretrievable bile duct stones. Due to their physical characteristics, double-pigtail stents are expected to migrate less frequently than plastic stents.
Clinical Case:We present the case of an 85-year-old patient diagnosed in September 2023 with cholecysto-choledochal lithiasis, later complicated with acute perforated cholecystitis, for which surgical intervention was performed through median laparotomy, with the surgical exclusion of the cholecyst, with possible residual calculus in the common bile duct and persistent jaundice, which is why endoscopic stenting was decided with a double pig-tail stent. Within one month of the stent placement, the patient presented in the emergency room for abdominal distention, vomiting, and right quadrant pain. An abdominal ultrasonography was performed, which pointed out large and distended intestinal loops with a hyperechoic 10 cm lesion possible foreign body identified in the right iliac fossa, in the terminal ileum. An abdominal X-ray was performed and revealed multiple air-fluid levels and a foreign body, that seemed similar to the double pigtail stent. The patient underwent a colonoscopy and after passing the ileocecal valve, a 10 mm Paris Ip intestinal polyp was found blocking the passing of the double pigtail stent. A grasper was used to retrieve the stent and the polyp was resected the following days
Conclusion: We highlighted a rare complication of biliary stents, that was pointed out by abdominal ultrasonography and resolved by colonoscopi retrieval of the migrated double pig-tail stent.
Keywords: double pigtail stent, abdominal ultrasonography, colonoscopy

OP10. THE CONTRIBUTION OF THERAPEUTIC EDUCATION OF THE PATIENT TO THE TREATMENT OF IRRITABLE BOWEL SYNDROME (IBS)

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Introduction. The diagnosis of IBS is based on strict clinical criteria and involves a complex treatment including diet, medication and alternative solutions. The clearest understanding of the disease by the patient is an important element on which therapeutic success depends. Medical therapeutic education of IBS patients may bring therapeutic benefit to them.
Method. A group of 280 outpatients diagnosed with IBS (of any type) were proposed to participate in an educational program regarding IBS in order to assess the contribution of therapeutic education to the effectiveness of a diet. The program consisted of 2 sessions of 2 hours of lectures on IBS and a final test one week after the completion of the courses. The patients did not receive medication but only a low FODMAP diet lasting 3 months (one month stage 1 and two months stage 2). The patients of both groups were evaluated at 4-5 weeks after the end of dietary program.
Results. Of the 280 patients included in the study and proposed to participate at educational training, only 112 accepted participation in the educational program (40%) after informed consent; the subgroup of non-course participants was reported

as the control group (60%); the main reason of non-participation was the fact that most of these patients considered to have already enough knowledges about IBS. Educational presentations were given as power-point presentations and informative flyers by voluntary medical students under the guidance of teaching staff. The patients were evaluated by physician-doctors. Finally, 89 patients from the control group (53%) and 99 from the study group (88.4%) returned for the final evaluation. The final questionnaire included mainly: reduction of pain, reduction of intestinal transit disturbances, reduction of bloating and increase of quality of life. In the control group, good results were obtained in 67 patients (75%) and in the study group in 88 patients (88.9%), which confirms that patient education is an important element in understanding the disease and its treatment.
Conclusion. Even if it is time-consuming in a hurried world, therapeutic education of patients with IBS can bring more efficiency to the treatment of the disease.
Keywords: IBS, therapeutical education

OP11. PROTON POMP INHIBITORS IN CIRRHOTIC PATIENTS: ARE THEY A RISK FACTOR FOR SPONTANEOUS BACTERIAL PERITONITIS?

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Introduction: Spontaneous bacterial peritonitis (SBP) is a common bacterial infection in cirrhotic patients, which can lead to severe complication and even death. Proton pump inhibitors (PPIs), are associated with high susceptibility to enteric infections. The aim of this study is to assess if PPIs use in cirrhotic patients is a risk factor for developing SBP.
Material and Methods: We conducted a retrospective study (January 2019 to March 2024) on all cirrhotic patients with ascites admitted in the Gastroenterology Department of "St. Spiridon" County Clinical Emergency Hospital Iasi, a tertiary referral center. We identified all cases of SBP, defined as elevated ascitic fluid absolute PMN count > 250 cells/mm3, with or without positive ascitic fluid bacterial culture. We assessed previous PPI administration and their respective indications for all patients, to identify a potential risk correlation.
Results: Out of the 1530 cirrhotic patients, 832 (54,4%) were male and 698 (45,6%) were female, with a mean age of 54 years. One hundred and seventy-four patients (11.4%) were diagnosed with SBP. Among them, 50 patients (28.7%) presented previous treatment with PPIs, with a valid indication in 14 (28%) cases. Out of the 1356 cirrhotic patients with ascites but without SBP, 1098 (71.8%) patients had no history of PPIs use. Among the remaining 258 patients (16.9%) undergoing previous PPI treatment, 156 (60.5%) had a valid indication. PPIs were identified as a risk factor for SBP (OR 1.71 [95% CI 1.20 to 2.44]; P=0.0029).
Conclusion: Patients with cirrhosis and ascites who receive PPIs are at a significant risk of SBP, as previous studies have demonstrated. Moreover, given that most patients with SBP lacked a valid indication for PPIs, it is crucial to accurately assess their necessity for such treatment. These findings highlight once again the importance of a comprehensive clinical approach to managing cirrhotic patients.
Keywords: Spontaneous bacterial peritonitis, Proton pump inhibitors, risk factor

OP12. ESOPHAGEAL PH-IMPEDANCE TESTING: TERTIARY CENTER EXPERIENCE

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Introduction: PH-metry is currently the gold-standard for diagnosing gastro-esophageal reflux disease (GERD). Due to the low availability of this investigation, but also because of the relative efficiency of proton-pump inhibitors (PPIs), pH-metry is performed in patients with refractory symptoms, where other causes have been excluded, to confirm the diagnosis for further referral to anti-reflux surgery.
Materials and methods: This study represents a retrospective analysis of ph-metry data from 118 patients from the Clinical Institute Fundeni, evaluated between January 2021 and December 2023. All patients included in this study were evaluated by upper endoscopy and esophageal manometry prior to pH-metry. Patients were also instructed to stop PPIs for at least 2 weeks before pH-metry. The catheters used were ComforTEC Z/pH ZAN-BS-01 (Diversatek), part of the ZepHr system (Diversatek), with 6 impedance channels and 1 pH channel. The distal end of the catheter was placed 5 cm proximally from the proximal border of the lower esophageal sphincter for a minimum of 18h. The recordings were analyzed using the included software and the diagnosis was made according to the Lyon 2.0 classification. Data was centralized using the Microsoft Office 360 software.

Results: Most of the 118 patients (61,01% - 72/118) were evaluated for typical GERD symptoms, while the rest were evaluated for atypical symptoms. Of those with atypical symptoms, 9,33%(11/118) were evaluated for belching, 20,33% (24/118) for ENT symptoms and 9,33% (11/118) for pneumological symptoms. Gerd was confirmed in 29,16% (21/72) of patients with typical reflux symptoms, in 27,27% (3/11) of those with belching, in 33,33% (8/24) of those with ENT symptoms and in 9,09% (1/11) of those with pneumological symptoms. Only 23,61% (17/72) patients with typical symptoms, 45,45% (5/11) patients with belching, 12,5% (3/24) patients with ENT symptoms and 9,09% (1/11) patients with pneumological symptoms had statistical correlation between reflux episodes and symptoms.

Key words: pH-metry, neurogastroenterology, reflux

OP13. HYPERTRIGLYCERIDEMIA INDUCED ACUTE PANCREATITIS AND ITS MAIN DEMOGRAPHIC CHARACTERISTICS – A LARGE COHORT STUDY

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Introduction: This study seeks to explore the notable differences in recurrence rates, ICU admissions, hospital stay durations, morphological features, disease severity, and patient demographics between hypertriglyceridemia-induced acute pancreatitis (HTG-AP) and other causes of acute pancreatitis (OAP).
Material and Methods: We conducted a retrospective, single-center cohort study using data from the BUC-API registry, comprising 1,855 consecutive cases of acute pancreatitis.
Results: Our analysis reveals a modest correlation between HTG-AP and higher recurrence rates ($\chi^2(1)=6.9$, $p<0.01$, Cramer's $V=0.07$). Patients with HTG-AP, with a median age of 44.5 years, experienced lengthier ICU stays (median=7.0 days) compared to those with OAP (median=3.0 days). Moreover, HTG-AP patients were significantly more prone to developing acute peripancreatic fluid collections, necessitating ICU admission, encountering severe disease, and being treated in gastroenterology wards ($p=0.02$, $p<0.01$, respectively).
Conclusion: HTG-AP is frequently associated with increased requirements for intensive care. The observed association between HTG-AP and recurrence may be attributed to suboptimal adherence to lipid-lowering therapy. The typical HTG-AP patient profile includes middle-aged, predominantly male individuals with a history of acute pancreatitis, requiring care in gastroenterology wards, enduring prolonged ICU and hospital stays, at higher risk for severe acute pancreatitis (SAP), and with an elevated likelihood of developing acute peripancreatic fluid collections (APFC).

Keywords: acute pancreatitis, hypertriglyceridemia, severity, ICU

OP14. ROCCAS II – SOUTH-EAST: STEPS IN ADVANCING COLORECTAL CANCER PREVENTION AND DIAGNOSIS IN ROMANIA

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Introduction: Colorectal cancer (CRC) represents one of the most significant causes of morbidity and mortality throughout the world. In Romania, it constitutes a major public health problem, being the second main cause of death associated with neoplasia. The ROCCAS II project launched in 2019 represents a significant step in the prevention and early diagnosis of CRC. The aim of the study was to evaluate the results of the screening program carried out in the South-Eastern region of Romania.
Methods: Between January 1, 2022 and December 31, 2023, the screening program distributed invitations by general practitioners to individuals aged 50-74. Individuals at average risk underwent a fecal immunochemical test (FIT)(OC-SENSOR), while those considered high risk were referred directly to a colonoscopy. The return, positivity and invalidation rates of the FIT and the colonoscopy acceptance rate were analyzed in relation to age and sex. Data stored in the ROCCAS electronic registry were analyzed with the Microsoft Excel Analysis ToolPack.
Results: Out of the 34.784 subjects enrolled in the screening program, 62.6% were women. The return rate for the FIT was 94.2%, with a positivity rate of 5% and a rate of invalid tests at 1.1%. The FIT return rate was higher in females (94.8%) compared to the male gender (90.8%)($p<0.01$). The positivity rates among men (6.5%) and women

(4.2%) indicate that men exhibit a higher risk of colorectal abnormalities that require further investigation (p<0.01).
Of all participants, 5.7% were recommended for colonoscopy, with an acceptance rate of 36.5%, a value significantly below the average seen in similar studies. Of all the colonoscopies performed, 78% were on individuals previously identified as medium risk and 21.9% were on those classified as high risk.
Conclusions: Colorectal cancer screening efforts in Romania have demonstrated a FIT return rate that exceeds those of other screening initiatives. However, there are still needs for improvement in colonoscopy acceptance and patient engagement for early diagnosis and prevention of colorectal cancer.
Key words: screening, colonoscopy, FIT

OP15. ULTRASOUND-GUIDED PERCUTANEOUS INTERVENTIONS IN LIVER ABSCESS MANAGEMENT: A 12-YEAR RETROSPECTIVE ANALYSIS OF EFFICACY AND COMPLICATIONS

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Introduction: This research focuses on analyzing ultrasound-based management in percutaneous interventions for liver abscesses.
Material &Methods: A retrospective analysis was carried out on patients diagnosed with liver abscesses between 2010 and 2022 in a tertiary-level Gastroenterology and Hepatology department. Information regarding demographics, existing risk factors, etiological factors of liver abscess, and patient outcomes was collected and examined.
Results: From 114 abscesses, 63% (72/114) were managed percutaneously, either through aspiration (36/114) or drainage and flushing (36/114). Diabetes Mellitus was present in 36% (42/114) of the patients and the most frequent complication was acute kidney failure. At two weeks follow-up: 10/114 (8%) were considered cured; 73/114 (64%) had a favorable evolution; 18/114 (15%) were lost to follow-up; 7/114 (6%) needed surgery and 6/114 (5%) died. At univariate analysis, Klebsiella germ (p=0.03) and multiple abscesses (p= 0.003) were associated with unfavorable evolution. When we compare those with drainage and flushing, 30/36 (83%) had a favorable evolution or were cured vs 6/30 (16 %) had a worse evolution, p<0.0001.
Conclusion: Percutaneous treatments were performed in 63% of cases, out of which 72% had a favorable outcome at a two-week follow-up. In univariate analysis, klebsiella germ and multiple abscesses were associated with unfavorable evolution.

OP16. QUALITY INDICATORS IN COLONOSCOPIES WITHIN ROCCAS II COLORECTAL CANCER SCREENING PROGRAM, SOUTH-EAST REGION OF ROMANIA

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Introduction: Colorectal cancer (CRC) is a leading contributor to illness globally. In Romania, it poses a significant public health concern, ranking as the second leading cause of death from cancer. The ROCCAS II program, initiated in 2019, marks a crucial advancement in CRC prevention and early detection. The aim of the study was to assess the quality indicators of the screening colonoscopies performed in the South-East side of Romania.
Methods: From January 1, 2022, to December 31, 2023, individuals aged between 50 and 74 years were invited to participate in the screening program by general practitioners. Participants were divided into two distinct risk categories: high risk and standard risk. High-risk individuals, along with those in the standard-risk group who tested positive in the fecal immunochemical test (OC-SENSOR) were advised to undergo colonoscopy. Subsequently, the colonoscopy findings of the patients were reviewed and analyzed using the Microsoft Excel Analysis ToolPack.
Results: Within the screening programme, a total of 735 colonoscopies were performed, of which 78% were conducted on subjects with a positive FIT. The remainder were enrolled as high-risk subjects. Regarding the colonoscopy quality indicators, the cecal intubation rate was 95.8% and 91% of the colonoscopies had a withdrawal time longer than 6 minutes. Rate of preparation with a Boston score greater than 6 was 71.4%. Other indicators were: ileal intubation rate (39%), rectal retroversion rate (4.08%) and cecal retroversion rate (6%). The rate of incomplete colonoscopies was 4.08% (stenotic tumors, inadequate bowel preparation and other

reasons). Adenoma detection rate was 41.8% and 65 malignant lesions were detected (8.7%).
Conclusions: The findings from the project highlight the effectiveness of colonoscopy as a crucial tool in CRC screening, demonstrating a high rate of neoplasm detection. Regarding the quality criteria of the CRC screening program, improvements in bowel preparation (better communication with screened individuals, more precise instructions) and enhancements in the rate of retroversion in the cecum and rectum can be implemented. These improvements could lead to increased efficacy of the CRC screening program and better outcomes for patients.
Keywords: colonoscopy, screening, quality indicators

OP17. AN OVERVIEW OF NON-VARICEAL UPPER GI BLEEDING IN A TERTIARY HOSPITAL FROM THE SOUTH-EAST SIDE OF ROMANIA

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Introduction: Acute upper gastrointestinal bleeding (UGIB) is a common cause of hospitalization in emergency hospitals, often with elusive etiology. The aim of the study was to provide an update of UGIB etiologies and outcomes in a tertiary hospital from the south-east side of Romania.
Material and methods: A retrospective, observational review of all patients who underwent upper GI endoscopy for the indication of UGIB from January 2020 to December 2023 in the Endoscopy Unit of Constanta County Clinical Emergency Hospital, was analysed. The search was performed in the electronic database Hipocrate system. Patients with variceal bleeding were excluded (252 patients – 27.57%). The primary endoscopic findings were extracted and this provided a snapshot of etiologies in the time period examined.
Results: Out of 914 patients with UGIB, 252 patients (27.57 %) were excluded (variceal hemorrhage) and 662 patients (72.42 %) with non-variceal UGIB were analysed. Mean age of the patients was 64.95 years (+/-14.74), with a male predominance (70.96%). The mean length of hospitalization was 6.43 days (+/-3.45). Regarding initial symptoms upon emergency room admission, 46.54% exhibited melena, 22.58% hematemesis, and 30.87% presented with both. Chronic pharmacotherapy analysis revealed 14.2% of patients on anticoagulant regimens, 6.42% on antiplatelet therapy, and 0.92% on dual therapy. The cause of UGIB was identified in 89.86% of the patients. The most common etiologies were ulcer disease (61.53%) - gastric ulcer (35.38%), duodenal ulcer (26.15%), followed by non-ulcer mucosal lesions (32.81%).
Endoscopic hemostasis was carried out in 29.49 % of patients. Notably, 13.36% of patients experienced rebleeding episodes; out of these patients, 10% were on anticoagulants or antiplatelet therapy.
Conclusions: These results provide an overview of the non-variceal UGIB in a tertiary referral hospital from the south-east side of Romania where ulcer disease still represents the most common cause.
Keywords: gastrointestinal bleeding, hemostasis, rebleeding

OP18. PREDICTION MODELS OF SEVERITY IN ACUTE BILIARY PANCREATITIS

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Introduction and Aim: Acute pancreatitis is a prevalent condition with a potentially high mortality rate. Therefore, early risk assessment is crucial for optimizing management and treatment. The aim of the present study was to compare simple prognostic markers and identify the best predictors of severity in patients with acute pancreatitis.
Material and Methods: A retrospective analysis was made on 108 patients admitted in our center with acute biliary pancreatitis, during one year. Acute pancreatitis severity was stratified based on the revised Atlanta criteria.
Results: 108 subjects (mean age 60.1 ± 18.6, 65.7% females) diagnosed with acute biliary pancreatitis were included. Based on Atlanta criteria, 59.3% (64/108) of the subjects were classified as having mild acute biliary pancreatitis, 35.2% (38/108) as having a moderate-severe pancreatitis, and 5.5% (6/108) were classified as having severe acute pancreatitis.
In univariate analysis, the following parameters were associated with at least a moderate-severe form of acute pancreatitis: Balthazar score, fasting blood glucose (mg/dl), modified CTSI score, CRP values at 48 hours, BISAP score at admission, CTSI score, Ranson score, duration of hospitalization (days) and the presence of leukocytosis (*1000/µl) (all $p<0.05$). BISAP score at admission (AUC-0.91), Balthazar score (AUC-0.94), CRP levels at 48 hours (AUC-0.92), mCTSI (AUC-0.94), and CTSI score

(AUC-0.93) had the highest area under the curve (AUC) for predicting the severity of acute pancreatitis. In multivariate analysis, the model including the following independent predictors was associated with the severity of acute pancreatitis: Balthazar score ($p<0.0001$, $\beta=0.3265$), BISAP score ($p=0.0082$, $\beta=0.1298$), and CRP levels at 48 hours ($p=0.0091$, $\beta=0.1148$) respectively. The model showed a higher AUC compared to each independent predictor (AUC- 0.96, $p<0.05$).
Conclusion: The use of a multiparametric prediction model can increase the accuracy of predicting severity in patients with acute biliary pancreatitis.
Key words: acute pancreatitis, severity stratification, non-invasive markers

OP19. DIAGNOSTIC AND MANAGEMENT APPROACH IN HILAR CHOLANGIOCARCINOMA

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Introduction: Hilar cholangiocarcinomas are a subtype of cholangiocarcinomas originating from the biliary tree at the bifurcation of the common hepatic duct. As most patients are often diagnosed in unresectable stages, biliary drainage, endoscopic or percutaneous, become the therapeutic target. The role, indications and patient selection when it comes to endoscopic or percutaneous drainage has long been debated.
Materials and methods: We retrospectively evaluated 176 patients with hilar cholangiocarcinoma treated in our center between January 2018-April 2024. We reviewed patients performance status (ECOG), bilirubin levels, whether or not a histological diagnosis was obtained and through which method, biliary drainage method chosen and whether it was successful (i.e. decrease in bilirubin levels with at least 50%), 30-day mortality, complications.
Results: A total of 176 patients with a mean age of 68 +10.59 years; with Bismuth classification as follows: I -12 patients, II – 16 patients, IIIa - 24 patients, IIIb – 18 patients, IV -105 patients. Only 15 (8.5%) of patients had resectable tumours. Only 97 patients (55.11 %) had a histological diagnosis. Endoscopic drainage was the preferred method (150 patients), with a success rate of 53.33%; 21 patients underwent percutaneous drainage per primam, with 80% success rate, a significant difference ($p=0.018$). Majority of patients for which endoscopic drainage wasn't successful were classified as Bismuth IV, in this category percutaneous drainage being more effective (78% vs 45%, $p=0.02$). In patients with Bismuth III and IV and a poor ECOG score endoscopic drainage has a lower success rate (27.58%), in-hospital mortality being high even when drainage is efficient (62.5% in-hospital mortality), mainly due to post-procedural complications such as cholangitis.
Conclusion: Hilar cholangiocarcinoma carries a poor prognosis, with under 10% of patients being diagnosed in resectable stages. In Bismuth IV tumours percutaneous drainage is more efficient than the endoscopic one. In a subcategory of patients, Bismuth III-IV with poor performance status (ECOG 3-4), endoscopic drainage is suboptimal, with high mortality rates and high rates of periprocedural complications; whether these patients should undergo biliary drainage is still a question to be debated.
Keywords: hilar cholangiocarcinoma, endoscopic biliary drainage, percutaneous biliary drainage

OP20. UNUSUAL PRESENTATION OF WHIPPLE'S DISEASE: A CASE REPORT

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Whipple disease is a rare infection caused by Tropheryma whipplei, defined by a plethora of non-specific symptoms and often referred to as the "great imitator."
We report an uncommon case of a 32-year-old man who presented at the outpatient clinic with 20 kg weight loss, undulating fever, severe fatigue, and diffuse abdominal pain over six months, in 2023. Laboratory data showed leukocytes (WBC)- 17 × 103/µL, C reactive protein (CRP)- 142 mg/l, Erythrocyte Sedimentation Rate (ESR)- 43 mm/h. All other laboratory tests, upper endoscopy and colonoscopy were within normal range. Contrast-enhanced toraco-abdominal CT scan revealed massive thoracic, retroperitoneal, mesenteric lymphosarcoma-like lymphadenopathy, compression of the main vessels and hepatomegaly. Non-Hodgkin lymphoma was suspected and the patient was referred to an oncologist. Ultimately to confirm the diagnosis it was performed a midline laparotomy with the extraction of 2 para-aortic lymph nodes. At liver biopsy, a normal hepatic parenchyma was reported. The immunohistochemical analysis showed numerous CD68 and CD20-positive cells in germinal centres. Numerous lymphocytes, as well as many giant lymphocytes and foamy macrophages, were found, the latter with positive PAS staining and a diagnosis

of Whipple disease was made. The patient was prescribed Ceftriaxone 2g/day for 14 days followed by Trimethoprim/sulfamethoxazole 160/800 mg, twice per day, planned for 1 year. After four months of treatment WBC, CRP, ESR, and BMI had normalised.
Diagnosing Whipple's disease in this patient was a challenge as no classical symptoms of diarrhoea and joint pain were reported. The disease can affect almost any organ system, including lymphatics, colon, lungs, kidneys, bone marrow, skin, and liver. It is important to consider Whipple's disease in adults with undulant fever and mesenteric lymphadenitis and differentiate it from other illnesses for appropriate counselling and treatment of the patient.
Key-words: Whipple's disease, mesenteric lymphadenitis, PAS-positive staining

OP21. ADVANCING PRECISION: A COMPARATIVE STUDY OF ULTRASOUND GUIDED BIOPSY VERSUS CONTRAST ENHANCED ULTRASOUND GUIDED BIOPSY IN LARGE ABDOMINAL TUMORS

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Abdominal tumors include primary and secondary benign and malignant pathologies. Imaging modalities such as ultrasound, computed tomography, and magnetic resonance imaging are frequently used for the evaluation of retroperitoneal masses. These imaging studies often reveal nonspecific characteristics, emphasizing the importance of histological confirmation for a definitive diagnosis. The advent of contrast-enhanced ultrasound-guided biopsy (CEUS-GB) has introduced new possibilities for improving lesion visualization, avoiding necrotic areas, and increasing biopsy accuracy compared to conventional ultrasound (US).
Despite the potential advantages of CEUS-GB, its superiority over traditional ultrasound in the context of large abdominal tumors remains debated. Our study aimed to evaluate the feasibility of percutaneous biopsy in the diagnosis of intraperitoneal and retroperitoneal tumors guided by CEUS, versus biopsy guided by US.
Materials and Methods: We conducted a prospective, randomized study over a period of 5 years, including 160 patients. Of these, 69 had intraperitoneal tumors and 91 had retroperitoneal tumors. For 67 patients, the tumor biopsy was performed under US guidance, while for the remaining 93, the biopsy was performed under CEUS guidance.
Results: In the CEUS-guided biopsy group, approximately 21.5% had intraperitoneal tumors, while 78.5% had retroperitoneal tumors, with an average size of 10.81 ± 5.07 cm. In the US-guided biopsy group, approximately 38.8% had intraperitoneal tumors, while 61.2% had retroperitoneal tumors, with an average size of 7.71 ± 4.32 cm.
The CEUS-guided biopsy had a sensitivity of 95.8% for retroperitoneal tumors and 95% for intraperitoneal tumors. For tumors >5 cm, the sensitivity of CEUS biopsy was 95.2% ($p<0.001$). The US-guided biopsy had a sensitivity of 85.5% for retroperitoneal tumors and 73% for intraperitoneal tumors. For tumors >5 cm, the sensitivity was 81.6%, and for those ≤5 cm, it was 83%. The CEUS-guided biopsy had fewer false negative results (4 cases) compared to conventional ultrasound-guided biopsy (13 cases).
Conclusion: Our study demonstrates that CEUS-guided biopsy has a technical success rate of 100%, with a short learning curve. Compared to US-guided biopsy, CEUS biopsy showed superior sensitivity for retroperitoneal and intraperitoneal tumors, with values of 95.8% and 95%, respectively ($p<0.001$).

OP22. ACUTE GASTROINTESTINAL BLEEDING: VARICEAL VS. NONVARICEAL BLEEDING FROM A TERTIARY CENTRE

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Introduction: Upper gastrointestinal (UGI) bleeding is a potential life-threatening emergency. The study aims to identify all cases of UGI bleeding; the differences between variceal (VB) and nonvariceal bleeding (NVB) and to stratify the severity of bleeding.
Material and method: This is a small observational, retrospective study of patients with UGI bleeding referred to our tertiary centre between January 2023-Decembre 2023, from the AP-ENDO program. The statistical analysis was performed with SPSS v26. A P-value <0.05 was considered statistically significant.
Results: 100 patients were enrolled in the study; 45 with VB and 55 with NVB. The mean age was 61.1 ±11.96, [20-89]; 64.81±11.77 for NVB and a younger mean age in the VB group – 56.55±10.65

(p<0.001). The male gender was predominant (68.88% for VB group vs. 80.00% for NVB group). Among the patients with NVB, the major causes of bleeding were duodenal (27.27%) and gastric ulcers (21.81%). The most common causes of cirrhosis were secondary to alcohol abuse (29.0%), followed by viral infections (22%). Hematemesis (61.0%) and melena (58.0%) were the most frequent symptoms. Among all patients, 29.0% presented heart failure, 4% stroke; 25% diabetes; 12% chronic kidney disease and 34% cancer (26% having gastrointestinal cancer). Moreover, 29% of them were taking antiplatelets or anticoagulants and 2% used non-steroidal anti-inflammatory drugs. When the Glasgow-Blatchford score was used to stratify the severity, most patients, 98%, were in high-risk group (≥ 7) and 60% of the patients had a AIMS65 score≥ 2. The mortality risk was 10% in the entire group (5.45% for NVB vs 15.56% for VB). There have been made a comparison between the most frequent causes of UGI bleeding in our centre in different years showing similar data.
Conclusions: There is an almost equal distribution of the variceal and nonvariceal bleedings; with a male predominance in both groups and a younger age in the variceal bleeding grou

OP23. A SMALL MOLECULE FOR THE BIG CHALLENGES IN ULCERATIVE COLITIS – TOFACITINIB FOR THE TREATMENT OF SEVERE COLITIS – A CASE SERIES

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Inflammatory bowel diseases are characterized by a fluctuating course, with bouts of activity, sometimes debilitating, and periods of remission. Severe forms of ulcerative colitis can occur in 10-15% of newly diagnosed patients and in 15% of cases with known disease. The lack of prompt response to intravenous corticosteroid therapy and/or Infliximab administration within the first 7 days addresses the need for total colectomy. Recently, there have been recent reports of cases where surgical intervention was circumvented by utilizing Tofacitinib as a salvage therapy following the ineffectiveness of corticosteroid and Infliximab treatments.
We present a series of patients treated for severe forms of ulcerative colitis, between 07.2021-12.2023, in whom salvage therapy with Tofacitinib was used. Five patients aged between 19-48 years, including 3 women, known with extensive ulcerative colitis, treated with 5-ASA derivatives or other biological agents, presented urgently with diarrheal stools (>6/day) and significant rectal bleeding, with a global Mayo score of 9-12 points. Biologically, significant inflammatory syndrome and moderate-severe anemia were observed, requiring transfusion (3/5 patients). After excluding possible infectious agents, systemic corticosteroid therapy was initiated, with an unfavorable response at 3 days in 4 of the patients, with another patient developing severe exacerbation under the already initiated corticosteroid treatment. Thus, we opted to initiate salvage treatment with Tofacitinib 10 mg twice daily. Significant improvement in symptoms was observed within 2-4 days of initiating treatment. Clinical, biological, and endoscopic evolution were progressively favorable in subsequent evaluations for all patients. Only one patient required escalation of the Tofacitinib dose at 3 months after initiation. In conclusion, Tofacitinib has proven to be effective as salvage therapy in these patients with severe disease flares, unresponsive to conventional therapy, allowing the avoidance of emergency colectomy.

OP24. IMPLICATIONS OF INTERLEUKIN-8 MUCOSAL TRANSCRIPT AS A PREDICTOR OF RESPONSE TO VEDOLIZUMAB IN ULCERATIVE COLITIS: PRELIMINARY RESULTS FROM A PROSPECTIVE STUDY

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Introduction: Vedolizumab (VDZ) is a biologic used to treat inflammatory bowel disease (IBD). With numerous biologic agents available for IBD and far from well-defined guidelines for their use, clinicians face the challenge of selecting appropriate treatments. A significant challenge in biologic therapy is the occurrence of primary and secondary loss-of-response. This study aims to analyze the gene expression profiles of Ulcerative Colitis (UC) patients before starting VDZ treatment and to identify transcriptomic biomarkers that effectively predict treatment response.
Methods: Mucosal samples from VDZ-naïve UC patients were obtained during lower gastrointestinal endoscopy. Inclusion criteria comprised disease extending to at least the left-sided colon (Montreal classification E2) and a total Mayo Score indicating a moderate or severe flare-up. Patients were classified as responders or non-responders based on clinical outcomes at week 10, defined by a greater than 50% reduction in rectal bleeding and stool frequency scores. The mucosal samples were

analyzed by quantitative PCR using a panel of primers for 84 IBD-related genes.
Results: We examined eight patients who had lost response to anti-TNF therapy before starting VDZ. Ten weeks post-treatment, three patients were classified as responders and five as non-responders. We identified 12 genes that were up-regulated in non-responders, with marginal statistical significance (p=0.036), the most pronounced being CXCL8.
Conclusion: This research highlighted 12 mucosal transcripts with differential expression in UC patients who did not respond to initial VDZ treatment, especially CXCL8. Expanding the study group may increase the likelihood of achieving statistically significant results. The up-regulation of CXCL8 may indicate a non-response to VDZ and offers a potential target for novel UC treatments.
Keywords: Interleukin 8, Vedolizumab

OP25. CHOLESTASIS AS A PREDICTOR FOR PRIMARY SCLEROSING CHOLANGITIS IN ULCERATIVE COLITIS PATIENTS

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Introduction: Primary sclerosing cholangitis (PSC) and Inflammatory bowel diseases (IBD) can arise simultaneously in patients and are often associated. The prevalence of PSC in ulcerative colitis (UC) patients is between 3-8%. Thus when chronic cholestasis is seen in an IBD patient, further investigations are mandatory.
Methods and Aim: We performed a retrospective study including 2192 patients suspected of UC from Fundeni Clinical Institute evaluated in our clinic between 2011 and 2022. 1386 had confirmed UC diagnosis while 16 (1,15%) patients were diagnosed with PSC.
Results: Biochemical cholestasis (Alkaline phosphatase - ALP above 120 U/L or gamma-glutamyl transpeptidase - GGT above 55U/L) was seen in 200 (14,4%) patients, with an average ALP of 142 U/L and an average GGT of 121U/L. Of them, 130 (65%) performed a Magnetic Resonance Cholangiopancreatography (MRCP) for diagnosis/exclusion of PSC. 42 (21%) of the patients with cholestasis presented a liver disease, 5 of them had cholangiocarcinoma, 1 patient had hepatocarcinoma, 16 (8%) patients had PSC, 2 had Primary Biliary Cholangitis, and 11 (5,5%) had liver cirrhosis.
The mean ALP and GGT were significantly higher in PSC patients, (mean ALP 284,8 U/L in PSC vs 128,3 in non-PSC, p<0.001; mean GGT 219,8U/L vs 111,8, p<0.009)
Regarding the IBD phenotype, 13 of the 16 patients diagnosed with PSC had pancolitis (Montreal classification E3), 2 patients had left colon involvement (E2) and 1 had proctitis (E1). In total 2 patients had severe disease activity, and 3 required biological treatment.
Conclusions: PSC prevalence in our long-term UC cohort was lower than expected. Mean ALP and GGT values in PSC patients were at least > 2-fold upper limit normal. A rigorous work-up of diagnosis must be initiated for a patient with ulcerative colitis and biochemical cholestasis.
Keywords: cholestasis; ulcerative colitis; primary sclerosing cholangitis

OP26. FACTORS ASSOCIATED WITH FAILURE IN ADVANCED TREATMENT OF INFLAMMATORY BOWEL DISEASES: RESULTS FROM A PROSPECTIVE COHORT STUDY

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Introduction: Treatment options for inflammatory bowel diseases (IBD) have diversified in recent years, with numerous therapies having different mechanisms of action currently available for controlling these pathologies. Thus, we aimed to evaluate the profile of patients exposed to multiple lines of advanced treatment (at least 2 lines of treatment) and to assess the risk factors associated with therapeutic failure.
Materials and method: We conducted a retrospective analysis of prospectively collected data within a cohort of patients followed in the Gastroenterology Clinic of Colentina Clinical Hospital. We defined advanced treatment as the initiation of one of the following molecules: Infliximab /Adalimumab /Vedolizumab /Ustekinumab /Tofacitinib. The aim of the study was to evaluate disease or patient related factors associated with therapeutic failure.
Results: We included 98 patients in the analysis followed for a median period of 24 months, (62.2% of patients diagnosed with Crohn's Disease (CD), and 37.8% diagnosed with Ulcerative Colitis (UC)). The median age of the group was 40.9 years (SD 14.8 years), the mean disease duration was 8 years (SD 6.5 years), and the median age at diagnosis was 32.9 years (SD 13.7 years). Regarding the

group of patients with multiple treatment experiences, 30(60%) failed at 2 lines of advanced treatment, 15(30%) at 3 lines, 3(6%) at 4 lines, and 2(4%) at 5 lines. In univariate analysis, CD phenotype (0.352, df=2, p = 0.02); CD location (0.396; df=3; p = 0.02), smoking exposure (0.205; df=1; p= 0.04), disease duration (0.566; df=2; p<0.001), and history of surgical interventions (0.341; df = 1, p = 0.001) were significantly associated with therapeutic failure.
Conclusions: Although the number of approved therapeutic options for IBD has increased, there is a significant proportion of patients with failure to multiple lines of treatment. Early identification of patients at risk of treatment failure and therapy optimization strategies are necessary.

OP27. IMPACT OF ERAP2 RS2248374 ON DISEASE RISK AND CLINICAL RESPONSE TO ANTI-TNF THERAPY IN ROMANIAN PATIENTS WITH INFLAMMATORY BOWEL DISEASES

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Background: The endoplasmic reticulum aminopeptidases (ERAPs) are responsible for trimming protein residues for MHC class-1 mediated antigen presentation process. Association studies have shown the influence of ERAP1 and ERAP2 genetic variants in disease susceptibility for different autoimmune disorders. The aim of this study was to evaluate the role of ERAP2 gene rs2248374 in disease risk and response to treatment in Romanian population with inflammatory bowel diseases (IBD). The G allele of this polymorphism produces a truncated ERAP2 transcript undergoing nonsense-mediated decay and therefore individuals with GG genotype have no functional ERAP2 enzyme.
Methods: We studied 186 IBD patients (91M/69F) and 150 healthy controls (77M/73F) of Romanian ethnicity. IBD patients included 87 ulcerative colitis and 99 Crohn disease. Extraintestinal manifestations (EIM) were documented in 43 patients (19UC/24BC). Biological treatment against TNF-alpha was recorded in 113 patients, 31 (27.4%) were primary non-responders and 13 (11.5%) manifested paradoxical skin reactions. All subjects were genotyped using TaqMan Allelic Discrimination Assay. P-values (2-tail from Mid-P exact test, OpenEpi online software) were considered significant if <0.05.
Results: No significant differences were observed in relation with the risk of disease or with the therapy response. The minor allele A frequency was significantly lower in IBD patients with paradoxical skin reactions (27%) versus patients without these manifestations (50%, p=0.02, OR 0.36). The genotype AA, responsible for full ERAP2 expression, had 0% frequency in the group with adverse skin reactions compared with 23.2% in patients without (p=0.04, OR 0.0). The GG genotype which is related with no ERAP2 protein expression was more frequent in the subgroup of patients with EIM (41.8%) than in patients without EIM (26.7%), showing a marginal association (p=0.06, OR 1.97).
Conclusion: Our results point to the fact that ERAP2 rs2248374 could influence the clinical phenotype and response to treatment in IBD patients, but not the risk of disease in our population.
ERAP2, single nucleotide polymorphism, Crohn disease, ulcerative colitis

Chapter 2. Oral Presentation – Hepatology and Pancreatology

OP28. THE ROLE OF LIVER TRANSPLANTATION IN THE TREATMENT OF RARE PRIMARY HEPATIC TUMORS

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Background: The first cases of liver transplantation (LT) reported were performed for liver tumors. A liver malignancy seems the perfect indication for liver replacement because LT allows the most radical intervention. LT as an option in patients with unresectable liver tumor with diffuse localization or advanced hepatic disease, if there is a risk of post-operative liver failure and in cases of disease recurrence after liver resection (salvage transplantation).
Aim and methods: The present study aims to describe liver transplantation for non-hepatocellular carcinoma (HCC) malignancy. A retrospective analysis of all patients who received a liver transplant for non HCC liver tumors between 2000 and 2023 was performed
Results: Thirteen patients (54% women) were transplanted for rare primary hepatic tumors. The most frequent indication was epithelioid haemangioendothelioma (five patients) and hepatoblatoma (four patients). Two patients were transplanted for severe Kasabach-Merritt syndrome due to extensive liver hemangiomas with very good prognosis. Four patients developed early tumor recurrence in the first year after liver transplant. Two patients transplanted for epithelioid haemangioendothelioma developed a very aggressive recurrence which raised questions over the differential diagnosis with angiosarcoma. Overall survival was 76.9% and 54.9% at one year and 5 years respectively.
Conclusion: Hepatoblastoma and epithelioid haemangioendothelioma are excellent indications for LT, allowing long-time survival even in the presence of extrahepatic disease. LT is exceptionally indicated in case of giant haemangioma and clinically relevant Kasabach-Merritt syndrome, with excellent prognosis. The indications for LT for non-HCC malignancy and its limitations have evolved over the past decades and will continue to be redefined through future research and investigation

OP29. SHOULD TRIPLE PANEL SCREENING FOR HBV HEPATITIS BECOME THE CURRENT BEST PRACTICE IN LIVER TRANSPLANTATION AND BEYOND?

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Background and aim: Triple panel screening is currently recommended by CDC in hepatitis B screening. HBcAb positivity with negative HBsAg can hide OBI (HBV DNA positive) in addition to its known risk of reactivation. Hence, our study aims to estimate the prevalence of IAHBc on the waiting list for liver transplantation and to identify the risk factors associated with antiHBc positivity.
Methods: In our retrospective unicentric study, all HBsAg negative adult patients, listed between 1st of Janury 2021 and 31st of December 2022 for liver transplantation were included. Statistics was performed using SPSS IBM Statistics 29.
Results: 87 patients were included, with mean age 52.82 ±10.179 years, 60.9% were male and 60.4% of the patients were coming from the urban area. In 88.4% of the cases, cirrhosis was the main indication for liver transplantation, with alcohol-related disease in 48.7% of them and HCV in 19.5%. HCC was seen in 25.3% of the patiens and MELD, MELD Na and MELD 3.0 were above 15. 83.9% of the patients were screened for HBc antibodies, 13.8% were found to be positive: 10.35% with HBsAb + and 3.45% without HBsAb (IAHBc). No HBV DNA was determined for IAHBc patients for the estimation of OBI. Only 6.85% of the patients had immunity from vaccination (HBc antibodies -). In terms of risk factors, patients with HBcAb were coming in a higher percentage from the urban area (p=0.021) and an association of HBcAb and HCC was observed (p=0.043).
Conclusion: Our study emphasizes the importance of triple panel screening for HBV infection, particularly in the setting of liver transplantation. Depending on the blood test results, the management should be individualized and prophylaxis should be started accordingly after liver transplant.
Keywords: HB core antibodies, liver transplantation, prophylaxis

OP30. ULTRASOUND-GUIDED PERCUTANEOUS MICROWAVE ABLATION FOR UNRESECTABLE SOLITARY-NODULE HEPATOCELLULAR CARCINOMA

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Introduction: Treatment allocation in hepatocellular carcinoma (HCC) depends on a multitude of factors, which include underlying liver disease severity, tumor characteristics, and comorbidity burden. While liver resection represents the gold standard for curative therapy in most solitary nodules occurring in compensated liver disease, it is not always feasible. In select cases, ultrasound-guided percutaneous microwave ablation (US-MWA) represents a viable, minimally invasive alternative to surgery. Aim: To evaluate the performance of US-MWA for treating solitary unresectable HCC nodules.
Materials and Methods: A consecutive series of patients with a solitary, unresectable HCC nodule under 5 cm in its largest diameter was prospectively enrolled from November 2015 to December 2019. The institutional Tumor Board selected therapy according to the most recent guidelines, considering tumor characteristics, underlying liver function, comorbid conditions, and patient preference.
Results: A total of 77 patients were enrolled. The mean age of the patients was 66.3 ± 9.7 years old, and 71.4% were male. The median MELD score was 11 (IQR 8-15), and the ALBI grade distribution was n = 28 (36.3%) grade I, n = 46 (59.7%) grade II, and n = 3 grade III (3.8%). The mean nodule size was 27 ± 8 mm. The complete response rate was 92.4%, while overall survival (OS) was 52 ± 3 months. Using a univariate Cox regression, after excluding the patients without complete response, the variables associated with higher mortality were nodule size > 30 mm (Hazard Ratio – HR 1.31, 95% C.I. 1.08-1.78), ALBI grade > I (HR 1.22, 95% C.I. 1.02 – 1.55) and right liver lobe location (HR 1.19, 95% C.I. 1.05-1.49). On multivariate analysis, only tumor size > 30 mm remained significantly associated with mortality (HR 1.28, 95% C.I. 1.12-1.42, p=0.02). Patients with nodules > 30 mm had a considerably lower OS (41 ± 6 vs. 54 ± 3 months, p = 0.03).
Conclusion: US-MWA is an effective method for treating patients with solitary unresectable HCC, generating an OS similar to the expected survival for surgical patients, especially in nodules smaller than 3 cm.
Keywords: hepatocellular carcinoma; microwave ablation; percutaneous

OP31. THE P.H1069Q AND NON-P.H1069Q PROFILE IN PATIENTS WITH WILSON'S DISEASE FROM THE REPUBLIC OF MOLDOVA

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Introduction: The difficulty of establishing a correlation between a certain mutation and a specific phenotype in Wilson's disease (WD) is determined by several factors: genetic polymorphism, unique pathogenic variants, the presence of compound heterozygotes, the rarity of the disease, clinical variety, epigenetic factors, and socio-demographic. Thus, we proposed to analyze the patients by referring them to the variant most frequently encountered in the Republic of Moldova.
Materials and methods: 173 patients (pts) suspected of WD were evaluated retrospectively and prospectively, from 2006-2023. The revised Ferenci Scoring System (2019) was applied to establish the diagnosis. 53 pts obtained a score ≥ 4 points, which confirms WD. Molecular genetic analysis detected pathogenic variants in 46 pts with defined WD.
Results: 34 pts presented the missense variant p.H1069Q, of which in homozygous recessive state – 16 pts, and compound heterozygous – 18 pts. Non-p.H1069Q profile was identified in 12 pts with other pathogenic types – missense, frameshift, silent/synonymous, and premature STOP. The mean age at onset of symptoms in the p.H1069Q profile was 19.15±9.63 (years) versus 20.5±9.6- in the non-p.H1069Q. The duration of diagnosis for the p.H1069Q profile was 16.65 months versus 39.9 months for non-p.H1069Q (p<0.001). The mixed and neurological phenotype was associated with the p.H1069Q profile and the mixed and hepatic one with the non-p.H1069Q profile. Mean value of serum ceruloplasmin (20-60 mg/dL) for the p.H1069Q profile –11.7±7.46, and of urinary copper in 24h (10-60 µg/24h) –545.17±1276, versus non-P.H1069Q profile - 9.85±7.62 (p<0.01), and respectively - 216.2±133.7 (p<0001).
Conclusions: In our cohort, the p.H1069Q profile is associated with earlier onset, early recognition, and lower urinary copper compared to the non-p.H1069Q profile, which correlates with late-onset, delayed diagnosis, and lower ceruloplasmin.
Keywords: Wilson disease, p.H1069Q, non-p.H1069Q.

OP32. COULD HEPATIC GLUCOCORTICOSTEROID RECEPTORS BE A PROGNOSTIC FACTOR IN ALCOHOL RELATED HEPATITIS?

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Background and Aims: The precise mechanism of action of corticotherapy for treating severe alcohol related hepatitis (AH) is still unknown. The function of glucocorticosteroids (CS) are mediated by intracellular glucocorticoid receptors (GR). The most known GR isoform is GR alpha, which is the most widely expressed, being responsible for the classic functions of glucocorticoids. Other isoform, such as GR beta, acts as a dominant negative inhibitor of GR alpha.
Our aim is to evaluate the role of hepatic GR as a prognostic tool in AH.
Method: All consecutive patients with biopsy proven AH, were included between November 2015 - December 2020. Immunohistochemistry (IHC) staining was performed with Anti-Glucocorticoid Receptor alpha antibody and Beta antibody. The staining was scored according to intensity (0 - no staining, 1 - weak, 2 - moderate and 3 - strong), in hepatocyte nuclei, citoplasma and biliary epithelium.
Results: We enrolled110 patients with severe alcohol related hepatitis, 75.5% were male, median age was 52, 90.9 % were decompensated and 36.5% patients had an infection at admission. Median Child-Pugh at diagnostic was 11 (6;14), Meld 23 (6;51), Maddrey 72.2 (32;203). Median follow up was 23 months (0-78) with 1 month survival of 80%. Out of all patients, 83.8% were treated with corticotherapy and 82.9% responded to the treatment.
In the biliary epithelium, 34.1% had no alpha GR receptors, 45.9% had weak receptors and 20% had moderate-strong receptors. In the group of patients treated with corticotherapy, the patients with low intensity of alpha biliary GR receptors had a worst survival at 1 month (p=0.04). Patients with lower expression of the biliary GR receptors had higher bilirubin level (p=0.04), Maddrey score (0.03) and Meld score (p=0.04). Beta GR receptors correlate with histological features like neutrophils and canalicular cholestasis.
Conclusion: Biliary epithelium GR expression could be a marker for short term survival, possibly by mediating the effects of glucocorticoids.
Key words: alcohol related hepatitis, corticotherapy, glucocorticoid hepatic receptors

OP33. THE RECURRENCE RATE OF SPONTANEOUS BACTERIAL PERITONITIS IN CIRRHOTIC PATIENTS RECEIVING SECONDARY PROPHYLAXIS WITH NORFLOXACIN

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Introduction: In the last few years, the effectiveness of fluoroquinolone (FQ)-based SBP prophylaxis
in cirrhotic patient has been extensively debated. This study aims to asses the efficacy of Norfloxacin in cirrhotic patients as secondary prophylaxis.
Material and methods: We conducted a retrospective cohort study (January 2019 to March 2024) in the Gastroenterology Department of "St. Spiridon" County Clinical Emergency Hospital Iasi, a tertiary referral center. The analysis included 160 cirrhotic patients with a prior episode of Spontaneous bacterial peritonitis (SBP) receiving Norfloxacin as secondary prophylaxis. SBP recurrence was diagnosed based on a polymorphonuclear cell count in ascitic fluid of >250 cells/mm3 with or without positive ascitic fluid bacterial culture.
Results: Out of the 160 cirrhotic patients, 75 (46,9%) were male and 85 (53,1%) were female, with a mean age of 60 years. The most common cause of liver cirrhosis was alcohol abuse (65,3%), followed by chronic hepatitis B with or without D virus co-infection (18%), chronic hepatitis C (14,5%) and other (2,2%). The recurrence rate of SBP after the first episode was 15,6% (25 patients) with a median recurrence – free time of seven months, with in-hospital mortality rate of 32 % (8 patients). First-line antibiotic therapy was based on third generation cephalosporins, mostly cefotaxime, which was successful in 92,5% of cases (12 patients). Among 25 cirrhotic patients who survived after the first recurrence of SBP, 3 patients (12%) had further recurrences despite ongoing prophylaxis.
Conclusion: Fluoroquinolone -based prophylaxis seems to be still effective in our region, despite the high rate of recurrence reported in many studies. However, the short-term mortality rate remains

exceedingly high in recurrent SBP. As recurrent SBP remains, by prevalence and prognostic impact, a serious problem, effective prophylaxis plays a pivotal role.
Keywords: Spontaneous bacterial peritonitis, prophylaxis, Norfloxacin

OP34. COMPARISON BETWEEN TWO ULTRASOUND-GUIDED ATTENUATION PARAMETER TECHNIQUES IMPLEMENTED ON DIFFERENT SYSTEMS FROM THE SAME MANUFACTURER USING CONTROLLED ATTENUATION PARAMETER AS THE REFERENCE METHOD FOR HEPATIC STEATOSIS ASSESSMENT

Alina Popescu, Darius Heredea, Ioan Sporea, Renata Bende, Adrian Burdan, Mirela Danila, Maria Voicu-Stan Erimescu, Daiana Boleac, Daniela Trip, Laura Alexa, Ariadna Plesa, Roxana Sirli

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Objectives: This study aimed to evaluate the range of cut-off values for predicting different stages of hepatic steatosis (HS) for Ultrasound- Guided Attenuation Parameter (UGAP) implemented on different systems from General Electric Healthcare (mid-class ultrasound system – LOGIQ Fortis- T1, low-class ultrasound system- LOGIQ Totus - T2) using controlled attenuation parameter (CAP) as the reference method.
Materials: We performed a comparative study evaluating the performance of UGAP (T1 and T2 systems) for predicting different stages of HS using CAP as the reference method. 142 patients consecutive patients were evaluated by CAP and UGAP implemented on T1 and T2. Reliable CAP measurements were defined as the median value of 10 measurements, the results being expressed in dB/m. Reliable UGAP measurements were defined as the median value of 10 measurements performed in a homogeneous area of liver parenchyma, with an IQR/M <0.30. UGAP results are expressed in dB/m. To discriminate between steatosis stages by CAP we used the following cut-offs: S1: 248 dB/m; S2: 268 dB/m; S3: 280 dB/m (1).
Results: In all included subjects (142/142), good positive correlations were obtained between UGAP T1 vs. UGAP T2 (r= 0.902), UGAP T1 vs. CAP (r= 0.758) and UGAP T2 vs. CAP (r=0.803), all p<0.0001. The HS distribution in our cohort according to CAP was: S0: 42/142 (29.6%), S1: 21/142 (14.8%), S2: 15/142(10.6%), S3: 64/142 (45%). The best UGAP cut-off values for predicting S1 with T1 and T2 systems using CAP as reference were: 220 dB/m and 217 dB/m kPa; AUCs 0.86 and 0.91. For S2 the performances were: 234 dB/m and 227 dB/m, AUCs 0.88 and 0.88. For S3, the performances were: 247dB/m and 243 dB/m, AUCs 0.90 and 0.91.
Conclusions: The cut-off values of UGAP implemented on different systems for predicting mild, moderate and severe hepatic steatosis are not significantly different.
Keywords: hepatic steatosis,non-invasive assessment, MASLD, liver elatostography

OP35. NEW INSIGHTS OF USING ORAL SEMAGLUTIDE VERSUS DAPAGLIFLOZIN IN PATIENTS WITH T2DM AND MASLD

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Background and aims: An increase in both the prevalence and severity of metabolic dysfunction-associated steatotic liver disease (MASLD) and obesity are closely related. Type 2 diabetes (T2DM) has been associated with metabolic dysfunction-associated steatohepatitis (MASH)- related cirrhosis and hepatocellular carcinoma. The main outcomes were changes from baseline in liver steatosis and fibrosis at week 24. The second aim was the improvement of glycated hemoglobin (HbA1c), and body weight at week 24.
Material and methods: A total of one hundred eighty-seven patients with T2DM were eligible for this prospective study, ninety-five subjects were treated with oral Semaglutide, and ninety-two diabetic patients treated with Dapagliflozin as an add-on to metformin were enrolled from June 2022 to December 2022. Starting at a dose of 3 mg once daily, oral Semaglutide was gradually increased to 7 mg at 4 weeks and subsequent 14 mg until the 24-week study ended. Moreover, patients in therapy with Dapagliflozin used a dose of 10 mg once daily.
Results: From our cohort of one hundred eighty-seven patients, 54% were females, with a mean age of 59.92 ∙ 11.89 years and a mean body mass index (BMI) of 29.53 ∙ 5.33 kg/m2. Following a six-month medication period, we observed a substantial reduction in anthropometric measurements, including BMI, waist circumference (WC), and waist-to-hip ratio (WtHr), in both groups. However, the Semaglutide group showed a greater decrease in these parameters compared to the Dapagliflozin group (p<0.001 vs. p=0.005).

Regarding HbA1c, a notable decrease was observed in the Semaglutide group ($p<0.001$) when compared to the Dapagliflozin group ($p = 0.011$). Also, the Semaglutide cohort showed a notable improvement with a decrease in CAP values from 312.56 ± 34.38 dB/m to 290.58 ± 35.54 dB/m ($p< 0.001$), in contrast to the Dapagliflozin patients.
Conclusion: The superior metabolic effects of Semaglutide, correlated to Dapagliflozin, may contribute to a more efficient decrease in hepatic stress and injury, leading to a substantial enhancement of liver function in T2DM patients. Further investigations conducted over an ideal timeframe are necessary to confirm the evidence presented in this study.

