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See page S1



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***Proceedings of the 41th National
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[Abstract:0092]

Use of Albumin Infusion for Cirrhosis-Related Complications: An International Position Statement

Zhaohui Bai^{1,2}, Nahum Méndez Sánchez³, Fernando Gomes Romeiro⁴, Andrea Mancuso⁵, Cyriac Abby Philips⁶, Frank Tacke⁷, Metin Basaranoglu⁸, Massimo Primignani⁹, Mostafa Ibrahim¹⁰, Yu Jun Wong¹¹, Filipe Gaio Nery¹²

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Background/Aims: Numerous studies have evaluated the role of human albumin (HA) in managing various liver cirrhosis-related complications. However, their conclusions remain partially controversial, probably because HA was evaluated in different settings, including indications, patient characteristics, and dosage and duration of therapy.

Materials and Methods: Thirty-three investigators from 19 countries with expertise in the management of liver cirrhosis-related complications were invited to organise an International Special Interest Group. A three-round Delphi consensus process was conducted to complete the international position statement on the use of HA for treatment of liver cirrhosis-related complications.

Results: Twelve clinically significant position statements were proposed. Short-term infusion of HA should be recommended for the management of hepatorenal syndrome, large volume paracentesis, and spontaneous bacterial peritonitis in liver cirrhosis. Its effects on the prevention or treatment of other liver cirrhosis-related complications should be further elucidated. Long-term HA administration can be considered in specific settings. Pulmonary oedema should be closely monitored as a potential adverse effect in cirrhotic patients receiving HA infusion.

Conclusion: Based on the currently available evidence, the international position statement suggests the potential benefits of HA for the management of multiple liver cirrhosis-related complications and summarises its safety profile. However, its optimal timing and infusion strategy remain to be further elucidated.

[Abstract:0097]

Epidemiology of Concurrent Non-Alcoholic Fatty Liver Disease in Chronic Hepatitis B Patients and its Impact of Long-Term Outcomes

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Background/Aims: The prevalence of concomitant non-alcoholic fatty liver (NAFL) and steatohepatitis (NASH) in chronic hepatitis B (CHB) patients is increasing. This study aims to evaluate the prevalence of these conditions and analyze epidemiological, laboratory, and fibrosis data, including the presence of cirrhosis.

Materials and Methods: Patients who underwent liver biopsy for CHB at Trakya University School of Medicine from 2017 to 2023 were included. Epidemiological data and laboratory values were examined. Pathological data included the necroinflammatory activity of viral hepatitis (HAI - histological activity index), fibrosis degree (Ishak score), hepatosteatosis degree, and NAFLD activity score. Patients with a NAFLD score of 4 or higher were considered to have NASH.

Results: A total of 329 patients were included, with 50.2% being female and a mean age of 51±12 years. Among them, 192 had CHB, 98 had CHB with NAFL, and 39 had CHB with NASH. Hypertension was observed in 21.6%, dyslipidemia in 14.3%, and diabetes in 12.2%. Compared to the CHB group, the group comprising NASH was older, predominantly female, and had higher rates of diabetes, dyslipidemia, hypertension, higher HAI scores, advanced fibrosis (F4-6), and cirrhosis. The group containing NAFL was older and had more dyslipidemia and hypertension than the CHB group. Patients with HAI ≥ 6 were predominantly male, older, and had higher ALT, AST, ALP, GGT, prothrombin time, and INR values, along with lower platelet and albumin levels. They also had higher rates of diabetes and NASH. Logistic regression showed male gender, diabetes, and NASH were associated with HAI ≥ 6, while diabetes, hypertension, and NASH were linked to advanced fibrosis.

Conclusion: A significant proportion of CHB patients exhibit concomitant NAFL and NASH. The presence of NASH is associated with advanced fibrosis and a higher incidence of cirrhosis. Therefore, it is essential to screen and treat NAFLD in the follow-up of CHB patients.

[Abstract:0117]

Investigation of The Efficacy and Safety of Endoscopic Wide Band Resection (EWBR) in The Treatment of Colorectal Polyps Under 25mm

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Background/Aims: Endoscopic band ligation (EBL) is a common treatment modality in gastroenterology. EBL or band-EMR can be of limited use in the treatment of colorectal polyp (CRP) due to the small inner diameter of the cap of current EBL devices. ESD is a common and accepted technique for the treatment of CRP. However, its application may be limited in patients with concomitant diseases and the procedure may lead to complications. The narrowest part of the colon is the rectosigmoid junction with a diameter of 2.5 cm. Based on this knowledge, we designed and manufactured a cap with an outer diameter of 24 mm at the widest point for use in high-risk patient groups. We used this device in the treatment of CRP with a diameter less than 25 mm. This study aims to investigate the efficacy and safety of endoscopic wide band resection (EGBR) in the treatment of CRP.

Materials and Methods: The study included patients who were evaluated in our hospital between 11.2020 and 12.2024. The study included 31 patients with CRP who underwent EGBR treatment and a control group of 28 patients with CRP of similar size and localization who underwent ESD.

Results: 61.3% of the patients in the study group and 9.5% of the patients in the control group had risky disease, CVD $P = .00$. In the study group, procedure duration (14.41 ± 7.47 min vs 35.85 ± 12.54 min, $P = .004$), presence of bleeding prolonging the procedure (5.9% vs 28.6%, $P = .00$), low hemoglobin (0.57 ± 0.50 gr/dL vs 1.18 ± 1.01 gr/dL, $P = .00$), and length of hospitalization (1.03 ± 0.17 days vs 2.28 ± 1.92 days, $P = .001$) were significantly lower than in the control group. Margin positivity was similar in both groups (3.5% vs 3.5%, $P = 1$).

Conclusion: EGBR treatment is effective and safe in the treatment of $25\text{mm} \leq \text{CRP}$. Our results suggest that EGBR may be an alternative to ESD treatment in selected cases

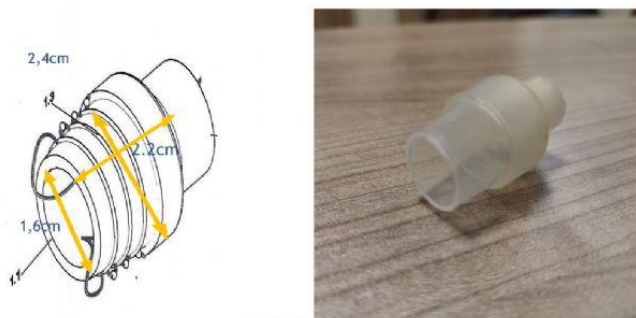


Figure 1. EGBR cap. The technic picture and the original cap used in the EWBR are shown in the figure.



Figure 2. Some of the EWBR cases. In case no. 1, pre-procedural (a), post-wide band (b), post-resection (c) and macroscopic (d) views of the polyp. The pathology result of the lesion was consistent with tubular adenoma. There was no dysplasia. The margin was clear. In case no. 2, pre-procedure (a), post-broadband (b) and post-resection (c) images of the polyp. The pathology result of the lesion was consistent with tubulovillous adenoma. High grade dysplasia was present. The margin was clear. At 6 months endoscopic control, no recurrence was observed (d). In case no. 3, the polyp was visualized pre-procedure (a) after wide banding (b), after resection (c) and macroscopically (d). The pathology result of the lesion was consistent with tubulovillous adenoma. High grade dysplasia was present and consistent with tubular adenoma. The margin was clear.

