

**10<sup>th</sup> GERMAN - ROMANIAN  
SYMPOSIUM of GASTROENTEROLOGY  
Freiburg, May 30, 2025**

**Symposium Organizers**

**Prof. Dr. Tobias Böttler, Freiburg, Germany**

**Prof. Dr. Robert Thimme, Freiburg, Germany**

**Program and Abstracts**

## Scientific Committee

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## Scientific Programme

**Friday, May 30, 2025**

**Venue: Tagungszentrum Berliner Tor**

**8:00 – 8:15**     **Registration**

**8:15 – 8:30**     **Welcome address:** Wolfram Zoller

**8:30 – 8:50**     **Opening lecture:** Anca Grosu (Freiburg), Radiation therapy in GI Cancer

**8:50 – 10:40**   **Session 1: Liver**

**Chairs: Robert Thimme, Lidia Ciobanu**

8:50	Lidia Ciobanu (Cluj)	Benign liver tumours associated with vascular liver diseases
9:10	Martina Müller Schilling (Regensburg)	The changing landscape in AIH, PSC and PBC
9:30	Tobias Böttler (Freiburg)	Concepts of cure in chronic viral hepatitis
9:50	Cristian Tefas (Cluj)	MASLD - Bridging Metabolic Dysfunction and Liver Pathology
10:10	Bogdan Procopet (Cluj)	Portal hypertension and hepatic implications – when to TIPS?
10:30	Stephan Schmid (Regensburg)	<i>Short talk:</i> Spleen Stiffness as a Novel Non-Invasive Prognostic Biomarker in ICU Patients with Liver Disease: A Prospective Observational Study

**10:40- 11:10**   **Coffee break**



**11:10 – 12:40 Session 2: GI Cancer****Chairs: Michael Quante, Simona Bataga**

11:10	Andrei Motofelea (Cluj)	<i>Short talk:</i> Contrast-enhanced ultrasound with CT/MRI fusion imaging in improving detection of small liver tumors and guidance of percutaneous microwave ablation
11:20	Michael Quante (Freiburg)	Checkpoint-Inhibitors – Opportunities and limitations
11:40	Simona Bataga (Tg Mures)	Can we prevent gastric cancer?
12:00	Kristina Maas-Bauer (Freiburg)	Targeted therapies in GI-oncology
12:20	Zeno Sparchez (Cluj)	The importance of liver function assessment before loco-regional treatments in patients with hepatocellular carcinoma

**12:40 – 13:30 Lunch****13:30 – 14:00 Posters****14:00 – 15:50 Session 3: IBD and intestinal diseases****Chairs: Peter Hasselblatt, Adrian Goldis**

14:00	Roxana Zaharie (Cluj)	Challenges and opportunities in the treatment of Crohn's Disease
14:20	Mircea Diculescu (Bucharest)	From the IBDPROSPECT Study to the Romanian National IBD Registry: The Roadmap
14:40	Peter Hasselblatt (Freiburg)	Management in Ulcerative Colitis: Novel drug targets towards personalized medicine
15:00	Dan Dumitrascu (Cluj)	Gastrointestinal motility changes caused by GLP-1 analogues
15:20	Paul Jürgen Porr (Sibiu)	Microbiota and metabolic diseases
15:40	Sabrina Birsan (Sibiu)	<i>Short talk:</i> Importance of Capsule endoscopy (CE) as a non-invasive technology in Crohn's disease (CD)

**15:50 – 16:20 Coffee break**



**16:20 – 18:10 Session 4: Endoscopy and Ultrasound****Chairs: Wolfram Zoller, Monica Acalovschi**

- |       |                             |   |
|-------|-----------------------------|---|
| 16:20 | Ioannis Kafetzis (Würzburg) | <i>Short talk:</i> EndoStyle: AI-based image style transfer for the optimization of computer-aided polyp detection systems in endoscopy |
| 16:30 | Patrick Michl (Heidelberg)  | Cancer Surveillance in chronic pancreatitis   |
| 16:50 | Marcel Tantau (Cluj)        | Achalasia – when to POEM?   |
| 17:10 | Jörg Albert (Stuttgart)     | Resection techniques  |
| 17:30 | Karel Caca (Ludwigsburg)    | Interventional endoscopy  |
| 17:50 | Alexander Hann (Würzburg)   | AI for real-time polyp differentiation  |

**18:10 Concluding remarks: Robert Thimme**



SESSION I

**Benign liver tumors associated with vascular liver diseases**

*Lidia Ciobanu*

*Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca, Regional Institute of Gastroenterology and Hepatology, Cluj-Napoca, Romania*

Liver vascular disorders may have important physiologic consequences, both inside and outside of the liver. They may be categorized into abnormalities of outflow, abnormalities of inflow, and aberrant arteriovenous connections. These disorders often have distinct appearances on imaging investigations that can mimic other pathologies.

Hepatocellular nodules can develop on the background of chronic hepatic vascular disorders. The nodules can range from benign lesions such as regenerative nodules, focal nodular hyperplasia (FNH), and hepatocellular adenoma (HCA) to malignant neoplasms such as hepatocellular carcinoma (HCC). The main common pathogenic feature is an imbalance between hepatic arterial and portal venous blood flow leading to an increased hepatic arterial inflow. The most frequent are the FNH lesions. The preferred terminology is FNH-like, hemangioma-like, adenoma-like, as their radiological features are influenced by the background vascular abnormality of the liver. For example, in the congenital portosystemic shunts (CPSS) there is an increased arterial supply due to portal deprivation. On this background, in the arterial phase of the contrast enhanced MRI or contrast enhanced ultrasound only a mild hyperenhancement is depicted in the FNH-like nodules. MRI with hepatobiliary contrast agents is essential, as the lesion signal intensity on hepatobiliary sequences is the key to characterise the liver nodules in CPSS. Biopsy is required in nodules that do not meet classical FNH criteria, nodules that increase in size or display heterogeneity or nodules that show hypointensity on delayed hepatobiliary contrast-enhanced MRI.

The accurate diagnosis of these nodules might be very difficult based on imaging or even histological features, but it is crucial for further management. Benign nodules such as regenerative nodules and FNH do not usually require resection, while neoplastic nodules such as HCA or HCC may warrant resection.

**The changing landscape in AIH, PSC and PBC**

*Martina Müller-Schilling*

*Department of Internal Medicine I, Gastroenterology, Hepatology, Endocrinology, Infectious diseases, and Rheumatology, University Hospital Regensburg, Regensburg, Germany*

**Autoimmune liver diseases (AILDs) prevalence.**

Autoimmune liver diseases (AILDs) encompass a heterogeneous group of chronic inflammatory disorders, including autoimmune hepatitis (AIH), primary biliary cholangitis (PBC), and primary sclerosing cholangitis (PSC). These conditions may present concurrently as an overlapping syndrome, which is characterized by the symptoms of two or more diseases. The prevalence of AILD is increasing, with an annual incidence of 1–2 cases per 100,000 people for each condition [1].

**Autoimmune hepatitis.** A recent meta-analysis of randomised trials and comparative cohort studies [2], in alignment with the latest British Society of Gastroenterology guidelines on the diagnosis and management of AIH [3], indicates that initial predniso(lo)ne doses exceeding 40 mg/day or 0.5 mg/kg/day are unlikely to offer additional benefits over lower doses and are associated with increased adverse effects. Furthermore, the British guideline states that, as second- or third-line treatments, budesonide may be considered for non-cirrhotic adult patients experiencing significant adverse effects from prednisolone. Mycophenolate mofetil (MMF) is recommended for patients who are intolerant to azathioprine and are actively avoiding conception. In cases of suboptimal response to azathioprine despite treatment optimisation, tacrolimus may offer greater efficacy as a rescue therapy. MMF may also be considered due to its more favourable side-effect profile [3].

**Cholestatic liver diseases.** The main cholestatic liver diseases comprise PSC, PBC, and IgG4-related cholangitis (IgG4-C). Data describing the epidemiology and economic burden of cholestatic liver diseases remain scarce. PSC, PBC, and IgG4-related cholangitis are all classified as rare diseases. There is marked geographical and ethnic variation in disease occurrence, with higher rates observed in (Northern) European

and North American populations. Physical complaints such as fatigue and pruritus, but also anxiety and depression may greatly impact quality of life. For PSC there is no medical treatment yet that has been proven to halt disease progression, for PBC, UDCA and off-label fibrate treatment improve long-term outcomes, while for IgG4-related cholangitis, corticosteroid treatment is associated with improved prognosis

**Primary sclerosing cholangitis.** PSC is characterized by focal stricturing of the intra- and extrahepatic bile ducts and has a strong association with concurrent inflammatory bowel disease (up to 88% association). PSC is a chronic biliary inflammation associated with periductular fibrosis of the intrahepatic and extrahepatic bile ducts leading to strictures, bacterial cholangitis, decompensated liver disease and need for liver transplantation. PSC remains the greatest challenge in hepatology today and may be regarded as ‘cirrhosis of the biliary tree’ or the ‘black box of hepatology’ [4]. PSC affects individuals of all races and ages, with a predominance in young males. Although the aetiology remains unknown and the pathophysiology is poorly understood, PSC is considered an autoimmune liver disease due to its strong immunogenetic background. The associated risk of various malignancies, particularly cholangiocarcinoma, is also not yet well understood. To date, no medical therapy has been approved or shown to improve transplant-free survival. Nevertheless, ursodeoxycholic acid (UDCA) is widely used, as it improves biochemical markers of cholestasis and is safe at low doses. Clinical trials that have used low doses (13–15 mg/kg/day) medium doses or high doses ( $\geq 25$  mg/kg/day) of UDCA in patients with PSC report conflicting results. Most studies show improvement in liver chemistries, but an improvement in transplant-free survival has not been demonstrated. The use of low and medium doses of UDCA has been proven safe. However, a study on high-dose UDCA showed a potentially harmful effect and, consequently, European and North American guidelines recommend against the use of high-dose UDCA in patients with PSC.

In summary, given that significant reductions in serum ALP (or GGT in paediatric patients) to near-normal levels are associated with improved outcomes in PSC, and that UDCA withdrawal leads to deterioration in liver chemistries (including total bilirubin, ALP, GGT, and transaminases), symptoms, and Mayo Risk Score, a trial of UDCA therapy – medium dose - is considered acceptable in patients with PSC and persistently elevated serum ALP. This practice is endorsed by the latest EASL and AASLD guidelines [5, 6].

Currently developed new therapeutic strategies mainly focus on targeting bile acid homeostasis, inflammation or immunity along the gut–liver axis, and the gut microbiome [7]. In a phase II randomized control trial, NCA - a side chain shortened derivative of UDCA - resulted in a dose-dependent reduction of serum ALP and other liver enzymes after 12 weeks of treatment independent from previous exposure to UDCA. Based on these promising results a phase III study is currently ongoing with results being awaited (NCT01755507).