Keywords: type 2 diabetes mellitus, GLP1-analogs, SGLT2-inhibitors, liver fibrosis, MASLD

Chapter 3. Oral Presentation – Endoscopy

OP36. COMPLEX BENIGN ESOPHAGEAL STRICTURE- A NEVER-ENDING STORY

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A 47-year-old man treated with chronic corticosteroid and azathioprine for Pemphigus Vulgaris, presented with severe dysphagia and no cutaneous lesions. The gastroscopy showed extensive ulcerative lesions and a tight 5cm-long stricture in the upper esophagus, type I hiatal hernia, and long Barrett's esophagus (C3M7). We performed progressive dilations with bougies, topical corticoid injections, and CRE-balloon dilations across 7 sessions, and started long-term treatment with high-dose PPI. Dilation up to 18 mm was achieved but the stenosis recurred after 2 months. We used an 18/23 mm SX-ELLA biodegradable stent that had dissolved before the 1 month check-up, with little change in the stenotic area. Dysphagia persisted and subsequent visits showed infectious esophagitis (HSV and candida) and pulmonary tuberculosis for which he was successfully treated while undergoing regular endoscopic dilations. After infectious disease control, we finally achieved symptomatic relief at the 3 month follow-up through progressive bougieonage from 5 up to 18 mm. Long-term follow-up with serial endoscopic dilations is a valid option for complex, multifactorial benign stenoses.
Keywords: complex benign esophageal stricture, SX-ELLA biodegradable stent, Pemphigus Vulgaris

OP37. GIANT DUODENAL LIPOMA: UNVEILING A BENIGN CULPRIT BEHIND INSIDIOUS GASTROINTESTINAL HEMORRHAGE

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Introduction: Gastrointestinal (GI) lipomas are rare, benign, slow-growing subepithelial tumors. While small lipomas are often discovered incidentally during endoscopic procedures, larger ones have the potential to induce gastrointestinal bleeding, abdominal pain, intussusception, and bowel obstruction, especially when they exceed 2 cm in size. Duodenal lipomas are commonly found in the second part of the duodenum, with a peak incidence around the fifth decade of life. Due to recent progress in endoscopy and advanced imaging techniques, more cases of gastrointestinal lipomas are diagnosed and treated.
Materials and methods: We present the case of a 72-year-old man who was admitted to the emergency department with symptoms of asthenia, melena, and significant weight loss. Laboratory findings indicated a marked iron-deficiency anemia, with a critically low hemoglobin level of 6g/dl. Initial diagnostic procedures, including an upper gastrointestinal (GI) endoscopy, revealed the presence of a pedunculated duodenal bulb polyp, characterized by a long and thick stalk, a cephalic extremity of approximately 35mm in size, and numerous erosions on its superficial mucosal layer. Further evaluation using endoscopic ultrasound (EUS) delineated a homogeneous, hyperechoic subepithelial lesion within the duodenum, strongly indicative of a lipoma. Complementary imaging with contrast-enhanced abdominal computed tomography showed a homogeneous, hypodense mass measuring 38/21/27mm in the second part of the duodenum, consistent with the diagnosis of a lipoma.
Results and Conclusion: Post-stabilization, the patient underwent a successful endoscopic mucosal resection (EMR) of the duodenal lesion using a conventional EMR technique. Histopathological examination confirmed the diagnosis of the pedunculated polyp as a lipoma. Duodenal lipomas, although rare and benign, can be the source of serious clinical complications. Endoscopy serves a dual purpose, offering both a means for precise diagnosis and a therapeutic intervention for subepithelial lesions. Given the benign nature of duodenal lipomas, minimally invasive approaches such as endoscopic removal are advocated when feasible.

OP38. DOUBLE ESOPHAGEAL PERFORATION AFTER FOREIGN BODY INGESTION

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Introduction: Esophageal foreign bodies may be alimentary or non-alimentary in origin, the latter category comprising a large variety of objects. Esophageal foreign body impaction is an endoscopic emergency because of the risk of perforation that increases as time passes.
Materials and methods: We herein peresent the case of a 72-year-old patient with a personal history of multiple cardiac comorbidities and chronic kidney disease presenting to the Emergency Room for retrosternal pain 48 hours after the accidental ingestion of a foreign body (pill package). On clinical examination, the patient had altered general status, was hemodinamically stable, without crepitations in the neck area or superior thorax. The CT examination showed minimal right-sided pneumothorax and raised the suspicion of a right-sided eso-pleural fistula. A right pleural drain was placed. Orally administrated methylene blue passed in the pleural drainage tube, thus confirming the presence of a fistula. Upper GI endoscopy identified the foreign body (pill package) being impacted in two opposite walls of the middle esophagus. Two perforations were also seen at both contact points. The foreign body was extracted with an alligator forceps, after mounting a plastic cap on the endoscope tip for protection of the esophagus. The esophagus is reintubated and the two perforations are seen, measuring approximately 10 mm each. Under direct vision, a 120 x 20 mm fully covered metal stent was placed and anchored at the proximal part with two 16 mm repositionable clips.
Conclusion: Esophageal foreign bodies represent a major emergency, especially because of the risk of perforation associated with high mortality. Fully-covered metal stents can successfully be used in esophageal perforations of various causes, particulary in those measuring above 20 mm.
Key words: esophageal foreign body; esophageal perforation.

OP39. COMPLICATIONS OF BARIATRIC SURGERY - POST-GASTRIC SLEEVE AND ROUX-EN-Y GASTRIC BYPASS GIANT ISCHEMIC STENOSING GASTRIC ULCER PENETRATING THE PANCREAS: A CASE REPORT

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Introduction: After Roux-en-Y gastric bypass, anastomotic ischemic ulcers at the gastrojejunostomy can occur in up to 16% of the patients, most commonly in the first 3 months postoperatively. The occurrence of ischemic ulcers is highly associated with the surgical technique used, especially if circular stapled anastomosis is performed. High doses of proton pump inhibitors are less efficient in these cases and usually a new surgical intervention is necessary, even more when those are complicated with stenosis. We report a case with multiple complications after bariatric surgery solved in a multidisciplinary team.
Case presentation: A 40-year-old female patient with previous gastric sleeve surgery, Roux-en-Y gastric bypass and nutritional flaccid tetraparesis, was admitted for early postprandial vomiting, severe malnutrition and a weight loss of 70 kg in 5 months. Upper endoscopy was performed and a giant ischemic circumferential stenosing mediogastric ulcer was found. The proton pump inhibitor therapy was initiated and a nasojejunal feeding tube was placed under endoscopic guidance. The patient refused the surgery and later, an enteral fully covered SEMS (self-expandable metallic stent) 100/20 mm and then an esophageal fully covered SEMS 120/20 mm were placed for stenosis calibration, both of them eliminated spontaneously. In the meantime, the symptomatology, the endoscopic aspect of the ulcer and the neurological status were improving. Afterwards the patient was admitted again for intense upper abdominal pain, nausea and vomiting. Seric amylase and lipase were elevated. It was a high suspicion that the gastric ulcer was penetrating the pancreas, fact confirmed intraoperatively. Degastrogastrectomy, removal of the Roux-en-y gastric bypass, gastro-gastrostomy T-T and entero-enterostomy L-L were performed.
Discussions: Endoscopic procedures are able to solve complications that arise after bariatric surgery. In this particular case it managed to improve the patient’s nutritional and neurological status, proving the fact that it can successfully replace surgery in certain cases.
Keywords: bariatric surgery, gastric sleeve, gastric bypass, ischemic ulcer, stenosis, self-expandable metallic stent, endoscopy.

OP40. SUCCESSFUL ENDOSCOPIC RESECTION OF A LARGE MALIGNANT POLYP

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Introduction: Surveillance colonoscopy and complete resection of the detected lesions are crucial in preventing the progression of colonic polyps into colorectal cancer.
Materials and methods: A 49 years old patient, who performed a previous colonoscopy that showed a pedunculated polyp of 35
mm in diameter, Paris Ip, NICE III, SMSA 14 situated on the descending colon, with high grade dysplasia on histology, is admitted in our clinic in order to perform a polypectomy. At the base of the pedicle was set the Endoloop and 2 mm above the hot snare. At the resection trance, there were placed 3 hemoclips of 20 mm diameter.
Results: The histological examination showed a well differentiated adenocarcinoma(G1), pT1NxMxL0V0R0 (with a resection margin situated at 8mm of the tumor), Haggit 2, TB1.
Conclusions: This case highlights the significance of surveillance colonoscopy in early detection and prevention of colorectal cancer. The complete resection with clear margins are essential for preventing recurrence. The Endoloop and the hot snare are effective techniques involved in the management of large pedunculated polyps.
Keywords: colonoscopy, polipectomy, endoloop

OP41. DIRECT MEASUREMENTS OF PORTAL PRESSURE GRADIENT IN PATIENTS WITH TIPS– EUS-GUIDED OR TRANSJUGULAR?

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Introduction: Endoscopic ultrasound (EUS) has emerged as a valuable tool for assessing portal hypertension (PH). There has been no prior comparative assessment of direct portal pressure gradient (PPG) as measured by EUS versus the transjugular route. Our study aimed to compare the values of EUS-PPG and transjugular PPG.
Methods: Patients scheduled for transjugular intrahepatic portosystemic shunt (TIPS) were included in the study. Exclusion criteria included a platelet count of less than 50,000/µL and an INR greater than 2.5. EUS was performed using a 22-gauge fine needle aspiration. TIPS placement was performed as standard of care. All patients underwent indirect hepatic venous pressure gradient (HVPG) and direct PPG measurements through the transjugular approach.
Results: 20 patients were enrolled between January and March 2024, with an average age of 50 ± 14 years. The male-to-female ratio was 4.2:1. The causes of PH were porto-sinusoidal vascular disease (n = 2, 9.5%), alcoholic cirrhosis (n = 17, 80.9%), viral cirrhosis (n = 1, 4.7%), and metabolic cirrhosis (n = 1, 4.7%). The mean INR was 1.41, and the mean platelet count was 122,000/µL. EUS-PPG was technically successful in 20 patients (95%). Transjugular PPG measurements were successfully completed in all 21 cases (100%). Six patients were excluded from statistical analysis due to discrepancies in gradient measurements. In these patients, correlations between portal vein and inferior vena cava pressures were also assessed. There was no significant difference in portal vein pressures ($p = 0.48$), but a marginal difference in inferior vena cava pressures was noted ($p = 0.07$). Of the 14 patients included in the final analysis, the mean EUS-PPG was 13.5 ± 3.7 mmHg. The mean PPG from the transjugular approach was 14.6 ± 4.2 mmHg, which was similar to EUS-PPG($r = 0.87$, $p < 0.01$).
No adverse effects were reported during the study.
Conclusion: The measurements of PH by transjugular route or EUS are comparable. Further investigation is required in order to evaluate the concordance between IVC pressures as it seems that EUS measured IVC pressure tend to be higher and may conduct to errors.

OP42. FROM ENDOSCOPY TO SURGERY: APPROACHING A COMPLEX CASE OF INGESTION OF AN ESOPHAGEAL FOREIGN BODY

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Introduction: Esophageal foreign bodies are frequently encountered in practice, with numerous therapeutic options available. Sometimes, however, they present particularities that make endoscopic extraction difficult or even impossible.
Material and method: We present the case of a 64-year-old male patient, with a personal medical history of stroke 7 years ago and left hemiparesis, who presented to the Emergency Department for sudden total dysphagia after the ingestion of a solid food bolus.
Results: An upper digestive endoscopy is performed, which visualizes a large bone in the proximal esophagus, occupying the entire lumen. It is further decided to resume the procedure in the operating theatre, under general anesthesia and orotracheal intubation. An endoscope with an overtube are advanced in the esophagus. The foreign body is dislodged with significant difficulty with the aid of an "alligator"-type forceps and is partially positioned inside the overtube. However, it cannot be extracted due to its very large dimensions that do not allow passage through the upper esophageal sphincter. The foreign body is advanced in the stomach together with the overtube and the former is abandoned in the gastric antrum. The endoscopic evaluation of the esophagus during withdrawal did not reveal significant mucosal damage at the site of impaction. Afterwards, surgical intervention consisting in gastrotomy and extraction of a 3/4 cm foreign body was performed, with a favorable clinical outcome.
Conclusions: The management of large or sharp esophageal foreign bodies is often complex. Thus, orotracheal intubation and the use of an overtube are essential for protecting the airways and the esophagus, reducing the risk of aspiration and perforation during endoscopic extraction procedures. This case highlights the complexity and the need for a multidisciplinary approach in such situations, as well as the necessity of adapting to the particularities of the case, which may involve a complex endoscopic and surgical management.
Keywords: esophageal foreign body, overtube endoscopy.

OP43. OPTIMIZING OUTCOMES IN MALIGNANT BILIARY OBSTRUCTION: THE PROMINENCE OF EUS-GUIDED HEPATICOGASTROSTOMY IN A COMPLEX KLATSKIN TUMOR CASE

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Introduction: Liver hilar tumors represent endoscopic challenges and are traditionally managed with percutaneous drainage that impact quality of life. Endoscopic approaches, like endoscopic ultrasound guided hepaticogastrostomy (EUS-HGS), offer advantages such as anatomical restoration and reduced complications, albeit requiring expertise. Technical challenges exist in bilateral stent placement through endoscopic retrograde colangio-panreatography (ERCP), but EUS-HGS remains favorable for specific cases like Bismuth-Corlette IV tumors with limited communication between liver lobes.
Materials and Methods: A 72-year-old patient, initially presenting with worsening jaundice over three weeks, underwent clinical evaluation revealing significant cholestasis and elevated liver enzymes. Imaging confirmed a Klatskin type IV Bismuth-Corlette tumor causing bile duct obstruction. Confirmation of the diagnosis was obtained through endoscopic ultrasound with fine needle aspiration (FNA) using a 22G needle, which histologically identified a poorly differentiated G3 perihilar cholangiocarcinoma. After multidisciplinary assessment, urgent intervention was required to start promptly chemotherapy.
Endoscopic ultrasound guided HGS was performed successfully, positioning a transgastric Giobor-type 10/100 mm metal stent into a dilated biliary branch from the III hepatic segment. Additionally, a 10Fr/100 mm double pigtail stent was placed within the metallic prosthesis to prevent dislocation and migration. Subsequently, a plastic biliary stent was placed in the right hepatic duct via ERCP without complications. Follow-up showed improved clinical and biological parameters, allowing discharge for chemotherapy.
Results and conclusions: The case underscores the significant role of EUS-HGS in managing malignant biliary obstruction, providing symptom relief and facilitating timely chemotherapy initiation. Its efficacy emphasizes the importance of integrating EUS-HGS into patient care protocols for optimizing outcomes in such cases.
Keywords: stent, Klatskin, ultrasonography

OP44. EFFICACY OF FULLY COVERED ESOPHAGEAL STENTS IN TREATING A COMPLEX POSTOPERATIVE ESOPHAGEAL PERFORATION

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Introduction: Esophageal perforation represents a severe postoperative complication, being an event with severe evolutionary potential and increased mortality. This can be approached endoscopically but the method varies depending on the location and size. Small defects, under 2 cm, can be closed

with repositionable clips or OTSC-type clips, while large defects can be addressed by mounting fully covered esophageal stents or by applying vacuum therapy.
Materials and Methods: A 52-year-old smoker, hypertensive patient, operated 7 days prior to the presentation for a ruptured thoracic aortic aneurysm managed with aortic prosthesis, is admitted for endoscopic management of postoperative esophageal perforation. Chest computed tomography (CT) with intravenous and oral contrast agent administration described a systematic mixed accumulation, located in the posterior, median, and paramedian mediastinum on the left side at the level of recent surgical procedure, suggestive of eso-pleuro-mediastinal and eso-bronchial fistulas. Upper gastrointestinal endoscopy revealed a large eso-mediastinal cavity at the level of the mid-esophagus, extending over a distance of 9 cm. It was decided to place two fully covered esophageal stents sized 24x100mm and 22x100mm, using the "stent in stent" method, deployed under fluoroscopic and endoscopic guidance.
A post-procedural tomographic control showed in situ fully expanded stents, without visualization of oral contrast agent extravasation into the mediastinum. The esophageal stents were removed during the 6-week follow-up upper gastrointestinal endoscopy when the esophageal perforation was completely closed, fact confirmed by CT which described complete remission of the mediastinal collection, with absence of oral contrast extravasation at the mediastinal level.
Results and Conclusions: Fully covered esophageal stents can be successfully used in cases of esophageal perforations of various causes. Due to the relatively high risk of migration, it is advisable for these stents to be anchored with TTS/OTS-type clips or by using stent in stent configuration.
Keywords: fistula, stent, perforation

OP45. ENDOSCOPY IN HETEROTOPY, ECTOPY AND COLUMNAR METAPLASIA OF THE ESOPHAGUS

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Introduction: Heterotopic gastric mucosa (HGM), in the cervical segment of the esophagus in the scientific literature is known as "inlet patch" or "cervical inlet patch," represents unique or multiple islands of gastric, sometimes intestinal, mucosa in the cervical esophagus at the level of the upper esophageal sphincter or slightly more distal. They are usually asymptomatic but can sometimes cause symptoms such as globus, throat discomfort, chronic cough, or dysphagia.
Material and Methods: The purpose of this study was to determine the prevalence of HGM, it's clinical significance, endoscopic and histological characteristics, it's association with Barrett's esophagus, Helicobacter pylori, and the effects of argon plasma treatment. The study included a total of 1029 patients between January 2023 and March 2024. Information on demographics, clinical symptoms, endoscopic characteristics, histological evaluation, ablation treatment with argon plasma, and response to treatment was collected.
Results: The study included 68 patients with HGM who underwent biopsy. Intestinal metaplasia was demonstrated in 3 cases (2.04%). In most cases, 26 (83.9%) showed the presence of Helicobacter pylori in the HGM areas, correlating directly with chronic inflammatory changes, histologically confirmed and endoscopically manifested by the deletion of the vascular pattern, edema of the foveolar edges, and fibrin adhesive epithelial exudate, compared to the uninflamed cases (61.7%), the majority of which (91.2%) were Helicobacter pylori negative. Ablation with argon plasma of HGM was performed in a total of 36 patients, without complications. Neosquamous reepithelization was observed in 100% of cases, partial in 8.3% of cases, with no relapses and a positive clinical effect in 92%.
Conclusions: Heterotopic gastric mucosa in the cervical esophagus is often underestimated. High-resolution endoscopy and increasing anesthesia support for upper gastrointestinal endoscopy have raised medical awareness of this pathology, which appears to be symptomatic relevant, interesting, and applicable for endoluminal endoscopic interventional treatment.
Keywords: Heterotopic gastric mucosa, Helicobacter pylori, Argon plasma coagulation.

OP46. ESOPHAGEAL PERFORATION POST PNEUMATIC DILATION FOR ACHALASIA, COMPLICATED WITH PLEURAL EMPYEMA, MANAGED BY INTRAGASTRIC DRAINAGE AND ESOPHAGEAL STENTING

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Introduction: Achalasia is a primary motor disorder of the oesophagus characterised by absence of

peristalsis and insufficient lower oesophageal sphincter relaxation. Treatment decisions in achalasia should be made based on patient-specific characteristics, the patient’s preference, possible side effects or complications and a centre’s expertise. Overall, graded repetitive pneumatic dilation (PD), laparoscopic Heller myotomy (LHM) and Per-oral endoscopic myotomy (POEM) have comparable efficacy.
Case presentation: A 61-year-old female patient with primary achalasia, presented for the endoscopic treatment. After performing balloon dilation, the patient developed thoracic pain, with high inflammatory markers. The computer tomography (CT) scan showed mediastinal emphysema with left pleuritis. The initial management was antibiotic therapy, fasting, conservative endoscopic treatment. After twelve days the patient status deteriorated, and a new CT scan showed left empyema and esopleural fistula. Gastroscopy was performed, with placing two intragastric pigtail stents at the fistula orifice for the drainage of empyema, and an uncovered oesophageal self-expandable metal stent (SEMS) with protective purpose. After ten days a new gastroscopy was performed, with removal of the pigtail stents, aspiration of purulent effusion (500 ml), cavity lavage, replacing the double pigtail plastic stents and oesophageal SEMS. After a month of guided antibiotherapy, with no symptoms, no inflammatory syndrome, POEM was performed and afterwards, extraction of the pigtails, after another month. Surveillance at one year showed complete healing and resolution of symptoms.
Discussions: Although surgical management was considered treatment of choice, endoscopic drainage was an effective, less debilitating alternative for the antibiotic resisting empyema, with minimal recovery time. offering the possibility as well of intracavitary lavage whereas oesophageal SEMS allowed closing of the fistula and assured the possibility of further endoscopic treatment.
Keywords: achlasia, esopleural fistula, pigtail stent, uncovered self-expanding metal stent, per oral endoscopic myotomy.

OP47. ENDOSCOPIC BALLOON DILATION OF A TIGHT ANTRAL STRICTURE FOLLOWING SUICIDAL ACID INGESTION

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Introduction: Accidental or intentional ingestion of corrosive substances, be they acidic or basic, leads to injuries of varying degrees in the upper gastrointestinal tract, ranging from limited mucosal injuries to transmural involvement. Acidic substances cause superficial injuries, while basic substances lead to liquefactive necrosis, resulting in the formation of fistulas and strictures.
Case presentation: We present the case of a 46-year-old female patient with psychiatric history and two previous suicide attempts, the most recent being ingestion of an acidic substance. She presents with persistent nausea and vomiting, requiring endoscopic evaluation due to suspicion of an eso-bronchial fistula based on imaging.
An upper gastrointestinal endoscopy was performed initially with a nasogastric scope, revealing severe post-caustic esophagitis extending to the esophagogastric junction, as well as severe hemorrhagic gastritis in the gastric body. A tight stenosis was identified in the antrum, impossible to pass with the endoscope. Contrast material was injected during gastroscopy, showing no fistulous openings in the esophagus and stomach. Passage of contrast material into the duodenum was observed.
A guidewire was passed through the stenotic area, followed by balloon dilatation that allowed subsequent passage and evaluation of the duodenum, which appeared normal.
Discussions and conclusions: One of the most common methods of suicide is the ingestion of corrosive substances, which poses an immediate lethal risk due to the potential for hemorrhage and perforation, as well as increased morbidity through secondary strictures and fistula formation. In this case, the suspicion of an eso-bronchial fistula based on imaging was disproven through endoscopy. The presence of contrast material in the respiratory tree could be attributed to gastroesophageal reflux with episodes of aspiration.
Balloon dilatation is considered the most efficient method for treating gastric outlet obstruction secondary to peptic strictures. In comparison to peptic strictures, post-caustic antral strictures have a much more reserved prognosis, with unsatisfactory outcomes following repeated endoscopic dilatations.
In conclusion, balloon dilatation of antral gastric strictures represents a relatively effective method in the treatment of post-caustic strictures if performed by an experienced operator, but the long-term prognosis remains unfavorable due to the risk of recurrence.
Keywords: esophagitis, antral stenosis, suicide;

OP48. VARICEAL BLEEDING CAUSED BY SEGMENTAL PORTAL HYPERTENSION IN A PATIENT WITH SUBCLINICAL PORTO-SINUSOIDAL VASCULAR DISEASE

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Introduction: Esophageal and gastric varices with bleeding are one of the most important complications of portal hypertension, with the majority of cases occurring in the context of liver cirrhosis. Porto-sinusoidal vascular disease represents a recently described vascular pathology that can be complicated by portal hypertension-related bleeding. However, many other pathologies can lead to the development of varices.
Case presentation: We present the case of a 64-year-old male patient with upper gastrointestinal bleeding and severe anemia. The first endoscopic evaluation revealed gastric varices type GOV2 without signs of bleeding, and ultrasound showed indirect signs of portal hypertension, with liver stiffness F1 METAVIR. Hepatic vascular disease was suspected, leading to transjugular hepatic catheterization and liver biopsy that supported the diagnostic presumption. During the re-evaluation endoscopy, Glubran injection was performed into the variceal bundles, resulting in uncontrolled jet bleeding. Attempt was made to perform a transjugular portosystemic shunt for rescue. Measurement of portal vein pressures ruled out hepatic portal hypertension, but distal splenic vein thrombosis was evident. Hemodynamic deterioration necessitated surgical intervention, during which a large pancreatic tumor was identified and treated by distal pancreatectomy, splenectomy, and partial gastrectomy, with the histopathological result being a G2 neuroendocrine tumor.
Discussions and conclusion: Although esophago-gastric varices are primarily caused by portal hypertension of hepatic origin, etiologies such as vascular thrombosis and compressive tumors must be excluded. In this case, repeated abdominal ultrasound and upper imaging did not reveal pancreatic tumors, complicating the diagnosis and redirecting causality to incidentally discovered pathology without clinical impact.
In conclusion, segmental portal hypertension is an important cause of esophago-gastric varices, with diagnosis in most cases being established through upper imaging. However, the operator-dependency of each imaging technique should be considered.
Keywords: variceal bleeding, porto-sinusoidal vascular disease, neuroendocrine pancreatic tumor;

OP49. MANAGEMENT OF COMPLEX WALLED-OFF PANCREATIC NECROSIS (WOPN)- ENDOSCOPIC TRANSCUTANEOUS RETROPERITONEAL LAVAGE (ETRL)

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Introduction : Endoscopic transcutaneous retroperitoneal (ETRL) lavage is not a mainstream intervention. Inquiring current literature and assessment of application scarce cases have been identified describing related approaches (DEN-direct endoscopic necrosectomy, PEN-percutane endoscopic necrosectomy). Non however describe direct anterior truely cutaneous insertion of endoscope for the intent of reaching the retroperitoneal space.
Aims and methods : A septuagenerian known with alcool induced chronic pancreatitis complicated with infected pancreatic pseudocysts and WOPN (walled of pancreatic necrosis) is presented. Because of septic state the patient underwent acute ERCP with purulent discharge needing a pancreatic duct stenting. Patient status improved lightly and the retroperitoneal abscess sistem underwent percutaneous drainage through the left abdominal quadrant. WOPN mandated a more invasive approach. ETRL was chosen after a multidisciplinary discussion.
Procedure description: The acces to retroperitoneal space was trough a previous pigtail drain channel located in the left lower abdominal quadrant. The channel became patent after ballon dilatation to allow acces for the SpyScope.
A giant abscess was visualized that extended from the patient’s external genitalia (scotum) to the level of the left diaphragm. Irrigation with subsequent flushing and suctioning of pus and fibrinous debris was accomplished with hydrogen peroxide followed by sterile saline lavage.
Results : Endoscopic transcutaneous taransabdominal retroperitoneal lavage was performed without any periprocedural complications. Subsequent laboratory results indicated a rapid decrease of inflammatory parameters and a significand reduction of symptoms, allowing the patient to be discharged one week post-procedural.
Patient follow-up was made after a month with laboratory results, CT scan and clinical examination. All indicating resolution of the WOPN - quasicomplet drainage with remnant incapsulated anterior abdominal subcutaneous collection of 3 mm.
Conclusion: ETRL is a feasible and effective method for management of complex retoperitoneal WOPN. The procedure is prominent by it’s minimally invasive character and therapeutic potential enhancing outcomes in severely frail patients.

OP50. "OFF-LABEL" USE OF BILIARY SELF-EXPANDABLE METAL STENTS – CASE SERIES

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Introduction: Digestive tract obstructions are increasingly common, especially in oncological patients. For minimally invasive palliation, endoscopic stenting is the preferred method of treatment. Various stents have been developed for specific uses based on the location of the stenosis. Nevertheless, an "outside the box" approach can sometimes be beneficial, in order to use these devices in ways other than their original intended purpose.
Methods : We present four cases of digestive tract stenosis (one esophageal and three duodenal) successfully treated with biliary self-expandable metal stents (SEMS). Each case had unique reasons why typical SEMS (esophageal or duodenal stents) were unsuitable. A total of eight fully-covered biliary SEMS were used for these patients. Two patients with duodenal stenosis have previously had intra-choledochal biliary SEMS placed.
Results: All patients achieved a very good median-term outcome, with almost complete symptom remission. The patient with the esophageal stenosis was the most problematic. Although dysphagia was resolved by stenting, recurrent vomiting due to chemotherapy, led to stent displacement. Another challenging case involved a duodenal stenosis, where the length of the obstruction required two biliary SEMS placed in continuity.
Conclusions: Thinking and acting "outside the box" can bring benefits to patients. Utilizing medical devices beyond their original purposes is feasible, but must be carefully considered and adapted to each patient's needs, as "one size does not fit all".
Keywords: SEMS, digestive stenosis, endoscopic palliation

OP51. COMPLICATED CHOLEDOCOLITHIASIS IN A PATIENT WITH ACHALASIA: PRACTICAL SOLUTIONS FOR REMOVING RESIDUAL FOOD FROM THE ESOPHAGUS

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We wish to present the case of a 54-year-old patient with choledocolithiasis, complicated with acute pancreatitis and angiocholitis, in whom there was high suspicion for achalasia following upper endoscopy and, later, barium swallow. She was referred to Fundeni Clinical Institute for gallstone clearance through ERCP, with plastic stent placement and for esophageal manometry, to confirm achalasia. The patient returned twice for follow-up CT scans for a pseudocyst after the pancreatitis episode but did not follow-up thereafter.
She returned to our clinic 4 years later, complaining of dysphagia and weight loss. Ultrasound showed numerous calculi inside the common bile duct, as well as the plastic stents still in situ. ERCP was, again, performed, but complete gallstone clearance could not be achieved, due to the patient desaturating. A new plastic stent was placed, and the patient was discharged, to return for follow-up ERCP and cholecystectomy.
She, once again, did not follow up until 2024, when she returned complaining of dysphagia and weight loss. ERCP was, yet again, performed, with complete calculi clearance and exchange of the plastic stent for a new one. This time, a gastroesophageal junction balloon dilation was also performed, with the patient discharged for follow-up cholecystectomy.
What is particular about this case is, aside from the noncompliance, the coexistence of achalasia, leading to food retention in the esophagus and posing a high risk of aspiration during upper endoscopy and profound sedation. To remove the residual food from the esophagus, we resorted to flushing the esophagus with carbonated beverages, which were partially efficient and time-consuming. Finally, we used a big bore feeding tube (26 Fr), strapped to a slim gastroscope (outer diameter of 9,2 mm), to vacuum the solid esophageal debris under direct visualization, an unusual solution which allowed for further procedures to be performed, as needed.
Key words: Achalasia, choledocolithiasis, ERCP

OP52. EFFICACY AND CHALLENGES OF ENDOSCOPIC HEPATICOGASTROANASTOMOSIS IN MALIGNANT BILIARY OBSTRUCTION: A RETROSPECTIVE ANALYSIS

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Background: Endoscopic hepaticogastroanastomosis (EHGA) is a minimally invasive procedure and a promising approach for palliative biliary drainage in patients with malignant biliary obstruction. We aimed to assess the outcomes and complications associated with EHGA in a cohort of patients with various malignancies.
Methods: We conducted a retrospective analysis of seven cases of EHGA performed between March 2023 and April 2024. Data on patient demographics, underlying malignancies, procedural details, and post-procedure outcomes were collected and analyzed.
Results and conclusion: The study cohort consisted of predominantly female patients (83.3%) with a mean age of 67.8 years (SD ± 6.6). EHGA was performed using a Hanaro stent placed between the stomach and liver segments II or III. Patients presented with various malignancies, including pancreatic adenocarcinoma, intrahepatic cholangiocarcinoma, hepatocarcinoma, distal cholangiocarcinoma, and colon cancer with liver metastases. Among the seven cases, EHGA achieved successful drainage in five patients, leading to a significant reduction in bilirubin and liver enzyme levels within 3 to 7 days post-procedure. One patient experienced pneumoperitoneum during the procedure, successfully managed with drainage. However, two patients with intrahepatic tumors developed failure of hepatic drainage within one-month post-procedure. One patient required external biliary drainage, while the other underwent a second endoscopic ultrasound with placement of a plastic stent inside the Hanaro stent. Both patients ultimately succumbed to complications related to their underlying malignancies. EHGA demonstrates efficacy in achieving successful biliary drainage, evidenced by rapid improvements in bilirubin and liver enzyme levels. Nonetheless, challenges persist, particularly in patients with intrahepatic tumors, highlighting the importance of further refining procedural techniques and patient selection criteria.

OP53. SPYGLASS PERCUTANEOUS TRANSHEPATIC CHOLANGIOGRAPHY-GUIDED LITHOTRIPSY OF RECURRENT INTRAHEPATIC BILE DUCT LITHIASIS AND BALLOON DILATION OF BILIARY-ENTERIC ANASTOMOTIC STRICTURE

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Introduction: Intrahepatic biliary lithiasis, biliary strictures, and other biliary duct pathologies pose significant surgical and endoscopic challenges in patients with altered luminal or biliary anatomy. Traditional ERCP is unsuitable, requiring alternative approaches (1). We present a case where a patient underwent a hybrid procedure with percutaneous transhepatic biliary drainage (PTBD) and cholangioscopy-guided mechanical lithotripsy using the SpyGlass DS system (Boston Scientific). Additionally, cholangioscopy-guided balloon dilation of a biliary-enteric anastomotic stricture was performed.
Case presentation: A 69-year-old female was admitted for intermittent upper abdominal pain and fever. Her history included a cholecystectomy complicated by an iatrogenic biliary lesion, followed by a Roux-en-Y hepaticojejunostomy and multiple episodes of cholangitis. Magnetic resonance cholangiopancreatography (MRCP) revealed an anastomotic stricture and intrahepatic lithiasis causing dilation of the afferent segmental ducts. ERCP was not attempted due to her altered anatomy. Instead, a 10 Fr internal-external PTBD catheter was placed. Percutaneous transhepatic cholangiography (PTCS) with the SpyGlass™ Direct Visualization System (SDVS) was performed. A cholangiogram through the existing PTBD catheter demonstrated an anastomotic stricture. The SpyGlass™ was advanced percutaneously into the left intrahepatic bile ducts, and mechanical lithotripsy was successfully performed. The biliary drainage catheter remained in place for two weeks. Subsequently, three sessions of cholangioscopy-guided balloon dilation of the biliary-enteric anastomotic stricture were conducted. A follow-up cholangiogram demonstrated free contrast drainage from the biliary system into the small bowel.
Discussion: In patients with altered biliary anatomy, a PTBD catheter provides valuable access for the SpyGlass™ technique. While PTCS is more time-consuming compared to ERCP, it offers a less invasive alternative to open or laparoscopic surgeries (2,3). SDVS offers direct visualization and enhanced maneuverability. However, SDVS has limitations, including the necessity for tract maturation before use (4).
Conclusion: In conclusion, PTCS is valuable for diagnosing and treating biliary strictures and lithiasis, particularly in patients with altered surgical anatomy
Keywords: Percutaneous Transhepatic Cholangiography, SpyGlass System, Intrahepatic Biliary Lithiasis

OP54. ENDOSCOPIC ULTRASOUND-GUIDED GALLBLADDER DRAINAGE IN ACUTE CHOLECYSTITIS: A CASE PRESENTATION

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Introduction: EUS-guided gallbladder drainage (EUS-GBD) is an alternative to percutaneous cholecystostomy for high-risk surgical patients with acute cholecystitis (AC).
Case presentation: An 85-year-old male with a history of multiple cardiovascular diseases presented with abdominal pain and fever. Physical examination revealed epigastric tenderness and a positive Murphy's sign. Laboratory findings indicated an elevated white blood cell count with absolute neutrophilia and an elevated C-reactive protein level. Abdominal ultrasound demonstrated cholelithiasis, gallbladder distention, and thickening of the gallbladder wall up to 10 mm. Given the patient's elevated surgical risk due to cardiac comorbidities EUS-GBD was selected was selected as the preferred intervention.
A linear echoendoscope (Olympus, Tokyo, Japan) was used to visualize the gallbladder and identify an avascular path in the duodenal bulb. A 22-gauge needle was deployed to puncture the gallbladder, and bile aspiration confirmed correct needle placement. An electrocautery-enhanced lumen-apposing metal stent (LAMS; Axios, Boston Scientific, Marlborough, MA, USA) was then introduced into the gallbladder. The distal flange was deployed under EUS guidance, followed by the proximal flange under direct endoscopic visualization.
Post-procedurally, the patient remained nil per os overnight, received intravenous hydration, and continued antibiotic therapy for AC. The outcome was favorable, with remission of pain symptoms and resumption of oral feeding.
Discutions: Despite significant advances in stent technology, EUS-GBD remains a challenging technical feat. Studies comparing the efficacy of EUS-GBD to PT-GBD (percutaneous gallbladder drainage) have found similar clinical success in the two groups; however, adverse events, postprocedure pain scores, length of stay and need for repeat interventions were fewer in the endoscopic group.
Conclusion: EUS-GBD is a promising development in the management of acute cholecystitis in patients unable to undergo cholecystectomy.
Keywords: acute cholecystitis, lumen-apposing metal stent, EUS-guided gallbladder drainage

OP55. SAFETY AND EFFICACY OF ENDOSCOPIC ULTRASOUND GUIDED RADIOFREQUENCY ABLATION IN PANCREATIC NEUROENDOCRINE TUMORS: SINGLE-CENTER CASE SERIES.

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Introduction: More and more pancreatic tumors are being discovered due to advances in imaging techniques. The management of small tumors in frail, old patient is challenging as the standard treatment is parenchyma preserving surgery. Small neuroendocrine tumors (NETs) and cystic pancreatic neoplasms (PCNs) can be ablated with radiofrequency with a dedicated needle.
Material&Methods: Single center, retrospective study evaluating the safety and efficacy of endoscopic ultrasound guided radiofrequency ablation (EUS-RFA) of pancreatic tumors. All patients who underwent the procedure in the center were included. An Olympus GF-UCT180 scope was used with an Hitachi Arietta 850 processor. The ablation was performed with a Starmed radiofrequency generator and a dedicated 19G needle from Taewong Medical. Complications were divided into major (bleeding, perforation, acute pancreatitis, death) and minor (pain, fever). Efficacy was defined as: complete response (complete necrosis), significant response (necrosis >50%), incomplete ablation (necrosis<50%), no response (no necrosis)
Results: We included 5 patients with 5 tumors (mean size 10,8mm, range 7-13mm). 6 sessions of EUS-RFA were performed. All were well differentiated neuroendocrine tumors (NETs). 3 were functional NETs (insulinomas). All patients were followed up with a CT scan at a mean time of 3.6months (range 1.8-6.2months). 3/5 patients had a significant or complete response. 2/5 patients had an incomplete ablation. Out of them one performed reablation with complete response and one chose surgery as the next step. All patients with insulinomas had a complete remission of glycopenic symptoms. There was 1 minor complication (pain) and no major complications.
Conclusion: EUS-RFA of pancreatic NETs is a safe and well-tolerated procedure. It can be repeated if needed, increasing its efficiency. It can be used as first line therapy in poor surgical candidates. As more data will appear its use will surely be extended.

OP56. CHOLANGITIS AFTER PLASTIC STENTING OF THE BILE DUCT:

FREQUENT, SERIOUS AND UNPREDICTABLE?

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Aims: Endoscopic placement of one or multiple stents during ERCP is the main treatment modality of biliary obstruction of both benign and malignant origin.While technological advancements have allowed the transition from plastic to metal stents in many indications, the use of plastic stents(PS)remains widespread.Although current guidelines recommend scheduled stent exchange at 3 months interval in most indications, the optimum timing of stent exchange across various clinical indications is debatable.Our aim was to compare patency rates between PS placed for benign versus malignant indications and identify risk factors for early stent occlusion.
Methods:We performed a post-hoc analysis of the TEMPEST study(prospective cohort study assessing clinical outcomes in native papilla patients receiving at least 1 PS during ERCP).Clinical and procedure related data was retrieved from the study database.We compared occlusion rates and patency times(time until development of cholangitis) in benign versus malignant indications.Stent occlusion with associated cholangitis was defined according to the Tokyo criteria.
Results:We analyzed data from 159 consecutive ERCPs with PS performed in the Gastroenterology Department at Colentina Clinical Hospital during the 1 year interval of the TEMPEST study.The indications for PS during ERCP were as follows:malignant strictures(84,3%), benign strictures(5%), choledocolithiasis(7.5%) and bile duct leaks and other indications(3.1%).Complete follow-up data was available for 136 patients;of these 47 developed cholangitis before scheduled PS exchange(34.6%), with a median stent patency of 32 days(range 0-128) in these cases.There was a significant difference in median times until stent exchange in the group of patients developing cholangitis versus those who did not develop cholangitis(54vs90 days,p=0.004 Mann Whitney U).On multivariate analysis using Cox regression, the only risk factor for postERCP cholangitis was a positive bile culture obtained at the index procedures(OR 2.19, 95% CI 1.05-4.6); patient age, gender, bilirubin level, stent diameter and indication for ERCP(benign vs malignant) were not significantly correlated with development of cholangitis.
Conclusions:In our study, most patients developed cholangitis much earlier than expected based on current guideline recommendations for schedule PS exchange. Further studies should clarify whether an individualized approach to PS management based on potential predictors of early stent occlusion, such as positive bile cultures at index ERCP can improve patient outcomes.

OP57. MENETRIER'S DISEASE: A DIAGNOSTIC CHALLENGE.

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Introduction: Menetrier's disease is a rare condition, associated with malignant transformation and characterized by hypertrophy of the gastric mucosal folds, especially in the body and fundus of the stomach, decreased gastric acid secretion, and protein-losing gastropathy leading to hypoalbuminemia. Although the etiology remains unknown, frequent associations with Helicobacter pylori infection and overexpression of TGF-alpha are noted. Patients may present with epigastric pain, nausea, vomiting, diarrhea, as well as manifestations associated with protein loss, such as edema.
Materials and Methods: A 55-year-old patient, known to have minor thalassemia and under long-term treatment with proton pump inhibitors (PPIs) for epigastric pain and heartburn, showed a decrease in hemoglobin levels from the usual value of 11 g/dL to 8 g/dL, during routine tests, associated with decreased serum iron and ferritin levels. Upper gastrointestinal endoscopy revealed a vegetative formation located in the body and antrum of the stomach. Biopsies were taken, histopathological examination revealing features suggestive of Menetrier's disease, in the absence of Helicobacter pylori infection. Computed tomography described thickening of the gastric walls, especially in the antro-pyloric region, while CT enterography showed diffuse thickening, with a polypoid appearance, of the antral gastric mucosa, duodenal bulb, and second part of the duodenum. Biological samples indicated normal serum proteins and albumin levels, with negative anti-parietal cell and anti-intrinsic factor antibodies. Repeated upper gastrointestinal endoscopy with multiple biopsies from the hypertrophic folds revealed markedly disorganized foveolar structures, tortuous lumens, and hyperplastic and hypertrophic mucosecretory columnar epithelium, once again indicative of Menetrier's disease, extending to the antrum and duodenum.
Conclusions: The particularity of the case consists in the extension of the disease to the antrum and duodenum, the absence of H. pylori infection or hypoalbuminemia, making the differential diagnosis

with gastric malignancies or massive gastric polyposis difficult, especially in the context of chronic PPIs use.
Keywords: Menetrier's disease, hypertrophic gastric folds

OP58. SETTING UP ESD IN AN ADVANCED ENDOSCOPY CENTER: ALWAYS MEASURE YOUR PROGRESS!

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Introduction: ESD is no longer a novel technique but its widespread adoption in Romania is hindered by insufficient access to local expertise and a formal training setting. This study describes the experience of introducing ESD in a center previously lacking experts.
Methods: This is retrospective analysis of the first 34 consecutive ESD cases from a single-center, performed between 8.2022 - 4.2024 by an advanced endoscopic team with no expert supervision. The cases were divided into 2 time periods: T1 (first 12 months from the start of the program) and T2 (the following 8 months), and we evaluated the evolution of key performance indicators.
Results: We examined a total of 34 patients (13 in T1 and 21 in T2; mean age 66.8 years, 67.6% men). Lesions were predominantly located in the rectum (70.6%), with 14.7% in the colon and 14.7% in the stomach. The average lesion size was 11.2 cm2. Histopathology showed: ADK in 50% of cases, HGD adenoma in 9.4%, LGD adenoma in 6.3%, HGD traditional serrated adenoma in 15.6%, LGD traditional serrated adenoma in 9.4%, HGD sessile serrated lesion in 6.3%, and 3.1% (1 case) was performed for a residual rectal NET but showed no remaining lesion on microscopy. There were no statistically significant differences regarding the rates of en bloc resection, complete endoscopic resection, or curative resection, with the values for the entire cohort being 70.6%, 88.2%, and 72.7%, respectively. The dissection speed was higher in T2 compared to T1, although not significantly statistically (6.63 vs 3.64 cm2/h, p = 0.3). According to the AGREE classification, there were 3 (8.82%) adverse events in total: a grade II – diffuse subcutaneous emphysema, necessitating prolonged hospitalization, a grade IIIa - post-procedural bleeding requiring endoscopic reintervention, and one grade IIIb – perforation requiring surgical intervention.
Conclusion: Starting and ESD program without local expertise is feasible and can lead to curative organ-sparing resections with an acceptable rate of adverse events even at the beginning of the learning curve. Great attention to early adverse event identification and correction is key to safe, successful programs.
Keywords: ESD, ESD-KPI, TRAINING

OP59. SYSTEMIC THERAPY IS MORE IMPORTANT THAN LOCAL THERAPY IN THE PALLIATION OF INOPERABLE PERIHILAR CHOLANGIOCARCINOMA: RESULTS FROM A SINGLE-CENTER RANDOMIZED CONTROL TRIAL (COMBO-RFA)

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Introduction: Intraductal radiofrequency ablation (RFA) has been proposed as a useful adjunctive method for patients with inoperable perihilar cholangiocarcinoma (pCCA). We aimed to evaluate the feasibility, efficacy and safety of a novel RFA-based endoscopic palliation protocol.
Methods: We report on the interim results of a single center randomized clinical trial (NCT05563870) including consecutive patients with pCCA who were not candidates for surgical resection. Patients were randomized 1:1 to biliary plastic stenting (control) or drainage plus RFA of the tumor (active arm) and were scheduled for stent exchange and additional RFA treatment at 8-10 weeks intervals. Primary outcome was clinical efficacy (bilirubin < 3mg/dL at 4 weeks); secondary outcomes included overall survival and safety outcomes.
Results and conclusions: we analyzed 27 patients (14 active arm) undergoing a total of 101 procedures (57 in the RFA arm) for a median follow-up of 6 months (range 1-19). Most patients received either 2 (11/27) or 3 (4/27) PS at index ERCP and 25/27 of the patients achieved the primary outcome of effective drainage at 4 weeks. 11/27 patients received some form of palliative systemic therapy. There were 17 deaths during follow-up, with a median survival of 284 days (95%CI 199-370). 24/27 patients experienced at least 1 adverse event during follow-up. Kaplan-Meier analysis demonstrated that systemic therapy was associated with a significantly longer survival time (432 days vs 166 days, p=0.005), however RFA applications were not associated with an

increase in survival (p= 295 days vs 245 days, p=0.355).
In conclusion, early and extensive liver drainage followed by iterative stent exchange with intraductal RFA applications seems feasible and effective in the palliation of biliary obstruction in pCCA patients. Systemic therapy rather than RFA itself seems to improve survival in this group, however additional data is required to fully understand the role of RFA in this setting.
Keywords: cholangiocarcinoma, radiofrequency ablation, digestive oncology, ERCP

OP60. ENHANCING COLONOSCOPY PROCEDURE QUALITY WITH ARTIFICIAL INTELLIGENCE

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Introduction: The aim of this research is to explore how Artificial Intelligence (AI) can enhance the quality of colonoscopy procedures. With medical interventions becoming more precise, AI technologies hold promise for improving gastrointestinal endoscopy.
Material and Methods: Our study investigated AI models designed to automatically assess bowel cleanliness and streamline the identification of anatomical landmarks during colonoscopy. We trained an AI system using colonoscopy videos from our patients and compared its performance against traditional methods.
Results: Our findings indicate that integrating AI can enhance the monitoring of colonoscopy quality indicators. Automated assessment of bowel cleanliness is not only feasible but also beneficial. AI assistance in identifying landmarks like the appendix orifice, ileocecal valve, and colonic flexures ensures thorough examination of the colon and may aid in locating lesions more accurately. These advancements boost diagnostic precision and reduce uncertainties, potentially decreasing the need for unnecessary repeat procedures.
Conclusions: In summary, AI integration in colonoscopy represents a groundbreaking development in improving critical quality measures. Automated assessment of bowel cleanliness and accurate landmark identification contribute to better colonoscopy outcomes. These results highlight AI's pivotal role in reshaping colonoscopy quality assessment, ultimately enhancing patient care and reducing procedural redundancies.
Keywords: Artificial Intelligence, Quality, Colonoscopy

OP61. MULTIDRUG RESISTANCE PATTERNS IN ACUTE CHOLANGITIS: A PROSPECTIVE MULTICENTER STUDY ON ANTIMICROBIAL RESISTANCE (ARISE)

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Aim: The "Antimicrobial Resistance in Acute Cholangitis (ARISE)" project is a longitudinal study aimed at identifying the resistance patterns to antimicrobials among patients with acute cholangitis. The study is conducted within three gastroenterology institutions across Romania, including Timisoara, Bucharest, and Iasi, and is open to patient recruitment from other hospital centers.
Materials and methods: Data included microbial cultures from bile samples collected during endoscopic retrograde cholangiopancreatography (ERCP), patient demographics, clinical outcomes, and antibiotic resistance profiles.
Results: From the study onset, a total of 314 eligible patients were identified, of which 26.91% had Tokyo Severity II, and 24.22% of cases had Tokyo Severity III. Among these patients, malignancy was the cause of obstruction in 28.75% of cases. A total of 14.97% of patients had a previous plastic stent, while metal stent was identified in 1.91%. Also, 24.52% had undergone a cholecystectomy. Gentamicin showed the highest sensitivity rate among sampled antibiotics, with 33.55% sensitivity and the lowest overall resistance (12.26%). The most frequently isolated bacteria included Escherichia coli (16.77%), Klebsiella spp. (16.45%), and Pseudomonas aeruginosa (11.29%). The antibiotics facing the highest resistance rates were Ampicillin (15.81%), Ciprofloxacin (15.16%), and Amoxicillin/Clavulanic Acid (13.55%). 82.04% of cases indicate no multidrug resistance (MDR), while the most common MDR was Carbapenem-Resistant Enterobacteriaceae (CRE), present in 6.31% of cases. Extended Spectrum Beta-Lactamase (ESBL) and Vancomycin-Resistant Enterococcus (VRE) were present in 3.40% of cases, while combined ESBL and CRE were found in 4.37% of all samples.

Conclusions: We observed a concerning prevalence of MDR organisms in acute cholangitis cases, particularly against front-line antibiotics such as ampicillin, ciprofloxacin, amoxicillin/clavulanic acid, along with a high incidence of resistant Escherichia coli strains.

Chapter 4. Oral Presentation - Nursing

OP62. POSTOPERATIVE DELIRIUM IS ONE OF THE COMMON COMPLICATIONS AFTER ANY MAJOR SURGERY

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Material and methods: To collect the data,I analyzed the observation sheets of the patients and applied interviews. Screening tools for delirium detection and data collection table
Result: 20 of the 40 patients belonged to the rural environment and 20 patients to the urban environment. 23 patients presented delirium during surgery. For Nursing Delirium Screening Scale and Confusion Assessment Method for the Intensive care unit , the application time was between 1-5 minutes. For Nursing Delirium Scale , we have 39 easy applicability
Conclusions: Nursing Delirium Scale is the most appropriate scale to be applied by surgical nurses to detect delirium. Practical application of delirium screening tools at the patient's bedside increases the professional experience of the nurse in the surgical ward.
Keywords: delirium,surgery department, screening tools, delirium scores, postoperative delirium

OP63. THE ROLE OF THE NURSE IN PERFORMING ECHOENDOSCOPIC GASTRO-ENTEROANASTOMOSIS

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Echoendoscopic gastro-enteroanastomosis is a medical procedure that consist in creating a communication betwrrn the stomach and the small bowel. It is a minimally invasive method that, unlike classical surgery, does not require major incisons, significantly reducing the risk and the patient’s recovery period.
Palliative gastro-enteroanastomosis is indicated in cases of gastro-duodenal obstruction due to malignancy (gastric antro-pyloric cancer, pancreatic cancer, duodenal or ampulla of Vater cancer) in which curative treatment is no longer possible.
Material and method: The procedure was performed with endoscopic and fluoroscopic guidance, with a lumen-apposing metal stent (LAMS), under general anesthesia and orotracheal intubation.
The advantages of this method are: shorter intervention duration, faster recovery, shorter hospital stay and faster resumption of nutrition.
Echoendoscopic gastro-enteroanastomosis is a new, revolutionary method, indicated for palliative purposes in patients whose life expectancy is 3-4 months.
In conclusion, echoendoscopic gastro-enteroanastomosis is a safe and effective method in the palliation management of malignant gastric evacuatory insufficiency.
Keywords: gastro-enteroanastomosis , malignant gastro-duodenal obstruction

OP64. USE OF HYDROGEN BREATH TEST IN CLINICAL PRACTICE

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Background and aim: Hydrogen breath tests (H2BT) are used in clinical practice in patients with gastrointestinal symptoms. The aim of the study was to characterize the patients and to determine the main indications for H2BT in our department.
Material and Methods: We included consecutive patients (n=56) that underwent H2BT (with a Gastrolyzer・ device) between July 2023- April 2024 in our department. We used: glucose or lactulose (for suspected small bowel bacterial overgrowth (SIBO)), milk for lactose intolerance, fructose for fructose intolerance (1). The test was performed after 8 hours. After the baseline breath sample, substrate was administered and another 8 samples were collected every 15 minutes. Tests with at least one value above 12ppm were considered positive. A questionnaire including indication, symptoms, prior history of abdominal surgery, proton pump inhibitors (PPIs) and antibiotic use was filled in for each patient.
Results: Most of our patients, 69.6% (n=39) were females. The mean age was 38.5・ 5.6 years. Fifty-one patients were tested with glucose (25 tests were positive), 3 with lactulose (2 tests were positive), 2 for lactose intolerance (both test results were negative), and one for fructose intolerance

(excluded from analysis for incomplete data). The mean symptoms duration was 37.8 · 1.5 months. The most common symptoms were bloating and flatulence. During the test, 32 patients experienced at least one symptom (figure 1). Nine (16.4%) patients had previous surgery (appendicectomy, n=4, gynecologic surgery, n=4, abdominal hernia repair, n=1). Twenty patients (36.4%) used PPIs in the previous 6 months. PPIs use was more common in the positive glucose H2BT group (14 patients) compared with the negative glucose H2BT group (5 patients) (chi square 5.8, p=0.016).
Figure 1. Prevalence of symptoms before H2BT and during the test
Conclusions
This study showed that glucose H2BT was the most recommended by physicians. Few physicians still use lactulose H2BT for suspected SIBO. Almost half of the glucose H2BT were positive. However, our cohort was quite young, with little or no abdominal surgery that could explain SIBO. PPIs consumption might play a role in the appearance of abdominal symptoms.