[Abstract:0118]

Factors Associated with Recourse to Surgery During Intra-Abdominal Abscesses Complicating Crohn's Disease

Hind Lahssini¹, Fatima Ezzahra El Rhaoussi¹, Mohammed Tahiri¹, Fouad Haddad¹, Wafaa Hliwa¹, Ahmed Bellabach¹, Wafaa Badre¹¹Department of Gastroenterology Hepatology and Proctology, Ibn Rochd University Hospital Center, Casablanca, Morocco

Background/Aims: Crohn's disease (CD) is a chronic inflammatory bowel disease that can lead to serious complications such as intra-abdominal abscess formation. Although initial treatment often relies on medical management including antibiotics and percutaneous drainage, failure of these treatments may necessitate surgical intervention. The aim of this study was to identify the factors associated with recourse to surgery in MC patients with complicated intra-abdominal abscesses.

Materials and Methods: We conducted a retrospective analytical study in the Hepato-Gastro-Enterology Department of CHU Ibn Rochd in Casablanca, including all patients with CD who developed intra-abdominal abscesses. Data were collected over a 9-year period, from 2015 to 2024. Statistical analysis of factors was performed using the t-Student or Mann Whitney test for quantitative variables, and the Chi2 test for qualitative variables. The significance threshold was set at $P < .05$.

Results: The total sample comprised 81 patients, 59.3% of whom were male, with a median age of 28 years [24-37]. 84% of patients

had ileocolic CD, with a penetrating phenotype in 53.1% of cases. 29.6% of these patients had undergone appendectomy, 17.3% had a history of intra-abdominal abscess and 17.2% had undergone previous bowel resection.

Antibiotic therapy alone was sufficient to dry up the collection in 24.6% of patients, with a median treatment duration of 20 days [11-30]. In addition to medical treatment, 17.3% benefited from surgical drainage and 6.2% from radiological drainage. Surgical intervention to treat abscesses was necessary in 51.9% of cases.

Factors significantly associated with recourse to surgery were: abscess size greater than 4 cm ($P = .005$), fistulizing phenotype ($P < .01$), elevated C-reactive protein ($CRP > 10$) ($P = .002$), absence of background treatment for the disease ($P = .001$).

On the other hand, age, sex, length of hospital stay, location of abscess were not significantly associated with recourse to surgery in respectively $P = .135$, $P = .159$, $P = .701$, $P = .323$.

Conclusion: Early identification of factors associated with recourse to surgery in CD patients with intra-abdominal collections may improve management. These results suggest the importance of risk stratification for a better therapeutic approach.

[Abstract:0125]

The Effect of Colonoscopy Preparation Process on Procedure Related Anxiety

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Background/Aims: The process of undergoing a colonoscopy can be anxiety-inducing for individuals. Nurses can help minimize anxiety levels by providing education and information, thus aiding individuals in adapting to the colonoscopy process. This study aimed to determine the anxiety levels of individuals undergoing colonoscopy in a private hospital.

Materials and Methods: The research was conducted in a descriptive design with individuals who underwent colonoscopies at a private hospital in Ankara between May 1 and August 1, 2024. The study population consisted of individuals who underwent colonoscopy during the research period. The sample included 200 patients who agreed to participate and met the inclusion criteria. Data were collected using a "Personal Information Form" and the "Spielberger State Anxiety Inventory (STAI-1)." Data analysis was performed using IBM SPSS Statistics 26 (IBM SPSS Corp.; Armonk, NY, USA), with frequency distributions (number, percentage) for categorical variables and descriptive statistics (mean, standard deviation) for numerical variables. The Chi-square test, Fisher's exact test, Mann-Whitney U, and Kruskal-Wallis tests were used to evaluate differences between groups regarding demographic characteristics. Cronbach's alpha value was also used to assess the reliability of the scale.

Results: Of the participants, 60.5% were female, 54% were under 55, 58% were married, 54% had an undergraduate or postgraduate

degree, and 59.5% had a chronic illness. Regarding bowel preparation, 64% used Sodium picosulfate + sennoside-B, while 36% used PEG solution. The "Boston Bowel Preparation Classification Scores" indicated that 55% of participants achieved a score of 3, indicating full bowel cleansing. The average STAI-1 score of participants was 41.47 ± 8.30 .

Conclusion: The study concluded that participants had low levels of anxiety before the colonoscopy. Anxiety levels did not significantly differ based on gender, marital status, educational background, presence of chronic illness, medications used for bowel preparation, or educational method. However, anxiety levels varied significantly with age.

[Abstract:0133]

Evaluation of Serum Resolvin D1 Level in Patients with Liver Cirrhosis

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Background/Aims: Resolvin D1 (RvD1), has been shown to have a role in the anti-inflammatory process and fibrogenesis. Thus, RvD1 is speculated to play a role in liver cirrhosis patients who experience fibrosis. Our study aimed to evaluate the relationships between serum RvD1 levels and the stage of the disease as well as cirrhosis complications by comparing the serum RvD1 levels in patients diagnosed with liver cirrhosis with those in the control group.

Materials and Methods: Our study is a cross-sectional study with a prospective control group. The study included 60 patients diagnosed with liver cirrhosis, and 30 healthy people who applied to the outpatient clinic from a single center. In this study, serum RvD1 level and biochemical parameters were compared for the 90 participants total.

Results: In our study RvD1 measurement values of the control group were significantly higher than those of the compensated and decompensated groups ($P = .008$; $P = .021$; $P < .05$). A statistically significant relationship was found between RvD1 measurement and the risk of detecting the disease is 8.6 times higher in cases with RvD1 measurement of 759.68 ng/mL and below for Liver Cirrhosis ($P = .001$; $P < .01$). The risk of detecting Compensated liver cirrhosis was found to be 17.1 times higher in compensated cases with RvD1 measurement of 755.75 ng/mL and below ($P = .003$; $P < .01$).

Conclusion: This study displays how patients with liver cirrhosis have lower RvD1 than that of healthy controls. This study adds to the literature on how RvD1 concentrations can be utilized as a biomarker in the diagnosis of compensated liver disease in human models. Ultimately, our study on Resolvin D1 may guide future studies regarding the use of RvD1 in the field of diagnosis and treatment of liver cirrhosis.

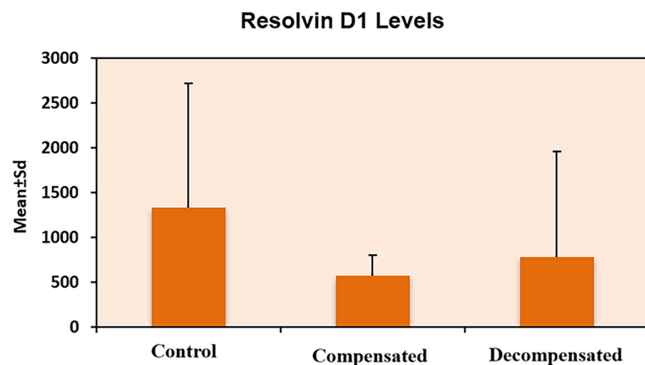


Figure 1. Distributions of serum resolvin D1 measurements in groups.