In addition to FXR, other nuclear receptors - including peroxisome proliferator-activated receptors (PPARs), the vitamin D receptor (VDR), and the retinoic acid receptors (RAR, RXR)—are of growing interest, as they can be targeted

by existing drugs such as fibrates (for PPAR $\alpha$ ). Given the known benefits of fibrates in PBC, this drug class is now being explored for PSC as well. Newer agents, such as the PPAR $\delta$  agonist seladelpar and the dual PPAR $\alpha/\delta$  agonist elafibranor, have already shown efficacy in PBC (please see below) and may hold promise for PSC [8–10]. Furthermore, statins have recently been associated with improved outcomes in PSC in a large retrospective cohort study. The differential diagnosis must exclude conditions that can mimic the characteristic bile duct changes seen in imaging—namely, strictures and dilatations—summarised under the term secondary sclerosing cholangitis (SSC). Particular attention should be given to IgG4-associated sclerosing cholangitis, as this condition typically responds well to corticosteroid therapy and must not be overlooked.

**IgG4-related cholangitis.** IgG4-related cholangitis (IgG4-C) is the hepatobiliary component of a multi-system immune-mediated fibro-inflammatory condition, IgG4-related disease (IgG4-RD). IgG4-C most frequently co-exists with IgG4-related autoimmune pancreatitis (IgG4-AIP, type 1), occurring in 87–90% of all IgG4-C cases. Isolated IgG4-C without pancreatic involvement accounts for 8–10% of IgG4-RD cases in Western cohorts. Other organ involvement is present in 26% of IgG4-C, including the presence of IgG4-related sialadenitis, retroperitoneal fibrosis and renal lesions.

**Primary biliary cholangitis.** PBC is marked by immune-mediated destruction of the small intrahepatic bile ducts. Several factors may contribute to its development, including sex and ethnicity. It is well established that PBC predominantly affects women. While earlier reports suggested a female-to-male ratio of approximately 10:1, more recent studies have found ratios closer to 4–6:1. Interestingly, this sex ratio appears to be age-dependent, with a marked predominance in younger individuals (14.4:1 in those under 45 years) compared to older age groups (4.4:1 in those over 65 years). From the age of 45 onwards, the risk in females remains consistently elevated, whereas in males, the risk continues to rise with age—peaking in those above 65 years [1]. Levels of alkaline phosphatase and bilirubin can predict outcomes (liver transplantation or death) in patients with primary biliary cholangitis. Ursodeoxycholic acid is the first-line treatment for PBC, slowing biochemical and histological disease progression. However, 30–40% of patients show inadequate response and remain at high risk for progression and poor outcomes. Two phase 3, double-blind, placebo-controlled trials evaluated selective PPAR agonists in patients with an inadequate response or intolerance to ursodeoxycholic acid. The ELATIVE trial assessed elafibranor, a dual PPAR- $\alpha/\delta$  agonist [9], while the RESPONSE trial investigated seladelpar, a PPAR- $\delta$  agonist [8]. These trials confirm PPAR agonists as the preferred second-line therapy for primary biliary cholangitis (PBC), with elafibranor and seladelpar showing superior efficacy and safety compared to obeticholic acid. They also highlight pruritus relief as a new treatment goal in PBC. Overall, PPAR agonists improve both clinical outcomes and quality of life, aligning therapeutic success with patient needs [8, 9]. On 10 June 2024, the Food and Drug Administration (FDA) approved **Elafibranor** (Iqirvo, Ipsen Biopharmaceuticals, Inc.) for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) for patients unable to tolerate UDCA or not

responsive to UDCA when used alone [10]. While common side effects include gastrointestinal discomfort, more severe but rare adverse effects, such as muscle injury and new-onset cholelithiasis, were observed. Of clinical relevance, fractures occurred in 6% of IQIRVO-treated patients compared to placebo-treated patients. Thus, it is important to consider the risk of fracture in the care of patients treated with IQIRVO and monitor bone health according to current standards of care.

Seladelpar is an oral PPAR-delta agonist, or delpar, for the treatment of PBC. PPAR-delta has been shown to regulate critical metabolic and liver disease pathways. Preclinical and clinical data indicate seladelpar has anticholestatic, anti-inflammatory, antipruritic, and antifibrotic effects. The most common side effect with Seladelpar Gilead (which may affect more than 1 in 10 people) is abdominal pain. Other common side effects (which may affect up to 1 in 10 people) include headache, nausea and abdominal distension. The active substance in Seladelpar Gilead, seladelpar, works by attaching to and activating a protein called PPAR delta, which is thought to be involved in controlling the production of bile acid. Seladelpar has potential to help meet the current unmet need of people living with PBC, as it is the first and only treatment that achieved statistically significant improvements across biochemical response, ALP normalization, and pruritus versus placebo. Pruritus is a common symptom that can significantly impair quality of life in people with PBC. In the U.S., seladelpar, which is marketed there as Livdelzi®, was granted accelerated approval for the treatment of PBC by the U.S. FDA in August 2024. Seladelpar was also approved by the UK MHRA in January 2025. In the European Union, Seladelpar Gilead has been granted conditional authorisation, meaning it was approved based on less comprehensive data than normally required, due to its potential to address an unmet medical need. The European Medicines Agency considers that the benefits of making the medicine available earlier outweigh the potential risks while additional data are being collected. As part of this authorisation, the company is required to provide further data on Seladelpar Gilead, including results from a study assessing its long-term effectiveness and safety in patients with primary biliary cholangitis. The Agency will review any new data annually as it becomes available. Fractures occurred in 4% of LIVDELZI-treated patients compared to placebo-treated patients. Thus, it is important to consider the risk of fracture in the care of patients treated with LIVDELZI and monitor bone health according to current standards of care.

## References

1. Mol B, Werner E, Culver EL, van der Meer AJ, Bogaards JA, Ponsioen CY. Epidemiological and economical burden of cholestatic liver disease. *Hepatology* 2025 Apr 1. doi:10.1097/HEP.0000000000001341
2. Gleeson D, Martyn-StJames M, Oo Y, Flatley S. What is the optimal first-line treatment of autoimmune hepatitis? A systematic review with meta-analysis of randomised trials and comparative cohort studies. *BMJ Open Gastroenterol* 2025;12:e001549. doi:10.1136/bmjgast-2024-001549
3. Gleeson D, Bornand R, Brownlee A, et al. British Society of Gastroenterology guidelines for and management of autoimmune hepatitis. *Gut* 2025 Apr 1. doi:10.1136/gutjnl-2024-333171

4. Primary sclerosing cholangitis. *Nat Rev Dis Primers* 2025;11:18. doi:10.1038/s41572-025-00606-5
5. Chazouilleres O, Beuers U, Bergquist A, et al. EASL Clinical Practice Guidelines on sclerosing cholangitis. *J Hepatol* 2022;77:761-806. doi:10.1016/j.jhep.2022.05.011
6. Bowlus CL, Arrivé L, Bergquist A, et al. AASLD practice guidance on primary sclerosing cholangitis and cholangiocarcinoma. *Hepatology* 2023;77:659-702. doi:10.1002/hep.32771
7. Haderer M, Neubert P, Rinner E, et al. Novel pathomechanism for spontaneous bacterial peritonitis: disruption of cell junctions by cellular and bacterial proteases. *Gut* 2022;71:580-592. doi:10.1136/gutjnl-2020-321663
8. Hirschfield GM, Bowlus CL, Mayo MJ, et al. A Phase 3 Trial of Seladelpar in Primary Biliary Cholangitis. *N Engl J Med* 2024;390:783-794. doi:10.1056/NEJMoa2312100
9. Kowdley KV, Bowlus CL, Levy C, et al. Efficacy and Safety of Elafibranor in Primary Biliary Cholangitis. *N Engl J Med* 2024;390:795-805. doi:10.1056/NEJMoa2306185
10. Ashraf T, Abunada O, Seerani N, et al. The role of Seladelpar in primary biliary cholangitis: a systematic review and meta-analysis. *BMC Gastroenterol* 2025;25:224. doi:10.1186/s12876-025-03812-3

## Concepts of cure in chronic viral hepatitis

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The majority of hepatotropic viruses can establish persistent infections in their host, depending on certain preconditions. Indeed, while hepatitis C virus (HCV) causes chronic infection in around 70% of exposed individuals, most patients with chronic Hepatitis B Virus (HBV) have acquired the infection by perinatal transmission. Hepatitis D Virus (HDV) persistence requires the presence of HBV and chronic Hepatitis E Virus (HEV) infection is primarily seen in immunocompromised individuals. Consequently, each of these chronic viruses present distinct challenges regarding therapeutic options to achieve a cure. HBV is a DNA virus that establishes a covalently closed circular DNA (cccDNA) and integrates into the hosts genome in the nuclei of hepatocytes that functions as persistence reservoir, posing significant challenges for complete viral eradication. Thus, current antiviral therapies, such as nucleos(t)ide analogs (e.g., entecavir and tenofovir) for HBV, focus on long-term viral suppression rather than a sterile cure, as persistence reservoirs persist despite treatment. Treatment for HDV/HBV co-infection relies on pegylated interferon-alpha and a newer agent called bulevirtide that inhibits viral entry into hepatocytes. However, achieving a complete cure remains difficult and rates of viral relapse are high after discontinuation of antiviral therapy. In contrast to HBV, HCV and HEV are RNA viruses that do not integrate into the host genome and therefore provide a more straightforward path to achieving a cure. Direct-acting

antivirals (DAAs), which target various viral proteins crucial for replication, achieve high cure rates in chronic HCV infection. Chronic HEV infection is rare but can cause considerable morbidity in immunocompromised individuals and can be treated with ribavirin, achieving viral clearance in most cases. The fundamental differences between RNA and DNA viruses highlight the need for distinct therapeutic strategies: Indeed, while RNA virus infections like HCV can often be cured, HBV infection, as a DNA virus, requires prolonged viral suppression and innovative strategies, such as the development of drugs targeting cccDNA or immune modulators that restore antiviral immunity for a potential cure. Future research is essential to advance therapeutic approaches, particularly for persistent HBV infection, and achieve complete viral eradication. Understanding differences in both viral biology and immunity may not only guide current treatment paradigms through novel biomarkers but also direct the development of novel and more effective therapeutic options.

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### **MASLD – Bridging Metabolic Dysfunction and Liver Pathology**

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Metabolic-associated steatotic liver disease (MASLD), formerly named non-alcoholic fatty liver disease (NAFLD), is a growing global health issue, strongly linked to obesity, insulin resistance, type 2 diabetes, and dyslipidemia. This bidirectional relationship between metabolic dysfunction and liver pathology underpins MASLD progression from steatosis to advanced fibrosis, cirrhosis, and hepatocellular carcinoma.

The disease pathophysiology involves hepatic lipotoxicity, oxidative stress, inflammation, and gut-liver axis dysregulation. Early stages are often asymptomatic, complicating timely diagnosis. While imaging and liver biopsy remain the standard, non-invasive biomarkers, scoring systems, and elastography-based techniques are emerging as valuable tools for early detection and risk stratification.