OP65. MANAGEMENT OF UPPER DIGESTIVE HEMORRHAGES IN THE PREHOSPITAL

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Introduction: Upper digestive hemorrhage (HDS) is defined by blood loss from injuries produced in the upper segments of the digestive tract, located above the Treitz ligament. It is externalized through hematemesis and/or melena. The aim of the study is to research and improve the emergency medical care at the nursing level of the critical patient
Material and method: The research was carried out on the basis of a prospective observational study, evaluating the patients who presented themselves or with ambulance in Emergency Room Cluj-Napoca for HDS, starting October 10, 2023-March 27, 2024 , a number of 47 patients.
Inclusion criteria:HDS as the main symptom, age > 18 years, present patients
Exclusion criteria : death in UPU, patients who needed intensive therapy, uncooperative, agitated or sensory altered patients, patients in whom HDS was denied
Demographic data (age, background, gender) were noted, the reason for presentation, triage code and status of the patient at discharge.
Results: a) Demographic data of the study group
The age of the patients was between 24-93 years. The predominant environment of origin is urban with 31 patients. The predominant gender of patients is male with 28 patients
b) The most common reason for presentation was dizziness and pale skin.
c) The predominant triage code was CRITICAL (YELLOW) with 21 patients
d). The predominant means of transport was with the SAJ CLUJ ambulance, with 19 patients
e).28 patients were hospitalized at IRGH, and we observed a predominant area of patients, numbering 24, with STATIONARY status upon discharge.
Conclusions
The clinical signs of HDS are hematemesis, melena, hematochezia. The latter are the common manifestations of any hemorrhage: skin pallor, cold sweats, increased heart rate, drop in blood pressure to varying degrees of shock.
The patients had a good status at discharge, STATIONARY. Most of them were hospitalized in a specialized clinic. We note that the male gender has a predominant area of this pathology, and the age is between 24-93 years.
Keywords – upper gastrointestinal hemorrhage, prehospital, management

OP66. MANAGING "FULL STOMACHS" IN EMERGENCY

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Introduction:Surgical emergencies are situations often encountered in emergency and intensive care units. They are really challenging for the whole medical team, and the so-called "full stomach" changes the case management.
Material and method :
Access to observation sheets and medical records containing clinical data of patients.
Results :
-Of the 50 patients studied , 35 had positive outcomes following early management .
-15 patients underwent general anaesthesia after emergency techniques.
Conclusions :
The management applied in emergency increases the professionalism of nurses
Due to early management in this emergency the survival rate of patients increased
Patients undergoing this type of management were able to follow techniques that could involve general anaesthesia.
Keywords: full stomach, medical team, management

OP67. THE ROLE OF NURSE IN THE MANAGEMENT OF HEPATO-PORTAL ENCEPHALOPATHY

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Cirrhosis is a major cause of morbidity and mortality, leading to a marked impairment in the quality of life of patients and resulting in a major burden on healthcare systems.
Currently, in most countries, nurses still have a limited role in the care of patients with cirrhosis, which is mainly limited to the care of patients hospitalized for acute complications of the disease. The study evaluates innovative roles that nurses can play in the care of patients with cirrhosis. In the hospital, specialized nurses should become an integral part of professional teams, contributing to improving the quality of care and outcomes for patients with cirrhosis.
In primary care, nurses must play an important role in the care of patients with compensated cirrhosis and also facilitate the early diagnosis of cirrhosis in those at risk of liver disease. This review calls for an improved global nurse education program and increased awareness among all healthcare providers and decision makers of the positive impact of specialized nursing practice in this area.
Nurses play an important role in the care of patients with hepato-portal encephalopathy, as they require individualized care, specific to the patient's condition, while promoting patient safety and comfort, assisting with treatment regimens, providing accurate information about the condition, and determining potential risks and needs .
Meticulous evaluation and correct diagnosis are important in the management and care of patients with encephalopathy so that appropriate interventions can be promptly initiated. Treating the underlying cause of the condition is vital as it can improve the patient's symptoms.

OP68. THE ROLE OF OESOPHAGEAL MANOMETRY IN THE DIAGNOSIS OF OESOPHAGEAL MOTILITY DISORDERS

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This study presents the role of esophageal manometry investigation in the diagnosis of esophageal motility disorders.
The aim of the paper was to perform esophageal manometry; patients with esophageal symptoms and to prove the diagnostic value of this investigation in diagnosing esophageal motility disorders.
The objectives of the study include determining the presence or absence of oesophageal motility disorders in patients who presented to the Medical Clinic II, within the Department of Digestive Functional Explorations of the Hospital Clinic County Cluj-Napoca.
Material and method: Prospective observational analytical study, based on a standardized questionnaire given to the 42 participating patients. Subjects presented consecutively in both outpatient and inpatient settings. The study period was from May 2022 to May 2023.
Results: We observed that the most common were dysphagia, eructation, pyrosis, regurgitation and chest pain. Testing these in the context of achalasia we found that dysphagia and regurgitation lead to a 1.13 to 2.73-fold increased risk of being diagnosed with achalasia. In addition dysphagia has a sensitivity of 0.53 and a specificity of 0.6 making this symptom a moderate quality test. Like regurgitation where the sensitivity of 0.46 and specificity of 0.58 have close values.
In terms of motility disorders in the sample; the highest percentage is represented by Achalasia (41%), while Diffuse Esophageal Spasm and Scleroderma were present in 2% of patients. Regarding the distribution of pathologies according to gender, there is no significant difference. The study shows a higher proportion of women 21% compared to men (19%) in achalasia.
Conclusion: We can state that high resolution esophageal manometry is a useful investigation for patients with esophageal symptoms. It can confirm/disprove the presence of esophageal motility disorder.

OP69. VIRUS, HEPATITIS, TREATMENT

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Is it possible to eradicate virus C by 2030?
Viral hepatitis C is a problem for many countries in Europe and the whole world. The multiple complications of viral hepatitis C, such as liver cancer, cirrhosis in the final stages, liver transplants are very expensive for health systems, both in terms of financial and human resources.
Some European studies have shown that in 2012, 30 607 cases of viral hepatitis C were reported in 27 member states, a higher percentage in men than in women. A percentage of 25.2% of the detected cases completed a questionnaire, from which it appears that the most common way of transmission was injection, drug consumption, in economically developed countries. Of those detected, 54% were patients aged over 50, and the rest of them were young patients aged between 25-44.
The treatment of viral hepatitis C in Romania is supported by CNAS since 2008, and we treated 356 patients with Interferon and Peg-Interferon+Ribavirine. From 2015 until now, in Romania, approximately 50,000 patients have undergone genotype-specific and pangenotypic treatment, through the six cost-volume-result

programs carried out. In our center, 903 patients benefited from treatment.
Today, due to social trends, it is difficult to assess whether we will succeed in reaching the target proposed by the WHO to eradicate virus C by 2030, and it will depend a lot on the viral hepatitis screening, which is difficult to achieve due to impediments.

OP70. ENDOSCOPY PERORAL MYOTOMY (POEM)

Prof. Dr. Marcel Tantau, **Miss Carmen Ioana Pop**

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Achalasia is a motility disorder of esophagus and the lower esophagus sphincter. Mainly it is the lack of relaxation of the lower esophageal sphincter.
The classic treatment consists: - balloon dilatation
botulinum toxin injection
These procedures require their repetition because over time the effect disappears. More than 100 years ago, a sectioning technique was imagined (myotomy).
In September 2008, this myotomy was performed on humans, after the creation of a submucosal tunnel. The mucosal gap closes with clips.
Endoscopic peroral myotomy was thus developed „POEM".

OP71. CARE OF PATIENTS WITH TOTAL GASTRECTOMY

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Introduction: In recent years, unfortunately, the number of patients diagnosed with gastric cancer has increased. Gastric cancer presents non-specific symptoms, and for this reason, patients present to the doctor with the disease in an advanced stage. The symptoms are similar to those manifested in patients with gastritis or ulcers.
Material and method: Most stomach cancers occur in the cells of the inner layer of the stomach, these cancers are called adenocarcinomas.
Symptoms:
heartburn, indigestion, belching, nausea, food vomiting;
hematemesis, inappetence, acidity;
extreme weight loss.
Diagnosis:
Clinical examination.
Blood tests: CEA, CA 19-9, HLG, complete biochemistry.
Endoscopic examination.
Computer tomograph.
Histopathological examination.
Results and conclusions: The cause of stomach cancer remains unknown, although several factors have been implicated in its genesis, including:
Hereditary factors: family history of gastric cancer in first-degree relatives, some genetic mutations and sex.
Medical conditions: atrophic gastritis of achlorhydria and permissive anemia, where the frequency of gastric cancer is 5 times, respectively 20 times higher than in the rest of the population.
Intestinal metaplasia.
Glandular polyps, villous polyps.
Helicobacter pylori infection.
Lifestyle: diet, smoking, workplace.
The treatment involves the involvement of an interdisciplinary team of professionals: oncologist, surgeon, gastroenterologist, radiologist, pathologist.
Surgery is the standard form of treatment for stomach cancer, performed by total gastectomy.
Early diagnosis is the only way to improve the prognosis.
The evolution of a stomach cancer depends on its extension, evaluated by TNM staging, the histopathological type of the tumor and the age of the patient at the time of diagnosis.
The specialized literature mentions a very good survival, in the case of cancers in early stages without major epithelial invasion (95% at 5 years), total gastrectomy being possible in 30% of cases, with a 5-year survival rate of 25%.

OP72. THE MANAGEMENT OF PATIENTS WITH VARICEAL HEMORRHAGE IN A SPECIALISED EMERGENCY DEPARTMENT

Bogdan Salagean, MEDIC PRIMAR Horea Stefanescu, MEDIC PRIMAR Petra Fischer

Background: Variceal hemorrhage is a severe, possible lethal complication of liver cirrhosis. Adequate and timely treatment of these patients ameliorates prognosis. The nurse plays a key role in the acute management and follow-up during hospitalization.
Methods: Consecutive patients with liver cirrhosis presenting to the specialized emergency department (SED) of the Regional Institute of Gastroenterology and Hepatology ,,Prof. Dr. O. Fodor " Cluj-Napoca for upper gastrointestinal bleeding (UGIB) between 2013-2014 and 2018-2019, respectively were included. All patients were treated according to current guidelines and a eso-gastro-duodenoscopy (EGDS) was performed within 24 hours from presenting.
Results: Two hundred and fifty-one patients with decompensated liver cirrhosis were included. Among them, 68,1% were males, with a mean age

of 59 years. Etiology of cirrhosis was in 34,7% due to alcohol intake. 15,5% of the patients presented at admission with systolic blood pressure < 100 mmHg or with hemorrhagic shock and in 5,6% of the patients needed vasoactive therapy. In 76,5% of the cases EGDS was performed in the first 6 hours from the arrival in the ED. Only 7 patients had oro-tracheal intubation during EGDS. In 78,9% of the cases the source of the UGIB was variceal hemorrhage. Endoscopic management consisted in endoscopic band ligation (EBL) in 25,5% of the cases, while the Blakemore tube or esophageal stent was placed as a first intent in only 27 cases.
Conclusion: During the monitoring period of the 251 pacient , 27 of them have started re-bleeding , 40 of them have died and 184 of them had an favorable evolution .
Variceal hemorrhage is a severe complication of liver cirrhosis which can be efficiently managed with current endoscopic therapies.

OP73. MANAGEMENT OF JAUNDICE

Naomi Suciu[1], MANAGEMENT OF JAUNDICE Ileana ASANACHE[1]

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Introduction: Jaundice can be defined by an increase in concentration of bilirubin in the human serum witch can led to a clinical manifestation of the skin and sclera pigmentation.
Material and methods: The present study is a retrospective study realized in CPUS of the Gastroenterology and Hepatology Pr. Octavian Fodor ClujNapoca Institute.We have evaluated a batch of 115 patients in the period of 1.02.2024 – 1.03.2024.
The clinical and demographic data were collected from the patient's charts in CPUS.
Study objectives: The purpes of the study whas to indetify the pacients that presented complication of jaundice at the hospital admission and to describe the principles and management of the obstructive jaundice in CPUS, emphasizing the specific strathegies of septic syndrome.
Rezults:Of the 115 patients that took part in the study 61 where women and 54 men.
The minimum age of the patients were 29 and the maximum age was 96 with an average of 65.
82 patients had a cause of benign etiology and 33 malignant etiology.
58 of the patients presented one or two complications on hospital admission and 23 of those where diagnosed with sepsis.
Managemnt of the pacients with jundice is:
Correct diagnosis of the obstructive jaundice patients with the patient's history and establishing the etiology and severity of the diagnosis.
The investigation of obstructive jaundice, with blood samples, ECG, ultrasounds scan or CT scan to confirm the diagnosis.
Management of pain on patients with mild to moderate symptoms.
Identifying and treating patients with sepsis in conformation with the protocol (keeping under observation the vital signs, suitable treatment, additional investigation) in a critical care setting.
Conclusion: The management of obstructive jaundice depends on the diagnosis and extent of the disease. The investigations should be carried out in a logical manner, allowing the early diagnosis of the precipitating cause and leading to a proper treatment for the definitive improvement of the obstruction. In complex benign cases and malignant, management must be discussed in a multidisciplinary team.
Keywords: obstructive jundice, sepsis

OP74. REPROCESSING OF ENDOSCOPES

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Introduction: Endoscopy procedures are well established in gastrointestinal (GI)endoscopy, playing an integral part in prevention, diagnosis, and treatment of GI diseases. The increasing number of invasive procedures entails substantial infrastructure and specialized, trained, and competent staff.
Material and method: This presentation was designed based on the ESGE-ESGENA 2018's Guide for reprocessing of flexible endoscopes and endoscopic accessories, and the Order 1761/2021 for the approval of the Technical Norms regarding cleaning, disinfection and sterilization in sanitary facilities.
Results and conclusions: Flexible endoscopes are reusable and sophisticated medical devices with multiple lumens and narrow channels. Their thermolabile nature and complex design demand a specialized approach to decontamination. Reprocessing of endoscopic equipment should only be performed in a separate purpose-designed reprocessing room. Process chemicals must be compatible with endoscopes and endoscope component, endoscopic accessories, and the reprocessing equipment. Endoscope washer-disinfector should be the first choice for endoscope cleaning and disinfection. Storage and transport of reprocessed endoscopes is important. The complete reprocessing cycle should be documented.
Conclusions: Public and private health units are obliged to develop operational procedures to ensure the control of operations and compliance with the specific standards in force. Regardless of the type of medical devices used, the safety level of patients must be maximum.
Keywords: Reprocessing, endoscopes

OP75. DYSPEPTIC SYNDROME WITH FREQUENT I IMPACT TO YOUNG PEOPLE

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Introduction: Dyspeptic syndrome is an increasingly common condition in young, active people, with the appearance of epigastric pains, largely influenced by the consumption of acidic, excessively spicy foods, but also by disorganized meal and sleep schedules, psychological conflicts, stress related of different factors of a social, financial or psychological nature.
Materials and Method: The study was carried out within the Department of Specialized Urgent Receptions (CPUS) of the Institute of Gastroenterology and Hepatology "Prof. Dr. Octavian Fodor" from Cluj-Napoca and includes the cases of young people presented with dyspeptic syndrome, for a period of 6 months, from October 2023 to March 2024, aged between 18 and 40 years.
Result: During the period followed in this study, out of the total of 7251 patients who presented themselves in the CPUS, 10.41% (n = 755) patients were diagnosed with dyspeptic syndrome. Of these, 76.55% (n = 578) were under 40 years old, with the predominance of women - 59.5% young patients (n = 344). The most common symptoms encountered in these patients were epigastric burning, bloating, painful hunger, diffuse abdominal discomfort or embarrassment. Among the toxic substances consumed by these patients are especially tobacco and alcohol, but also the consumption of energy drinks.
Conclusions: According to the results of the study, a significantly increased percentage (76.55%) of the diagnosis of dyspeptic syndrome is observed in people under the age of 40. This diagnosis in young people is favored by the consumption of digestive toxins, but also by the disorganized schedule between meal and sleep periods. The female sex seems to be more exposed to these digestive problems, the most common symptoms being epigastric burning, nausea and vomiting, bloating. The role of the nurse, the explanation with calmness, a smile on the lips, safety in words in order to eliminate any chaotic situation that young people experience.

OP76. THE INCIDENCE OF DIGESTIVE HEMORRHAGES DUE TO ULCERATIVE CAUSE IN SPECIALIZED EMERGENCY DEPARTMENT OF THE REGIONAL INSTITUTE OF GASTROENTEROLOGY AND HEPATOLOGY " PROF. DR. O. FODOR"

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Introduction: Digestive hemorrhages represent a gastrointestinal emergency which is manifested through blood loss in the form of hematemesis or/and melaena. Gastric ulcer is usually the most frequent disease that causes non-variceal upper digestive hemorrhages. Gastric ulcer but also duodenal ulcer are very frequent due to excessive consumption of anti-inflammatory drugs and the presence of H. pylori infection among the population.
Materials and methods: To complete the study I took into account the number of hospitalized patients which belonged to the Regional Institute of Gatroenterelogy and Hepatology "Prof. Dr. O. Fodor" with the diagnosis of gastric ulcer and duodenal ulcer from October 2023 to March 2024, using our database but also using the patients medical documentations.
Results: According to the statitics collected over a period of 6 months, I concluded that a percentage of 51% of the digestive hemorrhages are due to gastric ulcer pathology and 49% are from patients with duodenal ulcer.
Of all patients with gastroduodenal ulcer bleeding, 57% are men, and 72% are patients with ages between 60-90 years old, 25% are between 30-60% and only 3% under 30 years old.
Simptomatically, 83% of the patients had malaena, 48% from this group also had hematemesis. Other symptoms were epigastric pain (83%) and fatigue (64%).
35% of the patients admitted using anti-inflamatory drugs, 16% mentioned alcohol consumption before having a hemorrhagic episode. Also, 53% of elders patients with multiple cardiac conditions were using anticoagulants drugs. I didn't find any data on H. pylori disease.
Conclusions: In conclusion, the incidence of gastric ulcer hemorrhages is aproximately equal with the incidence of duodenal ulcer. The average age is over 60 years old and the main symptoms were melaena and epigastric pain.
With all the progress made in the diagnosis and treatment of gastroduodenal ulcers, the high incidence in elders is mainly explained by the uncontrolled consumption of aspirin and anti-inflamatory drugs.
Nurses are very important when it comes to the patient care, but also in educating them about the alimentation quality and how to improve it by avoiding some toxic aliments, smoking, and alcohol drinking

Chapter 5. Poster Presentation - Gastroenterology

EP1. THE IMPORTANCE OF SCREENING IN EARLY DIAGNOSIS OF COLORECTAL CANCER IN PATIENTS AT RISK

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Introduction. The International Agency for Research on Cancer (IARC) estimates that by 2040 the incidence of colorectal cancer (CRC) will increase to 63%, with a death rate of 73%. Globocan data from 2020 state that colorectal adenocarcinoma is the third most common form of cancer, being the second cause of mortality in the world and also in Romania, after lung cancer.
Material and method. The actual screening of CRC includes people over 45 years old with lower gastrointestinal bleeding, iron deficiency anemia, intestinal transit disorders, abdominal pain, familial history of CRC and inflammatory bowel disease (IBD). The diagnostic involves digital rectal examination and flexible rectosigmoidoscopy for ano-rectal neoplasms and left colonic tumors, total colonoscopy being the "gold standard" method with 97% sensitivity that provides macroscopic diagnosis and histological confirmation by biopsy for malignant tumors with other locations or synchronous cancer and allows polypectomy.
Results. Biological tests indicate anemia, increased ESR, occult bleeding (FIT), and the increase of the tumor markers CA19-9, CEA is particularly useful for monitoring treated CRC. Abdominal ultrasound visualizes liver metastases, abdominal lymph nodes and CT, MRI, echoendoscopy and immunoscintigraphy with monoclonal antibodies are the main methods used for staging CRC before surgical and oncological treatment. Genetic testing of tumor DNA markers in stool is recommended in families with genetic syndromes (Turcot, FAP).
Conclusions. Colonoscopic diagnosis of adenomatous dysplastic polyps, IBD and CRC is essential for preventing of evolutionary complications and increasing the survival rate. Abdominal ultrasound, CRC is identified more frequently in men over 60 years. CT or MRI are the imaging investigations invariably recommended in CRC staging before the surgical and oncological treatment.

Keywords: colorectal cancer, risk factors, diagnostic

EP2. ESOPHAGITIS DISSECANS SUPERFICIALIS: A RARE BENIGN ENTITY

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Esophagitis dissecans superficialis (EDS) is a rare condition that causes large fragments of the squamous esophageal mucosa to detach. It is often associated with certain drugs and oesophagal strictures. However, histopathological features are not adequately described in most cases. There is currently no established protocol for managing these patients in terms of endoscopic monitoring and treatment.

We present the clinical cases of 4 female patients, aged between 38 and 78 years, detected in a university hospital in 2023. 2 patients presented with symptoms of dysphagia and globus, and the other 2 underwent endoscopy for another reason. In one case, the feeling of nausea was also present, in the other case, odynophagia of mild intensity. 2 patients were previously diagnosed with gastroesophageal reflux disease. No specific drugs or substances that could directly damage the oesophagal mucosa have been reported.

During the endoscopy, local inflammation was observed in the middle and distal third of the esophagus, characterized by oedema and patchy erythema. In one patient, the lesion had a diffuse extension and was friable, with the affected mucosa detaching when touched by the endoscope. Biopsy of the esophageal mucosa was performed in 3 patients, the histological picture being non-specific, with inflammation of the superficial squamous tissue, partially or completely detached from the underlying epithelium. In one case a band of neutrophils was present between the layers of necrotic and viable squamous cells. In all patients, treatment with PPIs and antacids was indicated.
Esophagitis dissecans superficialis is a condition that can affect a patient's quality of life. Quick recognition of its endoscopic features is crucial to avoid therapeutic delays.
To diagnose accurately, specific characteristics must be determined, endoscopic and histopathological results should be correlated with the patient's clinical picture.
Keywords: esophagitis, endoscopy, desquamation.

EP3. GIANT HYPERTRIGLYCERIDEMIA IN A PATIENT WITH ACUTE PANCREATITIS

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Acute pancreatitis (AP) is a frequent pathology, with prevalence of around 30/100,000 male inhabitants and 20/100,000 female inhabitants in western countries.
AP has a mortality rate of 1%–7% which increases to around 20% in patients with pancreatic necrosis. Several aetiological factors have been described for AP although in up to 30% of cases an aetiological factor cannot be identified (termed idiopathic pancreatitis).
The most common cause worldwide is alcohol consumption.
In the absence of gallstones or significant history of alcohol use, serum triglyceride and calcium levels should be measured. Serum triglyceride levels over 11.3 mmol/l (1000 mg/dl) indicate it as the etiology (2C) -- diagnostic laboratory parameters.
The aim: The aim of the study was to elucidate and manage the assessment of giant hypertriglyceridemia in acute pancreatitis.
Material and methods:Patient B, 53 years old, was diagnosed with severe acute pancreatitis likely.
BMI = 35.6 kg/m2.
A thorough physical examination on the basis of comprehensivtion (biomedical approaches) included USG, FEGDS with biopsy and CT image, testing by Ranson's Criteria and APACHE II scoring system.
Results: We detected peripancreatic fluid.
Hyperlipidemia: total cholesterol = 24.3 mmol/l, triglycerides= 58.9 mmol/l, HDL cholesterol = 0.08 mmol/l. Hyperglycemia.
According to Ranson's Criteria–5 points (associated mortality rate of 40%), APACHE II scoring system–55% (hospital mortality).
The diagnosis was established Interstitial Edematous Pancreatitis (severe) with acute peripancreatic fluid collection, giant hypertriglyceridemia (Guidelines 2022).
In the treatment - fluid resuscitation (up to 6-12 liters in the first 24 hours); analgesics and antiemetics; PPIs; correct electrolyte abnormalities, antibiotic treatment (carbapenems, quinolones and metronidazole); octreotide (somatostatin analogues); statins + fibrates. Positive dynamics, the patient has recovered.
Conclusions:
1. This case demonstrated giant hypertriglyceridemia in severe acute pancreatitis.
2. Management of such patients requires an integrated approach and a multidisciplinary team

EP4. IMPACT OF RECURRENT ACUTE PANCREATITIS IN A CHRONIC ALCOHOL USER AND SMOKER

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Introduction: Wirsung duct lithiasis is a potential complication of chronic pancreatitis, with favorable response to endoscopic therapy.
Case report: We present the case of a 44-year-old male patient, chronic alcohol user and heavy smoker, with multiple hospitalizations at the Institute of Gastroenterology and Hepatology Iași for mild episodes of acute alcoholic pancreatitis. He subsequently developed chronic pancreatitis, with multiple peripancreatic pseudocysts, for which percutaneous surgical drainage was needed, an episode of pulmonary thromboembolism and then a severe exacerbation of his pancreatic disease. Six months after this, an urgent clinical, biological, and radiological assessment (by ultrasound and contrast-enhanced computed tomography) for a mild episode of acute pancreatitis attributed to excessive ethanol intake was needed again. Imaging revealed a dilated main pancreatic duct, and the patient was further assessed by abdominal magnetic resonance imaging with pancreatic sequence. Multiple lithiasis in the Wirsung duct was identified, and the patient underwent endoscopic retrograde pancreatography. Wirsungogram showed a dilated tortuous pancreatic duct (10mm). Transpancreatic sphincterotomy was performed with minimal bleeding, for which hemostasis was achieved by local injection of adrenaline 1/10.000 IU. Multiple passages were performed with the balloon catheter, resulting in the extraction of pancreatic microlithiasis, followed by the placement of a single pigtail plastic stent, to recalibrate the duct and improve the pancreatic pain. The subsequent clinical and biological evolution of the patient was favorable.
Conclusion: Therapeutic and dietary non-compliance in a patient with recurrent acute alcoholic pancreatitis has the potential to evolve into chronic disease and multiple complications, including Wirsung duct lithiasis.
Keywords: acute pancreatitis, chronic pancreatitis, Wirsung lithiasis

EP5. BEYOND ACHALASIA: DIAGNOSTIC AND THERAPEUTIC CHALLENGES IN DYSPHAGIA

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Introduction. Hypercontractile esophagus constitutes a heterogeneous esophageal motor disorder, with varying clinical presentations and evolution. It may pose significant management challenges, with high-resolution esophageal manometry (HRM) playing an essential role in establishing the proper diagnosis.
Case report. A 63-year-old female patient with a two-year history of intermittent dysphagia to solids, chest pain, and heartburn presented at the Institute of Gastroenterology and Hepatology Iași for assessment. The patient had been previously investigated through upper digestive endoscopy, which revealed Los Angeles grade A esophagitis. Single-dose proton pump inhibitor therapy was initiated, leading to relief of heartburn. Evaluation through barium esophago-gastro-duodenal transit was attempted, but the patient did not cooperate. Computed tomography examination of the cervical, thoracic, and abdominal regions identified nodular thyroid with euthyroid status. Additionally, electrocardiogram and cardiology assessment excluded a cardiac etiology for the symptoms. In this context, the patient was referred to our clinic for investigation through high-resolution esophageal manometry. The Chicago 4.0 protocol was followed, and the patient was examined in both supine and seated positions. Analysis was performed on thirteen wet swallows, revealing that 46.2% of them were followed by hypercontractile esophageal peristaltic waves, with median values exceeding 8000 mmHg-cm-sec for distal contractile integral (DCI). Normal median values for integrated relaxation pressure (IRP) were observed, ruling out an eso-gastric junction obstructive disorder. Consequently, the manometric findings suggested a hypercontractile esophagus. Treatment was initiated with oral calcium channel blocker and nitrate, resulting in significant improvement within three months.
Conclusions. In a patient with clinical features dominated by dysphagia and non-cardiac anterior chest pain, hypercontractile esophagus motility disorder should be considered, with HRM being the gold standard diagnostic test.
Keywords: high-resolution esophageal manometry, hypercontractile esophagus, dysphagia

EP6. WATER ASSISTED COLONOSCOPY- PREFFERED TECHNIQUE BY UNSEDATED PATIENTS

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Introduction: Colonoscopy performed with water injection, compared to air insufflation, has multiple benefits both for the unsedated patient, and the endoscopist, such as: reduced abdominal distension, better tolerability, better visibility of the colon, easier handling, increased adenoma detection , easier polypectomies.
Material and methods: We chestioned 27 patients, in whom we performed both colonoscopy with air insufflation and colonoscopy with water injection. (ex reevaluation of known pathology, screening, etc). The investigations were performed by the same examiner, with Olympus CV-170 device. We asked the patients included to fill in a questionnaire, comparing the two techniques, scoring discomfort and felt pain.
Results: A significant number of patients felt less abdominal discomfort when examined with water injection, than with air insufflation . 26 patients would opt for water injection examination at the next colonoscopy.
Conclusions: The water assisted colonoscopy technique has multiple benefits both for the unsedated patient and the examiner. The technique could be used as first line examination method in patients who are at risk of anesthesia.

EP7. CELIAC DISEASE, VITAMIN D AND TYPE 1 DIABETES – RETROSPECTIVE STUDY

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Introduction: Type 1 diabetes and celiac disease (CD) are 2 autoimmune diseases with a pathogenic mechanism and clinical manifestations that can overlap in the same patient. Vitamin D plays multiple roles in the physiology and pathophysiology of the human body. Due to the multiple immunoregulatory properties its role in the pathogenesis of autoimmune disorders has been frequently studied.
Study: retrospectively, period of approximately 18 years (31.03.2005 - 31.03.2023), batch of 261

patients, in the records of the "M. S. Curie" Emergency Clinic Hospital, Bucharest, Romania
Objectives: to determine in patients admitted with the diagnosis of type 1 diabetes some potential risk factors that led to the association of these 2 diseases.
Methods: diagnosis of diabetes and celiac disease according to Ispad and Espghan guidelines; vitamin D test and other variables. We performed statistical analysis and graphs using SPSS version 20 (IBM SPSS, Chicago, IL, United States of America) and Analyze-it version 5.2 (Analyse-it Software, Leeds, United Kingdom).
Results: Celiac disease (CD) was diagnosed in 9.2% of the studied group; from this group 25% associates also autoimmune thyroiditis; predominant symptomatology related to celiac disease was abdominal pain and chronic diarrhea; significant correlation of low vitamin D level with the presence of CD and the prediction that the lower the value of vitamin D is, the risk of developing celiac disease is higher.
Conclusions: the conclusion is actually a question, namely whether supplementation with vitamin D in patients with type 1 diabetes could have a protective effect regarding the development of celiac disease or another autoimmune disease.
Key words : celiac disease, type 1 diabetes, vitamin D , autoimmunity

EP8. CHARACTERISTICS OF EOSINOPHILIC ESOPHAGITIS IN THE ROMANIAN PEDIATRIC POPULATION (EXPERIENCE OF A TERTIARY CENTER)

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Introduction: In Romanian children eosinophilic esophagitis is a pathology with an upward incidence. For better understanding this affliction, our objective was to define clinical and treatment characteristics of Romanian pediatric patients diagnosed with eosinophilic esophagitis.
Methods: We conducted a retrospective study at Maria S. Curie Emergency Hospital for Children from Bucharest in the period January 2005- October 2023.
Results: During the selected time period, 12 children aged between 4 and 18 years were diagnosed with eosinophilic esophagitis, all of them in the last three years. The dominant symptoms were represented by upper abdominal pain and dysphagia. Almost two thirds of our pacients had a personal history atopy and four of them (33%) had gastroesophageal disease previously. The major macroscopic aspects were hyperemia or mucosal erosions. For all patients, the empirical exclusion diets plus exclusion of the allergens to which they had sensitization, according to the allergological tests, and high dose of proton pump inhibitors was recommended. Only one required the escalation to topical corticosteroids.
Conclusions: Eosinophilic esophagitis is a pathology that will be more and more frequent in children from our country in the next years. Although a small study, it emphasizes the characteristics of Romanian childrens with eosinophilic esophagitis. We are convinced that further studies will determine a better understanding of our population particularities, thus decreasing the time of diagnosis and helping pediatric gastroenterologist to chose the suitable therapy for a better quality of life of the patients.
Keywords: eosinophilic esophagitis, child

EP9. PSEUDOCHOLINESTERASE: A PREDICTIVE BIOMARKER OF HEPATIC RESERVES IN CIRRHOTIC PATIENTS

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Introduction: Pseudocholinesterase, also known as serum cholinesterase or butyrylcholinesterase, is a serine hydrolase enzyme primarily produced in the liver that catalyzes the hydrolysis of choline esters with a serum half-life between 8 and 12 days.
The aim of this study is to emphasize the correlation between pseudocholinesterase level and liver function in both alcoholic and non-alcoholic cirrhosis.
Materials and methods: This is a retrospective study conducted between September 2023 and March 2024 in the Gastroenterology Clinic of County Clinical Emergency Hospital of Constanta and included 57 patients with ages between 39 and 84 years old diagnosed with liver cirrhosis. The patients were divided in two groups: Group A comprised 36 patients with alcoholic cirrhosis and Group B consisted of 21 patients with non-alcoholic cirrhosis. The assessment of pseudocholinesterase level was made using rapid centrifugation with reference values between 5320 and 12920 U/L. Statistical analysis was performed using SPSS statistics 17.0 software MedCalc.
Results : The average age of our patients is 61 years old, with a male predominance in both groups

and a sex ratio of 3.5 for Group A and 1.1 for Group B.
Regarding Child-Pugh classification of liver cirrhosis, 24,3% of the patients were classified as Child-Pugh A, 56,3% as Child-Pugh B and 19,4 as Child-Pugh C.
Pseudocholinesterase level was decreased in 41 of the patients studied, 4 of which were Child-Pugh A, 27 Child-Pugh B and 10 Child-Pugh C.
Group A exhibits a more drastic decrease in pseudocholinesterase levels compared to Group B with a medium value of 4179 U/L compared to 6546 U/L.
Conclusions: Pseudocholinesterase levels are predictive of liver reserves in both alcoholic and non-alcoholic related cirrhosis. By comparison, pseudocholinesterase level tends to drop lower in alcoholic cirrhosis that in non-alcoholic relater cirrhosis.
Keywords: pseudocholinesterase, liver cirrhosis

EP10. ANGIOCHOLITIS RESULTED FROM HYDATID CYST OF THE PANCREATIC HEAD

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Introduction:Pancreatic hydatid cyst (PHC) is very rare with an incidence of 0.14%–2%. Angiocholitis can appear either due to the fistulisation of the cyst into de bile ducts or due to extrinsic compression of the bile duct. Our aim is to present the investigation and management strategies of angiocholitis due to extrinsic compression of the common bile duct by a hydatid cyst located in the head of the pancreas.
Case report: A 25-year-old woman, with no medical history, presented with persistent pain in the upper abdominal area, fever (39ºC), rigors and jaundice lasting for approximately three days. Laboratory tests revealed leukocytosis with neutrophilia, cholestasis (BT=13,4 mg/dl, BD=11,8 mg/dl, GGT= 548 U/L, FAS= 338U/L), mild hepatic cytolysis, elevated inflammatory markers and no notable eosinophil count.
The abdominal ultrasound indicated two giant unilocular hepatic cysts with anechoic content and a visible double cystic wall pointing to the parasitic nature of the lesion. The scan also showed a cystic mass located in the head of the pancreas (0.5 cm), a dilated common bile duct (1.42 cm) and a double wall thickening of the gallbladder (0.64 cm).
Endoscopic retrograde cholangiopancreatography (ERCP) was performed with sphincterotomy and insertion of a plastic stent intro the main bile duct. The patient was then transferred to the General Surgery Department for cystectomy and cholecystectomy. There was no communication between the cysts and the pancreatic and bile ducts. The diagnosis of hydatid cyst of the pancreatic head and of the liver was then confirmed intraoperative and by histological findings. The postoperative course was uneventful with the normalisation of the serological tests.
Results and conclusions: Obstructive jaundice and angiocholitis due to compression of the common bile duct from a hydatid cyst located in the head of the pancreas is very rare. The preoperative diagnosis is challenging due to the fact that the cyst can be easily confused with a pseudocyst of the pancreas. In endemic areas such as Dobrogea region, a hydatid cyst of the pancreas should always be considered in the differential diagnosis of all cystic masses of the pancreas.
Keywords: hydatic cyst, pancreas, angiocholitis

EP11. PANCREATIC CYSTS CAUSING BILIARY OBSTRUCTION IN VON HIPPEL LINDAU DISEASE

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Introduction: Von Hippel-Lindau disease (VHLD) is an autosomal dominant disorder involving the VHL gene located at 3p25.3. Clinical manifestations include central nervous system (CNS) and retinal hemangioblastomas, pancreatic and renal cysts, pheochromocytomas, and an increased risk of renal cysts progressing to renal cell carcinoma.
Case Report: We present the case of a 52-year-old female with a family history of renal carcinoma and a personal history of multiple surgically resected CNS tumors. She presented with jaundice and right upper quadrant pain.
Findings: Laboratory tests revealed moderate microcytic hypochromic anemia, hyperbilirubinemia, and cholestasis. Imaging via transabdominal ultrasound and magnetic resonance cholangiopancreatography (MRCP) demonstrated a dilated biliary tree with distal common bile duct compression due to multiple pancreatic cysts. Additional findings included bilateral renal cysts and a left adrenal adenoma.
Diagnosis and Management: Given her clinical presentation and extensive personal and family history, a diagnosis of VHLD was confirmed. The biliary obstruction was initially managed with biliary stenting. Although the patient was referred for a total pancreatectomy, she opted against the procedure. Consequently, surgical resection of the largest pancreatic cysts was performed, yielding

modest outcomes. She has had recurrent episodes of obstructive jaundice and cholangitis, which have been managed with endoscopic retrograde cholangiopancreatography (ERCP) and biliary stenting.
Conclusion: VHLD is a complex condition requiring a multidisciplinary approach involving neurology, neurosurgery, general surgery, and gastroenterology for optimal patient management.
Key words: Von Hippel Lindau disease, pancreatic cysts, biliary obstruction.

EP12. GASTRIC POLYPS AND PORTAL HYPERTENSION

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Introduction: Portal hypertensive polyps (PHP) are rare, having a prevalence of 2-3% among patients with portal hypertension. This case discusses a patient with alcoholic liver cirrhosis and portal hypertension who developed PHP treated with endoscopic band ligation (EBL).
Case presentation: A 71-year-old female with alcoholic liver cirrhosis, grade II esophageal varices, severe portal hypertensive gastropathy (PHG) and history of upper digestive hemorrhage from PHG, presented with significant fatigue and unremarkable physical examination.
Laboratory tests showed moderate microcytic, hypochromic anemia (Hemoglobin= 8,1 g/dl), thrombocytopenia, prolonged coagulation times.
The upper gastrointestinal endoscopy (EGD) showed grade II esophageal varices without signs of recent bleeding; severe PHG; multiple antral protruding, partially pedunculated lesions, some with ulcerations and blood fragments. Due to the increased risk of bleeding, the biopsy was deferred, conservative medical management and later endoscopic reevaluation being recommended.
One month later, the patient presented persistent symptoms, with a drop in hemoglobin values up to 7 g/dl. EGD found the previously described formations. EBL was performed and biopsies were taken. The histopathology report confirmed the diagnosis of PHP.
Subsequent evaluations showed symptomatic improvement, normalization of hemoglobin values, and from endoscopic view, the polyps were numerically reduced. EBL was performed again with recommendation of medical treatment as well as endoscopic surveillance.
Discussion: PHP are benign formations that protrude into the lumen of the gastrointestinal tract (especially at the gastroduodenal level). They can be asymptomatic, discovered incidentally during endoscopic procedures, or they can present with specific occlusive symptoms or hemorrhage.
The studies suggest that the portal hypertensive polyps do not have malignant potential, in some cases they even seem to respond to the treatment of portal hypertension. It has been observed that after polypectomy they tend to relapse. Both endoscopic surveillance and polypectomy should be considered as treatment options.
Keywords: polyps, portal hypertension, cirrhosis.

EP13. UNUSUAL ENCOUNTER: PANCREATIC METASTASIS FROM RENAL CELL CARCINOMA 17 YEARS AFTER NEPHRECTOMY

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Introduction: Pancreatic metastases (PM) are rare, representing only 2%-5% of all pancreatic malignancies. We present the case of a patient treated with an atypical resection for metachronous pancreatic renal cell carcinoma (RCC) metastasis, 17 years after nephrectomy.
Case presentation: A 66-year-old female, was referred by the oncologist for evaluation of a pancreatic mass. Personal medical history was remarkable for right nephrectomy 17 years ago for RCC. Follow-up imaging- computed tomography (CT) scan- showed a 1,5 cm x 1,6 cm solitary mass in the pancreatic head, hypervascular on the arterial phase, followed by wash-out on the venous phase. Physical examination was unremarkable. Laboratory tests were all within normal range, including tumor markers.
Endoscopic ultrasound (EUS) showed a well-delineated, round hypoechoic lesion in the pancreatic head, with a hard homogeneous pattern on elastography. Upon administration of contrast media, rapid uptake of contrast was seen in the arterial phase, with washout in the late phase. EUS-guided fine-needle biopsy (FNB) was performed using a 22 G needle, and the histopathology report confirmed the diagnosis of metastatic RCC in the pancreas.
Following the oncology board's decision, the patient was referred for surgery. An organ-preserving surgery was chosen and tumoral enucleation was performed. Although the resection plan preserved the pancreatic duct, a pancreatic fistula developed, solved with conservative treatment.
Discussions: Metachronous disease is rare, but metastases should always be considered when evaluating pancreatic focal lesions in patients with a history of RCC. PM usually occur many years after

nephrectomy and are associated with an indolent disease course. Imaging findings are nonspecific and differential diagnosis is usually established by histological examination. Surgery stands as the best treatment option, atypical resection being preferred to typical techniques because oncologic results are comparable when removing the metastasis only.
Keywords: pancreatic metastases, endoscopic ultrasound, renal cancer

EP14. PSYCHOTHERAPY APPROACHES IN IRRITABLE BOWEL SYNDROME: EVALUATING CONVENTIONAL AND DIGITAL SOLUTIONS

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Introduction: Irritable bowel syndrome (IBS) is a highly prevalent functional gastrointestinal disorder, often linked with a decline in quality of life (QoL) and work productivity, frequently associated with mental heath disorders. Given the significant role of biopsychosocial factors and the brain-gut axis in the development of IBS, psychological treatments are essential in the therapeutic approach.Cognitive-behavioral therapy (CBT) and hypnotherapy are the most extensively researched in the treatment of IBS. Given the limited availability and accessibility of such treatments, novel digital modalities are being implemented with promising results. The purpose of this study is to offer a comprehensive examination of diverse evidence-supported psychotherapeutic methods, with a particular emphasis on their effectiveness in reducing symptom severity and improving QoL for individuals with IBS. Furthermore, the research aims to assess whether digital alternatives outperform conventional psychotherapeutic approaches.
Methodes: This review was conducted using PubMed, ScienceDirect and Cochrane Library databases without date restrictions. Studies reporting interventions involving CBT, hypnotherapy and novel digital therapeutics for IBS pacients were included.
Results: A total of 15 studies were included. Results showed that CBT and hypnotherapy had significant succes in improving symptoms severity and frequency, QoL and mental health symptoms in both classical and refractory cases. Internet-delivered CBT has demonstrated the potential to offer accessible and cost-effective psychological interventions to individuals with IBS, extending beyond traditional face-to-face formats. Two apps offering self-directed hypnotherapy and CBT for IBS symptoms improved symptom severity and quality of life, but had high dropout rates, especially among those with severe symptoms.
Conclusion: CBT and hypnotherapy have proven beneficial in IBS treatment, improving overall outcomes. The accessibility limitations of these methods are addressed by digital approaches, which offer promising results in treating IBS symptoms at a reduced cost-effectiveness. Further research is needed to investigate the adherence rates and limitations of these novel methods.
Keywords: irritable bowel syndrome, psychotherapy, digital solutions

EP15. DIAGNOSIS AND TREATMENT CHALLENGES IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE ON BIOLOGICAL THERAPY – CASE SERIES

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Introduction: Tuberculosis (TB) is a disease that bears a poor prognosis in immunocompromised patients, especially in countries with a high incidence, causing over 4000 deaths daily.
TNF alfa is a proinflammatory cytokine with a key role in the inflammatory cascade of Crohn's disease (CD) and ulcerative colitis (UC), as well as in the formation of TB granulomas.
Anti-TNF molecules have been used for more than 20 years for the treatment of inflammatory bowel disease (IBD) with a good safety profile.
Materials and methods: We have a case series consisting of three IBD patients that were admitted the County Emergency Clinical Hospital, Cluj Napoca, Gastroenterology department, between the years 2014-2024. Ratio of men: women was 1:2. Two patients had CD and one patient had UC. Treatment with anti-TNF agents was started (a patient with Infliximab initiated in 2014 and two patients with Adalimumab, a case in 2022 respectively one in 2024). They benefitted from pretherapeutic screening for TB – QuantiFERON-TB test and chest X-ray. All three patients were being treated with Azathioprine at the time of the screening.
Results: Patients had a negative QuantiFERON-TB test prior to initiating biological therapy.
The onset of symptoms in two patients was less than 6 months after the initiation of biological therapy, and in one patient was approximately 2 years of anti-TNF therapy.
All three patients developed an extrapulmonary form of TB and required individualization of tuberculosis treatment due to elevated liver enzymes.

Conclusions: Most TB cases are usually diagnosed within the first 4 months from initiating biologic therapy with anti-TNF agents and over 50% of cases develop extrapulmonary or disseminated TB. Anti-TNF agents are associated with a 2-8 times higher rate of active TB compared to the general population, despite effective screening.
The use of immunosuppressors may influence the reactivation of latent TB and the results of the QuantiFERON-TB test.
Keywords: QuantiFERON-TB, TNFalfa, inflammatory bowel disease

EP16. UNUSUAL ASSOCIATION OF COMPLICATIONS IN A PATIENT WITH A FIRST EPISODE OF ACUTE PANCREATITIS

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Introduction: Acute pancreatitis is a systemic disease that can progress to life-threatening complications.
Case report: We report a case of a 37-year-old patient, chronic alcohol and tobacco consumer, with no documented medical history, presented to the Emergency Department of the Institute of Gastroenterology and Hepatology in Iași with epigastric pain and nausea, without vomiting, following excessive alcohol consumption. Laboratory tests revealed serum lipase levels three times higher than the upper limit of normal. Abdomino-pelvic contrast-enhanced computed tomography (CECT) performed 72 hours after the onset of symptoms described features compatible with acute pancreatitis, with a severity score of 6, associating a giant pancreatic pseudocyst with a maximum diameter of 140 mm. On the fifth day of hospitalization, the patient's general condition worsened, presenting intractable vomiting. Upper gastrointestinal endoscopy detected increased gastric stasis fluid without other significant lesions. Abdominal ultrasound reassessment showed the previously described anterior pseudocyst but with significantly reduced dimensions (40 mm) and the presence of free fluid in the peritoneal cavity. Subsequent CECT identified the rupture of the peripancreatic pseudocyst and suggestive features of intramural gastric pseudocysts. Under conservative medical treatment, including fluid and electrolyte rehydration, diuretics, analgesics, anti-inflammatories, and proton pump inhibitors, clinical symptoms remitted, with the disappearance of ascites.
Conclusions: Spontaneous rupture of the pancreatic pseudocyst and the appearance of intramural gastric pseudocysts are rare complications in the course of acute pancreatitis. In the presented case, the evolution was favorable without endoscopic or surgical intervention. Keywords: pancreatic pseudocyst, acute pancreatitis, intramural gastric pseudocysts

EP17. EPIDEMIOLOGICAL PROFILE OF DIVERTICULAR DISEASE IN BIHOR COUNTY EMERGENCY CLINICAL HOSPITAL

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Introduction: Colonic diverticulitis is an inflammatory condition significantly impacting patient quality of life and potentially evolving into severe complications. This study aimed to investigate the patient profile of diverticulitis within the Bihor County Emergency Clinical Hospital, the biggest hospital in our country.
Materials and Methods: A retrospective study over ten years (2014-2023) included 683 patients, analyzing demographic data, clinical features, complications, and administered treatments.
Results: The prevalence of diverticulitis was 0.15% over the study period. A rising trend was noted in 2023 (0.22%) compared to 2014 (0.15%). Of the total patients, 51.24% were female, with a majority being of urban origin (55.63%). The most affected age groups were 71-80 years (31.18%), followed by those over 80 years (22.98%), with the 41-50 age group being the least affected (1.90%). Emergency hospitalization was necessary for 63.68% of patients. Abdominal pain was predominant (82.13%), followed by intestinal transit disorders (38.79%), nausea, and vomiting (23.71%). Significant complications included obstructive syndrome (20.64%), intestinal perforation (10.24%), peritonitis (8.34%), lower gastrointestinal bleeding (7.90%), and abscesses (6.88%). The majority of patients (79.06%) responded to conservative treatment. Surgical intervention was required in 20.93% of cases, with an average age of 71 years.
Conclusions: Our study reveals a relatively low prevalence of colonic diverticulitis in our geographical area, predominantly affecting women. The necessity for emergency admissions was predominant among the elderly, in whom a higher frequency of complications and a greater rate of surgical treatment were also observed. These

findings highlight the importance of early management of diverticulitis, particularly in older adults, to prevent complications and enhance quality of life.

EP18. THE IMPACT OF COMORBIDITIES ON THE ANTIVIRAL TREATMENT IN PATIENTS WITH CHRONIC C HEPATITIS

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Introduction: Hepatitis C virus may cause chronic liver infection which may progress to liver cirrhosis and hepatocellular carcinoma (HCC). Eradication of HCV by the interferon-free (IFN-free) therapy could reduce the risk of liver cirrhosis, HCC and liver-related deaths.
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 - 2022 for initiating IFN-free therapy. Distribution according to comorbidities: cardiovascular - 46 cases (58,8%), diabetes - 8 cases (9,4%), endocrinological - 9 (10,5%), psychiatric - 5 (5,8%), respiratory - 2 cases (2,35%), hematological - 4 (4,7%), 2 patients - neoplastic antecedents (2,3%), neurological - 4 cases (4,7%), 5 patients without associated disease (5,8%). 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.
IFN-free therapy was: Viekirax-Exviera in 46 patients (55,42%), Harvoni in 26 patients (31,32%) and Zepatier – 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 (1,17% of total). 82 patients started and finished IFN-free treatment (96,4%). All of them achieved SVR at 12 weeks after treatment (100%).
Conclusion: Despite the presence in patients with HCV chronic infection of various comorbidities, IFN-free therapy could be initiated and followed in the vast majority of them. 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 C hepatitis, comorbidities

EP19. HEPATORENAL SYNDROME – FREQUENCY, MANAGEMENT AND PROGNOSIS IN CIRRHOTIC PATIENTS HOSPITALIZED IN INSTITUTE OF GASTROENTEROLOGY AND HEPATOLOGY ("SF. SPIRIDON" HOSPITAL) IASI

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Introduction: Hepatorenal syndrome (HRS) is a major complication of cirrhotic decompensated patients, which influences unfavorably the prognosis of the disease. The first line of treatment is represented by the association of albumine and terlipressine, but liver transplant is the only curative treatment.
Material and method: This is a retrospective study made on cirrhotic patients hospitalized in IGH between 01.06.2023 and 01.03.2024. We followed the number of patients with HRS, their frequency from the total of cirrhotic patients, the treatment and the type of response (partial, complete, lack of response). We verified from the observations files the type of evolution (favorable, relapse, death) and the number of HRS patients with liver transplant or on the waiting list for liver transplant.
Results: From 1238 cirrhotic patients hospitalized in IGH in this interval, 5,97% had HRS (74 patients), with a sex ratio men/women of 1,46: 1. 64 patients received albumine with terlipressine for five days (86,48% of HRS patients). From the treated patients, 21 presented full response to treatment (28,37%), 12 patients (16,21%) – partial response and 41 (55,42%) – no response. In 17 patients HRS have relapsed (22,97%), 14 patients having one relapse, other 3 patients had 2, 3 or 4 relapses. 27 patients with HRS had also spontaneous bacterial peritonitis (28,12%). Death rate was 44,59%. 3 patients with HRS received liver transplant (4%), two patients being on the waiting list for transplant.

Conclusions: From the cirrhotic patients with HRS hospitalized in IGH, a significant percentage (86,48%) received medical treatment with albumine and terlipressine. Despite the response to treatment in 44,58% of cases, the mortality rate remains high (44,59%). The rate of liver transplant amongst cirrhotic patients with HRS is low, for now (4%).
Key words: hepatorenal syndrome, decompensated liver cirrhosis

EP20. FEASIBILITY OF GASTRIC CANCER SCREENING IN ROMANIA: PROTOCOL AND INITIAL FINDINGS FROM THE TOGAS WP4 PILOT 1 STUDY

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Background: Gastric cancer (GC) is still an important public health problem in Romania, despite its decrease in prevalence in the last decades. Helicobacter Pylori (HP) infection is the most important risk factor for GC. Screening programs have been described in Asia but are still lacking in Europe. We aim to describe the study protocol of the TOGAS Pilot 1 study in Romania.
Materials and methods: 2000 asymptomatic individuals aged 30 to 34 will be invited to participate in the study and will undergo screening using HP serum antibodies. Those with positive results will subsequently undergo a urea breath test (UBT) for confirmation. Patients testing positive on the UBT will receive treatment with bismuth-based quadruple therapy.
Results: We provide a synthesis of preliminary findings obtained from the ongoing study, complemented by a comprehensive overview of the study protocol. Additionally, we offer insights into the potential implications and challenges associated with GC screening in the context of Romania, thereby contributing to the broader discourse on effective preventive measures against this malignancy.
Conclusions: Screening and treating for HP infection could represent a feasible approach to prevent GC.

EP21. EXPLORING POTENTIAL RISK FACTORS FOR COLONIC POLYPS IN NORTH-WESTERN ROMANIA: INSIGHTS FROM A SINGLE-CENTER OBSERVATIONAL

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Background and aims: The majority of colorectal cancers (CRC) originate from precancerous adenomatous and serrated lesions. Accepted risk determinants for conventional adenomas and CRC include age, male gender, and familial history. Our study aimed to outline the characteristics of colorectal polyps in our center, as well as to uncover associations between them and certain risk factors.
Methods: We retrospectively collected the data available in a tertiary center of the patients that underwent colonoscopy for various indications (eg.: rectorrhagia, abdominal pain, screening, anemia, etc.)between the 1st of January 2022 and the 1st of August 2023. We analyzed the age, gender, and symptoms of the patients. We analyzed the colic polyps detected. We classified the polyps based on location, size, shape, architecture, and dysplasia grade. Statistical analysis was conducted to evaluate potential risk factors.
Results: 248 subjects were identified and included in the study. There were 584 polyps uncovered during the colonoscopies in 248 subjects. 498 polyps were excised and retrieved. 44.5% were right-sided and 55.5% were left-sided. Most of the polyps were <1cm (78.2%). There were significantly more adenomatous polyps (68.8%) than non-adenomatous (31.2%). Most of the polyps had a low grade of dysplasia (59.8%). There were significant associations between the polyp size and dysplasia grade, number, and location on the transverse colon. Polyps under 1cm were more likely to be tubular (p=0.008). The age of the patients >50 years was associated with a greater number of polyps (p=0.002). A moderate statistically significant association (p=0.0297) existed between the male gender and the number of adenomatous polyps.
Conclusions: Male gender, age greater than 50 years, and history of colonic polyps are risk factors for the development of colonic polyps in the studied population. A history of more than 2 polyps and a size greater of 1cm can be associated with higher rates of dysplasia.