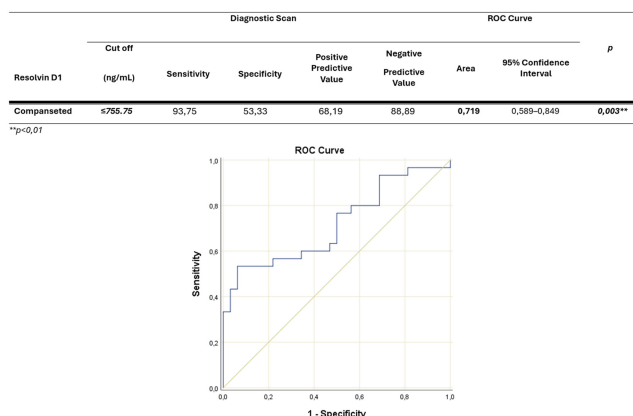


Figure 2. A statistically significant relationship was found between the RvD1 measurement and the 755.75 ng/mL cut-off value in predicting compensated disease ($P = .003$; $P < .01$). We can say that the risk of detecting the disease is 17.143 times higher in cases with RvD1 measurement of 755.75 ng/mL and below.

[Abstract:0140]

Comparative Evaluation of Large Language Models for Glasgow-Blatchford Score Prediction and Therapeutic Decision Support in Acute Upper Gastrointestinal Hemorrhage

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Background/Aims: This investigation aims to assess the efficacy of large language models (LLMs) in calculating Glasgow-Blatchford Scores (GBS) and formulating treatment strategies for upper gastrointestinal bleeding (UGIB).

Materials and Methods: In this retrospective analysis, data from 36 UGIB cases were extracted from the Midwest Medical Information Consortium (MMIC) 3 database. Two prominent LLMs, ChatGPT and Claude, were employed to interpret physician notes, compute GBS, and suggest management approaches. The models' outputs were benchmarked against manual calculations and American College of Gastroenterology (ACG) guidelines. Statistical evaluation encompassed intraclass correlation coefficients (ICC), precision metrics, and guideline adherence rates.

Results: Both LLMs exhibited strong correlation with manual GBS computations (ChatGPT ICC: .93; Claude ICC: .90; $P = .38$). In high-risk patient identification, ChatGPT achieved 89% accuracy, while Claude attained 83% ($P = .65$). Regarding ACG guideline compliance, ChatGPT's recommendations aligned fully 75.0% of the time, surpassing Claude's 69.4% ($P = .03$). The models demonstrated varying proficiency across different clinical domains, excelling in risk stratification but showing limitations in nuanced decision-making scenarios.

Conclusion: This study indicates that LLMs can achieve acceptable accuracy in GBS prediction and UGIB management recommendations. However, the observed performance disparities across clinical aspects underscore the necessity for further refinement and validation prior to clinical integration. These findings highlight the potential of artificial intelligence in augmenting clinical decision support systems for UGIB management, while emphasizing the indispensable role of human expertise. Future research directions should focus on enhancing model precision, expanding the dataset, and conducting prospective trials to validate these findings in diverse clinical environments.

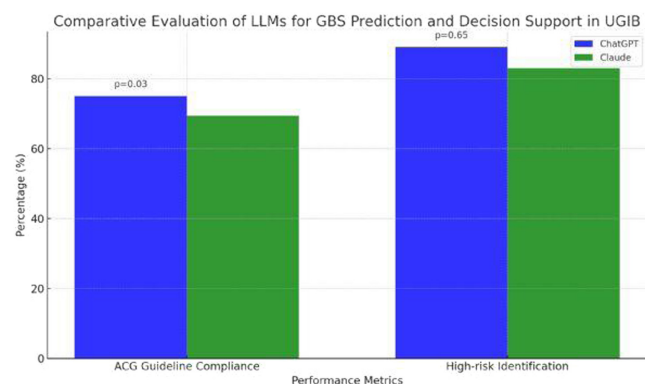


Figure 1. Comparative evaluation of large language models for Glasgow-blatchford score prediction and decision support in upper gastrointestinal bleeding. Figure 1 illustrates the performance metrics of ChatGPT and Claude in adhering to ACG guidelines and identifying high-risk UGIB patients, with P-values indicating statistical significance.

[Abstract:0142]

Investigation of the frequency of exocrine pancreatic insufficiency and its relationship with various clinical and laboratory parameters in type 1 and type 2 diabetes mellitus patients

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Background/Aims: This study aimed to determine the frequency of pancreatic enzyme insufficiency (PEI) in patients with diabetes and evaluate the sensitivity and specificity of the PEI scoring system in diagnosing PEI.

Materials and Methods: Patients were divided into three groups: type 2 DM insulin users, type 2 DM oral antidiabetic (OAD) users, and type 1 DM patients. Fecal elastase 1 (FE1) levels were measured in stool samples of 165 patients using ELISA kits. FE1 levels > 200 µg/g were classified as normal exocrine function. In our study, clinical and laboratory investigations of these three groups were analyzed retrospectively. A questionnaire was applied for PEI symptoms.

Results: In this study, the total prevalence of PEI was 48.50%. The rate of PEI was 59% in type 1 DM patients and 44.6% in type 2 DM patients. In the study group, 35.80% (n = 59) of the patients had mild-moderate PEI, and 12.70% (n = 21) had severe PEI. According to the PEY questionnaire results, 58 patients (35.20%) had a PEI score > .6. Fecal elastase level < 200 µg/g was measured in 38 (23.0%) of these patients who were accepted as PEI according to the PEY score. The PEY score < .6 was found in 107 surveyed patients (64.80%). Fecal elastase level < 200 µg/g was measured in 42 (25.46%) of these patients who were considered to have normal exocrine function according to the PEI score. With these findings, the PEI questionnaire's sensitivity (sensitivity) and specificity (specificity) in detecting pancreatic exocrine insufficiency were 47% and 76%, respectively, and the positive and negative predictive values of the test were calculated as 65% and 60%, respectively.

Conclusion: PEI is a common condition in diabetic patients. Patients diagnosed with diabetes should be evaluated for PEY, PEY symptoms should be questioned, and further investigations should be performed when necessary.

[Abstract:0149]

Digestive-AI: AI-Enhanced Diagnostic Solutions for Digestive System Issues

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Background/Aims: The aim of this study is to develop and validate an artificial intelligence-supported diagnostic system named Digestive-AI. The system aims to enhance accuracy and efficiency in diagnosing digestive system disorders. By utilizing advanced machine learning algorithms, it seeks to provide reliable diagnostic solutions for various digestive issues and ultimately improve patient outcomes.

Materials and Methods: Digestive-AI used RandomForest and TensorFlow models trained on comprehensive digestive disorder datasets. Swift was used for creating accurate and erroneous datasets, integrated into a UIKit-based iOS app for real-time analysis. Python facilitated model training and evaluation. An interface was created using Swift language with UIKit, which allowed for the creation of accurate and erroneous datasets for 20 different parameters and potential diagnoses. Diagnostic algorithms from international guidelines were used for each symptom or disease in the dataset. These data were saved in JSON format. The dataset (separately for each symptom or disease) was then used to train the model, with feature selection, model evaluation, and adjustments made to ensure high diagnostic accuracy.

Results: The Digestive-AI model demonstrated strong performance with high accuracy in diagnosing digestive disorders. When tested for diarrhea, the model achieved a correct diagnosis with 97% accuracy, and for abdominal pain, it reached 91% accuracy. The application successfully identified and categorized various digestive conditions based on input data. It was also observed that the model learned over time.

Conclusion: Digestive-AI represents a significant advancement in the field of medical diagnosis for digestive disorders. The AI-supported system provides a powerful tool for healthcare professionals, offering accurate and timely diagnostic insights. Future work will focus on expanding the dataset, improving the model, and adding features to further enhance diagnostic capabilities. The successful application of this technology demonstrates the potential of AI to revolutionize diagnostic applications and improve patient care.