Management focuses on addressing both systemic metabolic dysfunction and liver-specific pathways. Lifestyle modifications are the foundation of treatment, supported by promising pharmacological agents, including GLP-1 receptor agonists and SGLT-2 inhibitors. Antifibrotic therapies are also under investigation. Multidisciplinary care teams are essential for effective management, integrating expertise from hepatology, endocrinology, and nutrition.

This presentation will provide an updated perspective on MASLD, emphasizing its systemic nature, the latest advances in diagnostics and therapies, and the need for personalized approaches. Bridging the gap between metabolic dysfunction and liver pathology is crucial for reducing disease burden and improving patient outcomes.

## SESSION II

### Can we prevent gastric cancer?

*Simona Bataga*

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Gastric cancer was the fifth most common malignancy in the world in 2022, (Globocan), with 968784 new cases, after cancers of the lung, breast, colorectum and prostate. The incidence of gastric cancer has changed significantly since the very first estimates in 1975, when stomach cancer was the most common neoplasm.

Considering mortality, gastric cancer is also on the fifth place, after lung, colorectal, liver cancer and breast cancer, with 660,175 cases/2022.

Prediction models have been produced that assumed that the annual number of new gastric cancer cases shall increase by 62% with 1.77 million cases by 2040. Considering mortality, 1,27 million deaths are expected by 2040, so that gastric cancer remains an important issue regarding morbidity and mortality.

In Western countries, including Europe and the United States, 5-year survival does not exceed 25% if the gastric cancer is detected in the advanced stage. However, patients diagnosed with early-stage gastric carcinoma have a significantly better prognosis, with 5-year survival rates approaching 90%, so that early diagnosis of GC is mandatory.

The question is Can we prevent gastric cancer? Are there several factors that have induced the decrease in gastric cancer occurrence?

The most important was the discovery and treatment of *Helicobacter pylori*, which was recognized as a carcinogen group 1 in the pathogenesis of intestinal gastric cancer. Another important factor was food preservation by freezing which decreased preservation by salt and smoke.

New methods to detect early gastric cancer have been developed in recent years, such as: Traditional markers, Pepsinogen (named "Serological Biopsy"), New Blood Based markers ("Liquid Biopsy"), Endoscopy. There have been tremendous developments in this field: for the detection of gastric preneoplastic lesions and early cancer: Virtual Chromoendoscopy, Magnification, High definition, Artificial

intelligence. For the therapeutic approach - Mucosal dissection, Submucosal dissection ESD

In addition, there are new directions in gastric cancer screening. Ongoing projects (GISTAR, EUROHELICAN, TOGAS and EUCanScreen) are expected to provide the most important methods. For Europe, where gastric cancer has not a very high incidence, screen and treat strategy for *Helicobacter pylori* (*H. pylori*) seems to be the most appropriate method.

**Conclusion:** Gastric cancer has decreased in incidence; however, it remains an important malignancy. For primary prevention, detection and treatment of *Helicobacter pylori* is the most important and this also includes diet. For secondary prevention, there are new modalities for the early detection of gastric cancer and guidelines for detecting, monitoring and treating preneoplastic lesions and early gastric cancer.

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### Locoregional approaches in patients with hepatocellular carcinoma (HCC) and impaired liver function (LF)

*Zeno Sparchez*

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Child-Pugh score (CPS) is the most used popular? system to grade liver function (LF) in patients with HCC. It is included in many HCC staging systems and has a widespread acceptance. The drawbacks of CPS are: a) it relies on clinical & non-standardised parameters (ascites, encephalopathy) and b) the distribution of patients across grades is heavily skewed (Child-Pugh A includes about 66% of all patients).

The albumin-bilirubin (ALBI) score is a reliable alternative to assess the extent of liver impairment in patients with liver cirrhosis and HCC. ALBI grade is superior to CPS (both at baseline and postoperatively) for OS prediction in patients who undergo hepatic resection. The ALBI score is a useful prognostic tool able to stratify patients with HCC across the different BCLC stages and CP classes. Due to some limitations,

improved versions such as m ALBI, P-ALBI, EZ-ALBI are nowadays mostly used.

In percutaneous radiofrequency ablation. ALBI grade is a better tool for assessing liver function rather than the Child–Pugh score for very early-stage HCC treated with RFA. It serves as an independent factor associated with overall survival. In selecting the adequate treatment for patients with BCLC 0 or A (HR or ablation), the ALBI grade might be able to identify patients with a better hepatic function who would obtain a survival benefit by undergoing resection as well as those who would not benefit due to worse hepatic function.

TACE is generally considered only for patients with compensated LF and deterioration of LF is not uncommon after TACE especially in those with a large tumor burden and suboptimal baseline LF. 10–20% of patients in real life would experience a (subclinical) worsening of LF and potentially no longer be candidates for systemic therapies. Higher pre-treatment ALBI grade (III vs. I-II) is associated with severe AEs and independently predicted ACLF at 90 days after TACE in one study.

Liver toxicity after TARE, called REILD (radioembolisation-induced liver disease), exists dependent on the dose of radiation that reaches the non-tumoural parenchyma and the preexisting degree of liver dysfunction. ALBI outperforms CPS in survival prognosis in Y90 treated patients. On sub-analyses, serum albumin (not bilirubin) appears to be the main driver of survival prediction.

To assess liver dysfunction in HCC patients before stereotactic body radiation therapy (SBRT), traditional CTP classification is a necessary but imperfect tool for assessing HCC liver injury. The ALBI score is a more objective, discriminatory and evidence based approach in CTP-A groups,

and needs to be validated in the CTP  $\geq$  B7 class. Patients with an ALBI grade of 2 have a higher risk of radiation toxicity compared to patients with ALBI grade 1.

Conclusions: CPS remains an important tool in assessing liver function (in clinical practice). ALBI grade predicts survival, toxicity and post-procedural liver failure in patients treated with LRT but its role in clinical practice should be better defined and refined.

## References

1. D'Avola D, Granito A, de la Torre-Aláez M, Piscaglia F. The importance of liver functional reserve in the non-surgical treatment of hepatocellular carcinoma. *J Hepatol* 2022;76:1185-1198. doi:10.1016/j.jhep.2021.11.013
2. Chong CC, Chan AW, Wong J, et al. Albumin-bilirubin grade predicts the outcomes of liver resection versus radiofrequency ablation for very early/early stage of hepatocellular carcinoma. *Surgeon* 2018;16:163-170. doi:10.1016/j.surge.2017.07.003
3. Mohammed MAA, Khalaf MH, Liang T, et al. Albumin-bilirubin score: an accurate predictor of hepatic decompensation in high-risk patients undergoing transarterial chemoembolization for hepatocellular carcinoma. *J Vasc Interv Radiol* 2018;29:1527-1534.e1. doi:10.1016/j.jvir.2018.06.016
4. Antkowiak M, Gabr A, Das A, et al. Prognostic role of albumin, bilirubin, and ALBI scores: analysis of 1000 patients with hepatocellular carcinoma undergoing radioembolization. *Cancers (Basel)* 2019;11:879. doi:10.3390/cancers11060879
5. Su TS, Yang HM, Zhou Y, et al. Albumin - bilirubin (ALBI) versus Child-Turcotte-Pugh (CTP) in prognosis of HCC after stereotactic body radiation therapy. *Radiat Oncol* 2019;14:50. doi:10.1186/s13014-019-1251-y

## SESSION III

### Challenges and opportunities in the treatment of Crohn's Disease

*Roxana Zaharie*

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Inflammatory bowel disease represents an entity with a continuously increasing incidence. The approach to patients with Crohn's disease has undergone numerous changes in recent years. In addition to the emergence of numerous biological therapies that can modify the natural evolution of the disease, the concept has also changed. If initially the therapy of these patients was guided by the activity of the disease and followed the therapeutic pyramid model, in recent years even more attention has been paid to personalized therapy, depending on the severity of the disease and the risk of developing complications. In addition, we try to tailor treatment not to symptoms, but to disease phenotype and risk, achieving proactive rather than reactive care. Also, early effective therapy in Crohn's disease is the best way to improve outcomes for those patients.

But the problem is the payer's perspective, since our most effective drugs are indicated only for patients with moderate-severe active disease. On the other hand, accessibility to these effective therapies has increased in recent years in Eastern European countries as well.

Of late, establishing an appropriate therapeutic approach for these patients has been achieved within multidisciplinary teams. If, until recently, the place of surgical therapy in the management of these patients was recommended in the complications' stage, recent studies have demonstrated that surgery can be successfully used as the first line therapy in ileocecal Crohn's disease and has been associated with improved long-term outcomes.

Finally, the involvement of digital tele monitoring, smart technology and artificial intelligence in Crohn's disease management and psychological and holistic approaches is the key to enhance the care of these patients.

### From the IBDPROSPECT Study to the Romanian National IBD Registry: the Roadmap

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The need for a National Database for many diseases has become evident. In Romania, the incidence of Inflammatory Bowel Diseases has increased significantly over the past 25 years, with cases becoming more complex and exhibiting a more severe phenotype.

Our first epidemiological data date back to 2003 and are based on a survey conducted by the Romanian Society of Digestive Endoscopy, which revealed approximately 1,000 cases nationwide, indicating a very low incidence and prevalence. In 2006, a multicenter study, IBDPROSPECT, was launched in Romania, initially involving Bucharest and Cluj. The study aimed to establish a sample base for the analysis of inflammation in serum and biopsies. The success of this project led to a National Evaluation Study, which involved 9 IBD centers across Romania and resulted in a total of 3,346 cases.

Because this was a project with different purposes, the data were not suitable to serve as the cornerstone of a National IBD Database. For this reason, under the coordination of the National Society of IBD (RCCC), we began developing another project called the National Registry IBDPROSPECT, which aimed to prospectively gather data from most of the patients in dedicated IBD centers across Romania. The most recent data from this project will be presented at this conference.

## Management of ulcerative colitis: Novel drug targets towards personalized medicine

*Peter Hasselblatt*

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The immune pathogenesis of ulcerative colitis (UC) is characterized by dysbiosis of the intestinal microbiota, barrier dysfunction and uncontrolled inflammatory responses in hosts with environmental or genetic predisposition. The therapeutic armamentarium for UC is constantly growing, given the efficacy of antibody therapies targeting TNF $\alpha$ ,  $\alpha$ 4 $\beta$ 7 integrin or IL-12 and/or IL-23 as well as small molecules which modulate sphingosin-1-phosphate signaling or inhibit janus kinases. However, there is uncertainty on how these therapies should be integrated into existing therapeutic algorithms. Moreover, the therapeutic efficacy of the available agents is still limited given the fact that there is a “therapeutic ceiling” of only approx. half of patients achieving clinical response or remission. These findings raise the question whether we should rather use combination therapies, at least in “difficult to treat” UC patients. Moreover, we need better biomarkers to predict the therapeutic efficacy of a given medication. To this end, interdisciplinary molecular inflammation boards have been established across the four university hospitals within Baden-Württemberg. Preliminary results of this personalized medicine approach will be presented and the potential of precision medicine for UC will be discussed.