EP22. THE EFFECT OF PEPSIN ON THE SALIVARY PROTEOME: PAVING THE WAY FOR POTENTIAL GERD BIOMARKER DISCOVERY

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Introduction: The current approach to diagnosing gastroesophageal reflux disease (GERD) involves a thorough evaluation encompassing clinical symptoms, response to acid-suppressive therapy, endoscopy, and ambulatory reflux monitoring. There has been growing interest in current research aimed at identifying reliable non-invasive diagnostic methods for GERD. We investigated the effect of pepsin on salivary proteins using matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF), in the search for potential future salivary biomarkers for GERD. Materials and Methods: Whole saliva samples were obtained in the morning from healthy volunteers aged 20 to 30 years after overnight fasting, and 30 minutes following teeth brushing. Subsequently, saliva was mixed with a pepsin solution at ratios of 20:1 and 50:1, followed by acidification to a pH range of 1-2 to facilitate optimal proteolytic activity of pepsin. The digestion process ensued for 30 minutes at 37 degrees Celsius at 450 rotations per minute (rpm). Following digestion, samples underwent centrifugation for 10 minutes at 12000 rpm to separate components. Desalination, concentration, and purification of supernatant samples were achieved utilizing the ZipTip method. Super-DHB served as the matrix for mass spectrometry analysis. The controls were comprised by acidified whole saliva samples with no pepsin addition, with identical processing techniques for MALDI-TOF proteomic evaluation.
Results: The proteomic analysis revealed novel peaks consistently detected in samples containing the mixture of whole saliva and pepsin, which were absent in the control samples. These distinctive peaks comprised peptides generated by the enzymatic activity of pepsin on salivary proteins in an acidic environment. These peptides hold promise as prospective biomarkers for GERD, suggesting their potential utility in indicating gastric reflux when detected in patients' saliva.
Conclusion: These results suggest that comparative proteomic analysis could be useful in novel salivary biomarker discovery and warrant further research.
Keywords: GERD; salivary biomarker; proteomics.

EP23. CAN WE PREDICT THE PRESENCE OF THE ESOPHAGEAL VARICES BY NON-INVASIVE MODELS?

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Background: Esophageal varices are dilated submucosal distal esophageal veins which appear in patients with portal hypertension and represent a frequent source of upper gastrointestinal bleeding in patients with cirrhosis. Endoscopy is currently the gold standard for the detection of esophageal varices. At present, non-invasive predictive models are especially imaging/ultrasonographic and biologics parameters.
Methods: We conducted a retrospective study from January 1, 2023 through December 31, 2023 in Gastroenterology Clinic of Emergency Clinical County Hospital of Targu Mures. We included in study patients with cirrhosis who had recent checks-ups and to which upper endoscopy and echography were performed. Laboratory parameters included platelet count, lymphocyte count, lymphocyte percentage, monocytes count, international normalized ratio, creatinine, total bilirubin, aspartate aminotransferase, alanine aminotransferase.
Results: A total of 56 cirrhotic patients were included in the study, and their mean age of presentation was 58.75 years, 83.9% were males and 16.1% were females. 89.3 % cases had varices, of these 50% cases had grade 1 oesophageal varices. Thrombocytopenia was present in 69.6 % of cases and the hypersplenism in 76.6% of cases. The spleen length over 13.2 cm was positive associated with the presence of grade 2 and 3 varices, p=0.043. Also, the APRI score over 1.5 points was positive associated with presence of grade 2 and 3 varices, p=0.0045. Other non-invasive methods like platelet count, monocytes count, lymphocyte count, were not associated with the presence of varices or the grade of those.
Conclusions: In our study the spleen length over 13.2 cm and the APRI score over 1.5 points were positively associated with the presence of grade 2 and 3 varices. Larger studies are also necessary to obtain valid results for this non-invasive methods.

EP24. MARKERS OF ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE ARE ASSOCIATED WITH ARTERIAL HYPERTENSION

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Introduction. One of the basic problems of contemporary medicine is the problem of comorbidity and evolution of these diseases. Of particular interest in contemporary medical science are the syntropy of gastroesophageal reflux disease (GERD) and arterial hypertension (HTA), whose frequencies range from 11.6 to 50%.
The purpose of the work. Study of markers of endothelial dysfunction in patients with gastroesophageal reflux disease in association with hypertension.
Material and Methods. The research is based on analytical observational study of laboratory data (proinflammatory markers Interleukin-1 and -6 (IL-1, IL-6), C-reactive protein (CPR), nitric oxide (NO) metabolites and intimate mean thickness (IMT) of 100 patients with the diagnosis of a form (erosive or non-erosive) of GERD and lasting >7 years associated with HTA, in the Internal Medicine-Semiology Clinic, during the academic years 2002-2022.
Results. Proinflammatory marker values: IL-1 - 6.3±0.056 pg/ml, IL-6 -5.85±0.036 pg/ml and PCR-12.8±0.68 mg/L were obtained for non-erosive GERD and HTA, and IL-1 values -8.6±0.053 pg/ml, IL-6 -8.46±0.058 pg/ml and PCR – 20.8±0.62 mg/L for erosive GERD and HTA. 89.0±0.68 µmol/L are the data obtained for metabolites NO, non-erosive GERD and HTA, and erosive GERD and HTA 97.35 ±0.54µmol/l. GIM for patients with erosive GERD and HTA is 1.14 ± 0.03 mm and for those with non-erosive GERD and HTA 0.99 ± 0.03 mm.
Conclusions. Patients with the erosive form of GERD associated with HTA had the highest levels of IL-1,-6, PCR, and metabolites of NO in blood serum and had the greatest change in carotid mean intima thickness compared to those with non-erosive GERD and HTA. All this denotes a development of endothelial dysfunction, due to the inflammatory process of the mucous membrane of the esophagus, long-lasting.
Keywords: GERD, HTA, endothelial dysfunction

EP25. PANCREAS CANCER - ASSOCIATED MIXED CONNECTIVE TISSUE DISEASE REGRESSING AFTER CEPHALIC DUODENOPANCREACTOMY

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Introduction: Pancreatic ductal adenocarcinoma (PDAC) is a highly aggressive malignancy and estimated to become the second leading cause of cancer-related deaths by 2030. Although overall 5-year survival rates have constantly remained below 10% for the last decades, several key points important for accurate patient stratification have emerged during recent years.
Materials and methods: A 66-year-old woman presented with anorexia, asthenia, fatigue, recent weight loss and epigastralgias with transfixing irradiation in the back. She also reported a 2-year history of myalgia, arthralgia, paresthesias, skin changes and edema of the upper limbs at temperature changes. The clinical examination showed expiratory dyspnea and sensitivity to deep palpation in the epigastric region. The blood test highlighted leukocytosis with neutrophilia, hyperglycaemia, positive anti-U1RNP and ANA antibodies, positive rheumatoid factor, high level of CA 19-9 and the ultrasound scan revealed a hypoechoic lesion of the pancreatic head. She performed a whole body CT(computed tomography) scan to confirm and stage the pancreatic head cancer. The stage IB of the primary tumor allowed duodenopancreatectomy to be performed with reconstruction of the local anatomy.
Results and conclusions: In this case, the surgical resection of the primary tumor led to the complete resolution of mixed connective tissue disease with no further recurrence. Although there is not sufficient data about the correlation between mixed connective tissue disease and pancreatic cancer, paraneoplastic rheumatic syndromes, such as carcinomatous polyarthritis, palmar fasciitis and arthritis could be an uncommon association with pancreatic cancer.
Key words: pancreatic neoplasm, paraneoplastic rheumatic syndromes, mixed connective tissue disease.

EP26. THE EFFECT OF THERAPEUTIC MEDICAL EDUCATION ON THE EFFECTIVENESS OF TREATMENT IN GASTROESOPHAGEAL REFLUX DISEASE

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Introduction. Although PPI-inhibitors are very efficient in the treatment of gastroesophageal reflux disease(GERD), in some cases the doctors prefer a step-up therapeutic approach.
Material and method. 120 patients investigated in an outpatient gastroenterology service with GERD

symptoms were proposed a treatment based on diet and lifestyle changes for a period of one month with indications for subsequent treatment adjusted according to response and in addition, participation in an educational program about GERD. The program, held every Saturday of diagnosis week, delivered by voluntary students under the guidance of medical stuff, consisted of a 2-hour power-point presentation (which included data on anatomy, pathogenesis, diagnosis, treatment, diet, lifestyle, follow-up, complications).
Results. Only 90 patients accepted to participate in the educational program(75%), the others being reported as a control group. All patients received only dietary and lifestyle indications. The initial clinical evaluation performed by the attending physician was complex and the final evaluation, one month after the initial one, was anamnestic, including a satisfaction questionnaire. Among the 90 patients of the study group, a number of 7(7.7%) requested re-evaluation after less than a month due to no change in symptoms (and acid-inhibiting treatment was initiated) and 42(46.7%) reported the disappearance or significant improvement of symptoms. Among those in the control group, 6 patients requested premature reevaluation for persistence of symptoms(20%) and 8 had remission or significant improvement in symptoms(26.7%). Among non-responder patients 92.3% were obese or overweight,61.5% were diabetic, and all were polymedicated for other diseases while in the study group only 50% were overweight or obese and 11% were diabetic.
Conclusions. Even if we currently have effective medication for GERD, in a significant number of cases only diet and lifestyle can improve or remit the symptoms; this number can be amplified by a therapeutic medical education of the patient with GERD.
Key words: gastroesophageal reflux disease, patient therapeutic education

EP27. A RARE CAUSE OF HYPOSIDEREMIC ANEMIA IN ADULTS: CELIAC DISEASE

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Background. Celiac disease (CD) is an immunoalergic disorder triggered by the ingestion of gluten containing food in susceptible persons. CD is a rare cause of anemia in adults. The diagnosis is difficult if the doctor does not consider this possible cause.
Method. 55 adults with chronic hyposideremic anemia, no diarrhea and negative results at faecal occult blood tests or normal colonoscopy were investigated in an outpatient gastroenterology unit in Iasi, Romania between January 2019 and June 2023 reffered by haematologist. Two categories of investigations done were: upper digestive endoscopy with gastric and duodenal biopsies and specific immunological tests for CD (antigliadin, antiendomisium and anti tisular-transglutaminase antibodies type IgG and IgA).
Results. 55 adults with chronic hyposideremic anemia (age between 18 and 44 years, mean age 23.5) were investigated by duodenal biopsies and specific immunological tests for CD. 29 of them, had both category of investigations conclusive, 11 of the rest had Marsh 1 duodenal atrophy but negative immunological tests and only one had positive immunological tests with normal duodenal histology. A gluten free diet (GFD) was indicated for all 41 pacients as a treatment option considering the pathophysiology of celiac disease involving both innate and adaptative immune response to gluten diet. The therapeutic test (consisting in remission of anemia) was positive in 28 of 29 cases (96.5%) from the first group (the non responding one was set on corticotherapy with a good response), in only 3 cases from the second group (27.3%) and the single patient of the third group; totally in 32 cases (78%).
Conclusions. A hyposideremic anemia in young adults even with no diarrhea and normal endoscopic findings may hide a celiac disease, the confirmation requiring immunology and pathological investigations. If suspected, response at GFD confirms the diagnostic.
Keywords: celiac disease, hyposideremic anemia

EP28. GROOVE PANCREATITIS: DIAGNOSTIC DILEMMAS AND MANAGEMENT

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Introduction: Groove pancreatitis is a rare form of focal chronic pancreatitis involving the parietal duodenal wall or the anatomical space delimited by the pancreas, duodenum, and main bile duct. It predominantly affects males, particularly those who consume alcohol and smoke. The condition often leads to misdiagnosis as oncological or autoimmune pathology due to its pseudotumoral imaging appearance.
Methods: We present a case of a 56-year-old male, an ethanol consumer and smoker (30 pack-years), admitted to another medical service a month ago for postprandial vomiting, epigastric pain, and unintentional weight loss. Clinically, systemic

inflammatory response syndrome was evident along with hepatic cytolysis, minimally elevated serum lipase and amylase, and anicteric cholestasis. Computed tomography showed circumferential thickening of the duodenal wall, dilation of the bile ducts, and the Wirsung duct. Intravenous antibiotics and electrolyte repletion resulted in symptom resolution. Subsequently, the patient was referred to our clinic for endoscopic investigation of pancreatico-duodenal changes. On presentation, the patient was asymptomatic. Laboratory findings included mild normochromic, normocytic anemia, mild hepatic cytolysis, persistent anicteric cholestasis, and slightly elevated CA19-9. Endoscopic evaluation revealed an infiltrative, circumferential appearance of the bulb-duodenal junction mucosa with increased consistency, causing incomplete luminal stenosis, which was biopsied. Linear endoscopic ultrasound described changes consistent with chronic pancreatitis, disorganization of the duodenal wall (also biopsied), and dilatations of the bile ducts and Wirsung duct. Considering these findings and the patient's history, including cessation of ethanol use and symptom improvement, we conclude that the clinical picture is consistent with groove pancreatitis.
Conclusion: This clinical case underscores diagnostic and management challenges and emphasizes the importance of considering groove pancreatitis in patients presenting with abdominal pain, weight loss, and a history of alcohol consumption in the context of duodeno-pancreatic imaging alterations.
Keywords: groove, pancreatitis

EP29. DECIPHERING SERUM PROTEOMIC PROFILES IN INTRAHEPATIC CHOLANGIOCARCINOMA: TOWARDS ENHANCED DIAGNOSTIC STRATEGIES

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Introduction: Cholangiocarcinoma (CCA) is a highly aggressive form of biliary tract cancer arising from the malignant transformation of cholangiocytes. A fundamental hurdle lies in comprehending the underlying biology of CCA tumorigenesis, as it holds significance for early detection and intervention. Monitoring alterations in protein expression within serological proteomes throughout the course of disease progression can offer invaluable insights into the intricacies of CCA physiology and pathology. In this study aimed to explore the serum proteome of patients with intrahepatic iCCA, HCC, cirrhosis (CIR), primary sclerosing cholangitis (PSC) (n=15/each), in order to identify new biomarker candidates along with possible pathways involved in the development of these complications. Materials and methods: Using large-scale quantitative global protein profiling of serum sample, a total of 845 proteins were initially identified. After applying the inclusion criteria 646 proteins were selected for biomarker analysis. For the exploration of serum proteome patterns, we conducted a group clustering analysis to demonstrate the study's feasibility. Utilizing partial least squares discriminant analysis (PLS-DA), the serum patterns showed notable clustering among groups, with discernible separation based on the first two components. Results: Significant differences in the expression levels of 154 proteins between iCCA and HCC patients were identified. Notably, S100 calcium-binding protein A9 (S100A9), Haptoglobin (HP), and Intercellular Adhesion Molecule 2 (ICAM2) emerged as top discriminatory proteins. Additionally, 5 proteins demonstrated a 1.5-fold increase (log2 fold change (log2FC) >0.58) in the iCCA group, while 6 proteins exhibited a 1.5-fold higher abundance (log2FC >0.58) in the HCC group, suggesting their potential as biomarkers. Utilizing a one-way analysis of variance, 63 proteins with notable differences among the groups were identified, considering risk factors such as CIR and PSC. Conclusion: This initial proteomic analysis underscores the reliability of identifying promising novel biomarker candidates for iCCA. Further validation and exploration of these serum proteins' clinical utility are warranted

EP30. THE IMPACT OF BACILLUS CLAUSII ON THE GASTROINTESTINAL SYMPTOMS OF PATIENTS UNDERGOING ANTIBIOTIC THERAPY

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Introduction : Antibiotic therapy causes dysbiosis, which can lead to changes in the architecture of the gut by inducing immune cell activation, inflammation, and an alteration of the intestinal barrier integrity. Because of its unique resistance to the stomach's acidic environment, Bacillus clausii can colonize the gastrointestinal tract even when antibiotics are present. With a focus on gastrointestinal discomfort reduction, the purpose of this study is to assess the efficacy of Bacillus clausii as an adjuvant therapy in patients receiving antibiotic treatment for the eradication of gastrointestinal tract bacterial infections.
Material and method: We performed a prospective case-control study involving 43 subjects who were assigned to receive antibiotic therapy in addition to Bio-Sun Spor 1 capsule twice daily over the course of the antibiotic treatment and for an additional six days post-antibiotic therapy, or to receive antibiotic therapy exclusively. All participants underwent systematic interviews and completed a standardized questionnaire regarding their gastrointestinal symptoms at the initiation of the therapy and one month later.
Results: One month after starting therapy, Gastrointestinal Symptom Rating Scale in both groups revealed significant improvements, with the intervention group showing a more notable difference: the median Gastrointestinal Symptom Rating Scale dropped from 46 to 38 points (p-value < 0.001) in the intervention group, and from 46.5 to 39.5 points in the control group (p-value = 0.035). In the intervention arm, there was also a decrease in the C reactive protein level exceeding the upper normal limit, falling from 21.2% to 3% (p-value = 0.025).
Conclusions: This study shows that in individuals with a bacterial infection of the digestive system requiring antibiotic treatment, co-administration of Bacillus clausii with antibiotic therapy has a positive impact on the amelioration of gastrointestinal symptoms.
Keywords: Bacillus clausii; gastrointestinal symptoms; antibiotics

EP31. ABDOMINAL ULTRASOUND IN IBS PATIENTS – IS IT MANDATORY?

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Introduction: IBS (Irritable Bowel Syndrome) is a chronic and debilitating disorder of the brain-gut axis. Even if the diagnosis of IBS is based on the Rome IV criteria, existing guidelines also recommend other investigations to exclude other pathologies or to identify some alarm features (e.g., complete blood count, fecal calprotectin determination, celiac disease serologic test).
AIM: To investigate the utility of abdominal ultrasonography (US) in the diagnosis of IBS.
Material and methods: We performed a retrospective study on 134 IBS patients (73 females and 61 males) over a 2 years period. The included patients were selected using the Rome IV criteria and according to IBS classification based on the predominant bowel habit: IBS-Constipation (IBS-C), IBS-Diarrhea (IBS-D) or IBS-Mixt (IBS-M). All these patients underwent abdominal ultrasound.
Results: Out of a total of 134 IBS patients, 44% had IBS-C, 24% had IBS-D, 32% had IBS-M. 50 patients (37.31%) had a normal abdominal US. Among the 84 patients (62.68%) who presented ultrasound pathologies, 54 patients (40.29%) had steatotic liver disease, 12 patients (8.95%) had genital pathology, 9 patients (6.71%) were diagnosed with gallbladder stones, 4 patients (2.98%) with images suggestive of colon cancer (3 of them were confirmed by colonoscopy), 3 patients (2.23%) with nephrolithiasis, and 2 patients (1.49%) with liver nodules. 9 patients (6.71%) were found to have at least 2 concomitant pathologies. Based on our findings, among all patients with IBS, the prevalence of ultrasound pathologies was higher in patients aged>45 years, females ($p<0.05$). There was no correlation between pathologies detected by ultrasound and the type of IBS-C, IBS-D, or IBS-M ($p>0.05$).
Conclusions: US is a cheap, non-invasive, and accessible method, that is useful in patients with IBS symptoms, discovering associated pathologies in more than 50% of cases. The most frequent association of IBS was hepatic steatosis. Further prospective studies are warranted to evaluate the relationship and shared pathways including gut dysbiosis, impaired intestinal mucosal barrier, and immune system activation between IBS and steatotic liver disease.
Keywords: IBS, ultrasound, steatotic disease

EP32. ACUTE PANCREATITIS, PRESENTATION OF A CASE OF "MULTIPLE MYELOMA"

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Introduction: Acute pancreatitis is one of the most common gastroenterological diseases in medical practice, and the identification of the etiology is an essential aspect in the management of patients. This case report describes a particular clinical situation in which a patient is diagnosed with Multiple Myeloma due to an episode of Acute Pancreatitis caused by severe hypercalcemia induced by bone lysis within this disease.
Case presentation: We present the case of a 69-year-old patient, hospitalized in the Gastroenterology Department with clinical-biological and imaging of acute pancreatitis. The etiological evaluation excludes alcohol consumption through the anamnestic, the biliary cause being refuted biochemically and imaging. Abdominal-pelvic CT examination additionally describes osteolytic lesions in the scanned volume, suggestive of secondary disseminations, and extensive biological balance reveals severe hypercalcemia. In this context, additional investigations were initiated to detect the primary tumor. Considering the personal antecedents of operated thyroid neoplasm, an endocrinological evaluation is recommended, which excludes tumor recurrence, and subsequently the patient benefits from mammography and upper digestive endoscopy, without the detection of lesions. Later, a peripheral blood smear is performed, supplemented with serum protein electrophoresis and immunoelectrophoresis, which raises the suspicion of malignant hemopathy. Serum protein electrophoresis with immunofixation indicates the presence of kappa light chains. In this context, the patient underwent a bone biopsy, and the result supported the diagnosis of multiple myeloma. She was transferred to the Hematology Department for specialized therapeutic management.
Conclusion: The presentation of a condition is not always specific, as atypical manifestations are possible, with the involvement of other systems and organs. We emphasize that hypercalcemia can be the cause of acute pancreatitis, the particularity of the case being its presence in the context of bone lysis determined by multiple myeloma.

EP33. IMMUNE THROMBOCYTOPENİA AND CELIAC DISEASE - CASE REPORT

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Background: Celiac disease is a chronic small intestinal immune-mediated enteropathy precipitated by exposure to dietary gluten in genetically predisposed patients. The immune response results in characteristic damage to the villi, leading to malabsorption. Immune thrombocytopenia (ITP) is an acquired bleeding disorder caused by an inappropriate response of the immune system. Autoimmune diseases such as diabetes mellitus, thyroiditis, autoimmune hepatitis have been reported at a higher than expected prevalence in patients with celiac disease but celiac disease associated with ITP has been reported very rarely.
Case report: Here we report the case of a 40-years-old woman who was admitted in Hematology Department with epistaxis and metrorrhagia. In her recent medical history were noted 10 kg weight loss in 2 months and asthenia. Vital signs were normal. On physical examination, pale skin and mucosa, petechial rash on the lower extremities were noted. . On laboratory analysis, complete blood count was normal, except for a mild anemia (hemoblobin: 7.3 g/dL) and severe thrombocytopenia (1000/mmc). On peripheral blood smear examination, no blasts or immature cells were seen. Serum electrolytes, serum glucose, liver and renal function tests, cholesterol, and triglyceride levels were within normal ranges. The patient was diagnosed with acute ITP and subsequent intravenous immunoglobulin (IVIG) treatment was administered due to lack of response to corticosteroid therapy. Celiac disease markers, tissue transglutaminase IgG and IgA, were found to be positive. Upper gastrointestinal endoscopy with biopsy was performed. The biopsy, which revealed villous atrophy with hyperplasia of the crypts and increased intraepithelial lymphocyte count (Marsh type 3c), was consistent with CD.
Conclusions: In the present report, we have presented a case with celiac disease and immune thrombocytopenia due to this rare association and emphasized that celiac disease should be kept in mind even in patients with very severe thrombocytopenia.
Keywords: celiac disease, thrombocytopenia

EP34. CHARACTERISTICS OF NEWLY DIAGNOSED COLORECTAL CANCER AT THE BIHOR COUNTY EMERGENCY

CLINICAL HOSPITAL: A THREE-YEAR RETROSPECTIVE STUDY

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Introduction: Colorectal cancer (CRC) represents a substantial public health burden, significantly impacting both quality of life and mortality rates. This study aims to analyze the epidemiological and clinical characteristics of CRC patients admitted to the largest emergency hospital in Romania.
Materials and Methods: This retrospective analysis examined data from 150 newly diagnosed CRC cases spanning from 2020 to 2022 at the Emergency County Clinical Hospital Bihor.
Results: Of the total cohort, 52.66% were male, predominantly originating from rural areas (54.66%). Notably, a higher incidence was observed in individuals in their seventh decade of life (37.33%), with a statistically significant disparity (p = 0.002, employing the T-test) between the mean ages of male (68.75) and female (63.77) patients. Primary tumor localization favored the left colon (76.66%), with rectal neoplasms comprising the majority (53.91%). Stenotic presentations predominated (46.66%), with moderately differentiated intestinal adenocarcinoma (G2) being the most frequent histological subtype (54%). The main complication identified was obstructive syndrome, occurring in 22% of cases. Furthermore, 50% of patients presented with anemia at diagnosis, with 12% classified as severe, necessitating blood transfusion. Computed tomography revealed metastases at the time of diagnosis in 38.66% of cases, predominantly hepatic (72.41%) and pulmonary (27.58%), categorizing these patients as stage IV. Concurrent tumors at various sites were detected in 11.33% of cases. Surgical intervention was required for the majority (87.33%) of patients, with 22.13% requiring urgent procedures. The overall mortality rate was 9.33%.
Conclusions: This study underscores the elevated occurrence of stenotic G2 rectal adenocarcinomas in our geographic region, particularly among male individuals from rural areas, with earlier onset in females. Late-stage IV diagnosis and considerable mortality rates emphasize the imperative for early detection to optimize prognosis and treatment outcomes.

EP35. A NEW COMPOUND FOR THE TREATMENT OF ANAL FISSURES

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Introduction: Lifestyle, diet, genetic factors and certain drug treatments contribute to constipation and anal fissures. The prevalence is constantly increasing, in children and adults. Due to the potential side effects of allopathic topical medications, many patients are interested in natural alternative treatments. The purpose of this work is to present a new natural cicatrizer for the treatment of anal fissures.
Material and method: Natural healing agent containing oil of Persea Americana, Helianthus annuus, Ricinus communis, oily extract of Hypericum perforatum, essential oil of Thymus vulgaris, Anethum graveolens, oil of Salvia officinalis, Mentha piperita, Calendula officinalis, Matricaria recutita, tincture of Aesculus hippocastanum, cocoa butter, honey, alcoholic extract of Capsella bursa-pastoris, beeswax. The efficacy of the cicatrizant was evaluated clinically, based on a prospective randomized double-blind study versus placebo and the favorable opinion of the Ethics Committee.
Results: The natural healing agent for the treatment of anal fissures is a hydrophobic ointment. The route of administration is external, transmucosal - rectal. The results of the study confirmed statistically significant and clinically important reductions in the level of pain and rectal bleeding as the primary endpoints of interest in the group receiving the active substance compared to the group receiving placebo. In addition, for the secondary endpoints of interest, both physician- and patient-reported satisfaction were observed to be statistically and clinically significantly higher in the active substance group. Although there were small clinical differences between rectal bleeding and constipation levels at baseline, these were not statistically significant.
Conclusions: The cicatrizing compund produces a statistically and clinically significant decrease in rectal bleeding and the level of pain, as well as an increase in the degree of satisfaction of the patient and of the doctor compared to placebo. The new natural cicatrizing compound for anal fissures had no side effects.

EP36. THE CURRENT PROFILE OF GASTRIC ULCER PATIENTS IN THE BIHOR COUNTY EMERGENCY CLINICAL HOSPITAL

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Introduction: Gastric ulcer (GU) represents a condition with potential for severe complications. The aim of the study was to investigate the clinical profile of patients with GU admitted to Bihor County Emergency Clinical Hospital (BCECH).
Materials and methods: We have retrospectively analyzed (2021-2023), the data from 668 patients endoscopically diagnosed with GU from an epidemiological, clinical, biological and histological perspective.
Results: GU was more prevalent in male patients (58.83%), from rural areas (55.83%), the age decade most often affected being 70-79 years (26.34%), followed by 60-69 years (24.7%). Among the risk factors, smoking was found in only 11.67% of patients, NSAIDs consumption in 15.26% and only 35% were Helicobacter pylori (HP) positive cases. The most frequent localization was the gastric antrum (38.02%), followed by the gastric body region (33.83%), multiple localizations being found in 5.98% of the cases. Histologically 3.44% were neoplasms. Associated complications were: upper gastrointestinal bleeds (55.83%), perforation or penetration (11.81%), pyloric stenosis (1.04%). Associated anemia was observed in 69.6% of cases, with severe forms in 16.31% of cases. The mortality rate in the studied group was 0.08, practically 57 recorded deaths (8.53% of cases) due to complications. Proton pump inhibitor treatment was given in 92.07% of cases, HP eradication was performed in 99.15% of positive cases (quadruple therapy 51.06%, triple therapy 48.93%).
Conclusion: Our study highlighted that GU predominantly affects the elderly population, which suggests a change in the age trend. Although, fortunately, we encountered a low mortality rate in patients with GU within BCECH as well as a small number of malignant cases, their complications were multiple and severe. We emphasize the importance of complex paraclinical approach in the diagnostic process by the mandatory inclusion of the endoscopic investigation and HP eradication.

EP37. ESOPHAGEAL BLEEDING IN LONG-LASTING ACHALASIA COMPLICATED BY STASIS ULCER

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Achalasia is a rare motor disorder characterized by esophageal aperistalsis and incomplete relaxation of the lower esophageal sphincter, commonly complicated by esophageal dilation with subsequent sigmoidization of the esophagus, pneumonia or lung abscesses, due to food regurgitation and aspiration. Although an esophageal hemorrhage may occasionally occur due to esophageal stasis and esophagitis, severe bleeding from achalasia is exceedingly rare.
We present the case of a 52-year-old female with a history of stroke and long-lasting achalasia which presented with sudden onset of hematemesis and altered general status. On admission the patient required fluid resuscitation and blood transfusion but without evidence of active bleeding. An upper gastrointestinal endoscopy was performed that revealed a dilated esophagus with a large adherent blood clot and no signs of active bleeding. After fragmenting and extracting the clot using a Dormia basket, multiple irregular ulcers were observed in the middle and lower esophagus, one with a visible vessel without active bleeding, presumed to be the bleeding source. Endoscopic treatment consisted of hemostasis using a metal clip for the esophageal ulcer with high-risk stigmata and balloon dilation with a 35mm polyethylene balloon for the achalasia. Further treatment included high-dose proton pump inhibitors, parenteral nutrition and the patient was scheduled to return for another session of pneumatic dilation.
The particularity of the case lies in the presence of a rare complication of achalasia, which can predispose to stasis ulcers, leading to possibly life-threatening esophageal bleeding

EP38. CHALLENGING STENT-IN-STENT PLACEMENT IN A PATIENT WITH MALIGNANT BILIARY OBSTRUCTION

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Assuring adequate biliary drainage is important for alleviating symptoms and extending life expectancy in patients with malignant biliary obstruction. Endoscopic drainage using self-expandable metal stents (SEMS) is known to prolong survival, lower the rate of adverse events and require less reinterventions when compared to plastic stents. Uncovered self-expandable metal stent (U-SEMS) can be inserted "side-by-side" or "stent-in-stent" but placement of more than 2 stents is known to be technically challenging and is rarely reported.
We present the case of a 71-year-old male with inoperable cholangiocarcinoma and cholangitis. The patient was diagnosed two years previously with Bismuth type I cholangiocarcinoma and has since underwent chemotherapy and endoscopic therapy consisting of subsequent placement of 3 stent-in-

stent U-SEMS with radiofrequency ablation of the malignant tissue between sessions and one double pig-tail stent. During Endoscopic retrograde cholangiopancreatography (ERCP), the previously placed double pig-tail stent was removed and a cholangioscopy was performed showing stent obstruction due to tumor ingrowth and overgrowth. Radiofrequency ablation was performed to reduce the ingrown tissue and a fourth 10 cm U-SEMS was placed with efficient billiary drainage and symptom resolution.
The particularity of the case lies in the challenging endoscopic management requiring the placement of multiple biliary uncovered stent-in-stent in a patient diagnosed with Bismuth type I hilar cholangiocarcinoma and with a long disease course.
Keywords: cholangiocarcinoma, stent-in-stent

EP39. HOW FREQUENT ARE VIRAL B AND C HEPATITIS IN PATIENTS WITH IMMUNE-MEDIATED INFLAMMATORY RHEUMATIC DISEASES RECEIVING BIOLOGICAL THERAPY?

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Introduction: Rheumatic immune-mediated inflammatory diseases and viral hepatitis represent global health concerns of great significance. Modern therapies involving biological and targeted synthetic disease-modifying antirheumatic drugs (b/tsDMARDs) have revolutionized the management of immune-mediated inflammatory diseases. However, these treatments carry a substantial immunosuppressive effect, placing patients at risk of viral hepatitis reactivation. This study aimed to evaluate the prevalence and risk of hepatitis B and C reactivation (HBV, HCV) in rheumatic patients undergoing b/tsDMARD treatment for rheumatoid arthritis (RA) and ankylosing spondylitis (AS).
Material and methods: We retrospectively analyzed all patients with RA and AS receiving b/tsDMARDs therapies in the Rheumatology department over a period of three years. All patients underwent serological screening for HBV (HBsAg, anti-HBc, anti-HBs) and HCV infection. For each patient we reviewed the diagnosis, demographic data, type of the treatment, HBV and HCV serology, viral infection treatment.
Results: There were 186 patients diagnosed with RA and 104 patients diagnosed with AS receiving therapy with bDMARDs or tsDMARDs. 94 of the patients with RA (50.53%) and 40 of those with AS (38.46%) presented alterations in viral markers. In both the RA and AS groups, approximately 10% of patients had received prior hepatitis B vaccination. Only 3.76% of the patients with RA and 2.88% of those with AS presented chronic B infection. Most of the patients (36.02% RA, 25% AS) had resolved B infection. Inactive HCV infection was found in 3.44% of total number of patients. A percentage of 15.45% among those with RA and 4.80% of those with AS received treatment with Entecavir/Tenofovir. There were no cases of hepatitis reactivation.
Conclusion: Viral hepatitis B infection is highly prevalent among patients with RA and AS. Therefore, screening for chronic viral B and C infections is imperative for all individuals with autoimmune rheumatic diseases. Treatment with nucleotide/nucleoside analogs is efficacious in preventing HBV flare-ups irrespective of the type of b/tsDMARDs used. Additionally, all patients diagnosed with hepatitis C infection should receive treatment with direct-acting antivirals.
Keywords: VIRAL B HEPATITIS, VIRAL C HEPATITIS, RHEUMATOID ARTHRITIS, ANKYLOSING SPONDILITIS, BIOLOGICAL THERAPY

EP40. CHALLENGES IN THE DIAGNOSIS OF NEUROENDOCRINE TUMOURS - CASE REPORT

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Introduction: Neuroendocrine tumors (NETs) are rare
epithelial neoplasms (with increasing incidence), various locations, and slow progression. NETs have the ability to secrete bioactive peptides, leading to non-specific symptoms such as diarrhea, flushing, or vertigo.
Case study: A 70-year-old hypertensive patient with a positive family history of hepatocarcinoma (in his mother), chronic constipation (1 stool/week for 7 years, no other associated symptoms), 2 hepatic hemangiomas, and cardiovascular comorbidities presented for screening abdominal ultrasound that detected an increased size of hepatic hemangiomas (previously diagnosed on computer tomography). Nuclear magnetic resonance imaging raised the suspicion of muticentric hepatocarcinoma (HCC)

and bone metastases (confirmed by skeletal scintigraphy).
Contrast-enhanced ultrasound and liver puncture-biopsy were performed, and histopathological examination along with immunohistochemistry testing established the diagnosis of NET (grades G2/G3). No specific hormonal secretion was identified on serologic tests.
PET-CT confirmed focal lesions (well-differentiated structure) and indicated a retroperitoneal tumor.
Initial colonoscopy revealed an elevated submucosal lesion with central depression and overlying mucosa with an amorphous pit pattern (no lifting when injected) localized above the anorectal ring (with a negative histology) and several hyperplastic polyps. The colonoscopy was repeated, and deeper biopsies were taken from the rectal lesion showing specific histopathological features of NET (G1/G2).
Somatostatin analogue therapy (Octreotide 20 mg/L) was initiated, and the patient presented a slow, unfavorable outcome, developing multiple complications.
Discussion: Diagnosis of NETs is difficult, especially in non-secretory tumors, due to slow progression, small size, and non-specific symptoms. Focal liver lesions and constipation long precede the oncological diagnosis.
Conclusions: NETs are difficult to identify at early stages because of their small size. In the absence of specific clinical manifestations, they are often discovered incidentally or diagnosed later. The adherence to endoscopic screening programs is essential for the early diagnosis and treatment of potentially malignant lesions.
Keywords: non-functioning neuroendocrine tumor, constipation

EP41. GIANT HAMARTOMA OF THE SIGMOID COLON IN A YOUNG ADULT WITH ULCERATIVE COLITIS

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Introduction: Hamartomatous polyps of the colon are rare in adults. In contrast, hamartomatous or juvenile polyps are the most common type of colonic polyp in infants and children and tend to be found in the left colon and rectum. Histologically, these nonneoplastic mucosal protuberances contain mesenchymal elements of excess vascular and/or fibrous stroma and glandular proliferation with cystic dilation. Ulceration of the surface epithelium is very common and may cause clinically significant rectal bleeding. We describe the clinical, endoscopic, and histological features of a giant hamartoma in the proximal sigmoid colon in young-aged man with chronic ulcerative colitis.
Case report: A 25-years-old man presented with a 1-month history of diarrhea and rectal bleeding. He denied other symptoms. There was no personal or family history of inflammatory bowel disease or colon cancer.
Physical examination of the abdomen revealed no organomegaly, and there was no tenderness or palpable mass. Rectal examination was positive for hematochezia.
The patient subsequently underwent a colonoscopy, which revealed a pancolitis appearance. In addition, a giant polyp Paris Ip was found in the proximal sigmoid colon measuring 4 cm with a pedicle of 3 cm which required total resection. Histopathological examination showed that the colonic polyp has a microscopic aspect of hamartomatous colonic polyp with focal reactive changes at the level of the glandular epithelium associated with an intense acute chronic inflammatory infiltrate.
Results and conclusions:
In summary, giant hamartomas of the colon that are not associated with hereditary or familial polyposis syndromes are rarely encountered in adults. Hamartomas can be large in size and may simulate a malignant lesion. As in the present case, total resection was required for an accurate diagnosis because biopsies may not be definitive in the diagnosis of hamartoma.
Keywords: Hamartoma, giant hamartoma, ulcerative colitis

EP42. RARE PRESENTATION: MALIGNANT DUODENOCOLIC FISTULA WITH UNCONVENTIONAL FEATURES

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Introduction:A duodenocolic fistula represents a rare complication of malignant colonic disease, particularly when it originates from the recto-sigmoid colon. Our focus is to explore the atypical clinical presentation of this case, along with the investigation and management strategies for duodenocolic fistulas.
Case report: A 76-year-old woman, a smoker with a medical history of hypertension and type 2 diabetes under treatment, presented with a persistent diarrheal syndrome lasting for approximately one month, characterized by 6-7 stools per day. Despite conventional antidiarrheal therapy, she experienced no improvement, accompanied by significant weight loss (15kg over two months) and pronounced

physical weakness, worsening in the last week. Rectal bleeding was denied. Laboratory tests revealed moderate anemia, severe hypoalbuminemia, and mild inflammatory markers. Tests for Clostridium difficile toxins, coproparasitological examination, and coproculture were negative, with AFP and CA19-9 levels within normal limits.
Colonoscopy revealed a constricted lumen at the sigmoid level with circumferential stenosis, hindering further investigation. Biopsy fragments were collected near the mass, where two fistulous openings with secretions were observed. Upper digestive endoscopy and duodenoscopy identified a 2cm fistulous opening at the duodenal knee. Abdominal-pelvic tomography revealed irregular circumferential thickening of the recto-sigmoid wall and an intramesenteric mass communicating with the transverse colon via an 11mm opening. Additionally, two sigmoid fistulas were noted: one communicating with the duodenum (D3) for approximately 24mm and the other with the left ureter.
Histological examination confirmed a diagnosis of well to moderately differentiated adenocarcinoma. The patient underwent double gastro-jejunal and duodeno-jejunal diversion, with ileostomy, followed by multiple peritoneal drainages, and experienced a favorable post-operative course.
Results and conclusions: The occurrence of fistulas between non-adjacent organs, such as the sigmoid colon and duodenum, is exceedingly uncommon. In this particular instance, the sigmoid colon, being a mobile intra-peritoneal structure, was elevated by a sizable intramesenteric mass, resulting in its close proximity to the duodenum.
Keywords: gastrointestinal fistulas, duodenocolic fistula, malignant adenocarcinoma

EP43. THE COST OF HOSPITALIZED ACUTE PANCREATITIS IN ROMANIA – A LARGE COHORT STUDY

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Introduction: Acute pancreatitis (AP) poses a significant financial strain on healthcare systems worldwide. Despite its impact, there is a lack of comprehensive cost data, particularly in European and Asian populations. Our study aims to determine the median daily cost of hospitalization (DCH) for AP in our population, along with estimating the total cost of hospitalization (TCH) and the overall economic burden of AP in Romania. Additionally, we seek to explore the correlation between median DCH and various demographic and clinical factors, including ward type, age, gender, length of stay (LoS), intensive care unit (ICU) admissions, outcomes, disease severity, morphological features, and etiology.
Material & Methods: This retrospective cohort study involved 1473 cases drawn from the BUC-API registry. Statistical analyses included Kolmogorov–Smirnov, Kruskal–Wallis with post-hoc Dunn–Bonferroni, and two-tailed Pearson correlation tests.
Results: Our analysis revealed a median DCH of \$203.8 and a median TCH of \$1360.5 for AP. The annual cost burden of AP in Romania was estimated to be approximately \$19 million USD. Most AP cases were male (61.8%) and discharged with improvement (83.8%), with a majority experiencing local complications (55.4%), primarily alcohol-related (35.1%). Biliary-related AP emerged as a significant cost driver, showing notable differences across all studied groups. Morphological assessment highlighted acute necrotic collections as a factor associated with higher costs and disparities among groups. Costs were positively correlated with disease severity, discharge outcomes, ICU admissions, female gender, and surgical interventions.
Conclusions: This study represents the first comprehensive analysis of AP costs in Romania. Our findings suggest that factors such as advanced age, ICU admissions, in-hospital mortality, severe disease, local complications like acute necrotic collections, biliary etiology, and female gender contribute significantly to increased AP costs. Our study underscores the need for further research into the economic implications of AP, given the heterogeneity and scarcity of previous cost-related studies.

EP44. T2DM IN ACUTE PANCREATITIS COULD INCREASE SEVERITY – A COHORT STUDY REGARDING THE ASSOCIATION BETWEEN THE TWO

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Introduction: Some studies have suggested that preexisting type 2 diabetes mellitus (T2DM) acts as both a risk factor and a severity indicator for acute pancreatitis (AP). This study aims to establish the connection between T2DM and AP utilizing data from a comprehensive retrospective epidemiological registry housed within a tertiary care facility.
Material and Methods: We conducted a retrospective, large-cohort investigation involving 1,855 cases of AP and recurrent AP drawn from seven years of continuous hospitalization records at

Romania's largest acute-care tertiary teaching center.
Results: Our analysis revealed a notable correlation between T2DM and the severity of AP, as well as between T2DM and ICU admissions due to AP, as determined by a chi-square test within our cohort. However, we did not find a significant discrepancy in ICU length of stay when comparing T2DM-associated AP with cases attributed to other known causes (OAP) of AP. Patients with AP and T2DM exhibited a higher likelihood of experiencing a severe disease course ($p < .01$) and being admitted to the ICU ($p < .01$) compared to those with OAP.
Conclusion: The link between T2DM and AP continues to pose a significant conundrum akin to the "chicken-egg paradox." Further investigation into the bidirectional relationship between DM and AP is warranted, given the retrospective nature of our study.
Keywords: acute pancreatitis; diabetes mellitus; severity.

EP45. PREVALENCE OF EXOCRINE PANCREATIC INSUFFICIENCY IN PANCREATIC CYSTIC LESIONS

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Aims: Exocrine pancreatic insufficiency (EPI) is a condition characterized by deficiency of the exocrine pancreatic enzymes, resulting in the inability to maintain a normal digestion. Most common causes of EPI include chronic and acute pancreatitis, pancreatic cancer, cystic fibrosis or extrapancreatic disease. Our aim was to assess the presence of EPI in a group of patients with pancreatic cystic lesions (PCLs), by measuring fecal elastase-1(FE-1).
Methods: We retrospectively recruited patients with a PCL evaluated in our unit over a period of 24 months, in whom we collected clinical and laboratory data, including FE-1 value.
Results: Altogether, 50 patients with PCLs were recruited, 33 male (66%); mean age 60 years. Among them, we identified 25 pseudocysts, 12 intraductal papillary mucinous neoplasms (IPMNs), 3 mucinous cystic neoplasm (MCNs), 1 serous cystadenoma (SCA), 1 cystic neuroendocrine tumor and 8 indeterminate cysts. When looking at the localization of the cystic lesions, 22 were located in the head/uncinated process and 28 were located in the body/tail of the pancreas. Mean FE-1 value in our study lot was 328.48ug/g. 24 out of 50 patients had EPI as defined by a FE-1 value under 200ug/g and 54.16% of them were with pseudocysts.
Conclusions: There is a high prevalence of EPI among patients with PCLs. FE-1 dosing should be included in the evaluation panel of PCLs.
Keywords: exocrine pancreatic insufficiency, pancreatic cystic lesions, fecal elastase-1

EP46. THE RELEVANCE OF ENDOSCOPIC EXAMINATIONS IN THE ETIOLOGICAL DIAGNOSIS OF ADULT FERRIPRIVE ANEMIA

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Introduction: Iron deficiency anemia (IDA) is a condition characterized by a decrease in the amount of hemoglobin and sideremia, significantly impacting the quality of life for patients. This study aims to investigate the clinical profile of IDA patients admitted to Bihor County Emergency Clinical Hospital (SCJUBH).
Material and method: We retrospectively analyzed (2022-2023) the data of 240 patients diagnosed with IDA, from a clinical, biological and endoscopic point of view.
Results: IDA was more common among women (55.83%) at menopausal stage(77.61%). Most patients came from rural areas (50.47%); 73.33% of them required emergency hospitalization. Most cases were in the 7th decade of life (31.25%), and the fewest in patients under 30 (2.5%). Almost one third (28.33%) had hemoglobin <7 g/dl. At the time of admission, 76.5% had low sideremia values and 27% had ferritin dosed (27.69% low values). Gastrointestinal symptoms included: epigastralgia (20.83%), dysphagia (22.5%), inappetence (22.16%), nausea (20%), vomiting (11.25%) and melena (8.75%) . Other manifestations were: asthenia (76.25%), pallor (67.91%), sweating (16.66%), weight loss (17.5%), dyspnea (28.75%), dizziness (33 .75%). Upper digestive endoscopy was performed for 54.16% of patients, which revealed changes in 67.69% of patients, identifying: erythematous-erosive gastritis (36.36%), esophageal varices (20.45%), gastric ulcer (30.68%), duodenal ulcer (10.22%), upper digestive hemorrhage (12.5%). Lower digestive endoscopy was performed for 42.08%, which revealed changes in 87.12%, identifying: hemorrhoidal disease (80.68%), colonic diverticulosis (22.72%), colonic polyps (4.54%).
Conclusions: The study highlights a high number of patients with IDA, especially medium forms, especially among menopausal women and sometimes associated with digestive losses. This study emphasizes the importance of the complex paraclinical approach in the diagnostic process by

including endoscopic investigations in selected cases, for the subsequent establishment of the optimal therapeutic behavior and improvement of the patients' quality of life.
Keywords: anemia, hemoglobin, endoscopy

EP47. IT IS NOT ALWAYS THE SKIN THAT MATTERS: DYSPHAGIA IN A PATIENT WITH SYSTEMIC SCLEROSIS – CASE REPORT

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Background. Systemic sclerosis is a rare multisystemic autoimmune disorder in which the esophagus is the second most common organ to be affected after the skin, leading to esophageal dysmotility. Studies available on esophageal dysmotility in SSc are limited. Esophageal high-resolution manometry is used to clinically diagnose and assess the quantitative and qualitative motor functions of the esophagus. The distribution of esophageal motility disorders is variable in scleroderma with manifestations, ranging from absent contractility to ineffective esophageal motility. Absent contractility represents an esophageal motility disorder defined as a normal integrated relaxation pressure with 100% failed peristalsis.
Case Report: We describe the case of a 61 - year – old female with one year history of systemic sclerosis, Raynaud's phenomenon and ocular sicca syndrome, who was admitted to our department with dysphagia for solids and intermitent for liquids, heartburn, and moderate weight loss. The physical exam revealed pallor, stretched skin with sores and stiff joints. Laboratory tests were in the normal range. The upper digestive endoscopy showed a typical aspect of mild esophagitis. High resolution esophageal manometry was performed using Chicago v4.0 protocol. A number of 10 wet swallows were analysed. The manometric findings were suggestive for absent esophageal contractility with a normal median IRP values (13.9 mmHg in supine and 7.6 mmHg in upright position) and a median distal contractile integral (DCI) value of 44 mmHg-cm-sec. Treatment with prokinetic drugs was started with symptomatic relief at 12 weeks follow-up.
Conclusion: Absent esophageal contractility is an unique disorder that often co-occurs with connective tissue, rheumatologic or autoimmune diseases, with scleroderma being the classic example. High-resolution esophageal manometry remains the most important investigation tool to confirm diagnosis.
Keywords: absent esophageal contractility, dysphagia, systemic sclerosis

EP48. IMMUNE-MEDIATED-COLITIS: A NEW CHALLENGE FOR GASTROENTEROLOGY

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Introduction: Nivolumab, a monoclonal antibody-targeting programmed cell death ligand-1, is increasingly used for melanoma treatment. Several of its adverse effects are a result of the upregulation of T cells, with colitis as one of the most severe, and a challenging differential diagnosis with ulcerative colitis.
Case report: We present the case of a 30 years old male, without significant heredo-collateral history, diagnosed in July 2023 as a result of seizures with a brain tumor. Surgery has been performed and the lesion was removed and histological and immunohistochemical analysis confirmed malignent melanoma, which associated subcutaneous metastases. Oncological treatment was initiated with Ipilimumab and Nivolumab and after the second dose the patient presented increase intestinal transit with bloody diarrhea, approximately 15-16 stools/day. Biological tests showed leukocytosis and inflammatory syndrom. In the Department of Gastroenterology, Clostridium Difficile test was performed with negativ result, and colonoscopy showed ulcerative pancolitis. Due to the ongoing treatment with Nivolumab and Ipilimumab, the presumptive diagnosis of an immune-mediated colitis was made. A series of sequential mucosal biopsies were taken and histological resulte highlighted stromal edema with chronic inflammatory infiltrate, common chorionic eosinophils and cryptic abscesses. Based on severity classification, the patient has been diagnosed with immune-mediated colitis grade 2. Corticosteroid therapy was initiated, but without remission of symptoms at 7 days. We decided to administer antiTNF agents with initiation of Infliximab i.v 5 mg/kg, with clinical and endoscopic response after administration of 2 doses at intervals of 2 weeks. Further monitoring revealed complete remission of symptoms and mucosal healing, with the possibility of restarting oncological treatment.

Conclusions: Nivolumab-induced colitis may mimic ulcerative colitis. Steroid therapy (oral or intravenously) is often efficient, but one-fourth of patients need rescue therapy with anti-TNF.
Keywords: checkpoint inhibitors, immune-mediated adverse effects, colitis.