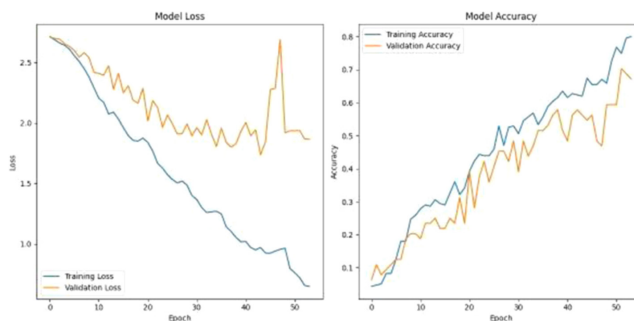


Figure 1. Results of mlModel.

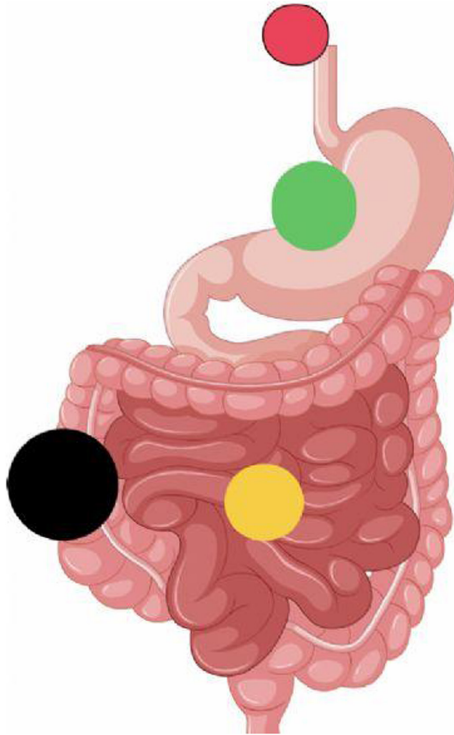


Figure 2. IOS app interface.



Figure 3. IOS app interface.

[Abstract:0158]

Microbiome-Based AI-Assisted Personalized Diet vs. Low Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyols Diet: An Innovative Approach in the Management of Irritable Bowel Syndrome

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Background/Aims: The aim of this multicenter randomized controlled trial is to evaluate the comparative efficacy and feasibility of a microbiome-based AI-assisted personalized diet (PD) versus a low FODMAP diet (LFD) in managing IBS symptoms.

Materials and Methods: A total of 121 IBS patients (71 females, 51 males; mean age = 36.77 ± 10.02) were included in the study. After randomization, 70 were assigned to the PD group and 51 to the LFD group, undergoing a 6-week dietary intervention. IBS subtypes, demographic data, symptom severity (IBS-SSS), anxiety, depression, and quality of life (IBS-QOL) were assessed. Microbiome profiles were tracked using stool samples collected before and after the intervention.

Results: The primary outcome showed a change in IBS-SSS of 2112.7 in the PD group and 299.9 in the FODMAP diet group ($P = .29$). Significant improvements were observed in IBS-SSS scores ($P < .001$), symptom frequency ($P < .001$), abdominal distension ($P < .001$), and quality of life ($P < .001$) for both interventions. Additionally, significant improvements in anxiety levels and IBS-QOL scores were noted for both groups ($P < .001$). The PD intervention significantly reduced IBS-SSS scores across IBS-Constipation (IBS-C; $P < .001$), IBS-Diarrhea (IBS-D; $P = .01$), and IBS-Mixed (IBS-M; $P < .001$) subtypes, whereas the FODMAP diet showed similar improvements in the IBS-C ($P = .004$) and IBS-M ($P < .001$) subtypes. The PD intervention also significantly increased IBS-QOL scores across all subtypes (IBS-C [$P < .001$], IBS-D [$P < .001$], IBS-M [$P = .008$]), while the FODMAP diet had a similar effect only in the IBS-C ($P = .004$) and IBS-D ($P = .022$) subtypes. Furthermore, the PD intervention led to significant changes in gut microbiome diversity ($P < .05$) and taxa, compared to the FODMAP diet.

Conclusion: The AI-assisted personalized diet demonstrates substantial symptom relief, improvement in quality of life, and notable changes in gut microbiome composition by addressing individual differences. These characteristics highlight its potential as a promising approach for IBS management.

[Abstract:0167]

Effect of Periapillary Diverticulum Morphology on ERCP Cannulation and Clinical Results

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Background/Aims: To evaluate the effect of periampullary diverticulum (PAD) subtypes and diameter on endoscopic retrograde cholangiopancreatography (ERCP) cannulation success and clinical outcomes.

Materials and Methods: Patients with PAD and papilla-naïve patients who underwent ERCP with the suspicion of a stone or distal benign stenosis (due to PAD compression) in the common bile duct were included. PAD subtyping was made based on Lobo and Li-Tanaka classification.

Results: Analyzed were 907 patients in all, 164 (18%) of whom had PAD with a median age of 63. Based on the Li-Tanaka

classification, 56 (34.1%) patients had type-2B PAD. Selective cannulation was more common in the PAD group [130 (79.3%) vs 525 (70.7%), $P < .026$], whereas needle-knife fistulotomy was more common in the group without PAD [95 (12.8%) vs 7 (4.3%), $P < .002$]. Cannulation time and success, total procedure time were statistically similar in both groups (for all parameters $P > .05$). When procedure-related AEs and each AEs were compared separately in both groups, no statistical difference was observed. According to the Lobo classification, there were 54 (32.9%) intra-diverticular papillae (IDP) and 110 (67.1%) juxtapapillary diverticula (JPD). Cannulation success and procedure-related AEs were comparable between IDP and JPD. 61 (37%) patients had small diverticula ($<1\text{cm}$), and 47 (28.7%) patients had giant diverticula ($\geq 2\text{cm}$). Subgroup analysis was carried out based on diverticulum diameters as $< 1\text{cm}$, $1-2\text{cm}$, and $\geq 2\text{cm}$, regardless of diverticulum types. Those with giant diverticula had statistically more frequent AEs compared to those with smaller diverticula [7 (14.9%) vs 1 (1.8), $P = .023$], respectively.

Conclusion: It may be associated with diverticulum size cannulation success and procedure-related AEs rather than PAD subtypes. In the presence of PAD, individualized management that considers the size of the diverticulum may reduce the likelihood of adverse events.

	Total (n=907)	Periapillary diverticulum (-) (n=743)	Periapillary diverticulum (+) (n=164)	P-value
Age, years	63 (48-74)	60 (46-72)	72.5 (63-79)	<0.001
Comorbidity, n (%)	119 (13.1)	87 (11.7)	32 (19.5)	0.007
Cardiovascular Diseases	57 (6.3)	40 (5.4)	17 (10.4)	0.017
Chronic Lung Diseases	42 (4.6)	33 (4.4)	9 (5.5)	0.564
Chronic Kidney Diseases	20 (2.2)	14 (1.9)	6 (3.7)	0.161
Indications of ERCP procedure, n (%)				0.182
Choledocholithiasis	847 (93.4)	690 (92.9)	157 (95.7)	
Benign biliary strictures	60 (6.6)	53 (7.1)	7 (4.3)	
Cannulation techniques, n (%)				0.023
Selective	655 (72.2)	525 (70.7)	130 (79.3)	0.026
Needle-knife fistulotomy	102 (1.2)	95 (12.8)	7 (4.3)	0.002
Cannulation time, min	9 (4-16)	8 (4-16)	10 (5-16)	0.061
Cannulation success rate, n (%)	903 (99.6)	740 (99.6)	163 (99.4)	0.550
Total procedure time, min	10 (8-14)	10 (8-13)	10 (8-15)	0.087
Post ERCP complications, n (%)	68 (7.5)	57 (7.7)	11 (6.7)	0.671
PEP	31 (3.4)	28 (3.8)	3 (1.8)	0.339
Perforation	6 (0.7)	5 (0.7)	1 (0.6)	1
Bleeding	25 (2.8)	19 (2.6)	6 (3.7)	0.436
Cholangitis	2 (0.2)	2 (0.3)	-	1
Others (Cardiopulmonary)	2 (0.2)	2 (0.3)	-	1
Death	2 (0.2)	1 (0.1)	1 (0.6)	0.329

Figure 1. Demographic characteristics of patients based on the presence of periampullary diverticulum.