## Gastrointestinal motility changes caused by GLP-1 analogues

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**Background:** Glucagon-like peptide-1 receptor agonists (GLP-1 analogues) have opened a new era in the therapy of metabolic syndrome. Their effects are associated with gastrointestinal symptoms contributing to weight loss. The aim of this presentation is to present the adverse effects caused by this pharmacological class. Starting with some clinical cases, we introduce the results of our own meta-analysis (Ismail et al).

**Method:** We present case reports of patients on GL-1 analogues who presented for gastrointestinal symptoms. For network meta-analysis, two databases were searched according to specific inclusion and exclusion eligibility criteria. We evaluated adverse effects attributed to the gastrointestinal tract associated with the use of GLP-1 analogues in non-diabetic individuals with overweight or obesity. For quality assessment, the Cochrane Collaboration's tool was used.

**Results:** The case reports display dysphagia and dyspepsia following GLP-1 analogues administration. For the meta-analysis, 39 papers were included, with 33,354 participants. Nausea, vomiting, diarrhea, and constipation were the most common gastrointestinal adverse effects. All evaluated GLP-1 RAs led to a significant increase in nausea risk, with orforglipron showing the highest risk, followed by exenatide, tirzepatide, semaglutide, and liraglutide. Additionally, liraglutide, orforglipron, semaglutide, and tirzepatide were associated with increased vomiting risk, while cagrilinitide and exenatide showed no significant increase. Exenatide, cagrilinitide, orforglipron were not associated with a risk of diarrhea. Semaglutide and liraglutide were associated with increased constipation risk, while cagrilinitide and exenatide showed no significant increase.

**Conclusion:** Our network metaanalysis offers evidence for the adverse effects of GLP-1 analogues on the gastrointestinal tract, explaining the cases encountered in routine practice.

## Microbiota and metabolic diseases

*Paul Jürgen Porr, Corina Porr*

*Lucian Blaga University, Faculty of Medicine, Sibiu, Romania*

The intestinal microbiota, formed beginning with birth, is developed according to genetic factors, nutrition and other environmental factors, becoming nearly specific for everyone. With its different metabolic, structural and protective functions, microbiota plays a very important role for the whole organism.

In different types of dysbiosis, caused by infections, diet (especially the Western type), drugs or diseases, alterations of the microbiota functions occur with consequences on the whole organism, including on some metabolic diseases.

Obesity is correlated with low bacterial population as a consequence of the Western diet, but, vice versa, obesity itself can influence the microbiota.

Type 2 diabetes mellitus is characterized by changes of the microbiota. It was observed, that pre- and probiotics can be considered as potential therapeutic tools to improve gut integrity in type 2 diabetes, and some probiotics have even a prophylactic effect on diabetes.

In NAFLD, intestinal bacterial overgrowth and increased intestinal permeability were described, which allow transfer of bacterial endotoxins via portal vein into the liver, determining steatosis and transformation into NASH. Also analysed correlations were observed between obesity, type 2 diabetes and NAFLD.

Atherosclerosis is also correlated with abnormal microbiota, as well as its consecutive cardiovascular events.

In osteoporosis, an intestinal bacterial overpopulation was described as a risk factor for the disease. A beneficial effect of the probiotics was also mentioned.

## SESSION IV

### **AI for real-time polyp differentiation**

*Alexander Hann*

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AI-based solutions for polyp differentiation (CADx) were investigated at an early stage of CAD development in 2019. The CADx software was able to differentiate NICE I from NICE II polyps. This made it possible to reliably distinguish adenomas from hyperplastic polyps at the rectosigmoid junction. Within a very short time, further systems for polyp differentiation were published and supplemented the existing CADe systems. It is interesting to note here that only untreated polyps should be differentiated. In a study, Kliegis et al. investigated how a CADx system interprets fresh resection margins after adequate polyp

resection. In this example, it was shown that these margins were misinterpreted as adenomas. It is therefore important to familiarize oneself with the limitations of this technology. Although the differentiation of hyperplastic polyps and adenomas using CADx is very successful, the biggest problem is the differentiation of proximal polyps. This is because CADx systems can only inadequately differentiate sessile serrated lesions from hyperplastic polyps. This becomes clear in a meta-analysis published in *Clinical Gastroenterology and Hepatology* in 2024. Furthermore, another meta-analysis published in *Lancet Gastroenterology and Hepatology* in 2024 summarizes that CADx brings neither benefit nor harm to the resect-and-discard strategy according to current data, which calls into question its value in clinical practice. Another meta-analysis published in *Annals of Internal Medicine* in 2024, which deals with the diagnose-and-leave strategy, shows that CADx has no additional benefit or harm in the treatment of small rectosigmoid polyps during colonoscopy.



**Spleen Stiffness as a novel Non-Invasive Prognostic Biomarker in ICU patients with liver disease: a prospective observational study**

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**Background:** Non-invasive elastographic measurement of tissue stiffness has become increasingly important in hepatology, offering valuable insights into liver fibrosis and portal hypertension. While liver stiffness measurements are well-established, spleen stiffness measurements have recently emerged as a promising complementary parameter. Particularly in critically ill patients with chronic liver disease and acute-on-chronic liver failure, spleen stiffness measurement might provide additional prognostic information regarding disease severity and patient outcomes. This study aims to investigate the feasibility, clinical relevance, and prognostic utility of spleen stiffness measurements using Acoustic Radiation Force Impulse (ARFI) technology exclusively in intensive care unit (ICU) patients with underlying liver disease.

**Methods:** This prospective observational study included 44 ICU patients with confirmed chronic liver disease, including those presenting with acute-on-chronic liver failure. Spleen stiffness measurements were systematically performed every 2–4 days using ultrasound-based ARFI elastography during the patients' ICU stay. Concurrently, clinical parameters—including liver function tests, hemodynamic parameters, mechanical ventilation settings, renal function parameters, and clinical outcomes were documented. The study aimed to evaluate feasibility, identify factors influencing spleen stiffness, and assess correlations between spleen stiffness changes and clinical outcomes.

**Results:** Initial spleen stiffness measurements demonstrated significant associations with renal dysfunction requiring dialysis ( $p < 0.001$ ) and mechanical ventilation status ( $p <$

$0.001$ ). Increased mechanical ventilation pressures correlated negatively with spleen stiffness ( $p = 0.017$ ). No significant correlations were observed between spleen stiffness and age, body mass index, or hemodynamic stability parameters. Longitudinal evaluation of spleen stiffness revealed its potential as a dynamic marker reflecting clinical progression and prognostic changes in critically ill patients.

**Conclusions:** Regular spleen stiffness measurements using ARFI elastography in ICU patients with liver disease are feasible and clinically meaningful. Spleen stiffness provides additional prognostic insights and shows promising potential as a non-invasive parameter for monitoring disease progression and therapeutic response. Larger-scale studies are necessary to confirm these findings and to establish spleen stiffness measurement as a routine clinical tool in critical care hepatology.

**Contrast-enhanced ultrasound with CT/MRI fusion imaging in improving detection of small liver tumors and guidance of Percutaneous Microwave Ablation**

*Andrei Motofelea<sup>1</sup>, Cosmina Sutac<sup>1</sup>, Mihai Coprean<sup>1</sup>, Zeno Sparchez<sup>1,2</sup>*

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**Background:** Percutaneous microwave ablation (MWA) is the recommended modality of treatment for small (<3 cm) liver tumors which cannot be treated by surgical resection. However, frequently tumors remain inconspicuous on B-mode ultrasound. This study evaluates the potential of computer tomography (CT)/magnetic resonance imaging (MRI) fusion imaging (FI) to improve tumor visibility and percutaneous access for MWA in small liver tumors.

**Methods:** We conducted a retrospective study between January 2022 and January 2025, collecting data from 83 patients with 91 liver tumors evaluated by B-mode ultrasound, followed

by CEUS (contrast-enhanced US) and CT/MRI-FI to assess tumor visibility and ablation feasibility. Comparisons and statistical significance between US and FI were undertaken using the McNemar test (a variant of the ChiSquare test).

**Results:** The cohort included 65 hepatocellular carcinomas (HCCs) (71,42%), 15 metastasis (16,58%) and 10 other tumors (cholangiocarcinoma) (10,98%). 58 were evaluated by CT and 17 by MRI with hepatobiliary contrast (Primovist). CT/MRI-FI demonstrated an increase in tumor visibility (sensitivity of 30,12% with B-mode US to 96,15% with CT/MRI FI) and technical feasibility of percutaneous MWA (addition of 19/83 cases of MWA – 22,89%) compared with B-mode US alone, with statistical significance ( $p > 0,05$  on the mid-p McNemar test). Technical success of FI was achieved in 100% of cases. Addition of CEUS to B-mode US did not improve the visualization of liver tumors, in the absence of first step detection with CT/MRI-FI.

**Conclusions:** CT/MRI-FI significantly improves the visualization of tumors otherwise not discernible on B-mode US, thus augmenting percutaneous MWA success.

### Importance of Capsule endoscopy (CE) as a non-invasive technology in Crohn's disease (CD)

*Birsan Sabrina, Ichim Cristian, Porr Paul, Boicean Adrian*

*University Lucian Blaga, Sibiu, Romania*

**Background:** Capsule endoscopy (CE) is a non-invasive technology that enables comprehensive visualization of the entire bowel with minimal side effects. In recent years, its role in the evaluation and monitoring of Crohn's disease (CD) has significantly expanded. When CE was first introduced two decades ago, concerns about capsule retention in the narrowed, inflamed bowel lumen initially limited its use in CD patients. At that time, small bowel CD was even considered a relative contraindication for CE.

**Case presentation:** We present the case of an 18-year-old patient who was diagnosed with CD at the age of six, highlighting the importance of capsule endoscopy in assessing the ileal disease activity. Endoscopy revealed an ileum with serpiginous and circumferential ulcers, along with friable, bleeding mucosa.

In the past, the patient had undergone remission induction therapy consisting of nutritional therapy with Modulen and corticosteroids, followed by maintenance treatment with Imuran and Methotrexate. Infliximab was introduced as a biological therapy but had lost effectiveness after approximately two years. After a period of treatment with Methotrexate alone, remission induction therapy with Adalimumab was initiated. However, the response was unfavorable. Due to these changes, the presence of active inflammation assessed by capsule endoscopy, non-compliance with dietary recommendations, and poor response to the current treatment, the decision was

made to switch to Ustekinumab. The patient showed a favorable response after induction, and after one year of treatment, he experienced weight gain, a decrease in fecal calprotectin levels, and an overall improvement in inflammatory markers.

**Conclusion:** In ileal CD, capsule endoscopy is an important tool for monitoring, diagnosing, and assessing the extent of ileal involvement.