EP49. ULTRASOUND-BASED MANAGEMENT OF LIVER ABSCESSES. A SINGLE-CENTER EXPERIENCE

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Introduction: Liver abscesses present a significant clinical challenge, with management and diagnosis evolving over time. The study delves into the efficacy and potential advantages of ultrasound-based methodologies in the management of liver abscesses.
Material &Methods: A retrospective review was conducted on all patients diagnosed with liver abscesses over a 12-year span (2010-2022) in a tertiary Department of Gastroenterology and Hepatology. Data on demographics, risk factor presence, liver abscess etiology, B-mode conventional ultrasonography and contrast-enhanced ultrasound (CEUS) findings, and patient outcomes were recorded and scrutinized.
Results: we analyzed in our study 114 patients with liver abscesses, out of whom 78/114 (68%) had a single abscess and 36/114 (31%) had multiple localization. In the standard Ultrasound B-mode evaluation: 35% (40/114) of cases were transonic, 65/114 (57%) cases were hypoechoic and 8/114 (7%) were hyperechoic. CEUS examination was concordant with the sectional imaging in 91% of cases, rim hyperenhancement in the arterial phase being present in 89/114 (78%) of cases, and honeycomb aspect in 23/114 (20%) cases. Regarding dimension, <3 cm in 30/114 (26%), 3-5 cm in 19/114 (16%), > 5 cm in 65/114 (57%). In our study, Klebsiella was the predominant germ, found in 63% of cases. Acute cholangitis was the most common cause, and acute kidney failure was the leading complication.
Conclusion: The study predominantly found single, hypoechoic liver abscesses most commonly caused by Klebsiella secondary to acute cholangitis, with a 91% CEUS concordance rate. Acute kidney failure is a major complication.
Keywords: liver abscesses; management; ultrasound based

EP50. MANAGEMENT OF HELICOBACTER PYLORI INFECTION IN A CENTER FROM THE NORTH-EAST REGION OF ROMANIA

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Background. 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%. It is necessary to identify an individualized treatment management of H. pylori infection depending on resistance to antibiotics in the region, demographic factors and the patients' environment.
Material and method. 117 patients hospitalized in Bacău County Emergency Hospital, Gastroenterology department, October 2019-November 2020, identified with H. pylori infection by non-invasive method (faecal antigen) performed upper digestive endoscopy and collection of 2 biopsies for the isolation of H. pylori strains. 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. The results were analysed based on demographic criteria and the patients' environment.
Results. The highest antibiotic resistance of the H. pylori strains obtained was recorded in: MTZ (65/90,72.2%), CLR (27/90, 30%), AMX (24/90, 26.7%). The highest resistance to CLR was observed in the female sex (21/45, 46.7%), in the 30-49 age group (8/15, 53.3%), in urban patients (13/43, 30.2%).
Conclusions. A different management of the treatment of H. pylori infection can be made in the North-East Region of Romania. Thus, men, from rural areas, aged over 49 years have high chances of response to standard eradication therapy (PPI+AMX+CLR). For women, from the urban environment, quadruple therapy with Bismuth salts should be used as the first line of treatment.
Keywords: Helicobacter pylori, antibiotic resistance, North-East Romania

EP51. VEDOLIZUMAB - THE KEY TO CLINICAL REMISSION FOR REFRACTORY POUCHITIS

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Introduction: Ulcerative colitis (UC) is an inflammatory condition that affects the mucosal surface of the colon and rectum, characterized by a chronic and relapsing course. UC typically affects the rectum and the left colon but can involve the proximal colon to the splenic flexure with rectal bleeding, diarrhea, tenesmus and lower abdominal discomfort, which can be a negative prognostic marker. The semi-elective surgery in UC may decrease mortality and improve quality of life.
Materials and methods: A 37-year-old female, former smoker, with no history of appendectomy, was diagnosed in February 2016 with ulcerative colitis. She was treated using the step-up approach with oral 5ASA, Methylprednisolone 0.75 mg/kg/day + Azathioprine 2.5 mg/kg/day, Adalimumab, Infliximab (initially 5 mg/kg, afterwards 10 mg/kg as an accelerated dose induction) + Azathioprine 2.5mg/kg/day presenting continuous flare-ups. Moreover, the patient had multiple stool tests positive for Clostridium Difficile during the biologic therapy. In March 2018 she was diagnosed with acute severe ulcerative colitis non-responding to Infliximab and underwent a total proctocolectomy with ileal pouch-anal anastomosis in 2 steps. She relapsed 2.5 years after surgery, presenting 6-7 loose stools/day, pouchitis being histologically proven. Although, the patient was treated with several antibiotics, such as Ciprofloxacin, Metronidazole, Rifaximin she maintained a PDAI score of 13 points and a fecal calprotectin of 420 mcg/g, therefore the diagnosis of refractory pouchitis was established and Vedolizumab was initiated, the patient being in clinical remission to this day.
Results and conclusions: In this case, the UC got progressively worse, from proctitis to a total proctocolectomy after several flare-ups. The refractory chronic pouchitis was successfully treated with Vedolizumab, maintaining remission for more than 3 years, even though the initial antibiotherapy had no effect.
Keywords: ulcerative colitis, pouchitis, vedolizumab

EP52. FUNCTIONAL DYSPEPSIA INVESTIGATIONS BY MRI AND OTHER CURRENT AND PROMISSING TECHNIQUES

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Introduction: Functional Dyspepsia (FD) is a chronic gut-brain interaction disorder characterized by symptoms without identifiable organic disease. Diagnosis relies on meeting Rome IV criteria, typically presenting symptoms at least six months prior. With a prevalence of up to 20% in the general population, FD poses a significant healthcare burden globally. Though upper gastrointestinal endoscopy is commonly used to exclude organic disorders, recent evidence questions its utility, especially in typical symptom presentations. The etiology of FD involves gastric motility, dysbiosis, central nervous system, immune, and mucosal impairment, yet precise mechanisms remain elusive.
Materials and methods: Clinical and imaging methods which could be useful in functional dyspepsia where explored.
A multitude of clinical and non clinical investigations have been used in functional dyspepsia assessment, however none of them are perfect. MRI investigation of gastric motility had been purposed recently. Given the fact that MRI scans offer a great amount of high quality information regarding soft tissues and simultaneously they don’t have any significant side effects and risks, the investigation can be of great value in gastric motility and Functional Dyspepsia assessment.
Functional Magnetic Resonance Imaging reveals brain activity patterns associated with FD symptoms, suggesting a role for psychosocial factors.
Drinking tests, including rapid water and nutrient drink tests, assess gastric motility, revealing lower tolerance and increased symptoms in FD patients compared to healthy volunteers. Satiety and slow nutrient drinking tests evaluate gastric accommodation, highlighting decreased intake and heightened symptoms in FD. Ultrasonography-based tests, like drinking-ultrasonography, show altered gastric function and increased sensitivity in FD patients. Endoluminal Functional Lumen Imaging Probe assesses sphincter function.
Results and conclusions: Despite these advancements, standardized guidelines for FD management are lacking. Further research into FD's etiology and pathogenesis is imperative to alleviate its substantial impact on patients and healthcare systems.

EP53. THE ROLE OF OBESITY AND DIETARY FACTORS IN THE COURSE OF GASTROESOPHAGEAL REFLUX DISEASE

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Introduction. Obesity, scientifically recognized by body mass index (BMI)>30, is constantly on the rise, reaching important proportions in the world – by the end of 2023, it has been estimated that over 1 billion people are living with obesity, which constitutes 1 in 8 people. Several studies have shown that over 50% of obese people have unhealthy eating habits and develop noncommunicable diseases, including gastro-esophageal felux disease (GERD).
Material and methods. We analyzed the literature based on articles from PubMed, Z-library, NCIB, Medscape, Mendeley, and Lancet applying the keywords: "risk", "dietary factors", "obesity", "impact", and "GERD".
Results. A strong link has been shown between GERD and obesity, especially in people who start gaining weight but continue to have BMIs within the normal range. GERD is linked to unhealthy eating habits and sedentary lifestyles, such as midnight snacks, avoiding breakfast, eating fast, eating very hot foods, and compulsive eating. A vegetarian diet and lack of meat intake, as well as exercise >30 minutes (>3 times/week), have been negatively linked to GERD. While daily meat intake, less than three hours between dinner and bedtime, smoking, alcohol consumption, and mental instability were positively correlated with GERD. Trigger foods – citrus fruits, coffee, chocolate, fried foods, spicy foods, and sauces aggravate GERD symptoms. In contrast, sleeping with your head elevated, maintaining your diet, exercising regularly, and losing weight can improve GERD symptoms especially when the "reflux barrier" of the esophagogastric junction is compromised.
Conclusions. In conclusion, dietary and lifestyle factors affect the evolution of GERD much more intensely if obesity is also associated. Consequently, attention to diet and weight loss are important elements in the management of GERD.
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EP54. THE IMPACT OF STATINS IN STEATOSIS AND FIBROSIS SCORE IN PATIENTS WITH STEATOTIC LIVER DISEASE

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Introduction. Steatotic liver disease(SLD) is a global health concern with significant prevalence worldwide. This study aimed to evaluate the impact of lipid-lowering agents (statins) in SLD.
Material and Methods. In the retrospective study, patients evaluated between 2022-2023, diagnosed with hepatic steatosis of metabolic and/or alcoholic etiology via ultrasound, were included. Other causes of liver disease were excluded. All patients underwent transient elastography (VCTE) considering low grade steatosis (LS) 248-279 dB/m, severe steatosis (SS) >280 dB/m, and low grade fibrosis (LF) <9 kPa, significant fibrosis SF ≥ 9 kPa. Results were compared between patients who had received statin treatment in the last 6-12 months and those who had not.
Results. A total of 80 patients were enrolled in this study with mean age 53 years, predominance of male gender (51,58%). Of these, 30 patients were with metabolic dysfunction–associated fatty liver disease (MAFLD)- group A, 23 with alcoholic fatty liver disease (AFLD)- group B and 27 with both- group C. SS and SF grades for each group was: for group A SS: 15/30 (50%), SF: 4/30 (13,33%), grup B SS: 11/23 (47,82%), SF: 3/23 (13,04%) and grup C SS: 17/27 (62,96%), SF: 4/27 (14,81%). In the group treated with statins, the average values of steatosis and fibrosis were lower compared to the untreated group (263 dB/m versus 278 dB/m and 6,5 kPa versus 9,2 kPa). Analyzing the proportion of severe steatosis (SS) and significant fibrosis (SF) in the group treated with statins versus those without treatment resulted: in group A SS 6/18 (33,33%), SF 2/18 (11,11%) versus SS 9/12 (75%) and SF 2/18 versus 2/12 (16,66%); group B: SS 1/5 (20%), same for SF, versus SS 10/18 (55,55%) and SF 2/18 (11,11%); group C: SS 4/13 (30,76%), SF 2/13 (15,38%) versus SS 13/14 (92,85%) and SF 2/14 (14,28%).
Conclusions. Patients with both metabolic and alcoholic etiology had greater severity of steatosis and fibrosis compared to MAFLD or AFLD individually. Statin treatment correlates with lower degrees of steatosis in alcoholic and also in metabolic etiologies, without influencing fibrosis.
Keywords: transient elastography, MAFLD, AFLD, statins

EP55. CLINICAL CHARACTERISTICS AND RISK FACTORS IN GASTRIC CANCER PATIENTS: INSIGHTS FROM A RETROSPECTIVE STUDY

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Introduction: Gastric cancer is a major global health concern, with its causes ranging from genetic and environmental factors to Helicobacter pylori (H. pylori) infection, a well-established risk factor. Understanding the epidemiology, clinical presentation, and management of gastric cancer is crucial for improving patient outcomes.
Aim & Methods: This retrospective study aimed to investigate the demographic and clinical characteristics of patients presenting with gastric cancer at a western Romanian hospital. Data from 2019 to 2023 were extracted from the hospital database. The primary objectives were to assess the frequency of H. pylori infection among gastric cancer patients, evaluate the presence of other risk factors, analyse the spectrum of presenting symptoms, and ascertain the stage of the disease at diagnosis.
Results: Ninety-five consecutive patients diagnosed with gastric cancer were included in the study, with ages ranging from 27 to 92 years old, and a mean age of 67.59 ± 13 years including 62 men (65.26%) and 33 women (34.73%). 76 patients (80%) presented in the emergency room, and of those, 54 (71.05%) were diagnosed with upper gastrointestinal bleeding. Among the patients that presented upper gastrointestinal bleeding, 11 (20.37%) were taking anticoagulants and 20 (37.03%) were on antiplatelet. Anemia was diagnosed in 83 patients (87.37%), and 46 (55.42%) received blood transfusions.The most prevalent symptoms observed were fatigue (62.1%) and weight loss (54.73%). Regarding the stages at the diagnostic moment, many patients were diagnosed in late stages (24.21% in stage III, 5.26% in stage IVA, and 32.63% in stage IVB). The most common histopathological types were tubular adenocarcinoma (41%) mixed adenocarcinoma (21.05%), and signet-ring cell carcinoma (13.68%). In terms of risk factors, among the 95 patients in our study, we investigated H. pylori infection, found in approximately 71.58% of patients, smoking habits (46.32%), obesity (36.84%), and alcohol consumption (41.05%).
Conclusion: Our study demonstrates that a significant number of patients with gastric cancer were diagnosed in late stages and a significant proportion of patients presented with upper gastrointestinal bleeding. H. pylori infection was prevalent among the majority of patients, indicating its significant role in gastric carcinogenesis.
Keywords: Gastric cancer, Risk factors, H. Pylori

EP56. ACUTE SEVERE GI BLEEDING FROM NEUROENDOCRINE TUMOR IN MECKEL'S DIVERTICULUM: A CASE REPORT

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Introduction: Meckel's diverticulum is a congenital abnormality of the small intestine, with a general incidence of approximatively 2%. Intestinal bleeding from MD is a rare complication in adults, being diagnosed more frequently in the pediatric population. When bleeding occurs, it is usually due to acid production within the diverticulum from gastric ectopic mucosa. Neuroendocrine tumors arising from the Meckel's diverticulum are a very rare encounter. Literature data suggests that only about 0,5-3.2% of Meckel's diverticulum are a site of a primary malignancy.
Case description: We report the case of a 63-year-old patient who presented to the Emergency Department of Elias Hospital with two episodes of melena. At presentation, he was hemodynamically stable, with no particular signs on physical examination and a level of hemoglobin of 13 g/dL. After admission to the Gastroenterology Department the patient had a massive episode of hematochezia followed by hemorrhagic shock and a drop of hemoglobin levels up to 6.2 g/dL. After the hemodynamic resuscitation, both a gastroscopy and a colonoscopy were performed, without finding the source of bleeding. Angiographic abdomino-pelvic CT showed evidence of active bleeding involving the distal part of the ileum. The patient underwent exploratory laparotomy with intraoperative enteroscopy, which revealed an ileal diverticulum (Meckel's) with an ulcerated tumoral proliferation at the base, that eroded into an arterial vessel. After the surgical procedure (segmental enterectomy), the patient maintained a hemodynamically stable condition, with no evidence of rebleeding and was discharged a few days later. Histopathology report: small (12/6 mm) ulcerated moderately differentiated neuroendocrine carcinoma (NET-G2) at the base of the diverticulum with lympho-vascular invasion.
Conclusions: Neuroendocrine tumors developed within a Meckel's diverticulum are a very rare entity, moreover when complicated with lower gastrointestinal bleeding. This case emphasizes the

importance of the small bowel evaluation when considering atypical causes of GI bleeding in adults presenting with obscure acute GI bleeding.
Keywords: Meckel's diverticulum, GI bleeding, neuroendocrine carcinoma

EP57. IGG4-RELATED AUTOIMMUNE PANCREATITIS AND SCLEROSING CHOLANGITIS: A CASE REPORT

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Introduction: IgG4-related disease (IgG4-RD) is an emerging immune-mediated condition that can involve any organ. The involvement of the pancreas and biliary tract is the most common and well-studied in the literature. One of the main features of IgG4-RD is its good prognosis due to the great response to glucocorticoid therapy. However, relapse of the disease is not uncommon and poses a difficult dilemma in clinical practice.
Material and methods: In this paper, we reported a case of a 60-year-old male diagnosed with type 1 autoimmune pancreatitis (AIP), accompanied by infrarenal and right common iliac artery aortitis and periaortitis at the first onset of his disease. He had a good response to initial steroid therapy. However, during maintenance therapy with azathioprine, the patient developed an increase in IgG4 values (compared to values at the end of corticosteroid therapy), and magnetic resonance imaging revealed new stenosis in the common hepatic duct and distal choledochus. The patient underwent echoendoscopy with fine-needle biopsy of the bile duct stenosis to rule out cholangiocarcinoma. Histopathological examination showed changes specific for IgG4-related sclerosing cholangitis (IgG4-SC). The patient was again started on steroids in combination with azathioprine and now is under a close follow-up.
Results and conclusion: AIP is one of the most common extra-biliary etiologies of IgG4-RD. When considering the diagnosis of AIP, it is important for clinicians to maintain a differential for possible underlying pancreatic malignancy. Our patient was initially diagnosed and treated for AIP and he relapsed after the initial corticosteroid therapy, with the development of IgG4-SC as a metachronous association in IgG4-RD during immunosuppressive maintenance therapy. The purpose of this research report is to raise awareness and understanding of IgG4-RD, emphasizing the necessity for personalized treatment strategies that take into account its recurrence, associations, and imaging features.
Keywords: Autoimmune pancreatitis, IgG4-related pancreatitis, IgG4-related sclerosing cholangitis

EP58. INTERSECTING PATHWAYS: A CASE REPORT OF COLORECTAL CANCER WITH HEPATIC METASTASES AND PULMONARY THROMBOEMBOLISM

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Intersecting Pathways: A Case Report of Colorectal Cancer with Hepatic Metastases and Pulmonary Thromboembolism
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Introduction: Colorectal cancer (CRC) ranks as the third most prevalent malignant condition globally, comprising 10% of all neoplasms, and stands as the second leading cause of cancer-related mortality, following pulmonary cancer. In Romania, CRC accounts for 13% of all malignancies, making it the most prevalent among the general population.
Case Description: A 64-year-old female patient, smoker, recently diagnosed with chronic hepatitis B virus infection, presented with hepatomegaly and multiple hepatic tumors. The patient's admission to the hospital for further evaluation was driven by symptoms including fatigue, asthenia, weight loss (approximately 20 kg in three months). Upon physical examination, the patient exhibited generalized pallor, muscle hypotonia, hypertension, tachycardia, increased abdominal volume, diffuse abdominal tenderness, and significant hepatomegaly extending to the left hypochondrium and right iliac crest, characterized by an irregular and coarse margin. Additionally, there was a reduction in muscle strength in the left upper limb. Laboratory findings revealed hypoalbuminemia, hypertransaminasemia, cholestasis, biliary retention, leukocytosis with neutrophilia and lymphopenia, moderate hypochromic microcytic anemia, iron deficiency, and elevated tumor markers (CEA, CA-125, CA 19-9). Upper gastrointestinal endoscopy identified pangastritis with diffuse congestion and portal hypertensive gastropathy. Colonoscopy revealed a vegetant semicircumferential tumor of the cecum, histopathologically classified as tubular adenocarcinoma G2. Computed tomography scan of the thorax, abdomen, and pelvis confirmed hepatic tumors as metastases and identified acute

pulmonary thromboembolism affecting the segmental and subsegmental right inferior lobe.
Discussion: The complex presentation, including hepatic metastases and pulmonary thromboembolism, highlights the need for a comprehensive diagnostic approach and vigilant monitoring in advanced CRC. Further research is warranted to elucidate the interplay between viral hepatitis, smoking, and colorectal carcinogenesis, informing preventive strategies and therapeutic interventions.
Conclusion: This case underscores the significance of CRC screening, particularly in high-risk populations such as those with chronic viral hepatitis and a history of smoking.
Keywords: colorectal cancer, hepatomegaly, thromboembolism

EP59. SIGNIFICANCE OF NEUTROPHIL-LYMPHOCYTE, THROMBOCYTE-LYMPHOCYTE, AND MONOCYTE-LYMPHOCYTE RATIOS IN PATIENTS WITH COLON CANCER

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Introduction: Neutrophil-Lymphocyte Ratio (NLR), Platelet-Lymphocyte Ratio (PLR), and Monocyte-Lymphocyte Ratio (MLR) have been associated with the presence of systemic inflammation in various pathologies, including colon cancer (CC). In this study, we analyzed the NLR, PLR, and MLR ratios in patients diagnosed with CC at the Institute of Gastroenterology and Hepatology (IGH) Iași.
Materials and methods: In this retrospective study, we included patients who were diagnosed with CC between January and December 2023 at IGH Iași. We analyzed the primary tumor localization, biological constants, and tumor stage.
Results: Out of a total of 1416 patients evaluated colonoscopically between January and December 2023, 135 patients (9.53%) were diagnosed with CC. Among the 135 patients, 37 (27%) were found to have metastatic disease. Regarding the localization of the primary tumor, approximately 55% were located in the right colon (cecum, ascending colon, hepatic flexure, and transverse colon), while 45% were located in the left colon (splenic flexure, descending colon, sigmoid colon). The most common localization on the right side was in the ascending colon (22%), and on the left side, it was in the sigmoid colon (23%). In patients with metastatic disease, the most common secondary site was hepatic (89%), followed by pulmonary (19%) and peritoneal (16%) sites. Both NLR and PLR were significantly elevated in patients with metastatic disease: NLR (6.35 +/- 3.7 vs. 3.47 +/- 1.79, p<0.0001), PLR (240 +/- 110 vs. 192 +/- 84, p=0.026), while MLR was significantly lower in those with metastatic disease (1.78 +/- 0.92 vs. 2.62 +/- 1.08, p<0.0001). There were no significant differences between tumor localization (right/left colon) and the NLR, PLR, or MLR ratios, nor between primary tumor localization and metastatic status (p=0.92).
Conclusion: Our data suggests that NLR, PLR, and MLR ratios are significantly modified in patients with metastatic CC compared to those with localized CC.
Keywords: Colon Cancer (CC), Metastatic Disease, Neutrophil-Lymphocyte Ratio (NLR)

EP60. CHOLANGIOCARCINOMA - CURRENT CLINICAL PRESENTATION AND THERAPEUTIC OPTIONS IN A TERTIARY GASTROENTEROLOGY AND HEPATOLOGY CENTER

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Introduction: Cholangiocarcinoma (CCA) is a heterogeneous group of malignant conditions affecting the biliary tract, with an increasing global incidence and a high mortality rate due to late diagnosis, aggressiveness, and refractoriness to chemotherapy. The aim of this study is to evaluate the clinical, biological, imaging characteristics, and therapeutic options in a cohort of patients with CCA at current clinical presentation.
Materials and methods: We present a retrospective study with patients with CCA evaluated in a tertiary gastroenterology center between January 2022 – December 2023. Clinical, biological, imaging, and histological characteristics were analyzed for all cases. For therapeutic evaluation, a composite of factors was used, including: classification of CCA based on anatomical location, imaging documentation of associated liver disease and metastases, comorbidities.
Results: Out of 81 patients with CCA (57.62% males, 42.38% females, mean age 67.84±16.40 years), 46.91% had intrahepatic CCA (ihCCA), 29.63% had distal CCA (dCCA), and 23.46% had perihilar CCA (hiCCA). Diagnosis of CCA was established by transabdominal ultrasound, computed tomography, and magnetic resonance imaging in 83% cases and histologically in 17% cases. 83 % of patients presented with jaundice due to biliary obstruction, 47% cases showed elevated levels of cholestatic liver enzymes and

serum tumor markers (CA-19-9, CA 125, CEA). Hepatitis B and C virus were identified in 9.66% cases, 43% of cases were associated with chronic liver disease (F3-F4), 12% cases with metastases, and 2.6% cases with hepatocellular carcinoma. As a therapeutic options, 3 cases underwent surgery, 78 patients underwent palliative management, of which 67 (85.89%) cases undergoing endoscopic biliary drainage for obstructive jaundice through ERCP stenting.
Conclusion: The clinical characteristics, laboratory, and imaging results of our cohort confirm the late diagnosis of CCA, in an locally advanced state at the current clinical presentation of patients, with limited therapeutic options to palliative interventions, in most cases.
Keywords: Cholangiocarcinoma, jaundice, biliary obstruction

EP61. HEPATITIS B AND C VIRUS INFECTIONS - POTENTIAL RISK FACTORS FOR CHOLANGIOCARCINOMA

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Introduction: Several studies report discoveries regarding the potential risk of hepatitis B (HBV) and C (HCV) infections in the development of cholangiocarcinoma (CCA).
THE AIM: To evaluate the risk for CCA in patients with HBV and HCV infections.
Materials and methods: We present a retrospective study in which patients on record with HBV and HCV infection and CCA, evaluated between January 2022 and January 2024. For cases of CCA associated with viral infections, we used a composite of factors, which included the documentation of the stage of liver disease, the classification of CCA according to the anatomical location (clinical biological and imaging data from the medical documents).
Results: Of 500 patients included 45% were with HCV, 33% with HBV. Hepatobiliary malignancies were identified in 21.31% patients, respectively hepatocarcinoma (HHC) in 15.32% cases and CCA in 5.5% cases (of which CCA and HBV 52.5% cases and CCA and HCV 47.5 % cases). One case presented HHC+CCA. Antiviral therapy was administered to 23.5% of patients with CCA and HBV or HCV infections. The location of CCA in patients with viral infection was intrahepatic (iCCA) in 50% cases, distal (dCCA) in 7% cases and perihilar (pCCA) in 43% cases. 59% of CCA patients had advanced chronic liver disease (ACLD), F4, of which 60% cases had CCA and HCV, 40% cases CCA and HBV. The 20% mortality recorded was more commonly reported in patients with CCA and HBV (60% cases). 70% of the deceased cases presented ACLD F4, without antiviral treatment.
Conclusion: Our data confirm that HBV and HCV infection could be considered a risk factor for CCA. Therefore, in clinical practice, attention should be paid to CCA screening in HBV and HCV-infected patients for early diagnosis.
Keywords: HBV/HCV viral infections, cholangiocarcinoma

EP62. THE PREDICTIVE VALUE OF THE CRP/ALBUMIN RATIO FOR THE SEVERITY OF ACUTE PANCREATITIS

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Introduction: Acute pancreatitis represents a pathology with a wide spectrum of severity and complications, with a reserved prognosis. The early assessment of severity through various indicators used in clinical practice allows the triage of patients in order to improve management.
THE AIM of the study was to evaluate the C-reactive protein (CRP)/Albumin ratio as a predictor of the severity of acute pancreatitis.
Material and method: This study was conducted retrospectively on 129 patients with acute pancreatitis hospitalized between January and December 2023. Study data were collected from patients' medical records. The CRP/Albumin ratio was evaluated at admission for each patient and subsequently correlated with the CTSIm score (modified CT severity index), duration of hospitalization and mortality.
Results: The patients included in the study were divided into two groups: group 1 - 30 (23,25%) patients with severe forms of acute pancreatitis (CTSI score ≥ 7) and group 2 - control group with 99 (76,74%) patients with non-severe forms (CTSI score < 7). In group 1, in patients with severe forms of pancreatitis, the mean value of the CRP/Albumin ratio was significantly higher (7.99) compared to the control group (2.1). Patients with elevated CRP/Albumin ratio > 4 were associated with prolonged hospitalization (8,72 days) and an increased mortality rate (5,56%) compared to patients with lower ratio values (average hospitalization – 6.02 days respectively mortality rate of 1.33%).
Conclusions: In this study, a significant correlation was objectified between the increased values of the CRP/Albumin ratio and the severity of pancreatitis, the prolongation of hospitalization and the mortality

rate, data that recommend the use of this ratio in current practice for assessing patient prognosis.
Keywords: CRP/albumin ratio, acute pancreatitis, prognosis

EP63. COMPLICATION PATTERN COMPARISON BETWEEN ALCOHOLIC VS VIRAL RELATED LIVER CIRRHOSIS

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Introduction: The aim of this study is to delineate and compare the complication profiles and their impacts on clinical outcomes between alcoholic and viral induced liver cirrhosis.
Method: A retrospective cohort analysis was conducted on a cohort of 658 patients diagnosed with liver cirrhosis of diverse etiologies. This study spanned 4 years and 8 months, from January 2015 to August 2020, within a tertiary Gastroenterology and Hepatology department. In the present study, we specifically examined cirrhosis attributed to alcoholic liver disease and viral hepatitis (types B, C, and D). The severity of the complications such as infections was monitored depending on the etiology, hospitalization days and death rate.
Results: Among a total of 658 patients diagnosed with liver cirrhosis, 277 (42.0%) had alcoholic cirrhosis (AC), and 215 (32.6%) being diagnosed with cirrhosis of viral etiology. The remaining 166 patients (25.2%) presented with a diverse range of etiologies (including autoimmune, metabolic, secondary biliary, cardiac, and mixed types). In AC (group one) an average number of days of hospitalization was 6.5±5.1 and in the viral group (group two) 4.5±4 days ($p<0.0001$). We compared the frequency of complications that occurred in the 2 groups: spontaneous bacterial peritonitis: 11/277(3.9%) vs. 2/215 (0.9%) ($p=0.0715$), hepatic encephalopathy: 74/277(26.7%) vs. 24/215(11.1%) ($p<0.0001$); upper GI bleeding: 73/277(26.3%) vs. 37/215 (17.2%) ($p=0.0210$); hepatocellular carcinoma: 44/277(15.8%) vs. 94/215 (43.7%) ($p<0.0001$). Infections were also analyzed: positive urine culture 47/277(16.9%) vs. 28/215 (13.0%) ($p=0.2803$); positive sputum culture: 30/277(10.8%) vs. 3/215 (1.3%) ($p<0.0001$); positive blood cultures: 18/277(6.4%) vs. 1/215(0.4%) ($p=0.0013$). The mortality rate was higher in the first group (14.0%), compared to the second group (8.3%) ($p=0.069$).
Conclusion: in our cohort alcohol-induced liver cirrhosis, compared to that of viral etiology, presents higher rates of complications, longer hospitalization and higher mortality.
Keywords: liver cirrhosis complications, alcohol, viral

EP64. MASSIVE UPPER GASTROINTESTINAL BLEEDING FROM GIANT DUODENAL GIST TUMOR

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Introduction : Gastrointestinal stromal tumors (GISTs) are stromal tumors that rarely occur in the duodenum(1-5% of cases). Moreover its clinical manifestations are not accurate and ussualy most of the imaging examination results are not very clear .The surgical resection followed by the histological examination is the main diagnostic method .
Materials and methods: In the following part I wil present you the case of duodenal GIST complicated by gastrointestinal bleeding at a 87 year old male who presented in the emergency room with hematochezia and hypovolemic shock for abot 1 day before presentation.
Contrast-enhanced computed tomography of the abdomen showed a giant duodenal mass , what surrounded the descending parts of the duodenum, and it was complicated with bleeding into the lumen of the descending duodenum .
A gastroscopy was performed and a 1/2.5 cm ulcer with active bleeding was revealed .After injecting epinephrin a second endotherapy method was performed (clips) with an efficient hemostasis .
Even though the literature data suggest that radiomebolisationa and polidocanol injection are therapeuthic methods recommended, due to their inaccessibility and taking into consideration the size of the tumour, the surgical treatment was considered the best solution. The patient underwent the tumour resection through the eliptic manner of the ventral duodenal wall, followed by the transmesocolic duodeno-jejunal anastomosis , side by side
Immunohistochemical staining results were as follows: CD34 (-), CD117 (9.7) (+), Ki-67 (+5%) so the tumor was diagnosed as duodenal GIST.
Discussion and conclusion : Most of the duodenal GIST s present with gastrointestinal bleeding .Ussualy the most effective method is the surgical therapy (complete resection) .The size of the tumour defines the risk of malignancy.
After the complete surgical resection ,due to the size of the tumour (>10 cm) a adjuvant therapy with Imatinib and imagistic follow up at 3 and 6 months are also very important.
This case particularity is not only the size of the tumour bult also the extramural extension , the favorable evolution even after an extended surgical treatment at a 87 year old patient.

EP65. ACROMEGALY AND GASTROINTESTINAL MANIFESTATIONS

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Introduction: Acromegaly is a rare hormonal condition that results from an excessive amount of growth hormone (GH) in the body. A variety of complications have been reported in patients with acromegaly, including cardiovascular disease, diabetes, or respiratory disorders. In addition, acromegaly is associated with gastrointestinal complications.[1] Well-known gastrointestinal manifestations associated with acromegaly are colon carcinoma, adenomatous polyps, and dolichocolon. [2]
Material and method : A 54-year-old patient known to have acromegaly, bisecreting adenohypophysis (GH, prolactin) with acromegalic arthropathy, presented to the emergency department of UPU SMURD Târgu-Mureș, complaining of hematemesis, melena, generalized abdominal pain with acute onset. We mention that the patient reports the frequent occurrence of food vomiting at home. Biologically at presentation, a hemoglobin value of 9.3g/dl is detected. An emergency upper digestive endoscopy (EDS) is performed, where a very deformed stomach is observed, with a lot of blood content and blood clots, but without being able to detect the source of the bleeding, due to the modified anatomy, the organomegaly. Later, the patient is admitted to the Gastroenterology Clinic for additional investigations. During hospitalization, the hemoglobin value drops (6.5 g/dl), which is why the EDS is repeated, the stomach is explored in its entirety, the gastric mucosa is evaluable, intensely edematous, with petechiae, bleeding when touched with the endoscope, it is not possible to intubate the pylorus. In addition, an abdominal CT with intravenous contrast subtance is performed where a voluminous stomach is described, apparently septated antrally and D3, D4 having a retrohepatic trajectory and location, thus creating a stenosis of the lumen at the duodenal level, through this location.
Dicussions/Conclusions: Acromegaly causes multiple gastro-intestinal disorders[3], especially in the colon4, but in this case, the endoscopic exploration of the duodenum cannot be performed due to the extrinsic compression given by the retrohepatic, right adrenal location, which is why the patient had gastric evacuation disorders and before the presentation. The evolution of the patient was favorable, he was discharged with recommendations for conduct and treatment.
Keywords:acromegaly, upper digestive hemorrhage, emergency

EP66. DISEASE MONITORING IN ULCERATIVE COLITIS IN PATIENTS UNDERGOING BIOLOGICAL THERAPY WITH INFLIXIMAB – BIOSIMILARS

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Introduction: The optimal method for monitoring disease activity in ulcerative colitis patients is yet to be determined. To assess mucosal healing, colonoscopy with biopsy is the gold standard, although it is intrusive and expensive. Therefore, biomarkers are the easiest technique to monitor disease activity in clinical practice. Fecal calprotectin (FC) and C-reactive protein (CRP) are the most widely accepted. Based on the Mayo Score, this review analyzes FC and CRP utilization in ulcerative colitis patients receiving biologic therapy with infliximab-biosimilars.
Materials and methods: Our retrospective study included 40 ulcerative colitis patients undergoing Infliximab-Biosimilars treatment. Before biological therapy induction, the Mayo Score, FC, and CRP were measured. The Mayo Score, FC, and CRP were reassessed 14 weeks following the first dose of therapy before maintenance.
Results: All 40 patients responded to Infliximab-Biosimilars induction. Before therapy, 15% of patients had a Mayo Score of 12; after induction, it reduced to 9. In 10% of patients, fecal calprotectin levels were above 4000 ug/g, 40% above 2000 ug/g, and 50% under 2000 ug/g but over 300 ug/g. After three Infliximab induction doses, FC levels decreased with values ranging from 20 to 950 ug/g. The CRP levels ranged from 5.7 mg/dl to 0.2 mg/dl. The CRP decreased after induction therapy in all patients to a range of 0.1 mg/dL to 1.1 mg/dL. We must note that 27% of FC patients above 300 ug/g had CRP below 0.5 mg/dl.
Conclusion: Our data are supporting the use of biomarkers such as fecal calprotectin and C-reactive protein to assess disease activity and treatment response in patients with ulcerative colitis undergoing biological therapy with biosimilars – infliximab.
Keywords: Ulcerative colitis, biomarkers, Infliximab

EP67. OSTEOPOROSIS AND OSTEOPENIA AS EXTRAINTESTINAL MANIFESTATIONS IN ULCERATIVE COLITIS

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Introduction: Inflammatory bowel diseases (IBD) are often characterized by extraintestinal manifestations that make diagnosis and therapy difficult. Chronic inflammation, dietary deficits, and corticosteroid treatment in IBD are the key risk factors for metabolic bone disorders. This study examines ulcerative colitis (UC) individuals with extraintestinal osteoporosis and osteopenia.
Materials and method: We used DXA to evaluate bone mineral density in 79 UC patients (mean age ±42 years). No corticosteroid-treated patients were included. The study evaluated 25(OH)D levels in all subjects. The patients did not follow vitamin D supplementation treatment. Disease remission is defined by a partial Mayo score ≤2. Among the patients included in the study, 52 were under biologic therapy.
Results: The study comprised 55 patients (69%) in remission and 49 patients (62%), with low vitamin D levels <20 ng/ml. Osteoporosis (T score <-2.5) was found in 24% of patients at the lumbar-sacral spine and 13.9% at the femoral neck. Osteopenia (T score -1.0 to -2.5) is detected in 40.5% of patients at the spine and 35.5% at the neck. Vitamin D deficiency was found in all patients with osteoporosis (p=0.01) and in 61% of patients with osteopenia (p=0.05). Regarding disease activity, 23.6% patients in remission and 29.1% patients with active ulcerative colitis had osteoporosis (p=0.69), meanwhile in the osteopenia group, 38.1% were in remission and 41.6% with active disease (p=0.84). Only 3.8% of 65.8% of patients undergoing biological therapy had osteoporosis (p=0.007) and 11.5% had osteopenia (p=0.006).
Conclusion: Our data confirm that osteoporosis and osteopenia are common extraintestinal manifestations in ulcerative colitis. Patients with deficiencies in vitamin D were more prone to develop metabolic bone disorders, regardless of ulcerative colitis activity or remission. Biological therapy reduces metabolic bone disease risk. In UC patients, osteoporosis and osteopenia screening and vitamin D supplements are required.
Keywords: Ulcerative colitis, osteoporosis, vitamin D

EP68. HEPATOCITOLYSIS IN INFLAMMATORY BOWEL DISEASES

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Introduction: Inflammatory bowel diseases (IBD) are often associated with extraintestinal manifestations. From hepatobiliary manifestations, primary sclerosing cholangitis, autoimmune hepatitis, non-alcoholic fatty liver disease (NAFLD), B viral infection reactivation or drug-induced hepatitis are the most common. Our study aimed to assess the prevalence and origin of hepatocitolysis in IBD patients.
Materials and methods: 81 patients with IBD were enrolled in this study, 61 patients (36 female, 25 male) with Ulcerative Colitis (UC) and 20 patients (9 male, 11 female) with Crohn Disease (CD). 18 patients with UC and 12 patients with CD are undergoing biological therapy. We took a complete medical history and we evaluated patients for liver diseases. Hepatocitolysis was defined as an increase the values of aspartate-aminotransferase (AST) and alanine-aminotransferase (ALT) more than 1.5 normal values.
Results: 16 patients presented hepatocitolysis, 6 patients with UC and 10 with CD (p=0.03). In UC group mean values were 162.8U/I for AST and 235.5U/I for ALT. In CD group mean values were 97.2U/I for AST and 126.6 U/I for ALT. Of the patients included in the study, none had viral hepatitis. In UC group 2 patients had primary sclerosing cholangitis and 1 patient had polycystic liver disease. In CD group 2 patients had autoimmune hepatitis and 3 patients had NAFLD. In total, 8 patients with hepatocitolysis (3 in UC group and 5 in CD group) had none associated liver disease but they were undergoing biological therapy (p=0.05).
Conclusion: In our study, the prevalence of hepatocitolysis was relatively high, especially in CD group. The values of AST and ALT were below 10 times normal. Drug-induced hepatotoxicity was responsible for half of the cases. Further studies of hepatocitolysis in biological treatment are needed, especially in patients with CD.
Keywords: Inflammatory bowel disease, hepatocitolysis, biologic therapy

EP69. A RARE CASE OF PROCTOSIGMOITIS: THE CALMETTE-GUERRIN DILEMMA

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Introduction. Ulcerative colitis is a relapsing and remitting disease that is increasing in incidence and prevalence.

Case report. A 75-year-old man was admitted into our Gastroenterology Department for one week history of rectal bleeding and one month history of diarrhea and fecal incontinence.
Six months earlier, a vesical mass was found at CT scan and transurethral biopsy showed the presence of a high grade papillary urothelial carcinoma. The following three months he underwent immunotherapy - a one weekly instillation of intravesical BCG. Diarrhea and fecal incontinence started two months after the last instillation. On admission, he accused 10 to 15 stool emissions per 24 hours, some of them with fresh blood. Body temperature was 37.3 degrees Celsius, blood pressure 130/70mmHg, a pulse of 80 beats per minute and oxygen saturation 97% while breathing ambient air. Laboratory work-up did not show inflammation of anemia. Infectious screening was negative (stool, urine, respiratory). A chest CT scan showed only bilateral fibrosis. Colonoscopy revealed rectum and distal sigmoid with erythema, oedema, granularity loss of vascular pattern, friability and multiple millimetric ulcers. Histopathologic analysis revealed disorganizing architecture, lymphoplasmacytic inflammatory infiltrate with basal plasmacytosis and cryptic abscesses, negative for cytomegalovirus infection. The working diagnosis was ulcerative proctosigmoiditis. The patient was started on 4 grams of topical mesalamine daily. The patient was in clinical remission in one week after the start of the treatment.
Discussions. The mechanism by which BCH immunotherapy works is still unknown, but intravesical instillation triggers a variety of local immune responses including stimulation of CD 4 T-cells, macrophages and cytokines resulting in tumor distruction. This is the second reported case of ulcerative colitis existing in the literature arising after BCG instillation.
Keywords: proctosigmoiditis, BCG, immunotherapy

EP70. THE BURDEN OF IRRITABLE BOWEL SYNDROME-TYPE SYMPTOMS AMONG PATIENTS WITH INFLAMMATORY BOWEL DISEASE WITH QUIESCENT DISEASE

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Introduction: The gut-brain axis is a key player in the overlap between inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS). Considering the IBD-related impaired quality of life even during IBD remission, our aim was to investigate the prevalence of IBS-like symptoms among IBD patients with quiescent disease.
Methods: Adult patients diagnosed with IBD according to the clinico-biological, endoscopic and histologic criteria, were included in this retrospective study, analyzing patients evaluated during a 6 months period from the Gastroenterology Department of Sf Spiridon County Clinical Emergency Hospital, Iasi, Romania. Inclusion criteria referred to the presence of quiescent IBD. Quiescence was defined as a fecal calprotectin (FCP) value below 150 µg/g and/or a recent (<6 months) endoscopic examination with endoscopic remission. Patients with extraintestinal manifestations, depression and pregnant/lactating women, patients with evidence of active disease were excluded.
Results: 107 IBD patients were included in the study, 59 patients with ulcerative colitis and 48 with Crohn's disease. The median patient age was 45 (33;57), mostly residing in urban areas (78,5%), 59,81% female patients, 21,49% active smokers. Among the included patients, 46 patients (42.9%) reported bloating as recurrent bothersome symptom, while borborygmi was reported by 16 patients (14,95%). 34 patients (31,77%) reported intermittent abdominal pain, mostly described as low intensity and characterized as cramping, and only in few cases (3 patients) moderate intensity of recurrent abdominal pain, related to defecation was reported. Regarding changes in bowel habit, diarrhea was reported by 7 patients with quiescent IBD, all of them among Crohn's disease patients, while constipation was reported by 3 patients, among the ulcerative colitis subgroup.
Conclusions: IBD patients with quiescent disease experience IBS-type symptoms, which could impact their quality of life. In the reported group, low-intensity abdominal pain was reported in approximately one third of IBD patients with quiescent disease, while changes in bowel habit were less frequent, however still reported. Bothersome symptoms among IBD patients in spite of the absence of active inflammation could lead to higher use of healthcare resources, considering the current absence of well-shaped strategies for their management.
Keywords: irritable bowel syndrome, inflammatory bowel disease, quiescent disease

EP71. THE RISK OF CARDIOVASCULAR EVENTS AMONG PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Introduction: Inflammatory bowel disease (IBD) is a chronic, complex, and relapsing inflammatory disorder characterized by systemic inflammation, which may cause an abnormal state of coagulation, resulting in cardiovascular (CV) events.
Aim: To investigate the risk of cardiovascular events in IBD patients, during three years of follow-up.
Methods: We conducted a retrospective study including 108 IBD patients hospitalised in a tertiary center between January 2021 through January 2024. We compared 2 major groups: group A – patients with cardiovascular events and group B - patients without cardiovascular events regarding the following parameters: smoking (smokers/ former smokers), hypertension (systolic blood pressure >140mmHg), obesity (BMI>30kg/m²), diabetes mellitus, dyslipidemia (LDL-C>190mg/dl, HDL-C<40mg/dl, triglycerides>200mg/dl), and fecal calprotectin (FC) level (significantly increased value>200mcg/g). We assessed the IBD severity according to MAYO score for UC and CDAI for CD (active disease: partial MAYO > 5 and CDAI score>221).
Results: The study included 60 patients with ulcerative colitis (UC) (55.56%) and 48 (44.44%) with Crohn's disease (CD); more females were found compared with males (57.40% vs 42.60%). The mean age of the patients was 46.5 years (21-72 years), with an older average age in group A (54.3 years vs. 38 years). 9 (8.33%) patients (6 UC and 3 CD) experienced a vascular event (1 non-fatal myocardial infarction, 1 fatal myocardial infarction, 2 arterial thrombosis, 5 venous thrombosis). All the patients in group A had moderate or severe disease activity. Of these, 6 patients were under corticotherapy and 3 under biological therapy. By comparing the 2 groups (with and without cardiovascular events), a higher presence of at least one cardiovascular risk factor was observed in group A (100% vs. 43.43%,p=0.028); a higher value of FC level(88.88%vs.48.48%,p=0.047) was observed in group A compared with group B. The other parameters did not present a significant statistical value between the two groups. No cardiovascular events occurred in patients in disease remission.
Conclusion: Although patients with IBD and CV events were older and had associated cardiovascular risk factors, inflammatory disease activity is an independent risk factor.

Keywords: UC, CD, cardiovascular disease

EP72. CLINICAL APPLICATION OF IUS IN MONITORING CROHN'S DISEASE PATIENTS

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Introduction: IUS (intestinal ultrasound) is a non-invasive, cost-effective, and reproducible examination, having a good correlation with nuclear magnetic resonance and endoscopic exam, both in diagnosis and post-therapeutic monitoring of CD (Crohn's Disease) patients.
Material and methods: We monitored for 6 months from biological therapy initiation 10 patients diagnosed with CD during this year, within our Clinic. We included patients over 18 years, naïve to other biologic treatments, with moderate-severe ileo-colonic CD. We excluded patients with perianal, fistulizing/stenosing CD and those who associated extra-intestinal comorbidities with a possible negative impact on therapeutic response. All patients performed ileocolonoscopy, IUS, laboratory tests (CRP – C-reactive protein, FCP – fecal calprotectin) and clinical evaluation prior to treatment initiation, IUS, CRP, clinical evaluation at 1 month and 3 months from initiation and IUS, CRP, FCP, ileocolonoscopy, clinical evaluation at 6 months from initiation.
Results: Treatment response was IUS documented in 4 patients at 1 month and in all 10 patients at 3 months with a good correlation in terms of achieving clinical remission and normalization of CRP. Transmural remission was IUS documented in 4 patients at 3 months and in one more patient at 6 months from initiation. Endoscopic remission was documented in 8 patients at 6 months from initiation.
Conclusions: Endoscopic report was discordant with IUS report in 3 patients. A longer follow-up comparative analysis (related to the previous disease severity and the therapeutic agent used) will be useful in assessing the evolution of patients who achieved both endoscopic and transmural remission and that of patients who only achieved endoscopic remission at 6 months from initiation.
Keywords: IUS, transmural remission, treatment response.

EP73. LONG-TERM EVALUATION OF QUALITY OF LIFE IN INFLAMMATORY BOWEL DISEASES: RESULTS FROM A PROSPECTIVE COHORT STUDY

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Background: Inflammatory bowel diseases (IBDs), encompassing Crohn's disease (CD) and Ulcerative Colitis (UC), detrimentally affect patients' well-being and quality of life, hindering daily activities, work performance, and social interactions. To assess Health-related Quality of Life (HRQoL) in IBD patients, the Short Inflammatory Bowel Disease Questionnaire (SIBDQ) is commonly employed, evaluating social, emotional, bowel, and systemic aspects (scores range from 10 to 70, indicating poor to good HRQoL). Our objective was to examine the longitudinal impact of IBD on patients' quality of life.
Methods: We conducted a retrospective descriptive observational cohort study, followed prospectively at Colentina Clinic Hospital Bucharest. The 10 questions of the SIBDQ questionnaire were divided into 4 subdomains (social, emotional, bowel and systemic). The SIBDQ was administered to patients at each visit, scheduled every 12 months or more frequent, in case of unscheduled visits (disease flare).
Results: We included in the final analysis 219 patients, 88 (40%) with CD and 131(60%) diagnosed with UC. The 128 (58%) male and 91 (42%) female patients were followed for a median duration of 24 months. Overall SIBDQ scores improved at follow up visits (median SIBDQ 49 at baseline vs. mean 54 after 12 months of surveillance, $p<0.05$, Chi-square test). SIBDQ differs significantly according to both clinical and endoscopic activity (SIBDQ score 57 vs 43 for clinical remission/activity and 54 vs 50 for mucosal healing/endoscopic activity, $p<0.05$, Chi-square test). All subdomains of QoL were equally affected at the baseline visit and median scores improved during the first 24 months of follow-up: social (10 vs 11 points), emotional (15 vs 16 points) , bowel (13 vs 15 points) and systemic (10 vs 11 points). At the univariate analysis, we detected in the systemic ($p=0.046$) and social ($p= 0.032$) subcategories a significant association between the screening visit and the 48 months visit).
Conclusions: SIBDQ is a reliable tool for QoL assessement in IBD patients, correlated with clinical and endoscopic activity. In our cohort, long-term follow-up significantly improved QoL and patients achieved SIBDQ scores indicative of a good quality of life, in all subdomains.
Keywords: Inflammatory bowel disease, SIBDQ, quality of life

EP74. RESPONSE TO USTEKINUMAB THERAPY IN BIOLOGIC-EXPERIENCED PATIENTS WITH CROHN'S COLITIS: RESULTS OF A RETROSPECTIVE STUDY

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Introduction: Ustekinumab, a monoclonal antibody targeting interleukin-12 and 23, has emerged recently as a promising therapy for Crohn's colitis. Response to ustekinumab varies among patients and identifying predictor factors of response to ustekinumab remains an unmet need.
We aimed to investigate the profile of the pluri-experienced patient initiated on Ustekinumab, as well as potential clinical predictors of clinical response to ustekinumab treatment in patients with Crohn's disease.
Methods: We conducted a retrospective study involving data from a cohort of patients with Crohn's colitis who initiated ustekinumab therapy between 2022 and 2024. Demographic, clinical, and laboratory data were collected from electronic medical records. Clinical response to ustekinumab was assessed at 8 weeks, defined as a decrease in CDAI score of more than 100 points.
Results: Among the 50 patients included in the study, 62% were female and 38% were male, with a median age of 43.62 years (SD 15.8 years). 93.5% had previously experienced failure with at least one advanced therapy. Over 50% of patients were not receiving concomitant corticosteroid therapy at the time of therapy initiation.
Over 93% of the included patients had clinical response to ustekinumab at 8 weeks. Only 26.5% of patients initiated on advanced therapy with ustekinumab experienced secondary loss of response at 6 months.
In the analysis using linear regression, none of the disease or treatment-related factors were found to be associated with the clinical response rate at 8 weeks.
Conclusions: Clinical response rate to Ustekinumab in biologic experienced patients is high. Current data suggests limited availability of robust predictive factors for ustekinumab response. Unlike anti-TNF therapy, where factors like disease behavior and CRP levels show some promise, ustekinumab's predictive markers remain elusive.

EP75. ULCERATIVE COLITIS AND IRRITABLE BOWEL SINDROM: IS THERE AN OVERLAP?

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Introduction: Ulcerative colitis (UC) and irritable bowel syndrome with diarrhea (IBS-D) share many similar characteristics, especially in terms of demographics and symptomatology. It is characterized by the presence of discomfort and abdominal pain, as well as intestinal transit disorders. But when these symptoms appear in a UC patient in remission, the question is whether it is one disease or two.
Material and methods: The study was retrospective and included 35 patients with ulcerative colitis, chronic recurrent form, who addressed the Gastroenterology Clinic between June 2022 and June 2023. The patients' charts were consulted for the period in which they described the presence of symptoms.
Results: The study included 35 patients with ulcerative colitis, aged between 22 and 65 years, with a ratio of women: men 3:2. The average duration from diagnosis being 2,1 years. In these patients, a number of 113 episodes were identified that correspond to the requirements. Among these, a number of 27 (23%) episodes that do not have paraclinical correspondence (HLG, PCR, fibrinogen, ESR, fecal calprotectine unchanged). Episodes of exacerbation of ulcerative colitis compared to those of irritable bowel had higher fecal calprotectin values (678±35 vs. 146±13, p<0.05), with a cut-off value of 180µg/g. 6 patients (17%) presented successively 19(16,81%) episodes, without the biochemical correspondence. The treatment consisted mainly of probiotics +/- rifaximin and trimetazidine (10,61%), the other were self limited.
Conclusion: Recognizing the overlap between UC and IBS-D can lead to early optimization of the treatment and the patient's recovery as quickly as possible. Further studies are needed
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Keywords: ulcerative colitis, Irritable bowel syndrome with diarheea, overlap

EP76. BIOCHEMICAL MARKERS IN ULCERATIVE COLITIS

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Background: Ulcerative colitis (UC) is a chronic, potentially severe intestinal disease, the etiology of which is not fully understood. Micro-RNAs (miRs) are small, single-stranded, non-coding RNA molecules involved in multiple pathological processes in the digestive tract. The aim of this work is to determine the role of miR-21 in the extension and severity of inflammatory lesions.
Material and methods: Serological samples were collected, from 77 pacients, 34 with acute UC and 33 controls, to quantify miR-21 expression, wich was carried out through quantitative real-time polymerase chain reaction (qRT-PCR). We also collected biological samples for the determination of albumin, C-reactive protein (CRP) and fecal calprotectin (FC). For statistical calculation both ΔCt and ΔΔCt values were calculated in accordance with a previously published method.
Results: MiR-21 ΔCt and ΔΔCt levels presented significantly higher values among the UC group (p<0.01). Similar we obtained for FC (p=0,001), CRP (p=0,002) and albumin (p<0.01).
In UC group there was a significant positive correlation between FC and UCDAI (p=0,001), CRP and UCDAI (p=0,002), albumin and UDCAI (p=0,001) respectively UC-extension (p=0,002). Non-significant results were obtained when assessing a possible relationship between miR-21 expression and FC levels (p=0,73), UCDAI (p=0,34), UC-extension (p=0,63).
Conclusion: FC, CRP and albumin are pertinent markers for the evaluation of UC. Instead circulating miR-21 is obviously upregulated in ulcerative colitis, but its expression does not correlate with its extension and activity nor with fecal calprotectin.
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Keywords: ulcerative colitis, miR-21, inflammatory markers

EP77. INCREASED TRENDS OF INCIDENCE IN INFLAMMATORY BOWEL DISEASES: EXPERIENCE OF A TERTIARY CENTRE

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Introduction: inflammatory bowel diseases has established itself as one of the 21st century's most prolific diseases, that has a worldwide coverage. Developing countries such as Romania highlight an increased incidence.

Material And Methods: Data was analyzed retrospectively over a period of 10 years (Jan 2014 - Dec 2023), highlighting the incidence trends as well as newly diagnosed patients in our tertiary centre. This data was compared with the previous 10 years (Jan 2004 - Dec 2013)
Results: The ratio of UC:CD (ulcerative colitis: Crohn's disease) has kept a linear trend (2.5-3.1) over the last 20 years. There has been a marked increase in new cases compared with previous years with a slight decrease during the 2020-2022 era (p=0.01). Overall number of new cases has nearly doubled in both UC and CD compared to the previous 10 years.
Conclusion: Although the results are limited, there has been a marked increase in newly diagnosed cases of IBD, with a highlighted decrease during the COVID-19 pandemic maintaining a constant ratio between UC and CD.
Keywords: Crohn's disease, ulcerative colitis, COVID-19 pandemic

EP78. ADALIMUMAB: SWITCHING FROM ORIGINATOR TO BIOSIMILAR IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES

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Introduction: After the first use of infliximab in Crohn's disease in 1995, the wide scale introduction of anti-tumour necrosis factor alfa (anti TNF) medications revolutionized the treatment of inflammatory bowel diseases (IBD's).Biosimilars are biologic medical products that are highly similar to their reference products and with no clinically meaningful differences in immunogenicity, safety or effectiveness. The introduction of biosimilars was seen as a way to provide a lower-cost alternative to the originator anti-TNF molecules and hence to increase treatment access and availability for patients.
Material and methods: The current study is an observational, multicenter, retrospective one conducted in two IBD centers in Bucharest.The study included 53 patients, of which 27M and 26F diagnosed with ulcerative colitis or Crohn's disease according to standard endoscopic, radiological, histological criteria. Also, all patients completed at least the induction treatment with the original bio Adalimumab, and then they were changed to one of the biosimilars of Adalimumab. Representatives of adalimumab biosimilars included Hukyndra, Imraldi and Hyrimoz.The primary objective was the maintenance of clinical remission after switching the originator Adalimumab treatment to the biosimilar Adalimumab.The secondary objective was to evaluate the presence of adverse effects occurring when the treatment was changed, but also the mode of administration.
Results: In our population, there were 42 patients with Crohn's disease and 11 with ulcerative colitis who switched from the original adalimumab to a biosimilar Adalimumab.The average age was 44,07 years old for patients with Crohn's disease and 51,72 years old for patients with ulcerative colitis.No significant differences were found in terms of faecal calprotectin and C-reactive protein levels at 6 months after changing the original treatment to a biosimilar. Only one patient required changing the biological treatment, following the clinical and biological response.
Conclusions: This observational study is one of the first analyzes carried out in our country that shows that the biosimilar Adalimumab is as efficient as the original Adalimumab in the clinical practice of patients with IBD.These results support that the large-scale use of biosimilars does not affect the effectiveness of the therapy and the safety of the patient.
Keywords: inflammatory bowel diseases, adalimumab, biosimilar

EP79. SECONDARY MALABSORBTION IN ILEOCOLONIC AND UPPER GASTROINTESTINAL TRACT CROHN'S DISEASE REFRACTORY TO MULTIPLE BIOLOGICAL THERAPIES – WHAT ARE OUR OPTIONS?