	Diverticulum size			p-value
	0-1 cm (n:61)	1-2 cm (n:56)	≥2 cm (n:47)	
Cannulation techniques, n (%)				0.783
Selective	48 (78.7)	45 (80.4)	37 (78.7)	
Alternative cannulation methods	12 (19.7)	11 (19.6)	10 (21.3)	
Cannulation failure	1 (1.6)	-	-	
Cannulation time, min	10 (5-15)	9.5 (5-14.75)	12 (6-17)	0.466
Cannulation success rate, n (%)	60 (98.4)	56 (100)	47 (100)	0.428
Total ERCP procedure time, min	10 (8-15)	10.5 (7-15)	11 (8-16)	0.651
Total procedure number, n (%)	2 (2-2.5)	2 (2-3)	2 (2-3)	0.704
Stone size in ERCP, n (%)				
>2 cm	2 (3.3) *	6 (10.7)	12 (25.5) *	<0.001
Post ERCP complications, n (%)	3 (4.9)	1 (1.8) *	7 (14.9) *	0.023

* One (*) shows a subgroup that was statistically significantly different from others. Two (*) show subgroups with statistically significant differences between them.

Figure 2. Analysis of procedure details and procedure-related adverse events based on diverticulum size.

[Abstract:0178]

The Cytokine Profile of Primary Biliary Cholangitis (PBC): Is PBC an Autoinflammatory vs. Autoimmune Disease?

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Background/Aims: Primary biliary cholangitis (PBC) is a disease within the spectrum of autoimmune liver disease. However, there is a current debate about whether the underlying mechanism of PBC is an autoinflammatory or autoimmune. This study aimed to elucidate type of immune dysregulation in PBC by evaluating the cytokine and toll-like receptor (TLR) profiles in comparison with celiac disease (CD) and autoimmune hepatitis (AIH).

Materials and Methods: The serum immunological profiles of patients with PBC (n = 45), CD (n = 42), and AIH (n = 44) were analyzed by using ELISA and flow cytometry for the levels of IL-1, IL-6, TLR-4, and TLR-6 (markers of autoinflammatory in innate immune responses); IL-2, IL-4, IL-12, and IL-13 (markers of autoimmunity associated with adaptive immune responses), and IL-10, IL-17, IL-23, IFN-γ, and TGF-β (mediators of both autoinflammatory and autoimmune processes).

Results: Classical autoinflammatory cytokines showed no significant elevations in PBC (IL-1β p=0.188, TNF-α p=0.104, IL-6 P = .790), suggesting a complex immunological profile. Celiac patients exhibited decreased IL-23 levels (P = .05), indicating Th17-mediated responses. AIH patients demonstrated higher

IL-12p70 (P = .005) and IL-23 (P = .001) levels, implying Th1/Th17 predominance, yet classical autoimmune cytokines were comparable to other groups. Table 1 summarizes serum cytokine levels, while Figure 1 illustrates immunological profiles across diseases.

Conclusion: In light of these data, we conclude that the immunopathology of these diseases is more nuanced than suggested by the proposed categorical classifications: 1. PBC presents a generally lower cytokine profile, which does not align with the proposed autoinflammatory pattern. 2. AIH shows a Th1/Th17 predominant response with some autoimmune features but cannot be classified as purely autoimmune. 3. CD exhibits a mixed profile encompassing Th17 responses, which is consistent with the proposed mixed pattern.

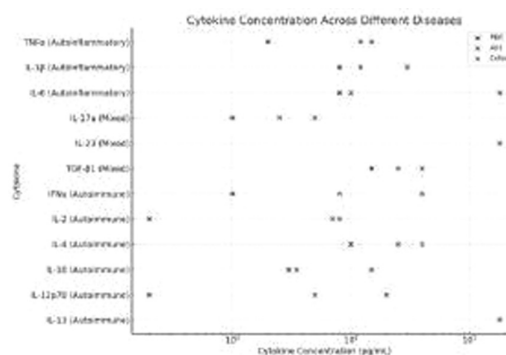


Figure 1. Cytokine concentration across different diseases This figure illustrates the cytokine concentration levels across three different diseases: Primary Biliary Cholangitis (PBC), Autoimmune Hepatitis (AIH), and Celiac Disease. The graph shows the concentration of various cytokines, categorized as autoinflammatory, mixed, or autoimmune, on a logarithmic scale measured in pg/mL.

Cytokine Type	PBC (n=45)	AIH (n=44)	Celiac (n=42)	p-value
Autoimmune				
• IFN γ	0.8 $\pm$ 0.4 (pg/ml)	18.1 $\pm$ 8.1 (pg/ml)	4.1 $\pm$ 2.2 (pg/ml)	0.298
• IL-2	0.4 $\pm$ 0.3 (pg/ml)	3.7 $\pm$ 1.1 (pg/ml)	3.2 $\pm$ 1.4 (pg/ml)	0.062
• IL-4	6.3 $\pm$ 2.7 (pg/ml)	14.1 $\pm$ 5.4 (pg/ml)	29.1 $\pm$ 12.6 (pg/ml)	0.123
• IL-10	2.2 $\pm$ 1.1 (pg/ml)	9.3 $\pm$ 3.9 (pg/ml)	2.6 $\pm$ 1.1 (pg/ml)	0.472
• IL-12p70	0.4 $\pm$ 0.3 (pg/ml)	10.4 $\pm$ 4.5 (pg/ml)	3.1 $\pm$ 1.4 (pg/ml)	0.034*
• IL-13	465.5 $\pm$ 57.4 (pg/ml)	418.8 $\pm$ 65.5 (pg/ml)	375.8 $\pm$ 62.5 (pg/ml)	0.076
Autoinflammatory				
• TNF α	1.3 $\pm$ 0.5 (pg/ml)	10.4 $\pm$ 3.9 (pg/ml)	6.8 $\pm$ 2.8 (pg/ml)	0.104
• IL-1 β	3.5 $\pm$ 1.1 (pg/ml)	16.0 $\pm$ 6.6 (pg/ml)	6.2 $\pm$ 2.3 (pg/ml)	0.188
• IL-6	3.5 $\pm$ 1.6 (pg/ml)	96.1 $\pm$ 74.8 (pg/ml)	5.4 $\pm$ 2.5 (pg/ml)	0.790
Mixed				
• IL-17a	0.9 $\pm$ 0.5 (pg/ml)	4.6 $\pm$ 1.5 (pg/ml)	2.1 $\pm$ 0.9 (pg/ml)	0.074
• IL-23	81.9 $\pm$ 33.9	186.8 $\pm$ 42.1 (pg/ml)	176.8 $\pm$ 55.1 (pg/ml)	0.006*
• TGF- β 1	6.7 $\pm$ 3.5	39.7 $\pm$ 18.6 (pg/ml)	15.7 $\pm$ 8.5 (pg/ml)	0.077

* Indicates statistically significant difference between all groups ($p < 0.05$)

All values are presented as mean $\pm$ standard error of the mean (SEM).