### EndoStyle: AI-based image style transfer for the optimization of computer-aided polyp detection systems in endoscopy

*Joel Troya<sup>1,2</sup>, Ioannis Kafetzis<sup>1</sup>, Ronja Weber<sup>1</sup>, Yun Chiang<sup>1</sup>, Venkatesh Parayitam<sup>1</sup>, Philipp Sodmann<sup>1</sup>, Dieter Ziegler<sup>3</sup>, Frank Puppe<sup>4</sup>, Andreas Nüchter<sup>3</sup>, Alexander Meining<sup>1,2</sup>, Alexander Hann<sup>1</sup> (\*Contributed equally)*

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**Introduction:** Computer-aided polyp detection (CADE) systems in colonoscopy are often criticized for high false-positive rates. We present EndoStyle, an AI-driven style transfer method that adapts endoscopic images to match different processors' appearances while preserving content. This study evaluates the realism of EndoStyle-generated images and its impact on CADE system performance.

**Methods:** We trained a StarGAN-v2 model on 239,875 images from five endoscopic processors. To assess image realism, 20 endoscopists from 14 centers reviewed 28 ten-second colonoscopy sequences and three images to identify which came from the same video. Images were from the same video (positive control), a different video (negative control), or EndoStyle-converted. We trained two YOLOv11-based CADE systems: a baseline model with public data and an augmented model with additional EndoStyle-generated images, targeting Olympus CV190. Both models were evaluated on 48 colonoscopy videos containing 43 polyps.

**Results:** Endoscopists identified images from the positive control, negative control, and EndoStyle groups in 88.47%, 12.29%, and 86.12% of cases, respectively. Both CADE models detected all polyps in at least one frame, with similar sensitivities of 63.18% and 57.26% ( $p = 0.647$ ). The augmented model showed a significant 8.3% reduction in false-positive detections.

**Conclusions:** EndoStyle effectively adapts video processor styles while preserving image realism. Incorporating EndoStyle-generated data reduces false positives in CADE systems, potentially enhancing their clinical utility and acceptance.

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Iuliu Hatieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania

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Borz Paul-Cristian<sup>1</sup>, Lidia Munteanu<sup>2</sup>

1) Gastroenterology Department, Regional Institute of Gastroenterology and Hepatology Prof. Dr. Octavian Fodor, Cluj-Napoca; 2) George Emil Palade University of Medicine, Pharmacy, Science and Technology, Târgu-Mureş, Romania

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1) Interventional and Experimental Endoscopy (InExEn), Department of Internal Medicine II, University Hospital Würzburg, Würzburg, Germany; 2) Department of Internal Medicine and Gastroenterology, Katharinenhospital, Stuttgart, Germany

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1) Hyderabad, India; 2) Utrecht, The Netherlands; 3) New York; 4) Houston, USA; 5) Düsseldorf, Germany; 6) Brussel, Belgium; 7) Warsaw, Poland; 8) Oklahoma, USA; 9) Freiburg, Germany; 10) Athen, Greece; 11) Modena, Italia; 12) Virginia, USA; 13) Würzburg, Germany; 14) Luzern, Switzerland; 15) Kochi, India; 16) Lyon, France; 17) Milano, Italia; 18) Mannheim, Germany; 19) Southampton, 20) London, UK; 21) Minneapolis, USA; 22) Amsterdam, The Netherlands

**18. Feasibility, Safety, and Outcome of Repeat Endoscopic Full-Thickness Resection (EFTR) of Recurrent or Residual Colorectal Adenoma after Previous EFTR: a Monocentric Retrospective Analysis**Andreas Wannhoff<sup>1</sup>, Khalid Takhgiriev<sup>1</sup>, Karel Caca<sup>1</sup>

1) Department of Internal Medicine, Gastroenterology, Haemato-Oncology, Diabetology, and Infectious Diseases, RKH Hospital Ludwigsburg, Ludwigsburg, Germany

**19. Key predictors of post-ERCP pancreatitis in choledochal gallstones extraction**

Cristian Ichim, Sabrina Birsan, Paul Jurgen Porr, Adrian Boicean

Lucian Blaga Faculty of Medicine, University of Sibiu, Romania

## 1. Dupilumab precipitating left-sided ulcerative colitis

*Salma El Idrissi Dafali, Paul Borz, Lidia Munteanu*

*Prof. Dr. Octavian Fodor Regional Institute of Gastroenterology and Hepatology, Cluj-Napoca, Romania*

**Background:** Dupilumab, a fully human monoclonal antibody that binds IL-4Ra and inhibits signaling of both IL-4 and IL-13, has shown efficacy across multiple diseases and is approved for the treatment of asthma, atopic dermatitis, and chronic sinusitis with nasal polyposis. We report the onset of severe bloody diarrhea after one dose of 300 mg of dupilumab, mimicking endoscopic and microscopic appearance of left sided ulcerative colitis.

**Case report:** A 46-year-old male recently diagnosed with severe atopic dermatitis received 300 mg of Dupilumab in order to control dermatological symptoms. Three days after the first drug administration, the patient presented severe bloody diarrhea with dehydration requiring hospital admission. Blood analyses showed an increased C reactive protein and leukocytosis. The stool analysis for infections were negative. Colonoscopy examination showed decreased vascularity, mild friability, and erythema in the ascending colon, sigmoid colon, and rectum. Histological examination revealed moderate mixed inflammatory cell infiltration, cryptitis, mild destruction of the crypt, decreased goblet cells, mucosal erosions, and edema. He was diagnosed with left-sided ulcerative colitis and was prescribed oral mesalazine treatment. His symptoms improved significantly in one week.

**Discussion:** Molecular-targeted agents act on specific molecules and inhibit some disease pathogenetic pathways. Several of these biological agents (such as anti-interleukin-17, anti-programmed cell death protein 1 and anti-cytotoxic T-lymphocyte associated protein antibodies might unbalance the immune intestinal homeostasis and mimic or precipitate ulcerative colitis. In our patient, the microscopic features, including mild crypt destruction and a decrease in goblet cells, suggest a chronic background of clinically silent ulcerative colitis. The onset of symptoms was precipitated by dupilumab administration. Few cases in the literature have

reported ulcerative colitis-like features following prolonged administration of dupilumab. . However, another case suggested that ulcerative colitis could be controlled after dupilumab administration in a pregnant patient with atopic dermatitis.

**Conclusion:** More research is required to understand the enteric immune reactions in patients receiving dupilumab.

## 2. Increased trends of incidence in inflammatory bowel diseases: the experience of a tertiary centre

*Maria Simboan<sup>1</sup>, Dan Valean<sup>1</sup>, Florin Zaharie<sup>1,2</sup>, Marcel Tantau<sup>1,2</sup>, Roxana Zaharie<sup>1,2</sup>*

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**Introduction:** Inflammatory bowel disease has established itself as one of the 21st century's most prolific diseases, which has a worldwide coverage. Although the disease is stabilizing in most of the developed countries, developing countries such as Romania highlight an increased incidence.

**Methods:** Data was analyzed retrospectively over a period of 10 years (2015- 2024), highlighting the incidence trends as well as newly diagnosed patients in our tertiary centre. This data was compared with the previous 10 years (2005- 2014).

**Results:** The ratio of UC:CD has maintained 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 ( $p=0.01$ ). The 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 to our tertiary center, 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.

### 3. Microwave ablation (MWA) for hepatocellular carcinoma (HCC) smaller than 3 cm: local efficacy, recurrence rate, and pattern of recurrence on follow-up

Cosmina Sutac<sup>1</sup>, Andrei Motofeala<sup>1</sup>, Mihai Coprean<sup>1</sup>, Zeno Sparchez<sup>1,2</sup>

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**Background:** HCC is the most common primary liver malignancy, frequently occurring in cirrhotic patients. Microwave ablation (MWA) is a widely used treatment modality for HCC, offering good local tumor control, although long-term surveillance is essential due to the risk of recurrence. This study evaluates the local effectiveness at 1 month using CEUS (contrast-enhanced ultrasound) and the recurrence rate and type (local or distant) at 3 and 6 months post-MWA, assessed by CT (computed tomography).

**Methods:** A retrospective study was conducted on 101 patients diagnosed with HCC (one to three lesions) between 2023 and 2024 who underwent MWA. Follow-up was performed at 1 month using CEUS and at 3 and 6-months using CT. Local effectiveness, recurrence rate and new lesions were analyzed. Statistical significance was assessed using the chi-square test.

**Results:** The majority of patients were male (79.2%) with a mean age of 66.65 years. Local effectiveness assessed at 1 month by CEUS was 88.11%. During follow-up, 18.85% developed recurrence at the ablated site, 18.85% developed new lesions, and 6.93% had both. More than half (55.44%) showed no recurrence or new lesions. Recurrence at 6 months was significantly higher ( $p=0.00037$ ,  $p<0.05$ ) than at 3 months. Nodule location (segments V, VIII, IV, or perivascular) and size were associated with higher recurrence rates. A significant difference in the recurrence rate was found between 2023 and 2024 ( $p=0.00081$ ,  $p<0.05$ ), with higher rates in 2023.

**Conclusion:** The study highlights the effectiveness of MWA, with positive outcomes suggesting continued success. Improved techniques and follow-up strategies will enhance patient outcomes.

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**Background:** Pancreatic adenocarcinoma (PDAC) is a leading cause of cancer-related mortality due to its aggressive progression and late diagnosis. Despite advances in diagnosis and treatment, survival outcomes remain poor, with a median survival of 5.8 months.

**Aim:** The aim of the study is to evaluate the impact of diagnostic and therapeutic approaches on survival outcomes in patients with pancreatic adenocarcinoma, while also assessing the risk factors for PDAC.

**Methods:** This is a retrospective analysis of 68 patients with suspected pancreatic tumors who underwent endoscopic ultrasound-guided fine needle biopsy (EUS-FNB) between 2019 and 2022 at the Cluj-Napoca County Emergency Clinical Hospital. Patient demographics, risk factors, histopathological results, and treatment outcomes were analyzed using statistical methods.

**Results:** Of 68 patients, 35 were diagnosed with PDAC. Modifiable risk factors, such as alcohol and smoking, alongside non-modifiable factors such as age and hereditary predisposition, were prominent. Among PDAC patients, 42.8% received palliative chemotherapy, while only 8.6% underwent curative surgical intervention due to advanced disease stages. Median survival varied significantly based on treatment: 2.4 months for untreated patients versus 8.1 months for those receiving oncological or surgical management ( $p=0.0082$ ).

**Conclusion:** Modifiable and non-modifiable risk factors significantly raise the incidence of pancreatic cancer. Employing a multidisciplinary approach to detect the disease in its early stages and optimize personalized treatment plans can enhance patient outcomes. At the same time, traditional oncological treatments improve survival and quality of life, but newer approaches, such as immunotherapy combined with conventional radiotherapy, chemotherapy, molecular targeted therapy, and other diverse treatment modalities, have the potential to further extend survival.

### 4. Pancreatic cancer: Persistently challenging prognosis - a three-year retrospective study

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### 5. Reversing MASLD Through a Mediterranean Diet-Based Lifestyle intervention: A Six-Month Clinical Study

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**Background:** Obesity and metabolic dysfunction are key drivers of metabolic dysfunction-associated steatotic liver

disease (MASLD, formerly NAFLD) and of cardiovascular risk. The Mediterranean diet (MD), widely recognized for its anti-inflammatory and metabolic benefits, has emerged as a cornerstone in managing obesity-related liver disease. This study investigates the impact of a six-month Mediterranean diet-based lifestyle intervention on body composition, glucose metabolism, liver function, and lipid profile in overweight and obese individuals.