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Introduction: Refractory Crohn's disease, defined as persistent inflammation despite the trial of multiple advanced therapies, can be associated with significant morbidity and mortality. In particular, Crohn's disease with extensive involvement of the small bowel can be complicated by difficult-to-manage malnutrition.
Material and method: We analyzed the case of a 66-year-old male suffering of malabsorption and malnutrition due to Crohn's disease of the upper gastrointestinal (GI) tract and ileocolonic, with stricturing pattern.
Results and conclusions: The patient was diagnosed with Crohn's disease of the upper GI tract and ileocolonic in July 2022. He is a former smoker, he has a history of ankylosing spondylitis, surgically resected cutaneous lymphoma, and one episode of autoimmune pancreatitis in 2019. Upper endoscopy: duodenal mucosa with nodular appearance, loss of folds, multiple deep ulcerations. Histopathology: marked lympho-plasmocytic inflammatory infiltrate with numerous neutrophils, villous atrophy. Immunohistochemistry: suggestive

of peptic duodenitis, negative for malignancy. CTenterography: inflammatory thickening of the duodenal, jejunal and ileal wall, with multiple strictures. Colonoscopy: rare aphthoid ulcerations of the ascending colon. Intestinal tuberculosis, HIV infection, hematological diseases were excluded. Over time the patient received multiple courses of systemic corticosteroids and he is currently cortico-dependent. In October 2022, Vedolizumab was started as the first line of biological therapy, considering the patient's cancer history, without any significant clinicobiological or imaging response. In February 2023, he was switched to Ustekinumab, but the lack of response persisted. In May 2023 he developed pyloric stenosis which was treated by endoscopic balloon dilatation. Since May 2023 up to now, he was treated with Infliximab (IFX) 5mg/kgc, currently optimized at 4 weeks, based on the serum trough level and the absence of anti-IFX antibodies. However, complications persist: malnutrition, iron deficiency anemia sometimes requiring transfusions, low cholesterol, severe hypoalbuminemia, with peripheral edema, ascites and pleural effusion.
In conclusion, refractory Crohn's disease leads to an important alteration in the patients' quality of life. Patients can benefit from a multidisciplinary approach, including clinical trials, surgical interventions, enteral nutrition, psychological support. An effective treatment plan must focus on identifying any potentially effective remaining therapies and avoiding useless ones.
Keywords: refractory, malnutrition, malabsorption

EP80. COGNITIVE IMPAIRMENT IN PATIENTS WITH CROHN'S DISEASE AND ULCERATIVE COLITIS: A COMPARATIVE ANALYSIS USING NEUROPSYCHOLOGICAL TESTS

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Backgoround. The cognitive impact of inflammatory bowel diseases (IBD) is an area of intense research. This study aims to investigate cognitive function in patients with Crohn's Disease (CD) and Ulcerative collitis (UC), examining correlations with disease duration, age and educational level.
Materials and methods. We evaluated 56 patients, 22 with CD and 34 with UC, using a battery of neuropsychological tests: Montreal Cognitive Assessment (MoCA), Trail Making Test A and B (TMT-A, TMT-B), Forward and Backward Digit Span Test (FDS, BDS), and Digit Symbol Substitution Test (DSST). The mean age of participants was 43.7 years (range 18-82), with a mean disease duration of 6.74 years.
Statistical analysis revealed significant cognitive impairments in both CD and UC groups compared to normative data. On the MoCA, CD patients scored an average of 22.8±5.2, while UC patients scored 24.3±4.49, both below the normal cognitive function threshold ($p<0.001$). TMT results showed increased completion times for both groups, indicating executive disfunction and processing speed deficits. Mean scores for FDS were 10.13±1.64 (CD) and 9.91±2.1 (UC), while BDS scores were 5.33±1.91 (CD) and 5.27±1.59 (UC). DSST performance was also impaired, with CD patients completing 38.3±11.4 symbols and UC patients 39.6±13.7 symbols in 90 seconds, reflecting deficits in working memory and psychomotor speed.
Correlation analyses indicated that longer disease duration was not associated with MoCA scores ($r=0.12$). Age showed a negative correlation with MOCA score ($r=-0.53$), DSST performance ($r=-0.55$), FDS ($r=-0.35$), BDS ($r=-0.15$). Higher educational levels were positively correlated with better cognitive test performance(MoCA: $r=0.53$, TMT-A: $r=-0.32$, DSST: $r=-0.50$).
Conclusions. These findings highlight the cognitive impairment of IBD patients and underscore the need for cognitive assessment in this population, without a correlation disease length. Further studies are warranted to explore the underlying mechanisms and potential interventions to mitigate cognitive decline in IBD patients.

EP81. IMPACT OF IRON DEFICIENCY ANEMIA ON QUALITY OF LIFE IN IBD PATIENTS: RESULTS FROM A PROSPECTIVE COHORT STUDY

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Introduction: Iron deficiency is one of the most common causes of anemia in inflammatory bowel disease (IBD) patients. Anemia has been shown to significantly impact patients' day-to-day functioning with a wide range of clinical symptoms.
Assessing health-related quality of life (HRQoL) in IBD patients is an ever-expanding practice and in recent years a lot of effort was put into describing QoL and its predictors in these patients.
Our aim was to prospectively assess HRQoL and disease activity parameters and to objectively establish the impact iron deficiency anemia on quality of life.
Methods: We conducted a prospective observational study on a cohort IBD patients at Colentina

Hospital. Disease activity was evaluated using the Mayo and CDAI scores for clinical activity, the Mayo and SESCD scores for endoscopic activity. Patient-reported HRQoL was assessed using the Short Inflammatory Bowel Disease Questionnaire (SIBDQ)).
Results: 193 patients (74 CD, 119 UC) were enrolled in our study and were prospectively followed for a median length of 2 years (range 0-5 years), totaling 422 study visits. SIBDQ scores improved at follow up visits (median SIBDQ 4.7 at baseline vs. mean 5.2 after 12 months of surveillance, p<0.05). In parallel, the percentage of patients with anemia significantly improved (27.3% and 16.6% at first and second follow up visits respectively, p=0.048 Chi Square). For 11 (5.6%) of patients anemia was diagnosed in the absence of endoscopic disease activity. Quality of life scores were significantly lower in patients with anemia (4.8 vs 5.3, p<0.05 Chi Square test) and endoscopic activity (5.1 vs 5.8, p<0.01, Chi Square test).
Conclusions: Iron deficiency is a common cause of anemia in IBD patients, with a significant impact on the quality of life. Anemia is frequently overlooked in the management of IBD patients and given its multifactorial pathogenesis, close monitoring is mandatory.
Keywords: anemia, quality of life, inflammatory bowel disease

EP82. DIETARY PATTERNS CAN INFLUENCE THE LEVEL OF FATIGUE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE IN REMISSION

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Background: It is well known that dietary pattern can play an important role in the onset of inflammatory bowel diseases (IBD). In patients with established disease, they can influence the risk of relapse and the disease course.
The aim of the study is to explore the impact of dietary patterns on health-related quality of life (HR-QoL), fatigue, anxiety and depression in patients with IBD in corticosteroid-free clinical remission.
Materials and methods: A total of 96 consecutive patients diagnosed with IBD that were in corticosteroid-free remission for at least 12 weeks were enrolled in this observational, cross-sectional study.
During an interview, patients were asked about their dietary patterns. Twelve categories of foods were identified, 6 of them being considered "healthy" (vegetables and fruits >4 portions/day, cereals >3 portions/day, seeds >4 portions/week, cheese >1 portion/day, yoghurt >1 portion/day, fish >2 portions/week) and the other 6 "unhealthy" (fatty red meat >1 portion/day, sweetened beverages >1L/day, cured meat >2 portions/day, fried food >1 portion/day, chips >1 portion/day, mayonnaise >1 portion/day).
An "unhealthy" dietary pattern was considered if the proportion of "unhealthy" food categories from the total food categories consumed by the patient exceeded 50%.
Fatigue, HR-QoL, anxiety and depression were evaluated using the following self-administered questionnaires: FACIT-F, IBDQ-32 and HADS.
Results: Out of the 96 patients included, 60 (62.5%) were men. The median patient age was 38 years (IQR 31.5 – 45.5). Sixty patients (62.5%) were diagnosed with CD, and 36 (37.5%) with UC. Most of the patients were treated with biologics (93.8%).
An unhealthy dietary pattern was identified in 58 (60.4%) patients.
Patients with an "unhealthy" dietary pattern experienced significantly more fatigue compared to patients with a "healthy" dietary pattern (mean FACIT-F score 40.3 vs. 44.4 points, p=0.02). Even though not statistically significant, patients with "unhealthy" dietary pattern had a trend towards a lower HR-QoL (mean IBDQ score 187.3 vs. 192.8, p=0.24). There were no statistically significant associations between the dietary pattern and anxiety and depression.
Conclusion: Patients with an "unhealthy" dietary pattern experience significantly higher levels of fatigue compared to patients that are eating "healthier" food.

EP83. SARCOPENIA AND MALNUTRITION ASSESSMENT IN PATIENTS WITH ACTIVE INFLAMMATORY BOWEL DISEASES

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Introduction: Nutritional impairment represents a major burden in inflammatory bowel diseases (IBD), increasing the risk of morbidity and

mortality. It frequently associates with newly diagnosed IBD and flares.
Materials and Methods: We aimed to assess nutritional impairment in patients with active ulcerative colitis or Crohn's disease (CD) requiring biologic initiation, between January 2021-April 2024, in our clinic. We collected data at the moment of initiation and at 6 months follow-up for patients achieving clinical remission. The handgrip strength (HGS) was measured using the Jamar hydraulic hand dynamometer, and values were converted to Z scores corrected for age and gender. Sarcopenia cut-off points were <27kg for men, and <16kg for women.
Results: 46 patients were included (54.3% CD, 56.5% males, age 38.4±12.4 y.o., disease duration 6.6±6.3 years), of whom 18 were followed-up. 45.7% were on 5-aminosalycilates, 52.2% on corticosteroids, and 28.3% on biologics. 41 patients (89.1%) experienced weight loss in the previous 6 months (8.4±6.4 kg). The mean BMI was 21.4±4.3 kg/m2, 51.1% of patients had normal weight, 11.1% were overweight, 13.3% obese and 28.9% underweight (mild thinness – 6 patients; moderate thinness – 2 patients; severe thinness – 5 patients). The mean HGS value was 31.9±11.4 kg. 19.6% of patients had a Z score ≤-2 standard deviations, characteristic for weak HGS, 47.8% between -1 and -2 and 23.9% between 0 and -1. Sarcopenia was present in 10.9% of patients, who associated lower levels of serum albumin (3.1±0.5 g/dl vs. 4±0.7 g/dl, p=0.012). At 6 months follow-up, significant improvement in the HGS (35.8±14.9 kg vs. 31.8±11.3 kg, p<0.001) and BMI (22.5±3.7 kg/m2 vs. 20.5±3.8 kg/m2, p<0.001) values were shown.
Conclusion: Weight loss and undernutrition are frequently reported during IBD flares and some patients might develop sarcopenia. Thus, IBD patients should be routinely screened for nutritional impairment. Rehabilitation nutrition and exercise therapy should be recommended, as needed.
Keyword: inflammatory bowel disease, miopenia, malnutrition

EP84. INCREASED RISK FOR DEPRESSION AND LOW QUALITY OF LIFE IN ACTIVE INFLAMMATORY BOWEL DISEASE

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Introduction: Patients diagnosed with inflammatory bowel disease (IBD) are at increased risk of developing mental health issues, such as depression, especially when experiencing disability and poor quality of life (QoL). Recent studies showed that the relationship between depression and IBD appears to be bidirectional, through the brain-gut axis.
Materials and Methods: We aimed to evaluate the risk for depression and the QoL in patients with active IBD hospitalized between January 2021-April 2024 in our clinic, at the moment of biologic initiation and at 6 months follow-up, for those achieving clinical remission. We screened for symptoms of depression using the self-administered Center for Epidemiologic Studies Depression Scale (CES-D) – ranging score 0-60 (0-15 no to mild; 16-23 moderate; 24-60 severe symptomatology). The self-administered Short Inflammatory Bowel Disease Questionnaire (SIBDQ) was used to evaluate the health-related QoL through social, bowel, emotional and systemic dimension, with a score ranging from 10 (poor) to 70 (optimal).
Results: We included 47 patients (53.19% ulcerative colitis, 57.44% males, age 38.51±12.26 years old), with a disease duration of 6.43±6.28 years. 21 patients were reevaluated at 6 months. In patients with active IBD, the CES-D score was 14.15±13.04 and the SIBDQ score was 42.2±15.8 (42.6±19.2 social; 44.3±16 bowel; 43.6±16.9 emotional; 36.5±18 systemic). 18 patients (38.29%) were at risk for clinical depression, of whom 11 patients (23.40%) had severe depressive symptomatology. Patients being at risk for depression had lower SIBDQ scores (p<0.001), lower levels of serum albumin (p=0.007) and lower body mass index (p=0.004). In the subgroup analysis, both CES-D (17.23±15.63 vs. 8.09±7.19, p=0.005) and SIBDQ (40.81±16.45 vs. 56.09±10.68, p=0.002) were significantly improved after achieving clinical remission.
Conclusion: Considering the high rate of patients prone for depressive symptomatology, screening tools for depression and assessing QoL should be routinely used, and specialized psychiatric treatment should be integrated in the comprehensive care for IBD patients.
Keyword: inflammatory bowel disease, mental illness, quality of life

EP85. UNUSUAL BEGINNING OF CROHN'S DISEASEC

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Introduction: Bowel perforation as the first presentation of inflammatory bowel disease is rare and unusual, reported in about 3% cases in literature, the majority involving the small bowel. We present a case of colonic perforation at the debut of Crohn's disease.
Case report: A 36 years old male patient with no significant medical history presents for abdominal pain, watery stools, fever, weight loss. Laboratory test show inflammatory syndrome and negative test for Clostridium Difficile. The patient was admitted with the suspicion of Enterocolitis. After 10 days of treatment the patient presents severe abdominal pain with muscular defense and is transferred to the General surgery department. The laboratory test show elevated white blood cell count- 38 000/µl, and C-reactive protein (CRP)level - 46 mg/dl and low albumin concentration- 1.7g/l. The CT scan revealed perforation of the splenic flexure, circumferential parietal thickening in the left colon and intraperitoneal fluid accumulation. Emergency surgery was performed with exploratory laparotomy, exteriorization of the perforation through colostomy, evacuation of the abscess, lavage and multiple peritoneal drainage. After surgery, the rectosigmoidoscopy revealed a mucosa with extended irregular, nearly confluent ulcerations and multiple pseudopolyps. Biopsies were collected, supporting the diagnosis of an inflammatory bowel disease with marked histological activity- Crohn disease with colonic involvement. The Magnetic resonance enterography excluded lesions in the small bowel. At the one month follow-up, the fecal Caprotectin level was 2700µg/g. The patient started treatment with Ustekinumab, with a favorable course. The follow-up at 6 months revealed an asymptomatic patient and a fecal Caprotectin of 324µg/g. The colonoscopy revealed multiple inflammatory pseudopolyps in the left colon, no ulcerations. The patient was scheduled for the colostomy reversal.
Conclusions: Free intestinal perforation in Crohn disease is a rare disease behavior, especially the perforation of the left colon. In this case there was no evidence of toxic dilatation or distal stenosis.
Keywords: Crohn disease, bowel perforation

EP86. IRON DEFICIENCY ANEMIA PATTERNS AND OUTCOMES IN ROMANIAN IBD PATIENTS: RESULTS OF A PROSPECTIVE COHORT STUDY

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Background: Iron deficiency anemia (IDA) is the most frequent complication of inflammatory bowel disease (IBD), with several contributing mechanisms: iron loss from bleeding, decreased iron intake from enterocytes, impaired iron absorbtion. Our main objective is to study the prevalence and evolution patterns over time of IDA in Romanian patients with IBD.
Methods: We conducted a retrospective analysis of prospectively collected data of ulcerative colitis and Crohn's disease patients included in the local IBD cohort. Clinical data about disease activity and laboratory data (including complete blood count, serum C-reactive protein levels and ferritin levels) was collected at baseline and follow-up visits. We defined anemia according to the ECCO guidelines as hemoglobin levels < 13g/dL for male and 12g/dL for female patients, and iron deficiency using a serum ferritin level < 100µg/ml.
Results: We included in the final analysis 168 patients, totalling 331 patient-visits. 27 female patients (50%) were anemic at their baseline visit and 67% of patients showed ferritin levels < 100µg/ml at baseline. Overall criteria for anemia were fulfilled at 26.6% of patient-visits, while 71.8% of patient-visits showed ferritin levels < 100ug/ml. Over time, the percentage of patients with anemia significantly improved (27.3% and 16.6% at first and second follow up visits respectively, p=0.048 Chi Square) but iron deficiency as reflected by ferritin levels < 100 did not significantly improve over time (75.6% and 81.8% at first and second follow-up visits respectively, p=0.119) despite a significant decrease in the proportion of patients with clinical activity at follow up visits (52% at first visit vs 32% at second visit, p=0.001).
Conclusions: The prevalence of anemia among IBD patients shows a decreasing trend over time as disease control improves; iron deficiency however remains an unmet problem among a majority of IBD patients despite clinical improvement over time.

Chapter 6. Poster Presentation – Hepatology and Pancreatology

EP87. METABOLIC DYSFUNCTION ASSOCIATED STEATOHEPATITIS - A SIGNIFICANT BURDEN IN PATIENTS WITH LIVER DISEASE - PROSPECTIVE STUDY IN NORTHEASTERN ROMANIA

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Introduction: The primary risk of metabolic dysfunction associated steatohepatitis (MASH) is progressive fibrosis leading to liver cirrhosis (LC) that occurs in 5% to 12% of people with MASH. LC is associated with an increased risk of liver cancer and most people with hepatocellular carcinoma (HCC) have LC. MASH is closely linked with insulin resistance (IR), type 2 diabetes mellitus, cardiovascular disease, obesity, and dyslipidemia.
Material and methods : the prospective study identifies the patients with MASH and risk for LC and includes 58 patients (23 males and 35 females), mean age 56 years with known MASH and also new cases, being referred to the Gastroenterology and Hepatology Institute between january 2023 - march 2024. The patients were examinated clinically, by blood tests and imaging (Fibroscan, abdominal ultrasound, upper digestive endoscopy, CT scan).
Results: Clinically, waist circumference was > 88 cm in women and > 102 cm for men, AST/ALT < 1, triglycerides (TG) values ≥ 1.7 mmol/l; 32 cases follow antihypertensive treatment, oral antidiabetics and insulin. TG/HDL was correlated with degree of hepatic fat infiltration. 11 patients known with MASH developed LC class Child-Pugh A, of which 3 cases were diagnosed with HCC and evaluated for liver transplant, being directed then to Regional Oncology Institute. The rest of 47 cases are treated with hepatoprotectors, UDCA, detoxifiers, antioxidants, as well as Metformin or Insulin, statins monitored treatment and proper diet under the supervision of the nutritionist.
Conclusions: In MASH liver injury is always present, with intralobular inflammation and fibrosis in some cases. MASH gradually progresses to LC and even HCC. Management involves therapy of the underlying liver disease along with comorbidities, lifestyle changes and proper diet.

Keywords : MASH, liver cirrhosis, diagnosis, treatment

EP88. PREDICTING POOR PROGNOSIS IN LIVER CIRRHOSIS: THE ACCURACY OF MELD-NA IN DISCRIMINATING BAVENO STAGES

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Introduction: Currently, there are several prognostic scores developed to predict mortality in liver cirrhosis. Child-Pugh-Turcotte (CPT) and MELD-Na scores are the most used and validated in current practice. Recently, BAVENO consensus issued new recommendations for a better assessment of the rate of decompensation of liver cirrhosis as well as long- and short-term mortality rates. In this study, we aimed to evaluate the accuracy of both CPT and MELD-Na scores to predict BAVENO stages.
Material and methods: We conducted a retrospective study in which consecutive patients with liver cirrhosis admitted to the St. Spiridon Emergency Hospital Iasi between January 2023 and April 2024, were included. All cases were assigned to different prognostic stages according to BAVENO and MELD-Na and CPT scores were compared between the groups.
Results: Of the155 patients included, 54.8% were males, with an average age of 57.81±12.36 years. According to BAVENO staging, 68% of patients were classified as a BAVENO stage 6, 10% as stage 5, 5% as stage 4, 10% as stage 3, 6% as stage 2, and 1% as stage 1. We found a positive correlation between MELD-Na Score and Child Pugh Score (r=0,774) with significant p-value (P<0.0001). Furthermore, our results demonstrate superior sensitivity and specificity for the MELD-Na score (98.7% and 97.9%, AUC-0.997) compared to the Child-Pugh score, which showed a sensitivity of 71.2% (AUC-0.792) to predict a stage 6 diagnosis and worst prognosis overall. At a cut-off of 34, MELD-Na score was the most accurate to discriminate between BAVENO stage 5 and 6, a cut off of 22 between BAVENO 4 and 5 and a cut off of 13 was the most accurate to discriminate between BAVENO stage 3 and stage 4.
Conclusions: Mortality rates and poor prognosis increase exponentially with liver cirrhosis

decompensation, thus their assessment through predictive scores remains a highly desirable target for clinicians, MELD-Na score retaining its superiority in predicting the evolution through the BAVENO stages.

Keywords: MELD-Na, Child-Pugh-Turcotte, BAVENO

EP89. COMPARISON BETWEEN TWO 2D-SWE TECHNIQUES IMPLEMENTED ON DIFFERENT SYSTEMS FROM THE SAME MANUFACTURER USING TRANSIENT ELASTOGRAPHY AS THE REFERENCE METHOD FOR LIVER STIFFNESS ASSESSMENT

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Objectives: This study aimed to evaluate the range of liver stiffness (LS) cut-off values for predicting different stages of liver fibrosis (LF) for 2D-SWE-GE implemented on different systems from General Electric Healthcare (mid-class ultrasound system – LOGIQ Fortis- T1, low-class ultrasound system-LOGIQ Totus - T2) using transient elastography (TE) as the reference method.
Materials: We performed a comparative study evaluating the performance of 2D-SWE-GE (T1 and T2 systems) for predicting different stages of LF using Transient Elastography (TE) as the reference method. 142 consecutive patients (with or without chronic hepatopathies) were evaluated by TE and 2D-SWE-GE implemented on T1 and T2. Reliable liver stiffness measurements (LSM) were defined for TE as the median value of 10 measurements with an interquartile range/median ratio (IQR/M)≤0.30 and for 2DSWE- GE as the median value of 10 measurements and IQR/M≤0.30. The following TE cut-off values were used to discriminate between different stages of liver fibrosis: F≥2: 7.2 kPa; F≥3: 9.6 kPa; F=4: 14.5 kPa (1).
Results: Reliable LSM were obtained by both methods in all included subjects (142/142). Good positive correlations were obtained between 2D-SWE-GE T1 vs. 2D-SWE-GE T2 (r= 0.797), 2D-SWEGE T1 vs TE (r= 0.693) and 2D-SWE-GE T2 vs. TE (r=0.666), all p<0.0001. The LF distribution in our cohort according to TE was: F<2: 82/144 (57.7%); F=2: 30/144 (21.1%); F=3: 15/144(10.6%); F=4: 15/144(10.6%). The best cut-off values using 2D SWE-GE for predicting F≥2 with T1 and T2 systems were: 7.65 kPa and 7.43 kPa; AUCs 0.83 and 0.87. For F≥3, the performances were: 8.1 kPa and 8.45 kPa, AUCs 0.93 and 0.93. For F=4, the performances were: 8.86 kPa and 8.95 kPa, AUCs 0.96 and 0.95.
Conclusions: The LS cut-off values for 2D-SWE-GE implemented on different systems for predicting F≥2, F≥3 and F=4 are not significantly different.

Keywords: liver fibrosis, non-invasive assessment, liver stiffness, liver elastography, 2D Shear Wave Elastography

EP90. BEYOND THE BLOOD: HARNESSING HEMOGRAM-DERIVED RATIOS TO PREDICT POST-LIVER TRANSPLANT OUTCOMES IN HEPATOCELLULAR CARCINOMA – SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction:Prior to liver transplantation (LT), systemic inflammatory response is acknowledged as a preoperative risk factor affecting outcomes in hepatocellular carcinoma (HCC) patients. This research assesses the predictive value of pretransplant neutrophil to lymphocyte ratio (NLR), platelet to lymphocyte ratio (PLR), and systemic immune-inflammation index (SII) on overall survival (OS) and recurrence-free survival (RFS) in HCC patients post-LT.
Methods:A systematic review of PubMed, Embase, and Scopus yielded studies assessing associations between NLR, PLR, and SII and survival outcomes in post-LT HCC patients. Primary endpoints were OS and RFS, evaluated through hazard ratios (HR) and 95% confidence intervals (CI). Secondary outcomes were survival differences at specific follow-up intervals. Subgroup analyses compared survival outcomes between orthotopic LT and living donor LT and evaluated various cutoff values.
Results:This meta-analysis involved 30 articles comprising 5,565 participants. Increased pretransplant NLR was predictive of worse RFS (HR: 3.49, 95% CI 2.24, 5.44; p<0.001) and OS (HR: 2.21, 95% CI 1.66, 2.94; p<0.01). Elevated PLR was associated with diminished OS (HR: 1.63, 95% CI 1.34, 1.98; p<0.001) and earlier HCC recurrence (HR: 1.52, 95% CI 1.21, 1.91; p<0.001). Nevertheless, increased SII was not significantly correlating with OS in orthotopic LT patients (HR: 1.49, 95% CI 0.61, 3.67; p=0.386). Importantly, no

significant association was found between NLR and RFS when cutoffs were set at 3 or 6 for orthotopic LT, although significant associations were observed for OS in these instances. For PLR, no significant relationship existed between cutoffs of 70.44 and 98.52 for orthotopic LT, and OS did not significantly correlate with elevated PLR. However, significant associations were present between PLR and RFS when assessed using continuous HR, especially with a PLR cutoff between 120 and 150 in orthotopic LT.
Conclusions: Increased NLR or PLR values predicted unfavorable outcomes for HCC patients post-LT, suggesting their potential as cost-effective biomarkers for guiding treatment decisions. Nevertheless, SII did not significantly correlate with HCC RFS or OS post-LT.

EP91. THE IMPACT OF THE COVID-19 PANDEMIC ON THE DIAGNOSIS OF HEPATOCELLULAR CARCINOMA AND THE POST-PANDEMIC EVOLUTION

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Introduction: Hepatocellular carcinoma (HCC) poses a significant health challenge in Romania and globally. The COVID-19 pandemic has not spared HCC diagnosis, leading to a significant decrease in patient access to hospitals and screening programs. This study aims to assess the global repercussions of the COVID-19 pandemic on the diagnosis of HCC.
Materials and Methods: The study is a retrospective analysis of newly diagnosed HCC patients at Timisoara County Hospital between January 2018 and December 2023. Patients were divided into three groups: pre-pandemic (January 2018-December 2019), pandemic (January 2020-March 2022, when the restrictions were lifted), and post-pandemic period (April 2022-December 2023). We conducted comparative analyses across these groups, focusing on tumor dimensions, biochemical markers, and clinical and demographic profiles.
Results: 240 HCC patients (mean age 67.07± 8.63, 73.8% males) were included. One hundred twenty-four subjects (51.7%) were diagnosed before the COVID-19 pandemic, 69 (28.7%) during the COVID-19 pandemic, and 47 subjects (19.6%) were diagnosed after. During and after the pandemic, there was a lower detection rate than before: 28.7% vs. 51.7%, p=0.0033; 19.6% vs. 51.7%, p=0.0003. No differences were found between the detection rate of HCC during and after the pandemic (28.7% vs. 19.6%, p=0.3720). HCC median diameters (cm) were 6.8± 3.3 before the pandemic, 7.9 ± 3.4 during the pandemic, and 7.8 ± 3.9 after the pandemic. A significant difference was found between HCC median diameters (cm) before and during the COVID-19 pandemic (p=0.0293). Regarding serum AFP levels, significantly higher values were found between subjects diagnosed after the pandemic and those diagnosed before and during the pandemic (p<0.0001). The distribution of HCC cases according to the Barcelona classification was analyzed and no differences were found between groups (all p>0.05).
Conclusion: The study highlights a worrying trend in HCC diagnosis during and after the COVID-19 pandemic, with lower detection rates compared to the pre-pandemic period. Additionally, there was a notable increase in HCC median diameters during the pandemic.
Keywords: hepatocellular carcinoma, COVID-19, BCLC.

EP92. IGG4-RELATED CHOLANGITIS MIMICKING CHOLANGIOCARCINOMA

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A 72 y/o male patient with diabetes type 2 and high blood pressure presented weight loss and routine blood analysis revealed hepatic cytolysis and cholestasis. Liver autoantibodies were negative and hepatitis B, C were rulled out. The imaging studies of the liver were normal. A liver biopsy was performed and it showed characteristics of primary biliary cholangitis (or primary sclerosing cholangitis at debute). He started ursodeoxycholic acid and corticotherapy with prednisone for two months and the liver function tests improved.
After a year the blood analisys showed hepatic cytolysis, cholestasis and imaging studies showed wall thickening of the main bile duct, confluence and the right bile duct, dilated intrahepatic bile ducts and the tumor marker CA 19-9 was markedly increased and he was reffered to our center.
At that moment, we made a diagnosis of cholangiocarcinoma Bismuth 3a, but we continued to characterised the chronic liver disease.

Liver stiffnes showed advanced fibrosis and the hepatic venous pressure gradient indicated clinical significat portal hypertension (advanced chronic liver disease Child Pugh A), therefore he was not suitable for surgery.
Total serum IgG and IgG4 was increased.
A biopsy of the liver parenchyma and the tumor was performed and it showed similar finding (storiform fibrosis, obliterative phlebities, lymphoplasmacytic infiltration, IgG4 staining positive>10 cells and no malignant cells) and we suspected IgG 4 related cholangitis and corticotherapy was initiated.
The response was slow, possibly because he had advanced fibrosis at the begining, but the hepatic cytolysis and cholestasis improved, the imaging studies showed an improvement in the bile duct thickening and CA 19-9 and liver stiffnes decresed. After two months of treatment the corticotherapy was tappered because he had adverse effects (muscle fatigue and uncontrolled diabetes) and steroid sparing immunosuppression with azathioprine was started to maintain the response and to prevent a new relapse.
Our case highlights the difficulties in the diagnosis of IgG related cholangitis and the importance of the differential diagnosis with the other diseases.
Keywords: IgG4, cholangiocarcinoma, corticotherapy

EP93. CHALLENGES IN THE MANAGEMENT OF CHECKPOINT INHIBITOR INDUCED LIVER INJURY

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A 52-year-old female patient underwent left nephrectomy and was diagnosed with poorly differentiated clear cell renal cell carcinoma T3N0M1. She was included in a clinical trial with pembrolizumab and belzutifan. The evaluation performed before the oncological treatment revealed normal liver functional tests (LFT). Five weeks after a single administration of pembrolizumab she developed jaundice, pruritus and abnormal LFT. Belzutifan (an inhibitor of HIF-2α) has not been implicated in significant liver toxicity. Pembrolizumab, acts as a checkpoint inhibitor (ICI), the mechanism of liver injury is immunologically mediated. It was considered as mixed pattern (hepatocellular and cholestatic) of checkpoint inhibitor induced liver injury- CHILI Grade 3. Pembrolizumab and belzutifan were discontinued; ursodeoxycholic acid (UDCA) and immunosuppression (methylprednisolone and mycophenolate mofetil) was started. Despite immunosuppressive therapy, bilirubin increased and she was admitted to our institute where we ruled out other liver diseases.
Liver biopsy (week 2) showed mild portal inflammatory infiltrate with lymphocytes and neutrophils, focal lobular apoptosis, mixed intrahepatocellular and intracanalicular cholestasis in zone 3 and 2.
The diagnosis was reconsidered as CHILI Grade 4, and methylprednisolon dose was increased. With UDCA therapy combined with intravenous methylprednisolone, bilirubin continued to increase, and the case was declared as refractory hepatotoxicity. It was necessary to increase the dose of methylprednisolone and to add a second immunomodulator agent- mycophenolate mofetil. After two weeks, the bilirubin started to decrease significantly.
New bone metastases appeared and stereotactic radiotherapy of the lesions was performed.
The resumption of oncological therapy was imperative and cabozantinib, a tyrosine kinase inhibitor was started in the 13th week, in order to control the malignancy.The patient finished stereotactic radiotherapy, takes cabozantinib 40 mg/day and the control CT scan showed regression of the metastases, bilirubine is normal, cholestasis enzymes decreased and the transaminases are mildly elevated. Our case highlights the challenging diagnosis and treatment of CHILI. The response to combined immunosuppressive therapy was slowly favorable and required higher doses of methylprednisolone. The presence of metastases should not delay the early initiation of aggressive immunosuppressive therapy, as the persistence of abnormal LFT would hamper the resumption of oncologic therapy.
Keywords: checkpoint inhibitor (ICI), refractory, immunosuppression

EP94. CHRONIC LIVER INJURY UPON ADMINISTRATION OF AMIODARONE

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Introduction: Drug-induced liver pathology is a difficult diagnosis due to the lack of biological markers of toxicity, the diagnosis being one of exclusion. Mechanisms of hepatotoxicity can be intrinsic, dose-dependent and idiosyncratic, dose-independent form.
Amiodarone - a commonly used antiarrhythmic drug, it can cause damage in both ways. In its acute form it can cause an immunoallergic reaction with acute liver failure and chronic toxicity in the form of chronic active hepatitis or even cirrhosis by intrinsic mechanism. The skin can be affected by hyperpigmentation, the thyroid gland can be affected by hypo-or hyperfunction and even tumor formations.

Material and method: We present the case of an 82-year-old patient with heart disease, under treatment with Amiodarone for 15 years. He was admitted to emergency for abdominal pain, abdominal enlargement, nausea, bilious vomiting. There was hyperpigmentation of the face, erythema facial type, with a grey tint and an enlarged abdomen due to ascites fluid.
Biologically - syndrome of hepatocytolysis, cholestasis and the hepatocellular dysfunction. Viral markers were absent. Tumor markers were within normal limits. TSH (thyroid stimulating hormone) was increased, FT4 (free thyroxine) within normal limits.
Computed tomography shows bilateral pleurisy, heterogeneous nodular lesion of left thyroid lobe. Liver is enlarged, there are no focal lesion The cholecyst and bile ducts are non-dilated. There is a medium amount of ascites fluid.
Result: The results confirm the diagnosis of chronic drug-induced liver injury by Amiodarone, type cirrhosis of the liver and thyroid gland formation with hypothyroidism, facial hyperpigmentation. Favorable evolution to treatment after replacement of Amiodarone with Carvedilol.
Conclusions: Chronic administration of Amiodarone has multisystemic toxic effects. In elderly patients, administration requires close monitoring of the liver and the thyroid function.

EP95. LIVER TRANSPLANTATION FOR GIANT HEMANGIOMA ASSOCIATED WITH KASABACH–MERRITT SYNDROME - A RARE INDICATION

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Introduction: Giant hepatic hemangiomas are hemangiomas that are larger than 4 cm in diameter. Most giant hepatic hemangioma patients are asymptomatic and can be monitored without any intervention. In case of complications, trans-arterial embolization, surgical resection, or in rare cases liver transplantation is indicated. Among giant hepatic hemangioma patients who received liver transplantation, Kasabach-Merritt syndrome (KMS), a consumptive coagulopathy associated with vascular tumors, is one of the most common indications.
Case presentation: We present two cases of unresectable giant hepatic hemangiomas with KMS which were successfully treated by or¬thotopic liver transplantation in our center. The first patient is a 46-year old male who complained of abdominal pain was diagnosed with multiple large hemangiomas associated with thrombocytopenia and coagulopathy suggestive of KMS in 2015. Over the course of the next five years the patient underwent surgical resection twice and four sessions of trans-arterial embolization with temporary remission of KMS, but the tumors continued to grow. In this clinical context the only option for a cure was liver transplantation because of the aggressive nature of the giant hemangiomas and the association with KMS. The patient was successfully transplanted in 2020 with no major complications, and he remains well at more than three years after transplantation.
The second patient is a 64-year-old woman with a known history of multiple giant hepatic hemangiomas who pre¬sented with abdominal pain and distension. She had life-threatening coagulopathy due to hepatic hemangiomas complicated by KSM. The patient was stabilized with blood products and was listed for transplant. Emergent orthotopic liver transplantation was ap-plied with subsequent resolution of the consumptive coagulopathy. She remained well at 9 months follow-up, with normal liver enzyme levels and intact liver allograft function
Conclusion: Liver transplantation was found to be an effective option for the treatment of patients with unresectable giant hepatic hemangiomas complicated by Kasabach–Merritt syndrome, and despite a higher surgical risk, outcomes are favorable.

EP96. DELTA HEPATITIS VERSUS HBV MONOINFECTION ASSOCIATED HEPATOCELLULAR CARCINOMA: FIND THE DIFFERENCE

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Background: Hepatitis delta virus (HDV) was recently proved to be directly carcinogenic on the hepatocytes, via different mechanisms compared to HBV, leading to a different hepatocellular carcinoma (HCC) pattern. Hence, our aim was to describe the prevalence of HCC and to highlight the differences between HCC behavior in both groups.
Methods: A retrospective study was conducted in a Hepatology Tertiary Care Centre. All HBsAg positive adult patients admitted from 1st of January 2021 to 31st of December 2023 were included. Statistics was performed using IBM SPSS 29.0. Patients were

split in study group: HBV+HDV+HCC and control group: HBV+HCC.
Results: A total of 679 patients were included. The estimated prevalence of HCC in HDV infected population was 20.8% versus 9.1% in the control group, p=0.000, with OR=2.263, CI 1.536-3.333, p=0.001. Younger patients were found to develop HCC in delta hepatitis (mean±stdev, 59±8.727 years vs 63±11.28 years, p=0.027). Patients in the study group have smaller tumors (maximum diameter: 32.66±23.181mm vs 56.75±38.09mm, p=0.002), but with no difference in AFP values (177.24±364.8ng/ml vs 183.07±336.77ng/ml, p=0.941) compared to the control group at HCC diagnosis. BCLC classification (p=0.001) and AFP Duvoux score (p=0.001) showed more advanced HCC in HBV monoinfection. Hence, treatment in the study group was predominantly loco-regional whereas in the control group was mainly systemic (p=0.000). The presence of HCC in HDV infected patients was strongly correlated with advanced liver disease (measured by MELD, MELD Na and MELD 3.0, p=0.001), higher HBsAg titre (p=0.001) and lower HBV DNA viral load (p=0.001).
Conclusion: HCC is more frequent in HDV infected patients, leading to a different HCC pattern, with smaller tumours, less advanced neoplasia and access to curative treatment, compared to HBV monoinfection associated HCC. HDV associated HCC occurs in patients with advanced liver disease, higher HBs Ag titre and lower HBV DNA viral load.
Keywords: HCC, delta hepatitis, HBV infection.

EP97. ADIPONECTIN AS EVOLUTIVE BIOMARKER IN CHRONIC LIVER DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: Adiponectin has emerged as a promising biomarker in liver cirrhosis research, yet conflicting findings warrant a systematic review and meta-analysis to clarify its role, considering variations, diagnostic implications, and therapeutic potential.
Methods: A thorough systematic search of PubMed, EMBASE, and Scopus databases identified observational studies evaluating serum and plasma adiponectin levels in liver cirrhosis patients. Inclusion and exclusion criteria were applied, and study quality was assessed using the Newcastle-Ottawa Scale. The primary outcome measure was the mean difference (MD) in adiponectin levels.
Results: Twenty-three articles involving 3,611 subjects were included in our systematic review, with 16 studies in the meta-analysis. Adiponectin levels were significantly elevated in liver cirrhosis patients (MD 8.18 [95% CI 3.67, 12.68]), especially in Child-Pugh B (MD 13.29 [95% CI 4.95, 21.63]), compared to controls. Child-Pugh A patients showed no substantial differences. Adiponectin levels were higher in primary biliary cholangitis (PBC) patients versus controls (MD 8.66 [95% CI 0.29, 17.04]), and in cirrhosis compared to other chronic liver diseases (CLD) (MD 4.80 [95% CI 1.24, 8.36]), including non-alcoholic fatty liver disease (NAFLD) (MD 8.53 [95% CI 3.42, 13.64]), but not in viral hepatitis. Adiponectin levels did not significantly differ in liver cirrhosis patients with hepatocellular carcinoma (HCC).
Conclusions: Adiponectin levels significantly increase in liver cirrhosis, especially in advanced stages, suggesting its potential utility as an indicator for advanced cirrhosis. Moreover, adiponectin can discriminate between cirrhosis and other CLD like NAFLD. However, its ability to differentiate cirrhosis from viral hepatitis and HCC is limited.

EP98. THE IMPACT OF INTESTINAL PERMEABILITY ON THE DEVELOPMENT AND PROGRESSION OF METABOLIC DYSFUNCTION ASSOCIATED STEATOTIC LIVER DISEASE (MASLD): A PROSPECTIVE ANALYSIS

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Introductio: MASLD has been associated with a Western diet, with obese patients with steatohepatitis exhibiting a high intake of saturated fats and fructose, leading to altered intestinal permeability and the development of leaky gut syndrome.
The aim of our study is to observe if there is a significant correlation between altered intestinal permeability and the development and progression of metabolic dysfunction associated with fatty liver disease.
Aims & methods: In this prospective study, 52 patients from the Gastroenterology Clinic of the Targu Mures County Emergency Hospital were enrolled and evaluated using abdominal ultrasound

for hepatic steatosis and FibroMax screening for hepatic steatosis and fibrosis. Each participant underwent blood tests, including complete blood count, fasting blood glucose, HOMA index, serum cholesterol, serum triglycerides, liver enzymes (AST, ALT), and intestinal permeability was determined through zonulin protein.
Results: The study group comprised 58% women and 42% men, with 35% aged 30-50 years and 37% over 50 years.
The distribution according to BMI was as follows: 48,1% of patients were normal weight, 21,2% were overweight, and 30,8% were obese. 90% of patients without detected steatosis had a normal BMI, and additionally, 61,9% of patients with HOMA index over 2.5 were classified as obese. 94% of obese patients showed higher levels of steatosis (above S2) in SteatoTest and N1 or N2 levels in NashTest (75%). Those with HOMA index over 2.5 accounted for 76%, with scores above S2 in 67% for SteatoTest and N1 or N2 scores in 47% for NashTest. Additionally, 73,1% of patients included in the study had zonulin levels below 107 ng/ml (considered normal range), and 26,9% had levels above 107 ng/ml (considered elevated). Of these, 26,2% had steatosis on SteatoTest and 31,3% had a fibrosis degree on FibroTest. Among patients with zonulin protein levels above 107 ng/ml, 43,8% are obese and 27,3% are overweight.
Conclusion: Our result showed an association between BMI value and the presence or absence of steatosis and fibrosis, and also a correlation between SteatoTest and FibroTest results and elevated zonulin protein above normal limits.

EP99. A RARE CASE OF ASSOCIATION BETWEEN AUTOIMMUNE HEPATITIS AND ANKYLOSING SPONDYLITIS

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Ankylosing spondylitis is an inflammatory condition of the spine that causes fusion of the vertebrae, with loss of mobility and adoption of vicious postures. The condition has a progressive character, with an onset around the age of 30 and is more common in men. It is a systemic condition, causing manifestations both at the musculoskeletal level, as well as at the ocular, cardiovascular, pulmonary, intestinal level.
We present the case of a 51-year-old man, who presented to the emergency department complaining of polyarthralgias, weight loss (20 kg), fatigue, night sweats, fever, with an insidious onset 3 months ago. We mention that the pains in the lumbar spine and the limitation of movements in the axial plane appeared approximately 10 years before. Bloddwork revealed increased inflammatory markers (ESR, CRP), moderate anemia, mild hepatocitolysis, otherwise no changes in for other neoplastic or autoimmune pathology. The X-ray of the spine and the pelvis, as well as the MRI of the pelvis, highlight arthritic changes at the sacro-iliac level, the narrowing of the joint spaces, the presence of erosions and bone edema. HLA B27 and extended profile of autoimmune liver diseases are performed with a positive result (anti-LC-1 antibody). Also, considering the increased values of fecal calprotectin (571 ug/ml), a colonoscopy was performed with the examination of the terminal ileum and the sampling of multiple biopsies, with negative results for IBD. Treatment with 5-ASA was initiated, with a slightly favorable evolution.
Immune mediated diseases such as ankylosing spondylitis, psoriasis, iridocyclitis and primary sclerosing cholangitis are frequently seen in patients with Inflammatory Bowel Disease (IBD) suggesting an overlap syndrome. After extensive literature search, autoimmune hepatitis cases described in patients with IBD is relatively rare, about 2-8%.
In conclusion, this case report describes a young male with a history of ankylosing spondylitis, diagnosed with autoimmune hepatitis via laboratory findings. Though hepatobiliary manifestations are associated with ankylosing spondylitis, especially primary sclerosing cholangitis, awareness of a less common process such as autoimmune hepatitis is important to guide diagnosis and treatment options. It is important to note that abnormal liver biochemical tests should be further investigated.

EP100. CHRONIC HEPATITIS C VIRUS INFECTION AND PERIPHERAL NEUROPATHY

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Introduction: Over 56.8 million people worldwide suffer from chronic hepatitis C, a systemic disease that has been associated along time with non-liver manifestations such as central and peripheral nervous system damage.
Aim: The aim of the study was screening for distal and symmetrical neuropathy (PN) in a group of patients with hepatic C virus (HCV) infection treated with direct acting antivirals regiments and to determine the influence of sustained viral response (SVR) on the clinical symptomatology.

Materials and methods: The study involved 132 patients with chronic HCV hepatitis or cirrhosis treated with interferon-free regiments, which achieved SVR. We screened patients using clinical examination and neuropathy disability score (NDS) for chronic, distal and symmetrical PN and follow its evolution or remission after SVR. 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: 36 patients out of the 132 total had been diagnosed with PN; the subgroup with advanced liver fibrosis had a greater incidence. Both groups with hepatic fibrosis showed a clinical improvement in PN following SVR, with the F1-F2 fibrosis group showing a more marked and nearly full remission. The NDS score dropped over time in the F3-F4 group and improved in more than 90% of patients with early/ significant fibrosis; the findings were statistically significant (p = 002*).
Conclusion: Following interferon-free therapy, the HCV-infected population shows significant improvement in both clinical symptoms and the degree of polyneuropathy

EP101. INFECTIOUS ENDOCARDITIS AND LIVER CIRRHOSIS: A MATCH MADE IN HELL- CASE REPORT

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Background: Bacterial infections are common in liver cirrhosis and represent a major cause of morbidity and mortality. Infectious endocarditis is a rare event and can be manifested through the presence of fever, a general deterioration or an increase in encephalopathy, and so many escape unnoticed unless clinical suspicion is strong.
Materials and methods: We present the case of 45 years old male known with decompensated toxic liver cirrhosis who is admitted in march 2024 to the Institut of Gastroenterology and Hepatology of the Saint Spiridon Emergency Hospital Iasi complaining of general asthenia, jaundice and loss of apetite. After admission, clinical examination and laboratory tests, including blood cultures, urine sample, abdominal ultrasound and chest radiography were performed.
Results: Lab findings indicated mild anemia, trombocytopenia, coagulopathy, inflamation and leukocytosis with neutrophilia, hyponatremia, metabolic acidosis, elevated liver enzymes, low albumin, elevated bilirubin. Viral hepatitis serology and urine sample were negative. The abdominal ultrasound showed hepatomegaly with dilated portal vein, absence of ascitis and splenomegaly. Due to positivation of blood cultures with Streptococcus gallolyticus and fever, a transthoracic echocardiography was requested which revealed the presence of vegetations of aortic valve with severe valvular regurgitation. Antibiotic treatment with Amoxiciline and Clindamycine was initiated, but then replaced by Gentamicin. In the context of suspected acute pancreatitis, the patient is monitored multidisciplinary by the cardiology team and gastroenterology team. The general condition of the patient remains serious and it is decided to monitor the patient in the Intensive Care Unit. Volemic and hydroelectrolytic repletion measures, vasopressor and inotropic support, transfusions of blood products and fresh frozen plasma, broad-spectrum antibiotic therapy are initiated.
Tracheal aspirate and blood cultures detect Acinetobacter baumani. The echocardiographic re-evaluation detects new vegetations on the aortic valve. Despite maximal supportive treatment, the patient worsens the multiple organ dysfunction and installs an unresuscitable cardiorespiratory arrest one month post admission.
Conclusions: Despite the greater incidence of bacteremia in liver cirrhosis, diagnosis of infectious endocarditis in uncommon. The presence of chronic liver disease is responsible for a worse prognosis with a fulminant evolution in patients with infectious endocarditis.

EP102. THE CORRELATION BETWEEN THE LEVEL OF HYPOALBUMINEMIA AND THE PRESENCE OF ESOPHAGEAL VARICES WITH SIGNS OF SEVERITY IN PATIENTS WITH LIVER CIRRHOSIS

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Introduction:Hypoalbuminemia is frequently associated with liver cirrhosis, especially in those with esophageal varices
Material and method : I studied the blood levels of albuminemia in patients with cirrhosis of the liver regardless of etiology, who were hospitalized between 2022 and 2023 at the Colentina Clinical Hospital in the gastroenterology department and I tried to find if there is a correlation between the level of hypoalbuminemia and the presence of esophageal varices with signs of gravity in these patients.
Results: During that period, 190 patients were hospitalized, of which 160 had esophageal varices diagnosed during upper digestive endoscopy (84.21%).