Figure 2. Serum cytokine levels in PBC, AIH, and CD. This table presents the mean serum cytokine concentrations ($\pm$ standard error of the mean) for patients with Primary Biliary Cholangitis (PBC), Autoimmune Hepatitis (AIH), and Celiac Disease (CD). The cytokines are categorized as autoimmune, autoinflammatory, or mixed. Statistically significant differences ($P < .05$) between groups are indicated with asterisks and bold text.

[Abstract:0180]

Comparison of ERCP Outcomes and Complication Risk Between Elderly and Younger Patients: A Large Single-Center Study

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Background/Aims: The current study compared potential risks, complications, and impact on clinical outcomes among elderly and younger patients undergoing Endoscopic retrograde cholangiopancreatography (ERCP).

Materials and Methods: Procedure-related complications, risk factors, and clinical outcomes following complications in elderly patients (aged ≥ 75 years) and younger who underwent biliary ERCP were evaluated.

Results: Median age of 63 (48–74) of 1164 patients who underwent biliary ERCP for the first time, 266 (22.8%) were elderly. Comorbidities were statistically significant (81 (30.5%) versus 78 (8.7%), $P < .001$), and periampullary diverticulum (PAD) was detected more commonly in the elderly group (79 (29.7%) vs 103 (11.5%), $P < .001$). There was no statistical difference in cannulation technique, cannulation time, and cannulation success in both groups, while total ERCP procedure time was higher in the elderly group (22 (16–29) vs 20 (14–29), $P = .030$). Regarding the procedure-related complications, there was no statistically significant difference between the two groups (26 (9.8%) vs 71 (7.9%), $P = .292$). In case of complications, the length of hospitalization stay was statistically longer in the elderly group. Moreover, the elderly had a longer length of hospitalization. Experiencing pancreatitis and a higher probability of developing moderate/severe pancreatitis. In multivariate and univariate analysis, prolonged cannulation time was found to be an independent risk factor in patients ≥ 75 years of age.

Conclusion: This study showed that while ERCP-related complication rates in elderly patients are comparable to younger patients, it can associate with worse outcomes following the complication and prolonged the length of hospitalization.

[Abstract:0193]

Microbiological Spectrum, Antibiotic Resistance, and Clinical Outcomes in Acute Cholangitis: A Prospective Single-Center Study

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Background/Aims: Acute cholangitis (AC) is a serious biliary infection often associated with biliary tract obstruction. Biliary culture results are crucial for guiding antibiotic therapy, but variability in microbiological profiles and rising antibiotic resistance complicate clinical management. This study aimed to evaluate the clinical and microbiological characteristics of patients with AC undergoing endoscopic retrograde cholangiopancreatography (ERCP) and assess the differences among AC severity groups regarding microbiological findings, and clinical outcomes.

Materials and Methods: All consecutive eligible adult patients diagnosed with AC from whom bile aspiration for microbiological examination was performed during ERCP between November, 2020, and September, 2022, were included prospectively. AC was diagnosed and stratified according to Tokyo Guidelines 2018. Demographic data, culture results from bile and, if available, blood samples, and clinical outcomes such as need for intensive care and all-cause mortality were collected. Statistical analysis was performed among mild, moderate and severe AC groups.

Results: A total of 118 patients were enrolled. Bile cultures positivity was 100%. A total of 213 bacterial strains were isolated from the biliary cultures (57.7% gram-negative, 42.3% gram-positive). The most frequently isolated organisms were *Escherichia coli* (23.0%), *Enterococcus* spp. (19.2%), *Klebsiella* spp. (17.8%), viridans group *Streptococci* (14.5%), *Pseudomonas aeruginosa* (5.6%), and coagulase negative *Staphylococcus* (5.6%). Extended-spectrum beta-lactamase-producing *E.coli* and *K.pneumoniae* were detected in 63.3% and 56.7% of each isolate, respectively. Carbapenem resistance was observed in 6.1% of *E.coli* and 33.3% of *K.pneumoniae* and *P.aeruginosa*. Polymicrobial infections were present in 65.3% of cases, more frequently in patients with moderate cholangitis. *Enterococcus* spp. was more frequent in patients with a history of prior ERCP ($P = .03$). Patients with severe cholangitis had significantly higher intensive care unit admission (72.0%) and mortality (20.0%).

Conclusion: Consideration of the local microbiological pattern and antibiotic resistance is critical in the management of AC. Patients with a history of prior ERCP showed different microbiological profiles, and necessitating careful selection of antibiotics.

[Abstract:0197]

Are We Ashamed During Colonoscopy? A Case Study of a University Hospital

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Background/Aims: This study aims to determine the effects of education level, age, gender, marital status, place of residence, and employment status on the embarrassment levels of patients prior to undergoing colonoscopy.

Materials and Methods: Conducted between May and July 2024, this descriptive study involved 185 volunteers from a university hospital's endoscopy unit. Data were collected using a personal information form and a colonoscopy embarrassment scale developed by the researcher. As data showed normal distribution, parametric tests were used for comparisons; independent samples t-test for binary groups and One-Way ANOVA for more than two groups.

Results: The average age of participants was 55 ± 36.47 , with 56.2% female, 84.9% married, 50.8% having primary education, and 45.4% residing in towns. 64.9% of participants reported it was their first colonoscopy. Significant differences in embarrassment levels were found based on gender, occupation, and residence ($P < .01$). 37% of women felt embarrassed if an unfamiliar doctor performed the procedure, 52.82% if they passed gas, 56.73% if they remained awake, 51.9% due to lack of bowel preparation, and 47.1% due to rectal tube insertion. Among town residents, 40.4% expressed embarrassment due to lack of bowel prep and odor, while 45.4% in villages were embarrassed by unfamiliar doctors. 80.15% of women and 45.6% of men would feel embarrassed if awake during the procedure.

Conclusion: The findings suggest providing comprehensive pre-procedural information to patients, establishing accessible platforms for concerns, assessing embarrassment levels, and addressing gender differences in counseling. Furthermore, patients should be allowed to voice their concerns before the procedure. Being awake may increase embarrassment levels, indicating a potential impact of anesthesia on patients' feelings.

[Abstract:0200]

May The Mean Nocturnal Baseline Impedance (MNBI) Value Be Used as A Conclusive Evidence for Pathological Reflux?

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Background/Aims: According to the Lyon 2 consensus; MNBI values below 1500 ohms have been suggested as adjunctive evidence for pathological reflux. Our aim was to find a cut-off value for MNBI that can be used as conclusive evidence of pathological reflux when comparing patients with a conclusive diagnosis of reflux and without reflux diagnosis, according to the Lyon consensus 2.0.

Materials and Methods: Patients who completed the reflux questionnaire and had gastroscopy, manometry and pH-impedance were included in the study. The data were evaluated with the Lyon 2 consensus and Chicago Classification version 4.0 criteria.

Results: Two hundred eighteen patients were included the study. Five patients who didn't meet the criteria were excluded. There were 66 patients with a conclusive diagnosis of reflux and 58 patients without reflux. The median DCI values of meeting conclusive reflux and without reflux groups were 531 (250-944) versus 733 (466-1298) mmHg.s.cm, respectively ($P = .002$), peristaltic break was 3.1 (0.83-5.73) versus 1.3 (0.2-2.9) cm ($P = .002$, $P = .001$, respectively), Acid exposure time (AET) was 6.8% (5.4-10.5) versus 0.75% (0.2-1.78), Reflux episode (RE) was 36 (24-58) versus 13 (5-26.8), MNBI was 2130 (1585-2650) versus 4065 (3155-4872) ohms ($P = .001$).