**Methods:** A prospective interventional study was conducted in overweight and obese patients adhering to a Mediterranean diet and structured physical activity regimen. Anthropometric parameters (weight, BMI, waist circumference), metabolic markers (fasting glucose, insulin, HOMA-IR), liver function tests (ALT, AST, GGT), and lipid profiles (total cholesterol, HDL, LDL, triglycerides) were assessed at baseline (T0), three months (T3), and six months (T6). Liver steatosis was graded via ultrasound.

**Results:** A total of 52 overweight and obese patients were followed for six months. By the end of the intervention, participants experienced a significant weight reduction from  $92.5 \pm 3.5$  kg to  $77.2 \pm 2.3$  kg ( $P=0.02$ ), with a corresponding BMI decrease from  $32.1 \pm 0.2$  to  $26.7 \pm 0.5$  kg/m<sup>2</sup> ( $P=0.002$ ) and waist circumference reduction from  $103.8 \pm 1.5$  cm to  $91.4 \pm 1.2$  cm ( $P=0.0001$ ). Metabolic markers improved significantly, with fasting glucose decreasing from  $101.5 \pm 2.7$  mg/dl to  $85.2 \pm 2.3$  mg/dl ( $P=0.009$ ), insulin dropping from  $13.6 \pm 0.6$  mcUI/ml to  $8.2 \pm 0.6$  mcUI/ml ( $P<0.0001$ ), and HOMA-IR decreasing from  $6.1 \pm 1.1$  to  $1.7 \pm 1.1$  ( $P=0.0001$ ). Liver function tests improved: ALT, AST, and GGT levels significantly decreased ( $P<0.05$ ), while lipid profile showed favorable changes, including lower total cholesterol, LDL and triglycerides, and higher HDL levels ( $P<0.0001$ ). Ultrasound assessment revealed substantial liver steatosis regression, with 40.7 percent of patients achieving grade 0 by six months ( $P=0.01$ ), and no participants remaining in grade 2 or 3.

**Conclusion:** A Mediterranean diet-centered lifestyle intervention led to clinically significant improvements in metabolic function, liver steatosis, and cardiovascular risk markers. These findings reinforce the role of dietary and lifestyle modifications as a first-line therapeutic approach in MASLD and metabolic disorders, underscoring the Mediterranean diet as a key tool for reversing liver fat accumulation and improving metabolic health.

## 6. Interprofessional therapeutic drug monitoring of Piperacillin/Tazobactam enhances antibiotic stewardship and clinical management in ICU patients with acute-on-chronic liver failure

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**Background:** Acute-on-chronic liver failure (ACLF) represents a severe clinical entity characterized by acute deterioration in liver function in patients with underlying chronic liver disease, frequently precipitated by bacterial infections. Piperacillin/Tazobactam is commonly administered in critically ill ACLF patients, yet accurate dosing remains challenging due to altered pharmacokinetics in this population. Therapeutic drug monitoring (TDM) is increasingly recognized as an essential tool to ensure optimal antibiotic exposure. This pilot study investigates the clinical impact of a structured interprofessional TDM program for Piperacillin/Tazobactam administration in ACLF patients managed in an intensive care unit (ICU).

**Methods:** This retrospective observational analysis included 26 ACLF patients treated in the ICU who underwent interprofessional TDM-guided dosing of Piperacillin/Tazobactam. An interdisciplinary team consisting of hepatologists, intensivists, clinical pharmacists, and specialized nursing staff systematically reviewed weekly serum drug concentrations and collaboratively formulated individualized dosing recommendations. Primary outcomes were the proportion of patients achieving target therapeutic concentrations and the adherence rate to the team's recommendations.

**Results:** Initial TDM revealed therapeutic Piperacillin/Tazobactam levels in 30.8% of patients; however, 53.8% exhibited supratherapeutic and 15.4% subtherapeutic concentrations. Interprofessional evaluations resulted in dose reductions ( $n=7$ ), dose escalations ( $n=3$ ), continuation of the current regimen ( $n=11$ ), and antibiotic regimen adjustments in five cases. Subsequent follow-up TDM assessments demonstrated enhanced therapeutic precision, with 20.0% achieving targeted concentrations and 80.0% maintaining supratherapeutic levels, notably eliminating subtherapeutic exposure. Full adherence (100%) to interprofessional dosing recommendations was observed.

**Conclusions:** An interprofessional approach to TDM significantly improved Piperacillin/Tazobactam dosing precision in ICU patients with ACLF. Enhanced therapeutic targeting through structured collaborative interventions contributes to optimized clinical outcomes and aligns with global antimicrobial stewardship goals, warranting further prospective evaluation in larger cohorts.

## 7. Propofol as a cause of serotonin syndrome after endoscopic retrograde cholangiopancreatography – a case report

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**Introduction:** Serotonin syndrome (SS) is a life-threatening condition caused by serotonergic medications. The most common triggers are selective serotonin inhibitors (SSRIs), monoamine oxidase inhibitors, and tricyclic antidepressants. Serotonin syndrome is triggered by medication overdose or drug interactions with other substances.

**Case report:** We report the case of a 30-year-old patient with liver cirrhosis (Child B) due to primary sclerosing cholangitis and ulcerative colitis. The patient underwent a control gastroscopy and colonoscopy. It is noteworthy that a total of 340 mg of propofol was administered for both examinations. Furthermore, magnetic resonance cholangiopancreatography revealed increasing bile duct irregularities with intrahepatic cholestasis and increasing signs of liver cirrhosis, thus indicating the need for endoscopic retrograde cholangiopancreatography (ERCP). ERCP revealed stenoses in the left hepatic duct and the right hepatic duct. The stenoses could be treated by dilation. Due to procedural complexity, the patient required a higher dose of sedatives. A total of 800 mg propofol and 5 mg midazolam were administered. Shortly after the ERCP, a sudden drop of peripheral saturation, dyspnea, stridor, and laryngospasm occurred, prompting immediate endotracheal intubation. The patient was subsequently transferred to the intensive care unit. After hemodynamic and respiratory stabilization, the weaning process began. Upon recovery, the patient exhibited pronounced hypersalivation, hyperhidrosis, and hyperreflexia. Furthermore, the patient was agitated and developed myoclonus. Mydriasis and tachycardia were evident from the beginning. The most likely diagnosis, given the history and clinical presentation, is serotonergic syndrome. The cause in this case could be the high dosage of propofol. A higher dosage of propofol alone can trigger serotonergic syndrome. This has been described in isolated cases in the literature as a rare triggering factor. The treatment primarily involves discontinuing all serotonergic drugs. Fortunately, the patient improved, and he could be extubated two hours later. The patient subsequently showed cardiopulmonary stability with good oxygen saturation and was able to be transferred back to the general ward.

**Conclusion:** Because there are no specific symptoms for serotonin syndrome, most physicians are unfamiliar with the diagnosis. As our case demonstrates, the syndrome can be triggered not only by classic drugs, but also by propofol. If the syndrome is suspected, potential triggers must be stopped.

## 8. Protein-2 in COVID-19

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**Background:** The COVID-19 pandemic led to a severe global health crisis with high infection and mortality rates. While numerous studies have examined the respiratory effects of SARS-CoV 2, kidney manifestations of COVID-19 have been less investigated. In addition to respiratory failure, many critically ill COVID-19 patients also developed renal failure.

**Methods:** The aim of this study was to test the diagnostic features of Serum Insulin-like Growth Factor-Binding Protein-2 (IGFBP-2) in COVID-19. Serum levels of IGFBP-2 were measured in 117 COVID-19 patients from April 2020 to June 2021. 57 patients had a moderate form, while 60 experienced a severe disease. Blood samples were taken mostly within 72 hours after hospital admission and analyzed using ELISA. The control group consisted of 23 healthy adults.

**Results:** Patients with severe COVID-19 had higher serum IGFBP-2 levels than those with moderate disease and healthy controls. It was observed that patients with underlying liver cirrhosis had altered IGFBP-2 values. After excluding the patients with liver cirrhosis, those with a severe course of COVID-19 showed significantly higher IGFBP-2 levels. Patients who developed renal failure and required dialysis had significantly elevated IGFBP-2 levels both in the overall cohort and within the group of severe COVID-19 cases. Additionally, non-survivors had significantly higher IGFBP-2 levels compared to survivors.

**Conclusion:** Elevated serum IGFBP-2 levels correlate with disease severity and prognosis of patients with COVID-19. Furthermore, IGFBP-2 could serve as an early marker for acute renal failure in COVID-19 and therefore could represent an important tool in guiding therapy in these patients.

## 9. Beyond SVR: Long-Term Morbidity and Mortality in HCV-Related Advanced Liver Disease

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**Background:** Treatment with direct acting antivirals (DAAs) improves liver-related outcomes in patients with hepatitis C virus (HCV) associated advanced liver disease (ALD).

**Aim:** To evaluate the prevalence of decompensation, hepatocellular carcinoma (HCC) and death in patients with HCV related ALD after achieving sustained virologic response (SVR) with DAA treatment

**Methods:** Between January 2016 and June 2022, 92 patients with HCV related ALD were treated with DAAs according to guidelines. They were prospectively followed until February 2025, for a median follow-up of 36.5 months [IQR, 3-108].

**Results:** Six patients had at least one decompensation event before inclusion. The mean vibration- controlled transient elastography (VCTE) value decreased from  $25.3 \pm 12$  kPa at baseline to  $18.1 \pm 11$  kPa at SVR. Mean hepatic venous pressure gradient (HVPG) value dropped from  $12.3 \pm 0.5$  mmHg at baseline to  $9.98 \pm 5.1$  mmHg at SVR, while clinically significant portal hypertension (CSPH) prevalence decreased from 73% (baseline) to 42.6% (SVR), respectively. Transjugular liver biopsy was performed in 48 patients, with 13 re-biopsied at SVR; all but two patients had stage 3–4 fibrosis (Metavir scale). In two cases, fibrosis decreased by one stage at SVR. SVR was achieved in 97.8% of patients. Eight patients (8.6%) developed decompensation (8 ascites, 2 portal hypertension-related bleeding) after a median follow-up of 53.5 months [IQR, 13–108], all with persistent CSPH after SVR. HCC was diagnosed in 12 patients (13%) after a median follow-up of 47 months [IQR, 18–100]. Thirteen patients (14%) died during follow-up, including 7 liver-related deaths (4 due to HCC), while 6 patients died due to other comorbidities.

**Conclusions:** Despite achieving SVR, HCV-related ALD patients remain at risk for liver-related morbidity and mortality, warranting individualized risk assessment in future studies.

## 10. A rare case of B-cell lymphoma masquerading as acute pancreatitis

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**Background:** Diffuse large B-cell lymphoma (DLBCL) is the most common type of non-Hodgkin lymphoma. It is a fast-growing tumor that typically involves the gastrointestinal tract and bone marrow as a first diagnosis presentation. However, its manifestation as acute pancreatitis is extremely rare.