They were divided into three groups - the first group those with normal blood albumin, over 3.5 g/dl, the second group those with albumin between 2.8 and 3.5 g/dl and the last group those with severe hypoalbuminemia below 2.8 g/dl. Were found 66 patients who had serious signs of esophageal varices.
In the first group we found 14 patients with varicose veins with serious signs (21.21%), in the second group there were 22 patients (33.33%) and among those with severe hypoalbuminemia 30 (45.46%) had sign gravity.
Discussions and conclusions: We can say that there is a link between the level of hypoalbuminemia and the presence of esophageal varices with signs of severity, most of them have serum albumin at very low values below 2.8 g/dl.
Keywords: cirrhosis, hypoalbuminemia, esophageal varices

EP103. NEUTROPHIL-TO-LYMPHOCYTE RATIO AS A PREDICTOR OF MORTALITY OF DIABETIC PATIENTS ON THE LIVER TRANSPLANTATION WAITING LIST

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Introduction: The neutrophil-to-lymphocyte ratio (NLR) has emerged as a potential prognostic marker in various medical conditions, including liver transplantation. This study aimed to investigate the utility of NLR as a predictor of mortality in diabetic patients on the liver transplantation waiting list.
Material and method: A retrospective analysis was conducted on 133 patients listed for liver transplantation between January 2021 and December 2023. Demographic, clinical, and laboratory data were collected, including NLR calculated from pre-transplant blood samples. Data was analyzed usign IBM SPSS Statistics version 29.0.2.0.
Results:Most of the patients were males (69,9%) with a median age of 51.9, the most common ethiology of liver cirrhosis being alcoholic (36.1%) followed by HBV & HDV (27.1%) and 33.8% (45 patients) associated HCC at the moment of listing. 21.8% (29 patients) of the newly included patients on the liver transplant waiting list were diabetics and 14,28% (19 patients) were obese. Cox proportional hazards regression analysis was performed to assess the association between NLR and mortality, adjusting for potential confounders. The primary outcome was all-cause mortality while on the waiting list. Among the 29 diabetic patients included in the study, 31.3% (9 patients) have died during the follow-up period. A higher NLR was significantly associated with increased mortality risk, with a hazard ratio of 1.19 (95% confidence interval: [1.043-1.194], p = 0.001). This association remained robust after adjusting for age, gender, comorbidities, and MELD score. Subgroup analysis revealed consistent results across different age groups, regardless of the association of obesity.
Conclusion: Our findings suggest that NLR may serve as a valuable prognostic tool for risk stratification of diabetic patients awaiting liver transplantation. Further prospective studies are warranted to validate these findings and explore the underlying mechanisms linking NLR and mortality, epecially in the setting of increasing propportion of patients with metabolic features . Incorporating NLR into routine risk assessment protocols may improve patient management and allocation of transplant resources.
Keywords: liver transplantation, neutrophil-to-lymphocyte ratio, diabetes

EP104. NAVIGATING DUAL CHALLENGES: LIVER TRANSPLANTATION COMPLICATED BY INFECTIVE ENDOCARDITIS – A CASE STUDY

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Background: Post-operative complications after liver transplantation have always been a clinical challenge for physicians and an ordeal for patients. Cardiovascular events have a major impact on overall outcomes after liver transplantation. Patients listed for liver transplantation nowadays are older and more likely to have coexisting cardiac comorbidities.
Method: We report the case of a 52-y old man, with liver cirrhosis due to decompensated HBV & HDV (MELDNa score 27) evaluated and included on the liver transplantation waiting list and subsequently underwent LT in april 2023. Four months after liver transplantation the patient was diagnosed with infective endocarditis (IE) and valve replacement therapy was performed.
Results: The pre-operatory cardiac evaluation had been done 6 months before LT, on echocardiography moderate degenerative aortic stenosis was found, and because he was considered high risk for coronary artery disease, coronary

angiography was performed showing no significant stenosis. At the moment of LT the hospitalization took 3 months, returning one month after discharge with altered clinical status. On admission on gastroenterology ward he had positive urine culture with Klebsiella MDR and antibiotic therapy was initiated. The rest of the bacteriology was negative. The diagnosis of infective endocarditis was established: vegetation identified by echo, fever and moderate aortic stenosis in an immunosuppressed patient. In order to assess IE systemic complications, a whole body and brain CT was performed, rulling out septic embolism. The patient underwent aortic valve replacement surgery with a biologic prosthetic valve.
Conclusion: In immunosuppressed patients, atypical presentations of IE are common, necessitating a high level of vigilance to either rule out IE or prevent diagnostic delays. Nevertheless, the mortality rate from IE in transplant patients remains high, reaching 50%, with valve surgery being associated to improved outcomes.
Keywords: liver transplantation, infective endocarditis, liver cirrhosis

EP105. ROLE OF TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT IN THE MANAGEMENT OF PORTAL HYPERTENSION-RELATED COMPLICATIONS IN PORTO-SINUSOIDAL VASCULAR DISORDER

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Introduction: Porto-sinusoidal vascular disorder (PSVD) encompasses a group of rare liver diseases featuring lesions of the portal venules and sinusoids, irrespective of the presence of portal hypertension (PHT), in the absence of cirrhosis. Limited data exists regarding the natural history of PSVD and efficacy and safety of transjugular intrahepatic portosystemic shunt (TIPS) in this population.
Methods: We retrospectively analyzed a prospective database including all patients with biopsy-proven PSVD in our center. Clinical characteristics, hepatic venous pressure gradient (HVPG) and outcomes after TIPS were analyzed.
Results: We included 79 patients with PSVD. Median age was 49 years old (54.4% women). At diagnosis, 65 patients (82.3%) exhibited at least one sign PHT. Of these, splenomegaly was observed in 83.1%, gastroesophageal varices in 71.2%, ascites in 26.2% and thrombocytopenia in 69.2%. Variceal bleeding was the initial presentation in 5 patients (6.3%). Median HVPG was 5 (1-21) mmHg. Overall survival rate after a median follow-up of 22 (0-199) months was 96.2%. Nine patients required TIPS for recurrent variceal bleeding. Concomitant portal vein thrombosis was present in 4 patients (44.4%) at the time of TIPS. Median PPG before and immediately after TIPS were 17 (9-22) and 5 (2-8) mmHg, respectively. The procedure was complicated by hemopritoneum in one patient. No relaps of PHT symptoms was noticed during a median follow-up of 9 (2-106) months. One patient in TIPS subgroup died of a non-liver-related event.
Conclusions: Despite PHT signs or complications, patients with PSVD have a considerably good prognosis. TIPS is a feasible approach for managing complications of PHT.
Keywords: PSVD, TIPS

EP106. METABOLIC DYSFUNCTION–ASSOCIATED FATTY LIVER DISEASE (MAFLD) AND HYPOTHYROIDISM: A COMPLICATED ASSOCIATION

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Introduction: MAFLD tends to become the central cause of chronic liver disease and a major public health problem, considering the complex pathogenesis, which interconnects genetic factors with environmental, metabolic and endocrine factors. Numerous studies have proven over time the association with hypothyroidism, even from the subclinical stage. Hypothyroidism is profiled as an independent risk factor for the occurrence of metabolic liver disease. The pleiotropic effect of TSH on insulin secretion and lipolysis is known : hypometabolism-weight gain-decreased gluconeogenesis and lipolysis-insulin resistance.
Objective: to prove the association of hypothyroidism as an independent risk factor in the occurrence and progression of MAFLD.
Material and method: prospective observational study that evaluated patients over 18 years of age with MAFLD during one year. Exclusion criteria: chronic alcohol consumption (over 20g/day), history of chronic liver disease of another etiology and diabetes. All patients benefited from a complete clinical examination - with abdominal circumference determination and BMI, 2D ultrasonography,

complete biochemical profile, lipidogram, carbohydrate profile and HOMA-IR, TSH, Fibroscan.
Results: 200 patients with MAFLD were identified (150 patients without hypothyroidism, 42 patients with hypothyroidism), with an average age of 45.6 years, respectively 43.2 years, predominantly male. Of the 42 patients diagnosed with clinical hypothyroidism, 31 presented cytolytic syndrome, 11 with significant liver fibrosis - 2 with stiffness over 7.5 but ≤10kPa, 9 patients with stiffness between 7-7.5 kPa. The average value of transaminases and BMI were higher in the group associated with hypothyroidism: AST 55 vs 34 U/L, ALT 72 vs 35 U/L; BMI 28.17 vs 24.2 in the MAFLD group. All patients with BMI over 25 presented values of HOMA-IR>1.9. The incidence of overweight in the studied group was 22.5%. 26.19% of patients with hypothyroidism had a BMI over 25.
In conclusion: Hypothyroidism is associated with MAFLD and is an independent risk factor for the occurrence and acceleration of the progression of liver disease.
Keywords: Metabolic-associated fatty liver disease , hypothyroidism, obesity, progression

EP107. INFECTION SURVEILLANCE IN PATIENTS WITH END-STAGE LIVER DISEASE INCLUDED ON THE WAITING LIST FOR LIVER TRANSPLANTATION

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Introduction: Infections in cirrhotic patients are incriminated among the triggers for the onset of acute-on-chronic liver failure (ACLF), predisposing to high mortality rates. Positive colonization, with positive rectal, nasal or pharyngeal swabs, especially with multi-drug resistant (MDR) bacteria can predispose patients to occurrence of active infections.
Materials and methods: This is a retrospective observational cohort study that analyzed data from 155 patients included on the waiting list (WL) for liver transplantation (LT) between January 1, 2018 – December 31, 2023. We analyzed: demographic, biochemical parameters, occurrence of ACLF, active infections, using ROC curve and chi-squared test.
Results: From 155 patients, 105 were male (67.74%), with a median age of 54 ± 11,12 years. Viral hepatitis B + delta was the predominant etiology (35.48%). Fifty-one patients (32.9%) associated hepatocellular carcinoma and the median MELD Na score was 18 ± 8 at inclusion on the WL. 29.67% had an episode of ACLF, from grade 1 to 3. Positive swabs were found 49.67% of cases, with rectal colonization in 32.46 %, nasal colonization in 48.05% and positive pharyngeal swabs in 62.33%. Most frequently patients presented the following infections: spontaneous bacterial peritonitis (SBP) in 24 patients (15.48%), urinary infections (14.83%), pneumonia (12.25%). A serum level of C reactive protein (CRP) >7.1 mg/dl was found with a sensitivity of 95% and a specificity of 50.79% in patients with positive rectal swab (p=0.0006, area under the ROC curve = 0.676). A CRP level > 4.6 mg/dl in patients with positive pharyngeal swab was found with a sensitivity of 87.5% but a lower specificity of 44.21% (p=0.003, AUC= 0.639). Patients with positive pharyngeal swab with a CRP level higher then 4.6 mg/dl were predisposed to develop pneumonia (p=0.0033), and also SBP was associated with positive rectal swab in patients with CRP levels >7.1 mg/dl (p=0,0155). Liver transplantation was performed in 58.7% of cases and 28 patients died awaiting liver transplantation.
Conclusions: Special attention should be given to positive colonization in cirrhotic patients with modified CRP levels, with prompt bacteriological screening and institution of antibiotic therapy, to avoid drop-off from WL.
Keywords: infections, positive swabs, liver transplantation.

EP108. CLINICAL ASPECTS AND PROGNOSTIC OF PATIENTS WITH PRIMARY BILIARY CHOLANGITIS IN A LIVER TRANSPLANT CENTER IN ROMANIA

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Introduction: Primary biliary cholangitis (PBC) is a chronic cholestatic liver disease, with small intrahepatic bile ducts destruction, that can progress to advanced fibrosis, in absence of specific treatment. There are currently new therapies under evaluation, that have shown promising results, with clinical and biochemical improvement. The first-line

therapy remains ursodeoxycholic acid (UDCA), but approximately 40% patients have incomplete or inadequate response, or intolerance to UDCA. Our aim was to evaluate the ALBI and Mayo scores in patients with PBC that progressed to liver cirrhosis stages.
Materials and methods: This study is a retrospective observational cohort study with all PBC patients diagnosed in Fundeni Clinical Institute, that included 278 patients found in the database and data included was analyzed using paired t-test.
Results: Most of the patients were female, 268 (96,4%), with a median age at diagnosis of 54 ± 12.17 years. 112 patients (40.28%) had cirrhosis at the moment of diagnosis, with compensated stages in 54.46 % of them. 68 patients (24.46%) had PBC – autoimmune hepatitis overlap syndrome, and also there were found other autoimmune and medical associated conditions, such as: autoimmune thyroiditis (19.42%), osteoporosis (14.38%), Sjogren's syndrome (6.47%), primary sclerosing cholangitis (2.51%), rheumatoid polyarthritis (2.15%). From the total of patients, 271 (97.48%) received treatment with UDCA, and only 7 patients (2.51%) were intolerant to UDCA. Other specific second-line treatments were associated, obeticholic acid in 13 patients (4.67%) and seladelpar in 3 patients (1.07%). The ALBI score was higher at follow-up (-2.41±0.66 compared to -2.57± 0.63 at diagnosis, p=0.032). There is an increase in Mayo score from diagnosis 4.95±1.52 compared to 5.99±1.88 at follow-up (p<0.001). Liver transplant (LT) was performed in 13 patients with end-stage liver disease (13.39%). The percentage of deaths among all patients with PBC was 4,31%.
Conclusions: There is still need for new prognostic scores, that can evaluate the liver function and can predict PBC outcomes. In advanced stages, the prognostic scores tend to increase, but primary biliary cholangitis is still a disease with low rates of death and need for LT.
Keywords: cholestatic, ALBI score.

EP109. PLATELET AGGREGATION IN PATIENTS WITH ACUTE DECOMPENSATION

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Introduction: There are still controversial data regarding platelet aggregation in patients with liver cirrhosis and acute decompensation. The aim of this prospective study was to evaluate whole blood platelet aggregation in patients with liver cirrhosis and acute decompensation (AD).
Methods: Whole blood aggregometry (Multiplate®) was used to evaluate platelet aggregation. We determined a ratio between the aria under curve of platelet aggregation and platelet count (AUC/PLT ratio) in order to overcome the influence of liver cirrhosis associated thrombocytopenia. The patients were divided in two groups: acute decompensation group (AD) and stable decompensation group (SD). The patients were prospectively followed-up for 3 months.
Results: In this study we prospectively included 55 patients with AD and 55 patients with SD. There were no differences regarding age, sex and liver cirrhosis etiology between both groups. AUC/ PLT ratio was substantially greater in SD patients compared to those with AD (0.52 vs. 0.22; p<0.0001). AUC/PLT ratio (OR 2.48; 95%CI1.02-5.77;p=0.013) and MELD score (OR 5.12; 95% CI 1.25-8.18; p< 0.001) were shown to be independently correlated with negative outcome on multivariate analysis. The AD patients with an AUC/ PLT > 0.52 had a 4-fold increased relative risk of mortality compared to those with SD (p = 0.002).
Conclusion: The patients with AD have a decreased whole-blood platelet aggregation compared with patients with SD, and this is associated with a higher probability of liver related mortality.

EP110. ASSESSMENT OF GLOBAL HEMOSTATIC PROFILE IN PATIENTS WITH LIVER CIRRHOSIS

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Introduction In patients with liver cirrhosis both procoagulant and anticoagulant factors are decreased, as a deficiency in hepatic synthesis. These pathological changes in conventional coagulation parameters are usually associated with reduced platelet count and different degrees of platelet dysfunction. However, conventional coagulation analysis and platelet count do not reflect in vivo coagulation status or platelet function. The aim of this study was to evaluate the haemostatic profile including plasmatic coagulation using thrombelastometry and impedance aggregometry for platelet function in patients liver cirrhosis.

Methods Our study included patients with liver cirrhosis admitted in our tertiary university center. Demographic and biochemical data as well as medical history including liver cirrhosis etiology were recorded. To assess the hemostatic profile, platelet function was analyzed by multiple electrode aggregometry (MEA) using Multiplate® (ADP-, ASPI- and TRAP-test) and thrombelastometry using ROTEM® sigma (EXTEM, INTEM, FIBTEM).
Results In this study we included 40 patients assigned to groups according to MELD score 6 to 15 (n = 20) or ≥ 15 (n = 20). Baseline patient characteristics revealed significant differences for underlying laboratory parameters (international normalized ratio, bilirubine, creatinine) as well as fibrinogen level (205 mg/dL vs 195 mg/dL, P = 0.002). MEA showed a moderately impaired platelet function (medians: AUC ADP = 40 U, AUC ASPI = 61 U, AUC TRAP = 90 U) but no significant differences between both groups.
Thrombelastometry using ROTEM® sigma (EXTEM, INTEM, FIBTEM) revealed values within normal range in both groups. No significant correlation was observed between MELD score and results of MEA/thrombelastometry.
Conclusions Our data demonstrate a partially impaired hemostatic profile in liver cirrhosis patients unrelated to MELD score. A personalized assessment of the risk of bleeding or thrombosis should be considered.

EP111. INNOVATIVE USE OF CYANOACRYLATE GLUE IN MANAGING SPONTANEOUS UMBILICAL HERNIA RUPTURE (FLOOD SYNDROME) IN CIRRHOTIC PATIENTS: A CASE REPORT

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Introduction: Approximately 20% of cirrhotic patients with ascites develop umbilical hernias (UH). These patients often experience multisystem complications of cirrhosis, face a significantly higher risk of infection, and need careful monitoring. Rupture of an umbilical hernia, though rare, is a life-threatening complication associated with large-volume ascites and end-stage liver disease, leading to spontaneous paracentesis, also known as Flood syndrome. Managing Flood syndrome is challenging for clinicians due to the lack of clear management guidelines and the controversial nature of the available evidence regarding the best treatment approach.
Materials and methods: We present the case of a 54 year old with Child Pugh stage C alcoholic liver cirrhosis, esophageal varices, refractory ascites and hepatic hydrothorax requiring weekly paracentesis and thoracocentesis and uncomplicated umbilical hernia. The patient was not a suitable candidate for liver transplant due to lack of alcohol abstinence, so a percutaneous portosystemic shunt (TIPS) was the procedure of choice for the management of refractory ascites and hepatic hydrothorax. A week after the procedure was performed, he developed a spontaneous leakage of abundant fluid through the previously identified umbilical hernia.
Results: The patient was started on conservative medical treatment, including crystalloids, albumin, and empirical broad-spectrum antibiotics. Daily cleaning of the umbilical wound was also prescribed. Local suture by a surgical team was performed, with little benefit. Finally, cyanoacrylate glue (Glubran), a basis glue used mainly in open/laparscopic surgery and digestive tract endoscopy was successfully used for topical wound closure. The patients presented at 6 weeks, 3 months and 6 months interval, remaining asymptomatic in terms of the umbilical hernia.
Conclusion: To our knowledge, this is the first successful report of cyanoacrylate glue being used for the conservative management of a rare, but potentially fatal liver cirrhosis complication.
Keywords: flood syndrome, liver cirrhosis, cyanoacrylate glue

EP112. THE PRESENCE OF HEPATOCELLULAR CARCINOMA HAS NO IMPACT ON THE COAGULATION PROFILE ASSESSED BY VISCOELASTIC TESTS IN PATIENTS WITH CIRRHOSIS

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Introduction: Conventional coagulation tests (CCTs) are unreliable predictors of the hemostatic balance in patients with advanced liver disease. Thromboelastography (TEG) provides a global assessment of coagulation, evaluating clotting factors (R-time), fibrinogen (K, alpha angle), platelet function (maximum amplitude - MA), and fibrinolysis (Ly30). Empirically, the presence of a

malignancy is expected to generate a procoagulant state. The current study evaluated whether the presence of hepatocellular carcinoma (HCC) is associated with changes in the coagulation profile in patients with cirrhosis.
Materials and Methods: A proof of concept study was designed, including consecutive patients with liver cirrhosis and abnormal CCTs (at least one of International Normalized Ratio – INR > 2, platelet count < 50.000/µL, fibrinogen < 200 mg/dL), subsequently analyzed using native TEG and compared with a matched cohort of patients with a similarly staged cirrhosis and HCC.
Results: A series of 106 consecutive patients were retrospectively analyzed, of which n = 22 (20.75%) had HCC. On the whole group analysis, there were no statistically significant differences between patients with or without HCC regarding either CCTs or TEG-based variables. A 1:1 propensity-matched analysis included patients staged Child-Pugh A and B, taking into account the MELD-Na score and CCTs, which included 44 patients. In the setting of a similar conventional coagulation profile, patients with HCC had no significant differences regarding TEG-based variables: R-time 10.62 ± 5.99 vs. 10.92 ± 3.57 min (p = 0.84), K-time 5.69 ± 4.38 vs. 6.08 ± 3.30 min (p = 0.74), alpha angle 42.11 ± 16.66 vs. 37.28 ± 14.31 (p = 0.32), MA 52.94 ± 12.60 vs. 49.05 ± 16.06 (p = 0.38), and Ly30 1.61 ± 1.99 vs. 1.48 ± 2.81 (p = 0.86), for patients without and with HCC, respectively.
Conclusion: The presence of HCC in the setting of advanced liver disease does not appear to significantly impact the rebalanced hemostasis, as assessed by TEG.
Keywords: hepatocellular carcinoma; coagulation; thromboelastography

EP113. UNFORESEEN OUTCOME OF AN ALCOHOLIC HEPATITIS PATIENT

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Introduction: Alcoholic hepatitis, is a condition caused by alcohol misuse, that can have a life-threatening progression.
Materials and methods:
We present the case of a 42-year-old patient with alcohol use disorder, who presented for intense jaundice associated with asthenia. After excluding viral infections and autoimmune diseases, the diagnosis of acute-on-chronic alcoholic hepatitis was established (MELD-Na score of 30, Maddrey score of 83.6). Corticotherapy was administered with a positive outcome; the patient was discharged after approximately two weeks with clinical and biological improvement. The patient continued to improve at home for the next six weeks, during the progressive tapering of corticotherapy doses up to 8 mg/day pf prednisone. Later, the patient presented with a febrile episode associated with dry cough and mouth ulcers. Blood test revealed mild thrombocytopenia, without coagulation disorders, improved cholestasis (total bilirubin 5 mg/dl) and inflammatory syndrome (C-reactive protein 55.63mg/dL, leukocytes 14920/mm3), weakly positive procalcitonin. A lung X-ray was performed on admission, no lesions were detected and broad-spectrum antibiotic therapy (ceftriaxone) was administered, with a favourable outcome initially, but later with intermittent episodes of cough with dyspnea and an increase of the inflammatory syndrome. Three days after admission a lung CT was performed, which revealed diffuse alveolar infiltrates and the antibiotherapy was escalated to Imipenem/Cilastin and Trimethoprim-sulfamethoxazole (TPM-SMX) to also cover atypical germs. The patient`s evolution was fluctuating, so a bronchoalveolar lavage was performed on day eight after admission and an infection with Pneumocystis jirovecii was observed. The dose of TPM-SMX was then optimized to 3cp/6h, but the evolution continued to worsen and the patient died five days later.
Conclusions:
Pneumocystis jirovecii is an opportunistic infection that affects severely immunosuppressed patients, more frequently those with AIDS.The American Society of Infectious Diseases recommends the use of TMP-SMX for the prophylaxis of PJ infection only for those patients. Alcohol misuse can also determine imunossupresion. Although cases of PJ infection are rare, in patients with acute alcoholic hepatitis under immunosuppressive treatment the outcome is frequently unfavourable, so prophylactic TMP-SMX administration should be taken into account.
Keywords: Pneumocystis jirovecii, corticosteroid therapy, acute alcoholic hepatitis

EP114. CHOLESTASIS – IS IT ALWAYS THE LIVER?

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Introduction: Cholestatic diseases can be determined by lesions of the bile ducts or by diffuse hepatocytic damage seen in infectious, toxic-metabolic, hematological, autoimmune, storage or neoplastic diseases. Sometimes, the etiological diagnosis can be difficult and it may require a multidisciplinary approach.
Materials and methods: We present the case of a 26-year-old patient who presented with low-grade fever and marked physical asthenia. The

symptomatology started one year ago, having previously been investigated in another medical unit and diagnosed with hepatosplenomegaly. At that time, viral diseases with hepatic tropism and hematological pathologies (by bone marrow and lymph node biopsy from a peripheral adenopathy) were excluded. Laboratory studies upon admission showed mild microcytic hypochromic anemia without thrombocytopenia, normal hepatic synthesis, marked inflammatory syndrome, significant cholestasis syndrome (ALP 1642U/L, GGT 191 U/L), minimal hepatic cytolysis syndrome, IgG and IgG4 2xupper-limit, IgA and IgM with normal values. Serologically, autoimmune liver diseases, Wilson's disease, hemochromatosis, alpha-1 antitrypsin deficiency, and Gaucher's disease are excluded. Tomography of the chest, abdomen, and pelvis confirms the ultrasound findings and highlights multiple supra- and infra-diaphragmatic adenopathies with a reactive appearance, and magnetic resonance cholangiopancreatography describes discrete CBIH dilatations in segments V and VIII. Liver puncture biopsy is performed with a histopathological appearance compatible with small duct sclerosing cholangitis, possibly in the context of IgG4. We decided to initiate corticotherapy and a moderate reduction of the cholestasis syndrome is obtained.
After stopping the corticotherapy, a worsening of the cholestasis syndrome was observed, so the tomographic examination was repeated, which revealed a stationary aspect, which is why we decided to perform a surgical biopsy of a right mammary node with histopathological and immunohistochemical results of IgG4-associated lymphadenopathy (pattern I - Castleman plasmacyte-like).
Conclusions: Castleman's disease is a rare lymphoproliferative pathology. It is classified into at least three distinctive categories depending on the number of regions and adenopathies affected and the presence/absence of human herpes virus type 8. No standardized therapy exists and the treatment is usually based on siltuximab with or without high-dose corticotherapy.
Keywords: cholestasis, hepatosplenomegaly, Castleman

EP115. THE INCIDENCE OF HEPATORENAL SYNDROME IN CIRRHOTIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS: A RETROSPECTIVE STUDY

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Introduction : Hepatorenal syndrome (HRS) is a condition characterized by marked impairment of kidney function that appears in patients with decompensated cirrhosis, and it is often precipitated by bacterial infections. Spontaneous bacterial peritonitis (SBP) is recognized as a risk factor for HRS in patients with liver cirrhosis. This study aims to evaluate HRS occurrence in patients with SBP.
Material and methods: We conducted a retrospective study (January 2019 to March 2024) on all cirrhotic patients with ascites admitted in the Gastroenterology Department of "St. Spiridon" County Clinical Emergency Hospital Iasi, a tertiary referral center. We identified all cases of SBP, defined as elevated ascitic fluid absolute PMN count > 250 cells/mm3, with or without positive ascitic fluid bacterial culture. Kidney function tests were done in all patients with SBP, and HRS was diagnosed based on the serum creatinine level higher than 1.3 mg/dl which did not improve after 48 h of volume repletion.
Results: Out of the 160 cirrhotic patients, 88 (55%) were male and 72 (45%) were female, with a mean age of 60 years. The most common cause of liver cirrhosis was alcohol abuse, followed by chronic hepatitis B with or without D virus co-infection, chronic hepatitis C and other. Out of the 160 patients with SBP, 25 patients (15,62%) developed HRS. The mortality rate among patients with SBP and HRS was 32% (8/25 patients), significantly higher compared to 14,81 % (20/135 patients) among patients with SBP and without HRS.
Conclusion: In our region, HRS incidence among patients with SBP appears to be quite lower than previously reported, but it remains a serious complication associated with increased mortality. Correct medical management of an infection in cirrhotic patients is vital to avoid additional complications that can worsen their prognosis.
Keywords: Spontaneous bacterial peritonitis, Hepatorenal syndrome, incidence, mortality rate

EP116. METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) IN NON-OBESE YOUNG ADULTS

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Hepatic steatosis is frequently associated with obesity; however, it has been recently recognized that fatty liver disease can occur even in people with no significant obesity, a term called "lean MASLD" or "nonobese MASLD". The prevalence of fatty liver disease in non-obese patients is approximately 10%. Recently, more attention has been drawn to a subgroup of patients – children, adolescents, and young adults. The main aim of this study was to evaluate the hepatic steatosis and fibrosis in that subgroup of patients.
Methods and materials: This was a retrospective study on 1522 adult patients at a tertiary GI Center. These patients were diagnosed with nonalcoholic hepatic steatosis between January 2023 and January 2024. For our analysis, we included the demographic data, BMI, information regarding alcohol consumption, echographic and Fibroscan parameters.
Results: Of the 1522 patients included in this study, 180 were younger than 35 years old, and 1342 older than 35 years old. Clinically significant steatosis (CAP>280dB/m) was diagnosed in 69 young adults (38%) and in 812 patients older than 35 years old (60.5%). Among those found with significant degree of steatosis, 11 patients were non-obese (15.9%), and among those older than 35 years old, 32 patients were non-obese (3.9%). Among patients with significant hepatic steatosis, advanced stage of hepatic fibrosis (E>9.6kPa) was diagnosed in 11 young patients (15.9%), with 2 of them being non-obese (2.9%) and in 165 patients older than 35 years old, with 11 of them being non-obese (1.3%).
Conclusions: Advanced hepatic steatosis was identified in a significant number of young patients. These patients had significantly higher rates of advanced fibrosis compared to patients older than 35 years old. Similarly, the percentage of non-obese patients with hepatic steatosis was significantly higher in the young patients' subgroup compared to the group of patients older than 35 years old.

EP117. CHALLENGING CASE OF SMALL-DUCT PRIMARY SCLEROSING CHOLANGITIS – DIAGNOSIS AFTER 20 YEARS OF DISEASE PROGRESSION

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Introduction: Primary sclerosing cholangitis comprises different phenotypes of the disease, mainly being divided in large-duct PSC and small-duct PSC. According to the recent guidelines, the diagnosis is based on chronic cholestasis with specific findings on Magnetic Resonance Cholangiopancreatography (MRCP) or liver biopsy.
Methods: A 45-year-old female was monitored since 2004 in our department for an unspecified cause of chronic cholestasis (negative autoantibodies, normal cholangiography and mild steatosis on liver biopsy). She was follow-up for 20 years and the final diagnosis of small-duct PSC associated with liver cirrhosis was established based on the appearance of specific autoantibodies and histological findings on second biopsy, without modification on repeated MRCP.
Results: The patient had enzymatic cholestasis since 2004, with gamma-glutamyl transpeptidase 10 fold normal, elevated transaminases, and Anti Smooth muscle antibodies (ASMA) mildly positive. The MRCP was normal with no signs of bile ducts changes. The first liver biopsy was obtained in 2012 which described minimal steatosis with no sign of cholangitis. She was initiated on ursodeoxycholic acid 15 mg/kg per day with moderate amelioration of the cholestasis.
Simultaneously, she was diagnosed with celiac disease HLA DQ2 positive and remained in histological remission under gluten-free diet.
During follow-up, we noticed the appearance of antinuclear antibodies and ASMA at significant titer. Repeated MRCP excluded the diagnosis of large duct PSC and described cirrhotic changes.
Given the suspicion of liver cirrhosis, a new biopsy was obtained in 2024 which confirmed the presence of advanced fibrosis and lesions of cholangitis and ductular proliferation, with no sign of auto-immune hepatitis overlap syndrome.
Screening colonoscopy excludes the association of an inflammatory colonic disease.
Conclusion: We presented a rare cause of chronic cholestasis whose etiology has been established after progression to advanced fibrosis, in a patient with associated gluten enteropathy and without the association of an autoimmune hepatitis or an inflammatory bowel disease.
Keywords: primary sclerosing cholangitis, cholestasis, autoimmune;

EP118. PROPOSAL OF A PATIENT ONLINE PLATFORM IN CHRONIC CHOLESTATIC DISEASES - APPROACH FOR A DOCTOR-PATIENT PARTNERSHIP IN DEVELOPING

COMMUNITY AND PREVENTIVE EDUCATION

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Introduction: Primary Sclerosing Cholangitis (PSC) and Primary Biliary Cholangitis (PBC) are two chronic cholestatic diseases that have a low incidence in the population, with scarce information regarding epidemiology of them in Romania. The education of patients regarding the natural history and management of the diseases is limited and little information is given to the patients. Online patient platforms have been developed in some countries with a higher prevalence.
Methods and Objective: Our aim was to develop an online patient platform to integrate the access to information regarding development and management of the diseases, facilitate an informal communication tool between patients and medical specialists while enrolling them in a patient's registry.
Results: In march 2023 the online patient's registry for PSC and PBC (PASIONATE) was created on a web based platform (https://www.colangite.ro) after consultation of other online platforms. The platform consists of a part of information, with free access without registering, where structured knowledge about pathology, investigations and management are provided. The data is written according to the latest international guidelines adapted in lay terms, with the role of education of the patients.
The patients can register on the platform giving a minimal set of data (accepting GDPR compliance and consent) regarding their pathology and after, they have access to a community forum, can apply for special medical evaluation in a dedicated center and can receive a Patient's notebook.
Since the launch of the platform 28 patients have registered, 18 with PBC and 8 with PSC.
Conclusion: There is a need for education for the general population regarding the knowledge of the diseases, to increase prevention measures. And, in particular, for rare chronic diseases where a patient's community and patient-doctor partnership is needed for registration and facilitation of access to expertise and clinical studies.
Keywords: cholestatic disease; prevention; registry; online platform; patient's education;

EP119. EARLY PREDICTION OF CORTICOSTEROID RESPONSE AND MORTALITY IN PATIENTS WITH SEVERE ALCOHOLIC HEPATITIS

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Introduction: Alcoholic hepatitis (AH) represents a medical challenge, from moderate to life-threatening episodes, with high mortality. This study aimed to compare prognostic scales to evaluate early response to corticosteroids and prediction to 28 days and 90 days mortality in patients with severe AH.
Material and methods: We performed a retrospective study that included patients with severe AH (Maddrey/MDF score ≥32) admitted to a tertiary center. Clinical and paraclinical data were collected on the response to corticosteroid administration and were assessed based on Lille scores (from days four and seven) and neutrophil to lymphocyte ratio (NLR) calculated on admission. MELD (Model for End-Stage Liver Disease), MELD-Na, MELD 3.0, ABIC (age-bilirubin-INR-creatinine), Maddrey and Glasgow scale scores were used to predict survival at 28 and 90 days, respectively. AH.
Results: Out of 310 patients enrolled with severe AH, 59% received corticosteroids, achieving a response rate of 75.4%. Lille score on day four presents a better performance than NLR in early anticipation of a response to corticotherapy ($R2=0.824$ versus $R2=0.233$, $p<0.001$). Predictive factors for non-response were identified: presence of cirrhosis (OR= 2.11, $p<0.001$), MELD scores exceeding 30 (OR=2.42, $p<0.001$), hypoalbuminemia (<2.8 g/dl) (OR=2.46, $p<0.001$), and increased serum creatinine (OR=1.5, $p<0.001$). Non-responders have a five times higher risk of developing infections compared to responders (OR=6.74, versus OR=1.34, $p<0.001$). Among the prognostic scores, MELD 3.0 score proved superior efficacy for 28 days (AUC=0.734) and 90 days mortality (AUC=0.777) compared to alternative scoring systems.
Conclusions: An improvement in risk stratification based on the implementation of therapeutic response evaluation scores and mortality prediction, represent tools with applicability for adjusting the treatment scheme and prioritizing patients who require liver transplantation.
Keywords: alcoholic hepatitis, prognostic scores, prediction

EP120. ROLE OF 13C-OCTANOATE BREATH TEST FOR EVALUATION OF SEVERE ALCOHOLIC HEPATITIS

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Background. Reactive oxygen species produced by mitochondria have an important aggressive role in acute liver diseases, being one of the most important physiopathological pathways in alcohol induced liver injury. The aim of our study is to evaluate the accuracy of the 13C-Octanoate Breath Test (OBT) in evaluating the severity of alcoholic hepatitis.
Methods OBT and standard blood tests were performed in 95 patients admitted for alcoholic hepatitis. The exhaled dose per hour and cumulative recovery dose were measured at 0, 15, 30, 45, 60 and 120 minutes from substrate administration. The patients were divided into group 1 (severe) and group 2 (non-severe), as divided by Maddrey function. The correlations and significance of the results were assessed using independent samples T test, Spearman's coefficient, ROC curve, and chi square using a cutoff chosen based on the ROC curve.
Results Dose/h of patients with severe alcoholic hepatitis at 60 min (D60) were significantly higher from non-severe alcoholic hepatitis (18.38 vs. 15.90, $p<0.001$). The cumulative recovery of 13CO2 after 120 minutes (C120) was also significantly higher in severe patients compared with non-severe (33.78 vs. 29.77 $p<0.001$). The Spearman's correlation coefficient between the OBT values and Maddrey discriminant function was significant, with values of 0.517 for D60 and 0.517 for C120 ($p<0.001$). The OBT parameter with the best accuracy for identifying patients with severe hepatitis was C120, with an AUROC of 0.740. Using a cutoff value of 32, the test correlation was significant ($p<0.001$), with a sensitivity of 81%, specificity of 55%, positive predictive value of 65% and negative predictive value of 74%.
Conclusions. 13C-Octanoate Breath Test may become a useful to identify at-risk patients with severe alcoholic hepatitis.
Keywords: alcoholic liver disease, octanoate breath test, liver function tests

EP121. SCREENING OF ADVANCED LIVER FIBROSIS AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE ASSESSED BY TRANSIENT ELASTOGRAPHY IN ROMA POPULATION

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Background and aims: The most common cause of liver disease-related death globally is cirrhosis, which is thought to be the last stage of liver fibrosis. The development of cirrhosis has been discovered to be significantly influenced by viral hepatitis B (VHB) and C (VHC), alcohol related liver disease (ALD), and metabolic dysfunction-associated steatotic liver disease (MASLD). Our study objective was to determine the prevalence of MASLD and advanced liver fibrosis in individuals of the Roma group living in Northeastern Romania.
Material and methods: Four hundred and fifty-six adult asymptomatic participants of a Roma county from Northeastern region of Romania, were selected for this study. Following the acquisition of informed consent, each participant's demographic, clinical, and physiological details were recorded. Every participant completed the AUDIT-C questionnaire. Liver fibrosis was measured using transient elastography (TE), and fast blood tests were utilized to screen for the presence of the VHB and VHC.
Results: We found that 60.9% of the screened participants were males, 56.5% had a smoking habit, and 14.4% had a history of blood transfusions, tattooing, drug use or imprisonment over the years. Moreover, 68.2% of the patients had a body mass index above the normal limit, 8.6% of the participants were positive for the presence of HBs antigen, while 6.1% exhibited HCV antibody positive titer. In addition, approximately two-thirds of the subjects (65.1%) were diagnosed with metabolic syndrome and according to Audit-C questionnaire we found that 33.1% of the individuals had a history of alcohol consumption. Advanced liver fibrosis was found in 11.6% of the participants, and liver cirrhosis in 8.3% of the cohort. Furthermore, we observed that more than half of the participants (51.1%) from Roma county had the criteria for MASLD.
Conclusions: By screening a cohort of apparently clinically healthy Roma subjects residing in the North-Eastern Romania and having important risk factors such as blood transfusions, tattooing habits, and increased alcohol consumption, we observed that the frequency of advanced fibrosis and MASLD is more increased in Roma individuals, as compared to available data.

Keywords: metabolic dysfunction-associated steatotic liver disease, liver fibrosis, Roma population.

EP122. ENHANCING PROGNOSTIC ACCURACY IN HEPATIC RESECTION FOR HEPATOCELLULAR CARCINOMA: THE SUPERIOR ROLE OF LIVER STIFFNESS MEASUREMENT VIA FIBROSCAN

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Background and Aims: Liver stiffness measurement (LSM) via Fibroscan (FS) is a cornerstone for effectively selecting hepatocellular carcinoma (HCC) patients for hepatic resection, focusing on its superiority in assessing portal hypertension and prognostic outcomes compared to traditional serum liver tests. This study assessed the effectiveness of LSM in identifying clinically significant portal hypertension (CSPH) and in predicting post-hepatectomy liver failure (PHLF), with additional development and validation of a machine learning-based predictive model for PHLF.
Method: A cohort of 128 compensated cirrhosis and HCC patients who underwent hepatic resection at the Regional Institute of Gastroenterology and Hepatology Cluj-Napoca between 2016 and 2023 were studied. CSPH was defined by criteria including hepatic venous pressure gradient (HVPG) ≥ 10 mmHg, or the presence of esophageal varices, splenomegaly, and thrombocytopenia (< 100,000/mm3). LSM was primarily compared against other non-invasive tests for predicting CSPH and PHLF using area under the receiver operating characteristic (AUROC) curves and logistic regression.
Results: The LSM distinctly outperformed other non-invasive tests in predicting CSPH (AUROC=0.913, 95% CI: 0.84-0.98; $p<0.05$), asserting its reliability. Predictive trends for PHLF were also notable with LSM. Furthermore, an AI-driven mathematical model based on LSM inputs was established, enhancing the predictive accuracy for PHLF (LR accuracy of 0.937).
Conclusion: LSM via Fibroscan (FS) not only excels in identifying CSPH among HCC patients but also shows significant potential in forecasting the risk of PHLF. This emphasizes the utility of LSM in the preoperative evaluation process, supporting its integration into clinical workflows to optimize patient outcomes in hepatic resection scenarios. The use of artificial intelligence to refine LSM data further underscores its prognostic value.

EP123. LIVER TRANSPLANT: A LIFE-SAVING THERAPEUTIC OPTION IN A CASE OF POLYCYSTIC HEPATO-RENAL DISEASE COMPLICATED WITH RECURRENT CHOLANGITIS POST-ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH SPHINCTEROTOMY

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Introduction: Liver transplant is the only curative therapeutic intervention in cases of acute liver failure, as well as in end - stage liver disease. Polycystic hepato-renal disease is an inherited pathology in which prognosis is often dictated by renal involvement. In these cases, the indication for hepatic transplantation is uncommon, as patients manage to maintain the liver function within the normal parameters.
Material and Method: A 56-year-old female patient, with a personal history of polycystic hepato-renal disease, underwent cholecystectomy for gallbladder lithiasis 30 years ago . Three years ago, the patient was diagnosed with choledocholithiasis. Multiple bile duct strictures developed, secondary to therapeutic interventions made for its resolution. The patient presented recurrent cholangitis, requiring aggressive antibiotic therapy. An interventional approach (endoscopic bile duct stenting) was attempted, but proved to be unsuccessful, as well. The patient's evolution was unfavorable, with progressive deterioration of both liver and kidney function, a fact that led to taking into consideration the option of hepatic transplantation.
Results: Following the surgical procedure, the patient no longer presented episodes of cholangitis. The hepatic function has gradually improved, and therefore, the patient's quality of life has seen marked improvement. Postoperative imaging examinations confirmed the absence of cystic

lesions and the structural integrity of the intrahepatic and extrahepatic bile ducts.
Conclusions: Typically, hepatic involvement in polycystic disease follows a benign course. However, in the previously presented case, the deterioration of the liver function was mainly caused by repeated inflamatory injuries from the cholangitis episodes, for which the only curative option was hepatic transplantation. This case highlights the importance of a personalized approach and close interdisciplinary collaboration. Hepatic transplantation remains the life-saving therapeutic option for patients with complex hepatobiliary pathology when conventional therapies fail.
Keywords: transplant, polycystic disease, cholangitis.

EP124. THE IMPORTANCE OF LIVER BIOPSY IN DIAGNOSING HEPATIC ADENOMAS

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Introduction: Hepatic adenomas are rare benign tumors of the liver that are asymptomatic most of the time, but can rarely complicate with hemorrhage and malignant transformation to hepatocellular carcinoma.
Methods: We present a rare case report of a 63-year-old woman, without any history of contraceptive use, who was diagnosed almost 3 years ago, during a routine abdominal ultrasound, with multiple hepatic tumors. Abdominal MRI could not differentiate between liver focal nodular hyperplasia or liver metastases. Between 2021 and 2023, the patient declined any further investigations as she was asymptomatic. In 2023, another MRI showed dimensional progression of the largest liver tumor in the VI segment with an AFP (alphafetoprotein) level of 1050. Two months later, she was diagnosed with diffuse sclerosing papillary variant of thyroid carcinoma, leading to a total thyroidectomy. In 2024, the patient presented in our unit with intense abdominal pain; the abdominal ultrasound revealed hepatomegaly and dimensional progression of the tumors; we performed an ultrasound-guided liver biopsy which confirmed the presence of hepatocellular carcinoma, developed from a hepatic adenoma.
Results and conclusions: The novelty of the case consists in the atypical presentation of a hepatic adenoma, later confirmed to be hepatocellular carcinoma, as well as the simultaneous association with thyroid cancer years later, leading to the alternative diagnosis of hepatic metastasis. The patient's prognosis at present is reserved, with limited therapeutic options. Therefore, this case highlights the necessity of detailed evaluation of any liver lesion in women, even in the absence of contraceptive use or of a typical imaging appearance for adenoma. It also emphasizes the importance of follow-up imaging, measuring AFP levels and hepatic biopsy in order to facilitate timely diagnosis and appropriate intervention.
Keywords: liver, adenoma, biopsy

EP125. METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES: A SINGLE CENTER EXPERIENCE

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Introduction: Metabolic dysfunction-associated steatotic liver disease (MASLD) is the new nomenclature that encompasses the presence of cardiometabolic comorbidities to nonalcoholic fatty liver disease (NAFLD). Recent studies have shown how inflammatory bowel diseases (IBDs) are a risk factor for the onset of MASLD. However, there is a lack of investigations on the diagnosis of MASLD in patients with IBDs. We evaluated the ultrasound (US) prevalence and the clinical features of MASLD in subjects with IBD.
Materials and methods: We retrospectively enrolled 272 patients with IBD who underwent the hepatic US. Patients were stratified in IBD-NAFLD and IBD-MASLD according to specific diagnostic criteria. We perform the Mann-Whitney U, chi-square tests and bivariate logistic regression. A p-value <0.05 was considered statistically significant.
Results and conclusions: All male patients with IBD-NAFLD [n=18 (100%) vs. n=34 (71%), p=0.006] exhibited significantly lower values compared to IBD-MASLD patients concerning age (43±15 vs. 53±13 years, p=0.020), body mass index (23±1 vs. 27±5 Kg/m2, p<0.001), and waist circumference (86±1 vs. 101±11 cm, p<0.001). A significant proportion of IBD-MASLD patients had type 2 diabetes mellitus (19% vs. 0, p=0.045) and hypertension (37% vs. 0, p=0.012). In comparison to IBD-NAFLD patients, IBD-MASLD group also

exhibited higher levels of triglycerides (121±55 vs. 81±17 mg/dl, p=0.001), fasting blood glucose (94±23 vs. 83±8 mg/dl, p=0.019), fasting insulinemia (12±9 vs. 7±2 mg/dl, p=0.001), and HOMA-IR (3±2 vs. 1.5±0.45 mg/dl, p=0.002), but lower HDL levels (49±15 vs. 56±8 mg/dl, p=0.031). Disease severity scores were higher in IBD-MASLD, and more of these patients underwent surgery [n=13 (27%) p=0.009]. Logistic regression showed a significant association between triglyceride levels and IBD-MASLD presence (OR=1.033, 95% CI 1.007-1.059, p=0.012) after age adjustment. Patients with IBD and liver steatosis also present with cardiometabolic comorbidities within the framework of MASLD. Additional researches are needed to validate the findings of our preliminary investigation.
Keywords: Hepatic ultrasound; metabolic dysfunction-associated fatty liver disease; nonalcoholic fatty liver disease.

EP126. A DECISIVE ROLE OF LIVER BIOPSY IN LIVER TUMORS TREATMENT- AN UNUSUAL CASE

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Liver biopsy remains an important tool for diagnosis, evaluation and treatment of liver tumors. A 55 year old female patient was admitted in our hospital with pain in right hypochondrium and without any history of gastrointestinal disorders. Ultrasound examination described a solitary massive (approx. 10 cm) tumor in non-cirrhotic liver.
CT scan confirmed the unique mass located in the right lobe of the liver, with hypodense structure, central calcifications and delayed tumoral contrast enhancement. Tumoral markers showed mild increase value of AFP 11,5 (n:1,3-8 ng/ml), normal CA 19-9 but increased value of CEA >100 ng/ml
We completed the investigation with upper endoscopy and colonoscopy. A sigmoid polyp 7-8 mm were found and removed.
We decided to perform liver biopsy. The histological exam described moderate-differentiated adenocarcinoma with tubular cribriform pattern and desmoplastic stroma.
The immunohistochemical markers presented: ck7- in tumor cells, ck20 +cytoplasmic in tumor cells, vilina + cytoplasmic, cdx2+ cytoplasmic, ck19 +focal membranous in tumor cells and sustained the primary colonic origin of the tumor.
The polyp biopsy revealed tubular adenocarcinoma well-differentiated in superficial lamina propria.
An atypical hepatic resection for 5,6, and 7 segments was performed in addition with sigmoid colectomy and colostomy with a good evolution. One month later our patient started chemotherapy treatment with capecitabine with good general health status.
Conclusion: Ultrasonography guided liver biopsy still plays a decisive role in the management of large solitary liver tumor in a rare case of small polypoid colonic cancer.
The decision for treatment should be taken after the case presentation in a multidisciplinary tumor board.
Keywords : liver biopsy, liver tumor, polypoid colonic cancer

EP127. EMERGENCY TREATMENT FOR GIANT HEPATIC HEMANGIOMA IN HCV INFECTED PATIENT

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Background : Giant cavernous hemangioma occupying almost whole liver is extremely rare in adults.
We report a female case with an important medical history: total hysterectomy in 1980, HCV hepatitis diagnosed in 2011 and treated in 2013 with interferon-alpha and ribavirine with sustain virological response (SVR), mitral valve prolapse with surgical correction in 2016, continuous anticoagulant therapy and a hepatic hemangioma sized 10 cm in diameter diagnosed in 2010 which grew up slowly to 18 cm and underwent emergency surgical treatment for bleeding .
Methods: A 60 years old woman was admitted for constant epigastric discomfort, fullness and upper abdominal pain exacerbated by food for at least three months but very strong in the last 48 hours. Ultrasound demonstrated an increased hepatic tumor 18 cm in the right lobe. No free fluid was detected in her abdomen.
Because patient symptoms forecast impending rupture of the vascular tumor we decided to transfer the patient to the surgical department for emergency surgery .We performed ligation of the right arterial branch and the right portal vein for compensatory left lobe hypertrophy and to avoid a potential important bleeding.
Results: The next hours were decisive for her survival. Fortunately she survived without liver failure. After three weeks it was performed right extended hepatectomy. Our patient has a very good evolution until now, 2 years after the procedure.
Conclusions : Liver resection after arterial branch and portal vein ligation is a feasible alternative

treatment for giant hemangioma with imminent rupture.
Giant cavernous hemangioma with complications should be surgical treated in tertiary centers where liver transplantation could be performed if the complications occur.
Keywords: cavernous hemangioma, liver resection, liver transplantation

EP128. INTRA- AND POSTOPERATIVE ULTRASONOGRAPHY FOLLOW-UP IN LIVING DONOR LIVER TRANSPLANTATION - A SINGLE CENTER EXPERIENCE

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Background: Living donor liver transplantation (LDLT) was introduced to overcome the severe shortage of cadaveric organs and to reduce mortality on the liver transplant waiting list. We review the role of intra- and post-operative ultrasound in the evaluation of the recipient surgery in LDLT.
Methods: Intraoperative ultrasound (US) has become an integral part of the surgical act that provides the surgeon with real-time information .
In our center the post-operative US screening ranges from every 12 hours in the first 2 days to a single examination daily in the first 7-14 days.
A routine post-operative ultrasound follow-up of the living transplanted liver include grey-scale assessment of the liver parenchyma, the biliary tree and a Doppler study of the hepatic vasculature.
Since January 2017 we retrospectively analyzed 52 LDLTs that were perfomed in our center.
Results: The etiology of LDLT patients was: 2 patients had acute liver failure, 9 patients had hepatocellular carcinoma, 6 had alcohol-related cirrhosis, 9 had VHC-related cirrhosis, 18 had VHB+VHD co-infection cirrhosis, 4 had Budd Chiari Syndrome, 2 patients had Wilson disease , 3 autoimmune etiology and 1 patient had Caroli disease. 61,5% were female and 38,5 % were male.
Because of the smaller diameter of the HA, we used microsurgical technique with interrupted sutures for arterial anastomosis. HA reconstruction was performed using surgical loupes in all patients.
In the early follow-up, we discovered 1 patient with portal vein thrombosis and 1 patient with hepatic artery thrombosis, 2 with intraabdominal hemorrhage, no patients with hepatic vein stenosis or thrombosis . HAT was successfully treated with interventional radiologic technique.
In the long-term routine ultrasound examination, we discovered 3 patients with biliary leakage and 10 patients with biliary stricture which were solved with minimal invasive procedures. Just 1 patient needed surgical reconstruction of biliary anastomosis.
Conclusions: Ultrasonography is the primary imaging modality and the most important diagnostic tool for the evaluation of the graft vascular perfusion in LDLT, both during surgery and post-operatively.
The detectiom and thus early problem solving can make the difference between graft survival and failure.

EP129. DIAGNOSTIC CHALLENGES IN NONHFE HEMOCHROMATOSIS

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Introduction: Hereditary hemochromatosis is a rare genetic condition characterized by increased intestinal absorption and excessive iron deposits in various parenchyma—the liver, pancreas, heart, and pituitary gland. Untreated, the condition causes liver cirrhosis, diabetes mellitus, hypogonadism, and heart failure. The C282Y homozygous mutation of the HFE gene is responsible for 90% of cases of hereditary hemochromatosis, type 1; the rest are non-HFE hemochromatosis caused by mutations in the genes of hemojuvelin, hepcidin, transferrin receptor 2 and ferroportin (types 2A, 2B, 3 and 4).
Material and methods: We report the case of a 46-year-old patient who received multiple blood transfusions during the first 18 years of life for dyserythropoietic anemia. At the age of 27, a diagnosis of chronic viral hepatitis C and acquired iron overload was made. He was treated with deferoxamine for 2 years, and at the age of 41, he obtained a sustained virological response after antiviral C therapy with Sofosbuvir/Ledipasvir. He performed two liver biopsies: percutaneous at the age of 27 and transjugular at the age of 46.
Results: The transjugular biopsy confirmed the diagnosis of liver cirrhosis and revealed iron deposits in both hepatocytes and macrophages. Clinical manifestations like skin hyperpigmentation, hypogonadism and liver cirrhosis suggest the diagnosis of hemochromatosis. The significant rise in ferritin and transferrin saturation, along with the gradual accumulation of iron in the liver observed in the comparison of the two liver biopsies without any blood transfusions during the first biopsy, and the absence of mutations in the HFE gene, indicate a probable diagnosis of hereditary non-HFE hemochromatosis type 4.

Conclusion: This case illustrates the diagnostic difficulties of nonHFE hemochromatosis in the presence of acquired iron overload by multiple blood transfusions and chronic viral hepatitis C. Patients displaying clinical symptoms consistent with hemochromatosis and lacking mutations in the HFE gene should undergo further testing to identify genetic variants associated with non-HFE hemochromatosis.
Keywords: hemochromatosis, liver cirrhosis, HFE gene

EP130. AUTOIMMUNE HEPATITIS – CHALLENGES IN DIAGNOSIS AND TREATMENT

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Introduction: This presentation discusses the case of a 27-year-old female patient with a history of rheumatoid arthritis and ANCA+ vasculitis (granulomatosis with polyangiitis) admitted to our clinic with sudden-onset jaundice. From her history we note 2 previous episodes of acute hepatitis previously interpreted as DILI (Leflunomide), treated with low-dose corticosteroids. Herworkup was consistent with severe acute hepatitis (AST, ALT >1000 U/L; total bilirubin 8.2 mg/dl), with IgG slightly increased, while the serology showed a low ASMA titer (1/40). We decided on a liver biopsy which showed lymphoplasmocytic portal infiltrate, interface hepatitis with focal confluent necrosis, consistent with autoimmune hepatitis. We note the particular severe GI intolerance of this patient to Azathioprine despite normal TPMT activity,which prompted treatment cessationin the past. After steroid induction with partial response, the patient was started onmaintenance therapy with Mycophenolate mofetil while steroids were tapered down, with a good response initially, but on week,as Methylprednisolone was reduced to 4mg/day, the patient relapsed (AST, ALT >200 U/L). The steroid dose was once more increased to 40mgand is currently tapered off by 2 mg weekly, while MMF is continued at 2g/day, with liver enzymes within normal range at two-month follow-up.
Conclusion: This case highlights both the difficulty in diagnosing AIH in patients with systemic autoimmune disease, biopsy often being needed for differentiating between AIH, DILI from immunosuppressive medicationand liver involvement in systemic rheumatic disease, as well as the difficulty in finding an efficient long-term therapy (even more so in patients intolerant to AZA).
Keywords: autoimmune hepatitis, Azathioprine intolerance, Mycophenolate mofetil

EP131. HOW HIGH IS TOO HIGH? NAVIGATING UNEXPLAINED HYPERTRANSAMINASEMIA IN EARLY PREGNANCY

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Introduction: Liver diseases that can occur during pregnancy can be both acute or pre-existent chronic liver pathologies or pregnancy-related. They can be associated with increased morbidity and mortality for both the fetus and the mother and are often a medical challenge that requires a multidisciplinary approach.
Material and method: We present the case of a 23-year-old female patient who was detected from the 9 th week of her second pregnancy with hepatocytolysis, associated with hyperemesis gravidarum. In her medical history, a possible intrahepatic cholestasis of pregnancy was reported in the 35th week of the first pregnancy, but it was insufficiently argued (ALT 8xULN, AP 1.6xULN, normal GGT, bile acids 2xULN, no pruritus).
Results and discussions: Acute hepatitis (viral and alcohol, drug and herbal induced liver injuries), chronic hepatitis (viral, autoimmune, genetic) and liver diseases related to pregnancy (hyperemesis gravidarum, preeclampsia and HELLP, intrahepatic cholestasis, acute steatosis) were excluded.
Liver biopsy performed at week 11, revealed liver parenchyma with focal vascular changes (venopenia, periportal shunt vessel, sinusoidal stasis and perisinusoidal fibrosis), which raised the suspicion of portosinusoidal vascular disease (PSVD).
Transaminases continued to rise progressively to values of 30xULN despite effective antiemetic therapy and treatment with acetylcysteine, silymarin, ursodeoxycholic acid and enoxaparin. At week 13, a slight increase in cholestasis enzymes was associated, but in the absence of pruritus.
As a possible cause for PSVD, a protein S deficiency, secondary to pregnancy, was detected in the thrombophilic profile.
Conclusion: The limitations that appear in the case of pregnant women regarding diagnostic and therapeutic procedures with potential adverse effects on the fetus, pose management difficulties. Hypertransaminasemia occurring in pregnancy is associated with an increased risk of maternal and fetal complications, but does not constitute an indication for abortion.