When the group without reflux versus those diagnosed with conclusive reflux was evaluated, the cut-off value of the MNBI, which was positively predictive for conclusive reflux, was determined as ≤ 3040 ohms ($P < .001$; sensitivity= 87.88%, specificity = 84.48%). A cut-off value of ≤ 624 for MNBI /AET ratio was able to distinguish conclusive reflux groups from without reflux with a sensitivity of 98.48% and specificity of 98.28% ($P < .001$).

Conclusion: A MNBI/ AET ratio cut-off value of ≤ 624 was optimal of separating conclusive reflux groups from without reflux with a sensitivity of 98.48% and specificity of 98.28%. In the conclusive reflux group, Peristaltic break was longer, DCI and MNBI were significantly lower, AET and RE were higher.

[Abstract:0231]

Evaluation of ChatGPT and Claude's Adherence to Tokyo Guidelines in Acute Cholangitis Management

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Background/Aims: Acute cholangitis is a potentially life-threatening condition requiring prompt diagnosis and management. This study evaluates the adherence of two large language models, ChatGPT and Claude, to the Tokyo Guidelines 2018 (TG18) for acute cholangitis management.

Materials and Methods: We analyzed 743 acute cholangitis cases from the MIMIC-III dataset. ChatGPT and Claude were presented with clinical vignettes and evaluated on their ability to classify cholangitis severity and provide management recommendations according to TG18. Performance was assessed using a guideline adherence scoring system (range 0-4). This system evaluated severity grading accuracy, antibiotic therapy recommendations, ERCP timing, and ICU admission indications.

Results: Both models demonstrated high accuracy in severity classification (ChatGPT: 92.0%, Claude: 89.0%, $P = .02$) and guideline adherence. ChatGPT showed slightly superior performance across all metrics (median adherence score: ChatGPT 3.4, Claude 3.0, $P < .001$). Both models excelled in antibiotic recommendations (ChatGPT: 95.2%, Claude: 93.1%, $P = .03$) but showed lower accuracy in biliary drainage timing recommendations (ChatGPT: 91.3%, Claude: 87.2%, $P = .01$). For ICU admission in Grade III cases, ChatGPT (90.2%) outperformed Claude (85.5%, $P = .04$). Accuracy varied by severity grade, with both models performing best in Grade I cases (ChatGPT: 95.7%, Claude: 93.5%, $P = .03$) and showing lower accuracy in Grade III cases (ChatGPT: 87.9%, Claude: 83.8%, $P = .01$).

Conclusion: Large language models exhibit high accuracy in acute cholangitis management according to TG18, with ChatGPT consistently outperforming Claude across all metrics. These models show potential as clinical decision support tools, particularly in settings with limited specialist expertise. However, the lower accuracy in severe cases and biliary drainage timing recommendations highlights areas for improvement. Further research is needed to address these limitations and evaluate the real-world impact of AI-assisted decision-making in acute cholangitis management.

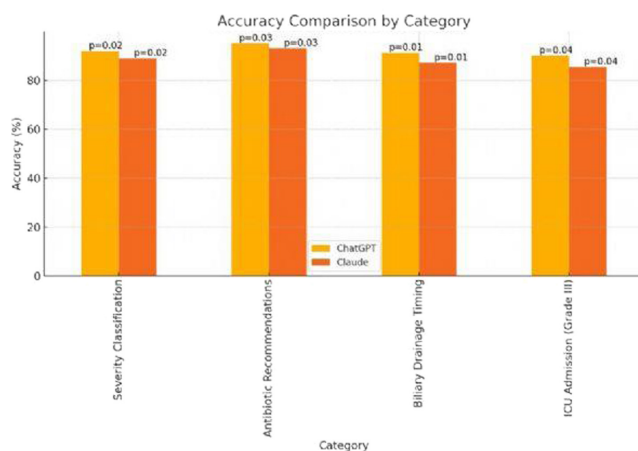


Figure 1. Comparative analysis of model accuracy across management categories. Figure 1 presents a comparative analysis of ChatGPT and Claude's accuracy across four key management categories in acute cholangitis, demonstrating consistently higher performance by ChatGPT in severity classification, antibiotic recommendations, biliary drainage timing, and ICU admission for Grade III cases.

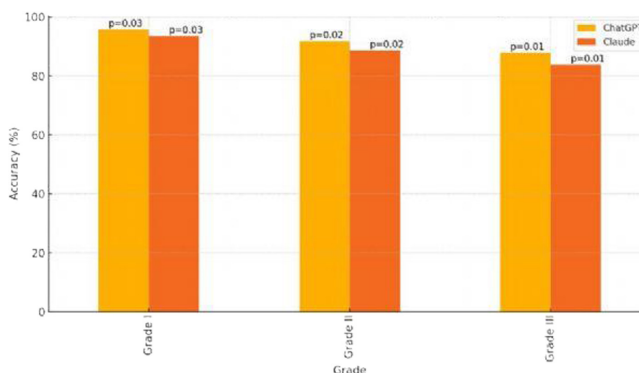


Figure 2. Stratified analysis of model performance by cholangitis severity grade. Figure 2 illustrates a stratified analysis of ChatGPT and Claude's performance accuracy across Grade I, II, and III severity classifications in acute cholangitis cases, demonstrating that both models achieve the highest accuracy in Grade I cases and the lowest in Grade III cases, with ChatGPT consistently outperforming Claude across all grades.

[Abstract:0235]

EUS-Guided Pancreatic Duct Drainage: In Which Patients, How to Perform It? Is it as Complicated as Thought?

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Background/Aims: EUS-guided pancreatic duct drainage (EUS-PDD) is one of the most technically challenging procedures for endoscopists. The most common indications include pancreatic duct strictures, stones, and altered anatomy due to surgery. There are two generally accepted methods for EUS-PDD: the first involves performing retrograde pancreatography following EUS-guided antegrade access, and the second is direct transmural drainage using EUS-guided techniques. This study aims to evaluate patients requiring EUS-PDD, the indications and types of procedures performed, and the success and complication rates.

Materials and Methods: We reviewed 8 patients data who underwent EUS-PDD between 2011-2024 due to various reasons making retrograde pancreatography impossible.

Results: A total of 22 procedures were performed on 8 patients, all of whom were male. The median age was 58.5 years (21-75). Six of the patients had chronic pancreatitis, 7 had pancreatic duct stones, 4 had strictures, 2 had IPMN, and one had a malignant lesion. In our series, one patient received only a plastic stent, one received a metal stent, and the remaining 6 patients had drainage with a combination of plastic and metal stents in subsequent procedures. Three patients underwent dual procedures (EUS-PDD + ERCP) in follow-up sessions, two patients received spyglass-assisted laser lithotripsy following EUS-PDD with an appropriate fistula created, and two patients were referred to Extracorporeal Shock Wave Lithotripsy for pancreatic duct stones after EUS-PDD. Our technical success rate for EUS-PDD was 100%, and the clinical success rate was 82%. There were no serious complications such as perforation or mortality; however, 5 of the 8 patients experienced symptoms such as pain and transient fever after the procedure.

Conclusions: EUS-PDD is crucial for accessing the pancreatic duct in cases of strictures or altered anatomies that cannot be managed via retrograde approaches. Although technically challenging one among the interventional endoscopic procedures, it does not have as high a complication rate as might be thought. In this context, when performed by experienced endoscopists, it has a high safety profile.