**Case report:** A 69-year-old female with a history of Hodgkin lymphoma treated 12 years ago presented with abdominal pain and significant weight loss (approximately 10 kg in one month). Laboratory tests revealed a lipase level three times higher the normal value. Abdominal computed tomography (CT) showed acute pancreatitis localized to the pancreatic tail, complicated by massive left pleural effusion and multiple necrotic peripancreatic and retroperitoneal lymphadenopathies. An endoscopic ultrasound (EUS) revealed an enlarged pancreatic tail with inflammatory changes, normal Wirsung and common bile ducts, along with multiple peripancreatic lymphadenopathies. Fine needle biopsy was performed from one lymphnode. Histopathological analysis revealed features consistent with large B-cell lymphoma. Following the diagnosis of DLBCL, the patient was transferred to the hematology department and initiated on CHOP

chemotherapy (cyclophosphamide, doxorubicin, vincristine, and prednisone).

**Discussion:** A literature review identified only nine reported cases of B-cell lymphoma presenting as acute pancreatitis. The initial symptoms and CT findings raised suspicion of a pancreatic tumor, particularly adenocarcinoma. The EUS-guided fine needle biopsy played a crucial role in establishing the correct diagnosis.

**Conclusion:** Diffuse large B-cell lymphoma is a rare but important cause of acute pancreatitis. Pancreatic lymphoma should be considered in the differential diagnosis of acute pancreatitis, especially when associated with lymphadenopathy.

## 11. No evidence for viral escape mutations in immunodominant HCV-specific CD4 T cell epitopes

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**Background and Aims:** Hepatitis C virus (HCV) infection provides a valuable model for studying immune responses under viral persistence and clearance. Direct-acting antivirals (DAAs) clear HCV in about 95% of patients, but their impact on HCV-specific CD4 T cells remains incompletely understood. Previous studies identified an exhausted signature in HCV-specific CD8 T cells, particularly in those targeting conserved epitopes. Whether a similar signature exists in CD4 T cells and how immune escape mechanisms affect these cells is unclear. This study aimed to compare HCV-specific CD4 T cells in patients with chronic infection, after DAA therapy, and in individuals with spontaneous resolution on a single-cell level, while investigating CD4 immune escape mechanisms.

**Method:** HCV-specific CD4 T cells were analyzed in peripheral blood mononuclear cells (PBMCs) with MHC class II tetramers by flow cytometry and single-cell RNA sequencing (scRNAseq). Immunodominant viral epitopes were characterized through viral sequencing and mutation analysis in relation to HLA-DRB1 alleles with Fisher's exact test. Epitope-specific CD4 T cell clones were tested for cytokine responses to mutated and non-mutated epitopes to assess mutation recognition by CD4 T cells. scRNAseq was performed on HCV-specific CD4 T cells from chronic patients (n=4, 459 cells), post-DAA therapy (n=2, 464 cells), and spontaneous resolvers (n=3, 697 cells).

**Results:** HCV-specific CD4 T cell responses in chronic HCV patients (n= 153) are lower in frequency compared to individuals with spontaneous resolution (n=6). HCV-specific CD4 T cells from post-DAA and spontaneously resolved patients clustered differently with higher CD127 expression

and lower CD95 and PD-1 expression in spontaneous resolvers. scRNAseq revealed reduced expression of interferon-stimulated genes in HCV-specific CD4 T cells after DAA therapy compared to their chronic/baseline counterparts ( $p < 0.001$ ). Circulating viral mutations were genotype-specific and not associated with the corresponding HLA-DRB1 alleles. HCV-specific CD4 T cell clones recognized both mutated and non-mutated circulating epitopes equally, while by the artificially MHC class II anchor residue mutated epitopes were not recognized.

**Conclusion:** All circulating amino-acid substitutions within CD4 T cell epitopes were recognized by HCV-specific CD4 T cell clones targeting the wild-type sequence. Thus, the loss of viral escape mutations of HCV-specific CD4 T cells does not appear to be a dominant mechanism of viral persistence. DAA-mediated HCV clearance is associated with a downregulation of interferon signatures on HCV-specific CD4 T cells. However, they still maintain phenotypic differences to those from spontaneous resolvers.

## 12. Antibodies to food antigens contribute to hypergammaglobulinemia in patients with decompensated liver cirrhosis

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**Background:** Portal hypertension is the major driver in disease progression from the compensated, asymptomatic stage to decompensated, symptomatic stage of liver cirrhosis. Hypergammaglobulinemia (HGG), characterized by elevated immunoglobulin G (IgG) levels, is a common feature of decompensated liver cirrhosis. However, the mechanisms underlying HGG and their antigen specificity are incompletely understood. With its immune tolerant environment, the healthy liver mediates local and systemic tolerance to self and foreign antigens, including food antigens. We hypothesize that ingested food antigens bypass the liver in the context of liver cirrhosis and portal hypertension, thereby failing to undergo tolerization and subsequently eliciting immune responses.

**Method:** We analyzed food-specific IgGs against 90 different food antigens in a cohort of 11 healthy controls 17 individuals with cirrhosis and 8 with a transjugular intrahepatic portosystemic shunt (TIPS). As the generation of IgGs is a T cell dependent process, we analyzed food-antigen-specific T cell responses using overlapping peptides (OLPs) targeting immuno-dominant regions of four different food antigens.

**Results:** Individuals with liver cirrhosis showed significantly higher food-specific antibodies (average of food-specific IgGs: 9.5 µg/ml in patients with liver cirrhosis, 16.6 µg/ml with TIPS and 1.9 µg/ml in healthy donors). The percentage of food-specific IgGs relative to the total IgGs increased from 1.6% in healthy donors to 4.1% in individuals with cirrhosis and further increased with TIPS to 5.8%. Analyses of food-

specific T cell responses and systemic inflammation markers are currently ongoing.

**Conclusion:** Our data demonstrates that food-specific immune responses might contribute to HGG in individuals with liver cirrhosis and portal hypertension.

## 13. Bulevirtid in Chronic Hepatitis Delta: Clinical Outcomes from a Decade-Long Retrospective Analysis

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**Background:** Hepatitis delta virus (HDV) infection is a severe form of viral hepatitis associated with progressive liver disease and significant complications. Patients with hepatitis B virus (HBV) coinfection are at a markedly increased risk of developing liver cirrhosis, hepatocellular carcinoma, and liver-related mortality. Until recently, the only available treatment option for HDV was the off-label use of interferon, which is associated with limited efficacy and considerable side effects. The approval of bulevirtid has introduced a targeted therapeutic option for patients with chronic hepatitis delta.

**Method:** We conducted a retrospective analysis of all patients diagnosed with HDV infection in our department over the past 10 years. For statistical analysis, we performed Multivariate analysis of variance, MANOVA, using SAS 9.4.

**Results:** A total of 26 patients tested positive for HDV antibodies, of whom 17 progressed to chronic hepatitis delta. Eleven patients (7 males, 4 females) received bulevirtid treatment. At treatment initiation, three patients had established liver cirrhosis. During follow-up, reductions were observed in alkaline phosphatase (ALP) levels (mean(bulevirtid\_baseline)= 88,09 U/l, mean(bulevirtid\_12months)= 59,38 U/l; mean(control\_baseline)= 230,75 U/l; mean(control\_12months)= 206,33 U/l; between subject effect:  $p < 0,01$ ), aspartate aminotransferase (AST) levels (mean(bulevirtid\_baseline)= 68,27 U/l, mean(bulevirtid\_12months)= 56,38 U/l; mean(control\_baseline)= 207,50 U/l; mean(control\_12months)= 150,67 U/l; between subject effect:  $p < 0,011$ ), bilirubin levels (mean(bulevirtid\_baseline)= 0.74 mg/dl, mean(bulevirtid\_12months)= 0.65 mg/dl; mean(control\_baseline)= 1,48 mg/dl; mean(control\_12months)= 1,17 mg/dl; between subject effect:  $p < 0,0031$ ) and HDV-RNA levels (mean(bulevirtid\_baseline)= 1323181.82 copies/ml, mean(bulevirtid\_12months)= 36975.00 copies/ml; mean(control\_baseline)= 416825.00 copies/ml; mean(control\_12months)= 17914733.33 copies/ml; between subject effect:  $p < 0,0467$ ). Importantly, no progression of liver fibrosis was detected.

**Conclusion:** Bulevirtid appears to be a safe and effective treatment for chronic hepatitis delta in a real-world clinical

setting. These findings support its role as a sustainable therapeutic option for patients with HDV infection.

#### 14. Functional Dyspepsia and Intestinal Permeability: A Systematic Review and Meta-Analysis of Tight Junction Protein Studies

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**Background:** Emerging evidence suggests that aberrations in tight junction (TJ) protein expression - resulting in impaired duodenal epithelial barrier function - may be a critical factor in increasing intestinal permeability and thereby contributing to the pathogenesis of functional dyspepsia (FD).

**Methods:** A comprehensive systematic search was performed across PubMed, EMBASE, and Scopus using a set of predefined keywords. This approach facilitated the identification of relevant studies for subsequent qualitative and quantitative analyses.

**Results:** The review encompassed a total of eight studies for qualitative synthesis and five studies for quantitative analysis, involving 666 participants, of whom 420 were diagnosed with FD. Comparative assessments between FD patients and control subjects revealed no statistically significant differences in the expression of several key TJ proteins, including claudin-1 (effect size: -0.102; 95% CI: -0.303 to 0.099), claudin-2 (0.161; 95% CI: -0.134 to 0.456), claudin-3 (0.278; 95% CI: -0.280 to 0.837), claudin-4 (0.045; 95% CI: -0.264 to 0.354), ZO-1 (-0.221; 95% CI: -0.683 to 0.241), ZO-2 (-0.070; 95% CI: -0.147 to 0.007),  $\beta$ -catenin (-0.135; 95% CI: -0.484 to 0.214), E-cadherin (-0.083; 95% CI: -0.229 to 0.063), and occludin (-0.158; 95% CI: -0.409 to 0.093). Notably, ZO-3 expression was significantly diminished in the FD cohort compared to controls (effect size: -0.148; 95% CI: -0.223 to -0.073).

**Conclusions:** While most examined TJ proteins - including claudins, ZO-1, ZO-2,  $\beta$ -catenin, E-cadherin, and occludin - did not display significant alterations between FD patients and controls, the observed reduction in ZO-3 levels may represent a specific molecular alteration contributing to the duodenal barrier dysfunction in FD. These findings highlight the potential role of ZO-3 in FD pathophysiology and warrant further investigation.

#### 15. AI-Driven Polyp Sizing Using Waterjet as Reference: A Prospective Superiority Trial

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**Background:** Polyp size plays a crucial role in determining follow-up intervals after polypectomy, yet its assessment is prone to interobserver variability. This study evaluates the performance of Poseidon, an AI-based polyp sizing method that uses a waterjet as a reference, in clinical routine comparing it to that of physicians.