EP132. FOLLOW-UP OF FIBROSIS AND STEATOSIS, DETERMINED BY FIBROMAX AT PATIENTS WITH CHRONIC VIRAL HEPATITIS C

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Patients with chronic viral hepatitis C frequently present associated steatosis, which can be caused directly by the viral infection but also by diabetes, obesity, dyslipidemia or alcohol consumption. After eradication of the hepatitis C virus, steatosis may continue to develop, worsening liver damage.
The aim of our study was to follow-up the degree of liver fibrosis and steatosis, determined with Fibromax, in patients with chronic viral hepatitis C.
Material and method: In our retrospective study we followed a group of patients with chronic viral hepatitis C investigated in the Gastroenterology Clinic of the Târgu Mureș County Emergency Clinical Hospital, in order to establish the need for interferon-free antiviral treatment. We studied the age and sex of the patients, respectively the degree of fibrosis, steatosis and steatohepatitis, the latter established based on the Fibrotest, Steatotest and Nashtest scores, from the Fibromax results. The obtained results were processed and discussed in the context of the data from the literature.
Results: From 125 patients with chronic viral hepatitis C, 40 (32%) were men and 85 (68%) were women. The mean age was 56 years at men and 63 years at women. Following the degree of fibrosis, we found F4 in 49 patients, F3 in 27, F2 in 21, F1 in 17 and F0 in 11 patients. Advanced hepatic steatosis was found in 60 patients (48%). 30 of the 49 F4 patients had advanced steatosis (61.22%). Steatohepatitis, established on the basis of the Nashtest score, was present in 64 cases in total (51.2%) and in 31 patients (63.26%) with F4.
Conclusions: In our study, women with chronic viral hepatitis C predominated, contrary to the data in the literature. Advanced hepatic steatosis was present in 48% of patients, which corresponds to literature data. In the case of advanced fibrosis, hepatic steatosis and steatohepatitis were more frequently associated, in patients with chronic viral hepatitis C.
Keywords: chronic viral hepatitis C, fibrosis, steatosis

EP133. PERSONALIZED APPROACHES SHOULD BE CONSIDERED IN PATIENTS WITH LIVER CIRRHOSIS AND RISK FACTORS FOR PORTAL VEIN THROMBOSIS

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Background: Portal vein thrombosis (PVT) is a major complication of liver cirrhosis. Risk factors of PVT are still not fully defined, and their importance for the course and treatment strategy of the condition remains unclear.
Aim: To evaluate the patient profile at risk for PVT in liver cirrhosis.
Materials and methods. The data of 118 patients with liver cirrhosis, ambulatory and hospitalized during 2022-2023, were analyzed. PVT was established by computed tomography (CT) and Doppler ultrasonography (US).
Results: Among 118 patients with cirrhosis, PVT was found in 10.7% cases, 54.5% were men with a mean age of 49.6±14.3 years; 7 pts (63.6%) – PVT Yerdel type II, 2 pts (18%) – PVT Yerdel type III, 2 pts (18%) - PVT Yerdel type IV. The etiology of liver disease was viral in 81.1% of patients (54.5% HBV/HDV). 45.45% patients were in Child Pugh class B, and 36.3% in class C, 36.3% patients listed for liver transplantation. Esophageal varices (OR 1.26, $p = 0.01$), HCC (OR 2.19 $p < 0.001$) or other tumors (OR 2.03, $p = 0.003$), spleenectomy (OR 1.18, p 0.02) are associated with increased risk of PVT.
Conclusions: In our study it is noted that the increased risk for PVT is identified in patients with HBV/HDV liver cirrhosis complicated with esophageal varices, HCC and spleenectomy. These factors should be considered to define personalized preventive approaches in patients with viral liver cirrhosis.

EP134. THE DEMOGRAPHICS OF ROMANIAN CHOLANGIOCARCINOMA PATIENTS: A RETROSPECTIVE SINGLE-INSTITUTION STUDY

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Cholangiocarcinoma is a rare and aggressive form of cancer that affects the bile ducts, and that can be divided into intrahepatic, perihilar and distal cholangiocarcinoma according to its localization. This tumor's incidence is variable in different geographic areas. As its prevalence keeps increasing in Romania, constant information

renewal regarding this population is essential for clinical practice.
The authors of this paper have gathered data retrospectively from the Cluj County Hospital over a course of 5 years (2017-2022) to study demographic characteristics of patients with a histological diagnosis of cholangiocarcinoma that have been admitted to any wards of this institution. 36 patients were eligible and enrolled in this study, most of them were males (55.6%), living in an urban area (44.6%) and the most frequent histological site was intrahepatic cholangiocarcinoma (50%), while tumors with an unknown primary site were on the second place (38.9%), as biopsies had been taken from metastasis. The youngest patient included in this statistic was 36 years old at the time of diagnosis and the oldest one 83 years old (M=65.65 years; SD= 12.27). There was no statistically significant difference between the age at diagnosis in males (M= 69.55 years; 95%CI [63.36; 75.73], SD= 9.20) and females (M= 62.08 years; 95%CI= [53.21; 70.96]; SD= 13.97) p= 0.149. Regarding these patients' comorbidities, arterial hypertension (47%) was the most frequent one, followed by type two diabetes (22.2%) and synchronous or metachronous tumors (16.7%).
Cholangiocarcinoma in Romanian is more frequent in males, in patients living in urban areas, the most frequent histological site is the intrahepatic one, age at diagnosis does not differ between genders and the most frequent comorbidity in these patients is arterial hypertension.

Chapter 7. Poster Presentation - Endoscopy

EP135. REAL-WORLD DATA ON FNA VS FNB DIAGNOSTIC YIELD FROM A RETROSPECTIVE SINGLE-CENTER COHORT

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Introduction: Endoscopic ultrasound (EUS) sampling of accessible tumors has become widespread, yet the type of needle used often remains at the discretion of the endoscopist. We aimed to compare the diagnostic yield of FNA (Fine Needle Aspiration) versus FNB (Fine Needle Biopsy).
Method: Cases of EUS between January 2022 and December 2023 from a university hospital were retrospectively analyzed. For the purpose of this study, we included all EUS-guided biopsies of solid pancreatic masses, lymph nodes, and subepithelial lesions of the digestive tract. The procedures were performed under deep sedation by 4 experienced physicians.
Results: A total of 145 patients were analyzed. The mean age was 65.7 +/- 10.3 years (59 % men). The lesions had a mean size of 36.3 +/- 16.0 mm. The sampled lesions were located: in the pancreatic head (52 % were lesions of the pancreatic head, uncinate process (6.9%), pancreatic body (16.6%), pancreatic tail (6.9%), lymph nodes (14.5%), and subepithelial lesions (3.4%). In 82.1% of cases, biopsies were performed with a 22G needle, with FNA Expect (17.2%) or FNB Acquire (27.6%). Sampling was adequate for histologic diagnosis in 70.8% of procedures performed by FNB and in 53.8% of those performed by FNA (p = 0.056). In a sub-analysis based on location, FNB technique showed better diagnostic yield for lesions at the level of the uncinate process (p = 0.035). The number of passes per procedure was higher for FNA (3.09 vs 2.46, p = 0.002), but this did not influence the diagnostic rate (p = 0.295).
Conclusions: FNA and FNB showed similar overall diagnostic yields in this cohort. The FNB 22G Acquire needle achieved a higher diagnostic yield for lesions at the level of the uncinate process.
Keywords: EUS-TA-FNA-FNB

EP136. HYDE AND SEEK: NON AMPULLARY SPORADIC ADENOMA FOUND IN BIOPSY AND LOST IN RESECTION SPECIMEN!

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Introduction. Non-ampullary duodenal adenomas are relatively common in patients with familial adenomatous polyposis, but sporadic duodenal adenoma is a rare condition. Clinicians should be aware that duodenal polyps could be a rare manifestation of portal hypertension and an accurate diagnosis should be based on clinical context and typical microscopic findings (dilated capillaries and no dysplasia).
Case-report. We present the case of a 56-year-old male patient referred to our Gastroenterology Department three months ago for further testing in the context of suspected liver cirrhosis. Subsequent examinations, including clinical findings, laboratory tests, abdominal ultrasonography, and transient elastography (Fibroscan), confirmed the diagnosis of alcoholic liver cirrhosis. The patient underwent upper digestive endoscopy to screen for esophageal varices. The examination did not detect any varices and only portal hypertension gastropathy was observed. Additionally, a polyp type 0-IIa with milk-white mucosa of 1 cm in diameter was identified in the second part of the duodenum. The histopathological and immunohistochemical analysis of the biopsy specimens indicated features consistent with an intestinal-type duodenal adenoma exhibiting high-grade dysplasia "in situ" (positive Ki67 and p53 in dysplastic epithelium). Therefore, the patient underwent endoscopic mucosal resection and hot-biopsy avulsion. Intriguingly, the histopathological examination of the entire resected specimen did not identify any dysplasia. The follow-up endoscopy after 3 months revealed a modified post-resection area in the duodenum. Biopsy fragments obtained with forceps indicated the absence of dysplastic lesions, revealing only inflammatory changes. Considering these, a lower digestive endoscopy was also performed. A polyp type 0-Is within 1 cm in diameter, classified as JNET 2A, was found and resected through cold-snare polypectomy (the polyp was not recovered).

Conclusion. In cirrhotic patients with non-ampullary duodenal adenomas, clinicians should keep in mind that these polyps may result from either portal hypertension or occur sporadically, with histological assessment serving as a diagnostic tool.
Keywords: non-ampullary duodenal adenomas, liver cirrhosis, duodenal polyps

EP137. PRIMARY LIPOSARCOMA OF THE COLON

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Introduction: Primary liposarcoma of the colon (PLC) is an extremely rare neoplasia and is described in the literature only in the form of clinical observations. Materials and methods: Analysis of bibliographic sources and data available from PubMed and Google Scholar using MESH terms: "liposarcoma", "colon", with the identification of 29 cases of LPC. Results: Clinical cases USA – 6(20.7%), Japan – 5(17.2%), Italy – 4(13.8%), South Korea - 3(10.3%), India - 3(10.3%), Turkey -2(6.9%) and Poland, Moldova, Tunisia, Ireland, Portugal and China – with one case each. Average age of patients: 60.1±2.9 years (17 – 86 years), the male/female ratio 1:1. Among the complications of LPC are: hemoperitoneum, intussusception, obstructive intestinal occlusion, hemorrhage in the lumen of the gastrointestinal tract. Determination of tumor markers (CEA, CA 125, CA 19.9, CA 72.4 and alpha-fetoprotein - AFP), in the preoperative diagnostic algorithm, demonstrated their normal level in all cases. Distribution of PLC in different parts of the colon: ileocecal valve - 2(6.9%) cases, ascending colon - 12(41.4%), transverse colon - 4(13.8%), descending colon - 7(24.1%) and in one case the tumor located in the cecum, hepatic angle, sigmoid colon and rectum. The maximum size of PLC varied from 3.5cm to 23cm, and the average value was 9.9±1.1 cm. Surgical treatment with R0 resection appears to be the method of choice. After PLC resection, tumor recurrence was observed between 2 and 14 months. Conclusion: PLC are rare tumors with insufficiently studied prognosis. To date, surgical treatment with R0 resection is the method of choice. The role of adjuvant chemotherapy and radiotherapy should be determined after a sufficient number of observations have been accumulated.
Keywords: liposarcoma, colon, tumor

EP138. RISC FACTORS IN BARETT'S ESOPHAGUS AND INCIDENTS IN PATIENTS WITH GASTRO-ESOPHAGIAL REFLUX DISEASE (GERD)

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Introduction:Barett's esophagus represents a disorder of the lower esophageal tract's mucosal level consisting of turning the cylindrical tissue into squamous tissue.
Material and method: We followed 200 patients admitted to the Department of Internal Medicine III, of the Clinical Emergency County Hospital of Oradea, where GERD and /or Barett's esophagus was the diagnosis.
Results:
- The sex ratio of the study group was: 130 men(65%) and 70 women(35%).
-The origin of patients was:35% rural area and 65% urban area.
- Obesity was present in over 80% of cases.
-The smoking was present in over 85% of cases.
-Division GERD cases in age groups:15 patients were in the group 25-30 years of age(7,5%), 35 patients were in the group 31-40 years of age(17,5%), 45 were in the group 41-50 years of age(22,5%), 60 in the group 51-60 years of age(30%) and finally 45 patients were in the group of over 60 years of age(22,5%).
- GERD was found by its self in 92%.
- Endoscopic Barett's esophagus associated with GERD, at the first digestive endoscopy, was found in 8% of cases.
- Barett's esophagus and GERD was discovered during the endoscopic re-evaluation in 10% of the group.
Conclusions:
1.The obesity and smoking was present in over 80% of cases.
2.The highest percentage was found in the groups of 50 years and above, which recommends a screening of patients after age 50.
3. Endoscopic Barett's esophagus associated with GERD, at the first digestive endoscopy, was found in 8% of cases, and 10% at reevaluation of the group.
4. Although the percentage of esophageal mucosal transformation was not very high in the studied group, periodic endoscopic monitoring should be performed to check for possible local structural changes.
5. GERD, the age, smoking and the obesity , represent risk factors for Barett's esophagus.
Keywords: Barett's esophagus, gastroscopy, GERD

EP139. AUTOMATIC INTEGRATION IN THE CANCER REGISTRY OF TUMORS DETECTED IN COLORECTAL CANCER SCREENING.

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Introduction. The integrated cancer registry (CR) allows the real-time evaluation of public health policies, implicitly colorectal cancer screening (CCC), as a component of the Cancer Control Program.
The aim. Presentation of the advantages and possibilities of automated integration in CR of data on colorectal cancers detected in SCC.
Materials and methods. We included 1193 patients with SCC, morphologically confirmed at the Colonoscopy Center (CC) in the Oncology Institute (IO), in the years 2016-2023. It is a comprehensive study, simple research unit – patient diagnosed with colorectal cancer.
Results. The endoscopic component of SCC was initiated in 2016, when we confirmed 85 (42 women) cases, of which 1.2% were cancer "in situ" (CIS). In 2017, n=160 (86 women), CIS 1.3%, in 2018, n=180 (79 women), CIS 1.1%. After three years, the significant increase of CIS begins, in 2019, n=229 (105 women), CIS 3.5%, in 2020, n=170 (80 women), CIS 11.8%, and in 2021, n=187 (73 women), n=20.9%. In 2022, n=113 (38 women), with the maximum value (percentage) recorded for CIS 33.6%. After 7 years, in 2023 we recorded the minimum value (total) of CRC from the screening, n=69 (22 women), and CIS 23.2%. All morphologically confirmed cases, according to the International Classification of Diseases for Oncology, edition 3, (reportable tumors - behavior code /3 and /2) were automatically integrated into the CR.
Conclusions. Automatic integration of related systems with CR, allows optimization of cancer registration. Thus we have an important set of data already recorded – high certainty (microscopic verification), date of incidence (crucial values for survival assessment), patient path, (analysis of screening programs) verified personal data (avoidance of double registrations). This process increases the quality and complexity of the reports generated by CR, as a result it is justified and rational.
Keywords colorectal cancer, endoscopic screening, registry cancer

EP140. GASTROINTESTINAL BLEEDING CAUSED BY DIRECT INVASION OF MALT B-CELL LYMPHOMA IN VHB-POSITIVE PATIENT

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Introduction: Primary gastric lymphoma (PGL) is the most common extranodal site of non-Hodgkin lymphoma and represents 30% to 40% of all extranodal lymphomas. The most frequent histological subtypes of PGL are marginal zone B-cell lymphoma of the mucosa-associated lymphoid tissue (MALT) and diffuse large B-cell lymphoma. Gastrointestinal (GI) bleeding due to primary gastric lymphoma has been previously reported in literature, although there have been no reports of incidence in patients with concurrent B-hepatitis virus (VHB) and Helicobacter pylori (HP).
Material and method: We present a rare case of direct invasion of MALT B-Cell lymphoma to the stomach wall that presented as upper GI bleeding in a patient with VHB and HP. Upper endoscopy showed at corpus level the presence of 3 polipoid formations with profound central exulcerations and, at fundus level, one infiltrative, irregular and ulcerated formation that comprised about 20% of lumen. The computed tomography scan showed parietal thickening of 24mm within both curvatures with extension towards the posterior wall and perigastric, hepatic hilum, lombo-aorthic, precaval, mesentheric and infradiaphragmatic adenopathies. A diagnosis of MALT-B lymphoma was established after histological examination.
The patient was treated with R-COP chemotherapy (Mabthera), Entecavir as prophilaxis (being a low-VHB antibody carrier) and Pantoprazole as gastric protection.
Results and conclusion: The patient achieved a good response with R-COP treatment. He is being reevaluated at every 3 months in order to track the progress of the disease.
Even if the incidence of lymphoma in VHB infected patients in not high, if such patients complain of dyspepsia, epigastric discomfort or melena, malignant tumors, such as lymphomas or stomach cancers, should be suspected. It is important for the physician to keep in mind that intra-abdominal tumors such as lymphomas may cause gastric invasion and cause GI bleeding.

EP141. ASSESSMENT OF ESOPHAGEAL ULCERS AFTER ENDOSCOPIC BANDING

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Introduction. Esophageal ulcers after endoscopic banding (EB) develop on the 3-7th day due to detachment of rubber rings, and epithelized within 2-3 weeks. However, in some patients with reduced hepatic reserve, ulcers may persist even in the 4th week after BE, in 2.8-17% presenting the source of bleeding.
Aim. To study the natural history of ulcers after EB of esophageal varices, and to reduce the bleeding risk by paravariceal thrombin injection.
Material and methods. Twenty four patients with liver cirrhosis and portal hypertension were included in the study. Initially, EB was done, on average 4.54±1.41 rings per patient. Later, on the perimeter of hemorrhagic varix, under the applied ring, a thrombin solution was injected in a total volume of 2.5 ml, 250 units, in 2-4 paravasal points. Standard treatment with proton pump inhibitors, diuretics and beta blockers were administered to all patients. Post-ligature ulcer sizes (or presence of scars), as well as rebleeding episodes at 30 days after EB were assessed.
Results. In 9 (38%) of 24 patients only linear scars were present after epithelialization of the ulcers. In 13 (62%) patients, post-ligature ulcers were detected, with a maximum diameter of 6 mm. No recurrent bleeding episodes were noted in any patient during the 30-day follow-up period.
Conclusions. Despite complex postprocedural treatment, the rate of non-epithelialized postligature ulcers within 30 days after EB is high. Further studies are required to determine the conditions for occurrence and evolution of ulcers after EB of esophageal varices, as well as its dependence on the grade of portal hypertension, size of the varices, and EB techniques.
Keywords: esophageal varices, endoscopic banding, acute esophageal ulcers

EP142. A RARE FORM OF MICROSCOPIC COLITIS

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Introduction: Microscopic colitis (MC) classicaly encompasses two histopathologic entities: collagenous colitis (CC) and lymphocytic colitis (LC). Pseudomembranes formation has been described in some patients with CC, suggesting a toxic/ischemic mechanism involved in CC development[1]. Pseudomembranes consist of inflammatory cells and necrotic debris, and are mostly caused by Clostridium difficile (C. difficile) infection, but ischemia, inflammatory conditions, or medications can also be responsibile[2].
Material and method: We present the case of a 79-years-old female patient complaining of non-bloody, watery diarrhea (approximately 8 watery stools/day) and weight loss (7 kg) for 3 months. The patient was unable to tolerate a full colonoscopy, thus a rectosigmoidoscopy was performed, with pseudomembranous infectious colitis findings: adherent white-yellowish pseudomembranes, rare erosions; biopsies were collected. C. difficile infection was ruled out by PCR (polymerase chain reaction) test. Coproculture and stool tests for adenovirus and rotavirus were negative. Pending the histopathology results, therapy with Vancomycin and Metronidazole was initiated based on endoscopic findings and risk factors for C. difficile infection (age, recent antibiotic therapy for urinary tract infection), achieving minimal improvement. Histopathological examination revealed a thickened, irregular subepithelial collagen band, as demonstrated by Masson and Van Gieson stains; the surface epithelium was altered and inflammatory cell content of lamina propria was observed. Thus, the diagnosis of pseudomembranous CC was revealed. Therapy with Budesonide and Loperamide was initiated with favorable outcome. Colonoscopic reevaluation after 6 weeks revealed a normal mucosa and endokit oriented pancolonic biopsies were collected. Histopathologically, the covering epithelium was unaffected, normal subepithelial collagen band was observed, without pathological inflammatory cell content in the lamina propria.
Results: Microscopic colitis (MC) is a generic term describing histological changes in patients with chronic diarrhea without endoscopic lesions. Pseudomembranes have often infectious etiology, but this case highlights a rare form of MC that was successfully diagnosed and treated, proven by comparison of collected biopsy samples.
Keywords: chronic watery diarrhea, pseudomembranes, microscopic colitis

EP143. RECTAL TUBERCULOSIS – A RARE CASE OF INFECTIOUS PROCITIS IN IMMUNOCOMPETENT PATIENT

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Introduction: Proctitis can have both non-infectious (inflammatory bowel disease-IBD, radiation, medications) or infectious causes, often involving sexually transmitted agents: Neisseria gonorrhoeae, Chlamydia trachomatis, Treponema pallidum. Tuberculous proctitis is a very rare entity, mainly affecting female patients with concomitant pulmonary infection[1].
Material and method: We present the case of a 19-year-old female patient complaining of rectal bleeding episodes for 1-2 years, occasionally accompanied by mucus discharge, difficult stool passage, weight loss, and the emergence of a 2-3 cm perianal condyloma. Colonoscopy revealed a pseudopapular appearance with ulcerations and focal hyperemia in the lower and middle rectum. Biopsies showed active, erosive, and granulomatous proctitis, suggesting either early onset IBD or an infectious cause. Screening for HIV (Human Immunodeficiency Virus), HPV (Human Papilloma Virus) and Treponema Pallidum infection was negative. The diagnosis of lymphogranuloma venereum was suspected based on endoscopic findings. However, due to the unavailability/ inaccessibility of guideline-recommended diagnostic tests (rectal swab collection, cultures, molecular tests) and the potential low sensitivity of serological tests, empiric treatment with Doxycycline for 21 days was initiated, resulting in minimal clinical and endoscopic improvement. Identification of the bacillus by Ziehl-Neelsen special stain confirmed the diagnosis of rectal tuberculosis. Pulmonary evaluation excluded lung involvement. The patient is currently undergoing anti-tuberculosis therapy for 6 months with improvement in her digestive symptoms.
Over the past two years, 62 cases of proctitis were registered in the Gastroenterology I Department of Fundeni Clinical Institute: 66% cases of ulcerative proctitis and 29% cases of radiation proctitis. In 3 cases (5%) histological examination was suggestive for infectious proctitis, tuberculous etiology being confirmed in only one subject.
Results and conclusions: Diagnosis of rectal tuberculosis is often delayed, requiring colonoscopy with biopsy (detection of granulomas can be challenging due to their submucosal location) and identification of bacilli by specific stains, cultures, or molecular tests. This case stands out due to patient's immunocompetent status, the rare etiology and site of the lesions, and the difficulty in distinguishing it from other conditions.
Keywords: rectal bleeding, proctitis, rectal tuberculosis

EP144. DOES CONTRAST-ENHANCED ENDOSCOPIC ULTRASOUND GUIDED TISSUE ACQUISITION IMPROVE THE DIAGNOSTIC RATE OF PANCREATIC CANCER COMPARED TO ENDOSCOPIC ULTRASOUND GUIDED TISSUE ACQUISITION IN PATIENTS WITH FEATURES OF CHRONIC PANCREATITIS?

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Introduction: Chronic pancreatitis represents a risk for pancreatic cancer with an estimated effect of 16 in the first 2 years, 7.9 in the first 5 years and over 3 in 9 years. The sensitivity of endoscopic ultrasound fine needle aspiration (EUS-FNA) in diagnosing pancreatic malignancy drops from 91.5% to 65.3% in patients with chronic pancreatitis. Although contrast-enhanced fine needle aspiration (CH-EUS-FNA) was not statistically superior to standard EUS-FNA in diagnosing solid lesions, some emphasis was placed on it's usefulness in cases of pancreatic masses on chronic pancreatitis.
Material and methods. This is a retrospective unicenter study from 2020 to 2022 that included solid pancreatic masses (solid component > 80%) and features of chronic pancreatitis that needed EUS-FNA. We excluded patients with previous surgery or chemotherapy for pancreatic diseases, contraindications for tissue sampling or without 1-year follow-up in negative cases. We divided patients in two groups: group 1 with CH-EUS-FNA and group 2 with standard FNA, both using 22G needles. The final diagnosis was based on FNA or surgery results or on 1-year follow-up.
Results. There were 13 patients in group 1 and 27 patients in group 2. The sensitivity for malignancy was 85% in group 1 and 80% in group 2. No difference was proved regarding size or mass location, percentage of definitive chronic pancreatitis between groups. The most common lesion location was the head of the pancreas (60%), while the mean mass size was 2,4 cm. Less than 50% of patients (42%) were classified as "Definitive Chronic Pancreatitis" according to Rosemont Criteria. 45% of the patients required main bile duct stenting for main bile duct stenosis. A small percent of patients (15%) showed signs of portal hypertension. In group 1, hypo-enhancement was observed in 38.4% of patients.
Conclusion. In this retrospective series, the CH-EUS-FNA proved to perform similarly with EUS-FNA when chronic pancreatitis features were noticed. Further studies using EUS fine needle biopsy (EUS-FNB) contrast guided procedures are needed in this category of patients.
Keywords: chronic pancreatitis; pancreatic cancer; echoendoscopy

EP145. UNUSUAL COMPLICATION OF THE PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG)

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Introduction: Percutaneous Endoscopic Gastrostomy (PEG) is a method to create an alternative nutritional way. It is generally recommended for neurological and oncological patients with long-term dysphagia. Although the technique is considered to be safe, complications may occur.
Materials and methods: We reviewed the medical record and the recorded imaging of a pacient hospitalized in our medical unit, for a rare PEG complication.
Results: A 52-years-old male pacient, with an important history of smoking and alcohol intake, known with an HPV-positive oropharyngeal cancer and a button PEG, inserted more than a month ago, presented with fever and productive cough. He was hemodynamically unstable, pale, with diffuse abdominal tenderness, without inflammatory signs around the PEG aperture, but a 2 cm bulging is noted at this site. Laboratory tests revealed a bicytopenia, increased inflammatory markers and low glomerular filtration rate. Thoracic Computed Tomography (CT) scan confirms aspiration pneumonia. Abdominal CT scan and ultrasonography find the inner balloon of the PEG located abnormally in the peritoneum, between the enlarged metastatic liver and the anterior abdominal wall. Our explanation for the migration of the balloon is the increase of the liver because of the growth of the metastases, interposing between the stomach and the anterior abdominal wall. The button PEG was removed and parenteral nutrtion and antibiotic treatment are started, with an initial favourable response. Unfortunately the case was complicated by a Clostridium difficile infection, treated as well. The patient died after three weeks of hospitalization as a consequence of the infections and cancer.
Conclusion: Tube displacement (TD) is a documented, but rare minor complication of PEG, but it exposes to serious issues whether food is inserted through the feeding tube into the peritoneum. The diagnosis is confirmed by imaging. Hepatomegaly is a possible cause of TD, rarely described in the medical
literature.

EP146. ENDOSCOPIC BAND LIGATION FOR BLEEDING HEMORRHOIDS

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Introduction: Lower gastrointestinal bleeding can be a serious health problem that requires medical attention. One of the most common causes is hemorrhoidal bleed, which is rather discomforting than severe for the patient. While surgical intervention can resolve this issue, it may also lead to unpleasant complications. Minimal invasive procedures such as endoscopic band ligations can be the best treatment of choice, when medication alone is not sufficient.
Methods: We conducted a retrospective study over a period of one and a half years, on patients diagnosed with intermittent bleeding hemorrhoids. All the subjects received initial combined therapy of topical and systemic medication that was unsuccessful. Subsequently, they were treated with endoscopic band ligation.
Results: The study included 22 patients with a median age of 52 (range 20 to 81 years old), with more than half being men (13/22, 59 %). The total number of ligations was 30. The majority of procedures were conducted without anesthesia, with only 5/30 cases (17%) involving either midazolam or propofol sedation. Most patients (16/22) required only 1 ligation. Six patients required a second procedure, one of which underwent 4 interventions. For those requiring multiple procedures, the average time between the first and the second ligations was 6,6 weeks (ranging from 3 to 9 weeks). All patients had very good outcomes, without severe complications. Mild bleeding occurred in 27% of ligations (8/30 cases) within the first 24-48 hours following the procedure. Local (perianal) discomfort was frequent in the first days after ligation, but there were only 3/30 cases (10%) of moderate to severe pain, that were successfully treated by oral NSAIDs.
Conclusions: Endoscopic band ligation is an effective technique for treating hemorrhoids with intermittent bleeding. The procedure is quick and safe, without major adverse events, and it can be repeated as necessary.
Keywords: Hemorrhoids, ligation, lower gi bleeding

EP147. THE ETIOLOGY OF CHOLANGITIS IN BILIARY OBSTRUCTION: AN OBSERVATIONAL LONGITUDINAL STUDY FROM A TERTIARY CENTRE IN ROMANIA

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Introduction: Cholangitis represents one of the most common complications of biliary obstruction, with the potential for lethality if not promptly and efficiently treated. Treatment methods include biliary tract decompression with free passage of bile into the intestine and antibiotic treatment, which reduces the risk of sepsis and death. Due to increasing antibiotic resistance, as well as the recommendations for using guided antibiotic treatment based on antibiogram results, the aspiration of biliary fluid at the time of decompression is essential in every case with biliary obstruction.
Materials and methods: We present a longitudinal observational study conducted over three months (January - March 2024) at a single center, involving adult patients with biliary obstruction of any etiology. Biliary decompression was performed using endoscopic retrograde cholangiopancreatography with biliary fluid aspiration for bacterial culture and antibiogram analysis.
Results: Out of 305 bile cultures analyzed, 215 were positive, mostly with community germs (121), with E. coli being the most frequently encountered (87), followed by E. faecalis and E. faecium. Regarding etiology, 61% of cultures from patients with malignant obstruction were positive, compared to 77% in benign cases, with E. coli being the most common bacterium in both groups. 90% of those with malignant obstruction and re-intervention had positive bile cultures, mostly with community germs sensitive to standard beta-lactam antibiotic therapy. Regarding re-interventions, 59% of the bile cultures collected from cases with multiple procedures were multi-drug resistant germs ($p<0.001$). 73.71% of patients with positive bile cultures had received antibiotics before sampling.
Discussion and conclusions:Acute cholangitis is the most common complication of biliary obstruction, with most diagnosed cases being treated with empirical antibiotics guided by clinical suspicion. Biliary fluid collection for bacteriological testing helps clinicians make decisions about targeted antibiotic treatment, reducing the rate of antibiotic resistance in the community. The most frequently identified bacteria are those from the digestive tract's normal flora, but with repeated interventions, the bacterial spectrum changes, leading to increased resistance, difficult to treat infections and increased mortality and morbidity.
Keywords: cholangitis, endoscopic retrograde cholangiopancreatography, bile culture;

EP148. THE MANAGEMENT AND CLINICAL CHARACTERISTICS OF A COLONIC PEDUNCULATED LIPOMA : A CASE STUDY

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Introduction: We present the case of an 84-year-old patient, known to have hypertension, chronic bronchitis, left hip prosthesis, dementia hospitalized for repeated episodes of hematemesis and hematochezia. It states daily consumption of nonsteroidal anti-inflammatory drugs.
Methods: Clinical: hemodynamically stable but with affected general condition, hardly cooperative, diffuse sensitive abdomen without peritoneal irritation.
Biological: Hb=10g/dl upon admission, with subsequent drop below 7g/dl and transfusion necessary, high serum creatinine.
Given the symptomatology suggestive of an upper digestive hemorrhage, an upper digestive endoscopy is performed, which reveals an esophageal ulceration and a bulbar duodenal ulcer IIB - the clot is removed and hemostasis is practiced by injection + clipping, but the clips slipped. During hospitalization, the patient repeated episodes of hematochezia with significant decrease in hemoglobin value.
Endoscopic intervention is performed again, but the ulcer appears in the process of healing, without blood in the upper segments. At this moment, it is decided to perform the colonoscopy.
Results: A colonoscopy is performed, and at 70 cm we find a pedunculated polyp of approx. 3 cm, with a thick pedicle of approx. 2 cm, with pillow sign present. The covering mucosa is yellowish-white with erosions and ulcerations suggestive of lipoma with bleeding scars. The lesion is injected and resected with a diathermy loop. 3 clips are mounted

at the resection site, without post-procedural bleeding.
Pathological anatomy: submucous lipoma.
Conclusions: The particularity of the case is given by the fact that submucosal lipomas are rarely a source of bleeding through venous stasis, friction or repeated trauma to the intestinal wall. They can also be complicated with intestinal intussusception if they are large. The origin of lipomas is submucosal in 90% of cases, rarely having a subserosal origin. The approach is often surgical, the endoscopic one being able to be applied in our case due to the pedunculated type.

EP149. THE LEGEND OF "THE RULE OF THREE" FOR ESOPHAGEAL BOUGIE DILATION – MYTH OR REALITY?

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Introduction: When performing esophageal bougie dilation, the standard recommendation is to increase the bougie's diameter by 1 mm, and to stop after three consecutive bougies, not counting those where little to none resistance in felt. This is called "the rule of three", and applies to all esophageal stenosis, regardless of their cause. The "rule" has been unofficially adopted by most of the practitioners, although it is not accepted as a guideline practice. The question remains as to where it is safe to stop, if the "rule of three" is not adhered to.
Methods : We performed a retrospective analysis of patients who underwent esophageal endoscopic bougie dilations. All types of esophageal stenosis were included, both benign and malignant.
Results: A total of 118 dilations were performed to 50 patients over a period of 18 months. The median length of stenosis was 2.3 cm (range between 0.5 and 15 cm). The average increase in bougie diameter was 4 mm (with a maximum of 7 mm in the same procedure), with the largest width not exceeding 15 mm. All patients experienced very positive outcomes, with symptom relief occurring immediately after the procedures. There were no major complications after dilations. Endoscopic control was performed in 95.8% of the cases (although there is debate in the literature about its necessity). Mucosal lacerations with self-limited bleedings were observed in every control endoscopy, being considered quality indicators for dilation. The maximal width of the dilator did not appear to influence the frequency of the procedures, with time interval between separate interventions ranging from 2 days to 6 months.
Conclusions: Although "the rule of three" is frequently cited for esophageal bougie dilation, it has never been validated as a guideline recommendation. When performing bougie dilation, "knowing when to stop" is actually a learned skill, where the operator's experience comes into play. Adapting each dilation to the patient's needs is essential when treating esophageal stenosis.
Keywords: esophageal stenosis, bougie dilation, dysphagia

EP150. PNEUMATIC BALLOON DILATION FOR ACHALASIA TREATMENT - A SINGLE-CENTER RETROSPECTIVE STUDY

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Introduction: While peroral endoscopic myotomy (POEM) is increasingly favored for achalasia treatment, pneumatic balloon dilation (PD) remains the principal alternative in areas with restricted access to POEM. This study investigates the success and safety rates of PD in managing achalasia, also taking into account technical aspects of the procedure.
Methods: A retrospective study was conducted on patients presented in a single-center, and diagnosed with achalasia (types 1 and 2), over an 18-month period. They were all consecutively treated by PD. The analysis was focused on the efficacy of dilation (assessed by before and after-treatment Eckardt scores). It also looked towards identifying the occurrence of any complications and the possible variation of outcomes depending on different technical aspects like duration of balloon inflation, or type of sedation.
Results: 19 patients underwent a total of 41 PD procedures. The symptoms occurred 3 months to 6 years prior to presentation. Median initial Eckardt score was 7 (range 6-8). Each patient went through 1 to 4 procedures, resulting in a median drop of 4 points in the Eckardt score. The average procedural time was 8 minutes (range 5 to 18). Variations were due to the time of balloon inflation and the type of sedation used. 7 patients underwent a 2

minute balloon dilation, compared to 30 seconds for the other 12. There were no differences in terms of efficacy between the 2 groups. The type of sedation also varied (either propofol or midazolam sedation was performed) – besides the difference in the procedural time, there were no variations of outcome. Neither were observed comparing dilations with or without fluoroscopic guidance. Conclusions: PD stands as a viable and accessible alternative for achalasia treatment. The method is quick and safe, and significantly reduces Eckardt score, suggesting effective medium-term outcomes.
Keywords: Achalasia, Balloon dilation, dysphagia

EP151. PSEUDOACHALASIA: WHY PATIENT HISTORY MATTERS BEFORE FUNCTIONAL EXPLORATIONS

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We would like to present the case of a patient, who underwent esophageal manometric evaluation for recent onset dysphagia and regurgitation, with manometric findings typical for achalasia, who also had a history of adjustable gastric banding 18 years prior.
This patient presented to our clinic for esophageal manometry after undergoing upper endoscopic evaluation, which raised suspicion for achalasia (dilated esophagus, puckered esophageal-gastric junction). Because pseudoachalasia is a frequent late complication of the adjustable gastric band procedure and esophageal manometry is a functional exploration, a barium swallow was performed to morphologically characterize the gastro-esophageal junction. This revealed a grossly dilated esophagus, a patent gastro-esophageal junction and a subcardial tight stenosis, corresponding to the level of the gastric band. Next, the investigations were completed by a native thoraco-abdominal CT scan, to correctly localize and describe the position of the gastric band. Laparoscopy was performed to try to remove the gastric band. Intraoperative examination revealed important perivisceritis at the level of the band. However, viscerolysis could successfully be performed, which allowed the band to be unbuckled and removed. After removal of the gastric band, intraoperative upper endoscopy was performed, with maximal gastric insufflation, to assess correct distension, given that the gastric band had been in place for a long time, which could have caused significant parietal fibrosis, necessitating a conversion to upper pole gastrectomy. At the same time, this maneuver facilitated the evaluation for perforation. Postoperatively, the patient reported complete resolution of the symptoms. This case highlights the importance of medical history and of choosing the right investigation, "the right tool for the job".
Keywords: HREM, pseudoachalasia, bariatric surgery

EP152. ECHOENDOSCOPIC DRAINAGE OF PANCREATIC WALLED-OFF NECROSIS: EVALUATING THE EFFICACY OF QNI CLASSIFICATION IN STENT SELECTION

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Introduction: Pancreatic walled-off necrosis (WON), a severe complication of acute pancreatitis, often requires endoscopic intervention for drainage and necrosectomy. Selection between plastic pigtail stents (PPS) and lumen-apposing metal stents (LAMS) remains a matter of debate. This study aimed to assess the utility of the QNI classification in guiding stent selection for WON drainage.
Methods: A retrospective analysis was conducted on patients with symptomatic pancreatic pseudocysts who underwent endoscopic drainage and necrosectomy at a tertiary referral center between January 2022 and September 2023. Patients were divided into two groups based on the QNI classification: Group 1 included patients with WON affecting 1 quadrant or 2 quadrants with less than 30% necrosis and Group 2 included patients with WON involving 3 quadrants, 2 quadrants with 30% necrosis, or 1 quadrant with more than 60% necrosis and concurrent infection at the time of the index intervention. Stent selection (LAMS vs PPS) was determined by endoscopists according to pseudocyst characteristics. Clinical resolution was defined as asymptomatic status with pseudocyst size < 30 mm at 3-month follow-up imaging.
Results and Conclusion: Forty-eight patients (mean age: 55.7 ± 12.28 years; male-to-female ratio: 2.4:1) were included, with 20 in Group 1 and 28 in Group 2. Infection was more prevalent in Group 2 (28% vs 5%, p = 0.03) while other indications for drainage were similar in both groups (pain, weight loss). LAMS usage was significantly higher in Group 2 compared to Group 1 (64% vs 40%, p = 0.001). Group 2 required more endoscopic procedures (mean: 3 vs 1.7, p = 0.01) and earlier necrosectomy (mean interval: 12.4 vs 20.3 days, p

= 0.05). Clinical resolution rates at 3 months were comparable between groups (90% vs 85%, p = 0.87), with similar complication rates (10% vs 14.2%, p = not significant). Percutaneous drainage and surgery rates were higher in Group 2. In conclusion, the QNI classification system shows promise in guiding stent selection and facilitating multidisciplinary management of pancreatic pseudocysts. Despite more aggressive interventions in severe QNI scores, outcomes are comparable to milder cases, emphasizing tailored approaches.
Keywords: Pancreatic walled-off necrosis, Endoscopic drainage, QNI classification

EP153. ENDOSCOPIC INTERVENTION FOR LARGE COLONIC POLYPS: A TERTIARY CENTER EXPERIENCE

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Background: Colonic polyps larger than 20 millimeters present significant clinical challenges due to their increased risk of malignant transformation and the complexities associated with their management. This study aimed to evaluate the efficacy and safety of endoscopic management techniques for large colonic polyps in a tertiary medical center setting.
Methods: A retrospective analysis was conducted on 57 patients who underwent colonoscopy with polypectomy between January 2023 and February 2024. Data on patient demographics, polyp characteristics including size, location, and NICE classification, procedural details, and outcomes at 3 to 6-month surveillance colonoscopy were collected.
Results and conclusion: The study comprised 57 patients with a mean age of 68 years (±8.26), including 36 females and 21 males. Predominant polyp locations were the caecum (17 cases), sigmoid colon (16 cases), rectum (10 cases), descending colon (9 cases), and ascending colon (5 cases). Thirty polyps were pediculated, with a mean size of 24 mm (±7.84), predominantly resected using a prophylactic endo-loop (15 cases) or endo-clip (8 cases). All were adenomas with no local recurrence noted. Twenty-seven polyps exhibited a laterally spreading tumor (LST) morphology, with a mean size of 25.6 mm (±8.46). Endoscopic mucosal resection was performed in 12 cases, while submucosal dissection was undertaken in 11 cases. Four LST-NG cases necessitated surgical referral. Adenomas were found in all but four cases, with adenocarcinomas in 13 cases, two of which had deep submucosal invasion and were referred for surgery. No recurrence was observed in the remaining patients at 3-month colonoscopy follow-up. Endoscopic management of large colonic polyps appears to be efficient and safe in a tertiary medical center setting. Close surveillance is crucial for timely surgical intervention in cases of advanced neoplasia. This study underscores the importance of rigorous follow-up protocols in managing patients with large colonic polyps.
Keywords: colonic polyps, polypectomy.

EP154. THE ROLE OF ERCP IN CHRONIC IDIOPATHIC CALCIFYING PANCREATITIS

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Introduction. Chronic pancreatitis is characterized by progressive fibrous transformation of the pancreatic tissue, sometimes with the appearance of intraductal calcifications, and evolution towards exocrine and endocrine pancreatic insufficiency. Some patients remain with unknown etiology and are diagnosed with chronic idiopathic calcifying pancreatitis (CICP). Endoscopic retrograde cholangiopancreatography (ERCP) was considered a method of choice for diagnosis and assessment of morphological changes in the affected gland.
Aim. Evaluating the current role, advantages, and limitations of ERCP in the diagnosis and treatment of CICP.
Material and methods. We observed 3 cases of CICP: women aged 44, 43 and 19 years, with a disease length of 15, 10 and 5 years, respectively. All patients had a history of intermittent severe abdominal pain, associated with dyspeptic disorders. They had no family history, deviations in laboratory tests (glucose, HbA1C, hormonal level), denied alcohol consumption, Ultrasound scan (US) and computer tomography (CT) demonstrated absence of gallstones, diffuse calcification of the pancreas and marked dilatation of Wirsung duct, also confirmed by magnetic resonance cholangiopancreatography (MRCP). The patients were diagnosed with CICP.
Results. In addition to drug therapy, pancreatic sphincterotomy was performed in all cases, in one case completed with the placement of a plastic stent in the pancreatic duct for a period of 3 months. Whereas early complications were not noted, the effect of procedures regarding the pain relief was only temporary, and patients underwent surgical treatment.
Conclusions. A limited group of patients with pancreatitis have undetermined etiology, being attributed to CICP. Currently, the combination of US, CT, and MRCP imaging suggests the nature of

pancreatic disease, avoiding the use of diagnostic ERCP. Despite current recommendations, the efficacy of ERCP as first-line therapy for CICP with pain syndrome is limited. However, surgery remains the optimal option, achieving excellent long-term results for pain management and prevention of metabolic consequences.
Keywords: chronic calcifying pancreatitis, ERCP, surgery

EP155. EFFICACY AND SAFETY PROFILE OF EUS-FNA IN EVALUATING SOLID PANCREATIC LESIONS

Ionut Adrian Saizu[1], Razvan Iacob[1,2], Gabriel Becheanu[1,2,3], Bogdan Cotruta[1,2], Mona Dumbrava[1,2], Roxana Elena Saizu[1,2], Anda Les[1,2], Cristian Gheorghe[1,2]

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Introduction: Endoscopic ultrasonography with fine needle aspiration (EUS-FNA) has become an increasingly important tool to achieve a definitive diagnosis of solid pancreatic tumors (SPLs). Yet, its primary drawback is the inability to provide tissue architecture often providing insufficient samples hence the necessity of rapid on-sight evaluation (ROSE).
Materials and methods: The primary objective of this study was to evaluate the efficacy and safety of EUS-FNA in acquiring tissue samples for cytology and cell-block evaluation of SPLs, in the presence of a dedicated cytopathologist for on-site quality evaluation of the samples. Secondary, we assessed the safety profile of FNA for diagnosis of solid pancreatic lesions. An experienced cytopathologist, blinded to clinical data, reviewed cytologic smears and cell block slides from 107 patients who underwent EUS-FNA between 2021 and 2023.
Results: Of the 107 patients with SPL, pancreatic adenocarcinoma was the most prevalent (64.5%), followed by pancreatic neuroendocrine tumors (6.5%). Tissue adequacy for cell-block preparation was 75.7%. Lesion size larger than 2 cm, cephalic or uncinate process mass location and 25 G FNA needles were positively linked with inadequate cell-block preparation. Conventional cytology alone demonstrated a sensitivity of 85.2% and an AUROC of 0.92. Cell block preparation alone showed a sensitivity of 88.4% and an AUROC of 0.94. Specificity was 100% for each method. The combined use of conventional cytology and cell block preparation outperformed either method alone with an increased AUROC of 0.95 (p= 0.02). Additionally, cell-block diagnosis managed to change the therapeutic decision in 8.6% of cases where cytologic smears failed to detect malignant cells. Following FNA, two incidents (1.8%) of minor bleeding were observed, both without necessitating blood transfusion. Complications were positively associated with needle size, tumor size, and the number of passes.
Conclusions: EUS-FNA is a safe technique with a significantly enhanced diagnostic accuracy while combining conventional cytology and cell block preparation. This approach outperformed the diagnostic capabilities of each method individually. This combined method is advisable for routine clinical practice, especially in centers where ROSE is not an option.
Keywords: EUS-FNA, solid pancreatic lesion, cell-block, ROSE.

EP156. MENETRIER'S DISEASE: DIAGNOSTIC PITFALLS

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Introduction: Menetrier's disease is a rare condition characterized by hypertrophic gastric folds, decreased gastric acid secretion, protein-losing gastropathy, and secondary hypoalbuminemia. The etiology remains unknown, but associations with Helicobacter pylori infection and TGF-alpha overexpression have been noted.
Materials and Methods: We present the cases of 7 patients, aged between 19 and 71 years, who were investigated endoscopically in the Gastroenterology Clinic at Fundeni Clinical Institute between 2012 and 2024, where hypertrophic gastric folds were described.
Histopathological examination confirmed the presence of Menetrier's disease in 3 of these patients, noting foveolar and fibromuscular hyperplasia, hyperplasia and hypertrophy of the mucosecretory columnar epithelium, and a polymorphous inflammatory infiltrate, with Helicobacter pylori infection detected in one case. The remaining patients were diagnosed with moderately differentiated gastric adenocarcinoma (2), poorly cohesive carcinoma (1), or mantle cell non-Hodgkin's lymphoma (1). Imaging evaluation confirmed gastric wall thickening via computed tomography in all enrolled patients. Two cases of disease extension to the duodenum were identified, one of which was Menetrier's disease, associated with diffuse, polypoid thickening of the antral gastric mucosa, duodenal bulb, and DII. Clinical presentation and laboratory tests revealed a heterogeneous, non-specific clinical picture in patients with Menetrier's disease, predominantly

featuring epigastric pain. One patient also experienced loss of appetite, postprandial vomiting, and significant weight loss. Hypoalbuminemia was detected in one patient, and anemia in two. Serum proteins were within normal parameters. Non-Menetrier patients commonly presented with loss of appetite, early satiety, weight loss, and epigastric pain, with biological samples indicating the presence of an inflammatory syndrome and anemia in two cases. Tumor markers were elevated in one case.
Conclusion: Hypertrophic gastric folds are associated with a variety of pathologies, with Menetrier's disease constituting a diagnostic challenge within this spectrum. To increase diagnostic accuracy, it is necessary to correlate clinical, endoscopic, histological, and imaging findings.
Keywords: Menetrier's disease, hypertrophic gastric folds, Helicobacter pylori

EP157. "ANALYZING OUTCOMES OF ACUTE CHOLANGITIS IN COVID-19 PATIENTS: A SINGLE-CENTER RETROSPECTIVE STUDY"

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The aim of this study was to evaluate the impact of COVID-19 on patients with acute cholangitis (AC), comparing outcomes, complications and hospital stay in a tertiary Gastroenterology department.
Methods: This retrospective observational cohort study, conducted in a single-center gastroenterology department, investigated the confluence of COVID-19 and AC. Data were collected from AC patients with and without COVID-19 between April 2020 and February 2022. Clinical and demographic data were systematically collected, including COVID-19-specific information, cholangitis presentation, medical records, laboratory results, and interventions. AC diagnosis followed TG18 criteria, with all patients undergoing bile culture sampling. The study examined the clinical characteristics of patients undergoing endoscopic retrograde cholangiopancreatography (ERCP).
Results: A total of 241 patients were included, with 30 in the COVID group and 211 in the non-COVID group. Analysis focused on demographic and clinical parameters to identify significant differences. COVID patients were significantly older than non-COVID patients (74.3 vs. 67.3 years, $p = 0.009$). Gender distribution showed no significant difference ($p = 0.539$). Abdominal pain was more prevalent in the COVID group (90.0% vs. 70.6%, $p = 0.025$). Sterile bile cultures were significantly associated with the COVID group ($p = 0.040$). Differences in causes of obstruction were significant ($p = 0.022$). COVID patients had higher incidences of complications such as cholangiocarcinoma and neoplastic involvement. Severity of cases, assessed by the Tokyo severity classification, showed no significant difference ($p = 0.103$). Clinical markers, including white blood cell count, total bilirubin, platelet count, international normalized ratio, and C-reactive protein, did not differ significantly. However, hospitalization duration was significantly longer for COVID patients ($p < 0.001$).
Conclusions: This study highlights the distinct clinical features of COVID-19 patients undergoing ERCP compared to non-COVID patients. Understanding these differences is crucial for effective management strategies. Further research is needed to explore the implications on patient outcomes and treatment approaches.

Index

A Teona-Ingrid Amza
Andrei-Mihai Andronic
Cristiana Andronic
Carmen-Rodica Anton
Denis Ardeleanu
Raluca Avram
B Oana-Bogdana Barboi
Simona Bataga
Felix Bende
Andrea Berecz
Dana Bilous
Maria-Mihaela Birligea
Catalin Boboc
Jennifer Bogdan
Andreea-Daniela Bota
Ioana Brinzan
Andreea Bugescu-Bola
Calin Burciu
Bianca-Adina Burlacu-Zainea
Denisa-Cristiana Busuioc
Maria Buzias
C Roxana-Luiza Cărăguț
Eleonora Carpov
Andreea-Maria Cazimirovitz
Claudiu-Razvan Cerban
Amira Chehab
Andreea-Elena Chifulescu
Mirela Chitul
Ioana-Elena Cîmpean
Vera Ciornolutchii
Naomi Ciurea
Cristina-Gabriela Ciuta
Corina-Scerbatiuc Condur
Alina Constantin
Alexandru-Ionuț Coșeru
Alexandra Costea
Rareș Crăciun
Nicoleta Crăciun-Ciorba
Tudor Cuciureanu
Veronica Cumpata
D Ioan-Roxana Damian
Daniela Dan
Liliana David
Claudia Irina Diaconu
Mihaela Dimache
Liliana Dimitriu
Livia-Stefana Dragan
Irina Dragomir
E Carmen-Cristina Ester
F Radu Farcas
Georgiana-Elena Florea
Diana-Elena Floria
Andreea Fodor
Andreea-Manuela Franculescu-Bertea
Sergiu Frandes
G Alexandru Gal
Alexandru-Costinel Gana
Calin Ghenadie
Vadim Ghervas
Alexa-Lorena Ghinea
Mihaela-Corina Ghioca
Georgiana-Emmanuela Gilca-Blanariu
Irina Girleanu
Robert-Cristian Godeanu
George-Cristian Gogirla
Elena Gologan
Alexandru-Lucian Gotea
Paul Grama
Cristiana Grapa
Cristiana Grapă
Raluca-Roxana Grigorescu
Evghenii Gutu
Emanuella Gyöngyösi
H Ioana-Alexandra Husar-Sburlan
I Mina Ignat
Raluca-Anica Ionescu
Viorel Istrate
Doina Istratescu
J Raluca-Georgiana Jeler
Alina-Ecaterina Jucan
Simona-Ştefania Juncu
K Attila Kopenetz
L Adriana-Sidela Leca
Lilia Lica
Emanuel-Mirel Luca
Roxana Lucuta
M Melania Macarie
Cristina Macrea
Matei Mandea
Ioana Mandroc
Stefan-Flavius Marin
Andrei Marinica
Denisa-Narcisa Marţi
Sergiu Matei
Ioana-Ruxandra Mihai
Horia Minea
Miruna-Ioana Miron
Bogdan Miutescu
Alexandru-Constantin Moldoveanu
Andrei Motofelea
Sabrina-Nicoleta Munteanu
Mihai Musa
Adelina-Mihaela Musa
N Marcel-Nicolae Narita
Robert Nastasa
Ioan-Cristian Nedelcu
Iuliana Nenu
Andreea Nestian
O Dragoș-Mihai Oancea
Daria-Alexandra Obreja
Delia Olteanu
Danusia Onisor
Diana-Lavinia Opri
Crina-Bernadeta Ory-Rus
Rares-Ilie Orzan
P Mihai-Radu Pahomeanu
Monica-Elena Panait
Ioana Paul
Oana-Cristina Petrea
Eleferii Pitel
Roxana-Florentina Poenaru
Alina-Liana Pop
Carmen-Ioana Pop
Ana-Maria Popa
Ioana Popescu
Alina Popescu
Remus Popescu
Elena-Luminita Popovici
Paul-Jurgen Porr
Persida-Paula Precup
R Codruta-Delia Radu
Cristina Radu
Raluca Rafti
Iulia Rațiu
Voicu Rednic
Vadim Rosca
Lavinia-Simona Rus
S Ionut-Adrian Saizu
Bogdan Salagean
Oliviu Sarb
Georgiana-Elena Sârbu
Giuseppe Scarlata
Patricia Serena
Gabriela Smira
Bianca-Mihaela Sporis
Adela Stanciu
Raluca-Maria Stanciulescu
Roxana-Monica State
Mihaela Stoicanescu
Irina-Maria Stoleru
Ermina Stratina
Tudor Stroie
Naomi Suciu
Anca Sugeac
Krisztina-Ibolya Sűket
T Ioana-Viorela Tantau
Diana-Elena Țanțu
Eugen Tcaciuc
Ana-Maria Teodorescu
George-Ștefan Tilă
Elena Toader
Andrada-Patricia Todor
Mariana Toma
Daria Tomescu
Oana-Andreea Tomos-Dretean
Roxana Topala
Mihaela Topala
Imola Török
Anamaria Trandafir
Adela Turcanu
U Marinela-Cristiana Urhuț
Andreea-Codruta Usurelu
V Amalia-Debora Ventuneac
Ioana Voicu
Andrei-Mihai Voiosu
Theodor Voiosu
Deiana Vuletici
Radu-Alexandru Vulpoi
Z Minodora-Maria Zolog-Schiope