**Methods:** Patients scheduled for colonoscopy in February 2024 and March 2024 were recruited for this prospective, superiority trial. After identifying a polyp, the physician first provided a visual size estimation. The physician then applied the waterjet, directing the stream so that it contacted the mucosa adjacent to the polyp, enabling Poseidon to estimate the polyp's size. Finally, an endoscopic instrument of known size was placed beside the polyp. Following the examination, both the polyp and instrument were manually segmented to obtain the gold standard measurement. The examiner was blinded regarding the results of the measurement. The primary outcome was the error in size estimation for both physicians and Poseidon.

**Results:** A total of 34 patients undergoing colonoscopy were enrolled. Among 73 identified polyps, 44 were included in the analysis. Seventeen polyps were excluded due to improper waterjet positioning, and in 13 cases, gold standard measurements could not be obtained. Poseidon's size estimation achieved a significantly lower mean percentage error of 30.9% (95% CI, 22.7% - 39.0%) compared to 40.9% (95% CI, 30.5% - 51.3%) for physicians ( $p = 0.019$ ).

**Conclusions:** In this single-center study, the AI-based Poseidon model demonstrated superior accuracy in polyp size measurement compared to physicians. Further non-blinded studies are warranted to explore the impact of human-machine interaction on polyp size assessment.

#### 16. A Prospective Trial Comparing Artificial Intelligence and Physician Estimates for Colonoscopy Withdrawal Time

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**Introduction:** Withdrawal time (WT) is a key quality criterion colorectal cancer screening. Recent developments in artificial intelligence (AI) appear to have potential in standardizing WT calculation. However, clinical validation is needed.

**Methods:** Patients appointed for colonoscopy were recruited from December 2023 to March 2024 for a prospective, superiority trial. During colonoscopy, an AI for determining the WT ran on the background. The AI also automatically generated an image report for the examination. The primary outcome was the absolute error. Gold standard was obtained by frame-by-frame annotation of the examination recording. The AI-generated image report was independently assessed by four endoscopists in terms of quality. ClinicalTrials.gov NCT06094270.

**Results:** A total of 126 examinations from December 19, 2023, until March 27, 2024 were analyzed. The proposed AI method showed a significantly lower mean absolute error of 2.16 minutes compared to the 4.23 minutes error of physicians ( $p < 0.01$ ). Additionally, 81% of assessments for the AI generated reports rated them as highly satisfactory.

**Conclusions:** This work shows promising results in WT estimation and potential for future clinical applications. It also represents an important step toward AI integration in streamlining clinical workflows and enhancing the quality of colorectal cancer screening.

## 17. Evaluation of the full-thickness resection device for endoscopic resection of duodenal neuroendocrine tumors

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**Background:** Endoscopic full-thickness resection (eFTR) has expanded the spectrum of endoscopic resection methods available for duodenal neuroendocrine tumors (NET) in recent years. However, data is scarce due to the rare tumor entity. Endoscopic mucosal resection (EMR) has a low R0 resection rate for the same indication, while endoscopic submucosal dissection (ESD) may have better R0 resection rates, although it is associated with higher rates of undesirable complications.

The aim of the study was to obtain evidence on the R0 resection rates, complications and recurrences after eFTR and therefore to enable an initial comparison with the established resection procedures for the same indication.

**Method:** A retrospective, international and multicenter study was conducted. The survey covered full-thickness resections of duodenal NET which took place between January 1, 2015, and December 31, 2023. Data collection was performed between April 2023 and February 2024. The primary endpoint was the R0 resection rate; secondary endpoints included the technical success, complication rate and recurrence rate during the follow-up period.

**Results:** A total of 170 patients from 35 centers worldwide who underwent eFTR to remove a duodenal NET were included (average age: 64 years); 41.4% (70 patients) were female. The average tumor size was 10 mm and in 84.1% (142 cases) the lesion was mostly located in the duodenal bulb. A technically successful resection was achieved in 163 (95.9%) and R0 resection in 122 (71.8%) cases. R0 resection was significantly less likely to be successful in lesions located in the proximal duodenal bulb than in those located distally (83.7%) ( $p = 0.002$ ). Furthermore, with regard to R0 resection, there was no difference between lesions less than 15 mm and those equal to/greater than 15 mm. Interventions from 2021 onwards also showed a significantly higher R0 resection rate than interventions from previous years ( $p = 0.022$ ). Post-interventional complications occurred in 23 (13.6%) patients, including bleeding in 12 cases. Serious complications were found in only 3 (1.8%) interventions. Follow-up data was available for 115 patients. In the average follow-up period of 9.5 months, a recurrence was detected in 2 (1.74%) patients.

**Conclusion:** The eFTR is an effective and safe resection procedure for the treatment of local neuroendocrine tumors in the duodenum. In addition to the high R0 resection rate, peri- and post-interventional complications and recurrences were the absolute exception in the examined follow-up period. It is expected that it will increasingly become a standardized treatment procedure in the future. Regardless of the promising data, further large-scale, prospective studies with a longer follow-up period are required.

## 18. Feasibility, Safety, and Outcome of Repeat Endoscopic Full-Thickness Resection (EFTR) of Recurrent or Residual Colorectal Adenoma after Previous EFTR: a Monocentric Retrospective Analysis

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**Background:** Endoscopic full-thickness resection (EFTR) can be used to treat recurrent or residual colorectal adenomas.

No data is available on the treatment of recurrences after EFTR, especially on the feasibility and safety of repeat EFTR (re-EFTR).

**Methods:** This single-center retrospective study included patients who underwent re-EFTR in the colorectum. Technical success, adverse events (AEs), and recurrence were analyzed. This study cohort was retrospectively compared to a control cohort of patients with primary EFTR, and a propensity score-matched analysis was performed.

**Results:** Twenty-seven patients who underwent re-EFTR were included. The median age was 75 years (range: 54 – 85 years), and 9 patients were female (33.3%). The indication for re EFTR was recurrent adenoma in 24 patients (88.9%), and most lesions were in the right-sided colon (n = 22; 81.5%). Technical success was achieved in 22 (81.5%) patients. Reasons for failure were failure to reach the lesion in one case and inability to fully mobilize the lesion into the cap due to scarring in 4 cases. Follow-up after 2–6 months revealed recurrent lesion in 5 of 24 cases (20.8%), and 3 more occurred during further follow-up. Surgery was necessary in 2 cases. AEs occurred in 2 cases (7.4%). Comparison with primary EFTR showed a trend towards lower technical success (81.5% vs. 100.0%, P = .051), but no differences in recurrence or AEs.

**Conclusions:** Repeat EFTR for recurrence after a previous EFTR is feasible in most patients, and only a few patients require surgical resection. The rate of recurrence might be higher than that after primary EFTR, yet there are no differences in adverse events.

## 19. Key predictors of post-ERCP pancreatitis in choledochal gallstone extraction

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*Lucian Blaga Faculty of Medicine, University of Sibiu, Romania*

**Background:** Endoscopic retrograde cholangio-pancreatography (ERCP) is a widely used procedure for the management of choledocholithiasis and bile duct obstructions. However, post-ERCP pancreatitis (PEP) remains a significant complication, requiring identification of the predictive factors to enhance risk stratification and patient management.

**Method:** This retrospective, single-center study analyzed data from 134 patients who underwent ERCP between January 2020 and January 2023 at the County Clinical Emergency Hospital of Sibiu. PEP was defined as a threefold increase in serum amylase levels associated with clinical symptoms. We assessed demographic factors, procedural details and biological markers to determine their predictive value for PEP.

**Results:** Multivariate analysis identified female gender (OR: 2.89, p=0.005), elevated total bilirubin on admission (OR: 5.26, p<0.001) and inflammatory markers such as CRP ratio (OR: 4.34, p<0.001) and post-ERCP neutrophil-lymphocyte ratio (OR: 3.28, p=0.003) as significant predictors of PEP. Additionally, the combined use of Dormia basket and balloon dilation reduced P19. EP incidence (OR: 2.89, p=0.009).

**Conclusions:** This study highlights key risk factors for PEP, underscoring the importance of pre-procedural risk assessment. Integrating these predictors into clinical practice may contribute to reduced PEP incidence and improve patient outcomes.





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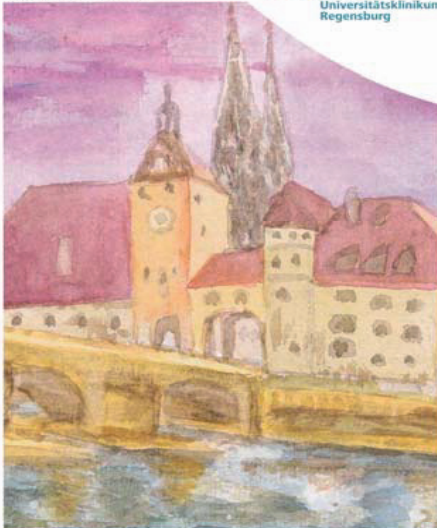

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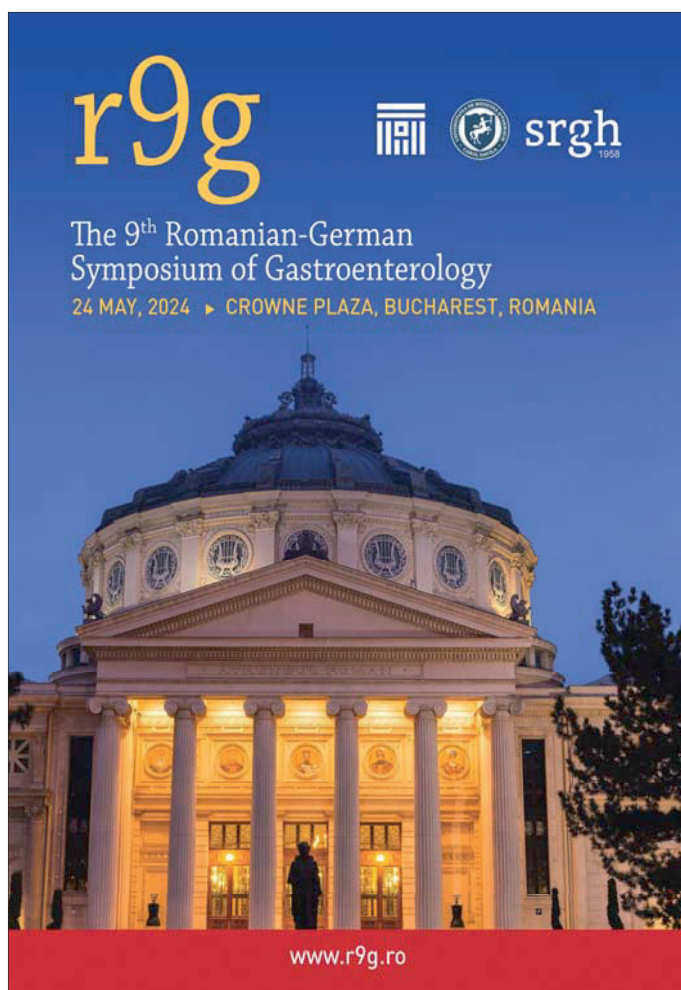
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