Figure 1. EUS-guided pancreatic duct puncture.



Figure 2. Introducing pancreatic stent via gastric fistula.

[Abstract:0248]

Evaluation of Gastric Cancer Development Risk in Patients with Intestinal Metaplasia Diagnosed Pathologically After Esophagogastroduodenoscopy During Follow-Up

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Background/Aims: Gastric cancer, especially intestinal-type adenocarcinoma, is associated with chronic superficial gastritis, atrophic gastritis, intestinal metaplasia (IM), and gastric epithelial dysplasia, which are premalignant lesions related to *Helicobacter pylori* (*H. pylori*) infection. The follow-up period for these premalignant lesions has not been clearly defined in the literature.

Materials and Methods: We aimed to examine the long-term follow-up results of IM and identify facilitating factors for its progression to gastric cancer at Gazi University Faculty of Medicine Hospital.

Between 2013 and 2021, IM was detected in 13.4% of 25,130 patients based on their esophagogastroduodenoscopy results.

Out of 3368 patients diagnosed with IM, only 1454 had follow-up data available, indicating that 56.9% did not participate in or could not attend follow-up appointments.

Results: According to the follow-up results, 49.2% of patients with IM showed no changes, 47.2% did not have IM, and 3.5% experienced progression. Among the patients with progression during follow-up, 42.0% developed adenocarcinoma, 36.0% had neuroendocrine tumors (NET), 20.0% had dysplasia, 6.0% had gastrointestinal stromal tumors (GIST) and 2.0% had lymphoma. The rate of progression of IM to adenocarcinoma was found to be 0.01%.

Conclusion: As this study was conducted on a single center and included a limited number of patients, and due to irregular patient follow-up, longer-term monitoring, more regular patient tracking, and multicenter studies involving a larger number of patients should be conducted to provide a clearer understanding of the long-term effects of IM.

[Abstract:0258]

The Role and Clinical Outcomes of EUS-Guided Radiofrequency Ablation in Pancreatic Tumors

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Background/Aims: Advances in imaging techniques have increased the detection of incidental pancreatic lesions. Additionally, pancreatic cancers are often detected at locally advanced or metastatic stages. While primary curative treatment for pancreatic tumors is surgery, chemotherapy/radiotherapy are the primary treatment options for locally advanced/metastatic tumors. Radiofrequency ablation (RFA) is also being used as an effective method for hepatocellular carcinoma, liver metastases, and unresectable pancreatic tumors. EUS-RFA provides effective ablation with a low side effect profile through real-time imaging. This study aims to investigate the effects of EUS-RFA on clinical outcomes and follow-up parameters in patients.

Materials and Methods: Data from 15 patients who underwent EUS-RFA between 2011 and 2024 for locally advanced/metastatic pancreatic tumors and neuroendocrine tumors (NET) were retrospectively reviewed. Endosonographic examinations were performed using a linear echoendoscope (EG-3870UTK and EG38-J10UT Linear-Array Ultrasound Gastroscope, Pentax Europe GmbH, Germany). For RFA, the EUSRA™(EUS-Guided RFA, Taewoong Medical, South Korea) was used.

Results: The median age of the patients was 65 years (25-89), and 6 (40%) were female. Tumors were mostly located at the pancreatic head (5 patients). The median diameter of the RFA-applied lesions was 35 mm (15-60 mm); biopsy results showed adenocarcinoma in 13 lesions, metastatic NET in one, and grade-I NET (insulinoma) in one patient. Seven tumors were metastatic, and 8 were locally-advanced stage. RFA was administered in 1 to 3 sessions, with 30-50 watts and durations of 10-30 seconds. At the 9-month follow-up, 66% of patients were still alive, with the median tumor diameter

reducing from 35 mm to 28 mm. All surviving patients had preserved total hypodense necrotic area. In the patient applied RFA for insulinoma, hypoglycemic symptoms completely resolved, and no surgical intervention was required. The median follow-up was 9 months (4-38), and all patients except insulinoma were expired during the follow-up.

Conclusion: EUS-RFA is a minimally invasive, effective method with a low side effect profile for managing unresectable pancreatic tumors and associated symptoms. It can contribute to both performance status improvement and overall survival in cases of locally advanced tumors. Multicenter, prospective studies could provide better clinical outcomes regarding the efficacy of this method.

[Abstract:0260]

Diagnostic Scoring in Biliary Atresia

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Background/Aims: This study aimed to create a diagnostic scoring model to aid the early detection of biliary atresia (BA) by assessing the need for intraoperative cholangiography in patients suspected of having the condition.

Material and Method: A retrospective analysis was conducted on 70 patients who underwent intraoperative cholangiography with a pre-diagnosis of BA between 2019 and 2024. Data from patients diagnosed with BA via intraoperative cholangiography were compared with those who were not diagnosed with BA. Scoring was based on three parameters: acholic stools, ultrasound findings suggestive of BA, and elevated GGT levels. ROC analysis was used to determine the optimal GGT cut-off point for diagnosing BA. The diagnostic efficacy of the scoring system was evaluated.

Results: There were no significant differences between the BA and non-BA groups regarding age and gender. Acholic stools were present in 51 (98%) of BA patients, while 46 (88.5%) had ultrasound findings indicative of BA. All patients had elevated GGT levels. ROC analysis determined that a GGT cut-off of ≥ 366 provided 73% sensitivity, 77.8% specificity, 50% negative predictive value, and 90.5% positive predictive value for BA diagnosis. A biliary score ≥ 1.5 yielded 98% sensitivity, 83.3% specificity, 93.7% negative predictive value, and 94.4% positive predictive value.

Conclusion: The study provides easy-to-use, inexpensive, and sensitive diagnostic criteria to help clinicians determine the need for intraoperative cholangiography and/or the Kasai procedure in infants younger than 3 months with cholestasis. These results should be validated through prospective studies with larger sample sizes.

Table 1. Evaluating The Differences in Patients' Demographic and Clinical Findings Between Groups.

		Cholestasis without biliary atresia (18) n-%	Biliary atresia (52) n-%	p
Gender	Female (36)	8-44.4	28-53.8	0.492
	Male (34)	10-55.6	24-46.2	
Acholec stool		9-50	51-98.1	<0.001
BA finding on US (70)		5-27.8	46-88.5	<0.001
Abdominal US	Normal	13-72.2	6-11.5	<0.001
	Gallbladder contracted	5-27.8	33-63.5	
	Gallbladder could not be visualized	0-0	13-25	
Histopathological findings	Portal fibrosis (70)	10-55.6	42-80.8	0.035
	Bile duct proliferation (70)	12-66.7	31-59.6	0.596
	Bile plug (70)	9-50	30-57.7	0.571
	Cholestasis (70)	10-55.6	38-73.1	0.168
	Hepatocyte degeneration (67)	4-23.5	13-19.4	0.840
	Inflammation in the portal area (66)	4-23.5	24-36.3	0.513
	Extramedullary hematopoiesis (66)	2-12.5	5-10	0.777
	Ductal pallet malformation (66)	4-25	13-26	0.937
	Choledochal cyst	0-0	4-7.8	0.221
Hepatosteatorsis		1-5.6	3-5.9	0.959
Ex		1-5.6	13-25.5	0.071
Sinus inversus		0-0	1-1.5	0.541
Hepatomegaly		15-83.3	49-94.2	0.155
Splenomegaly		12-66.7	50-96.2	0.001
Statistics: Crosstabs-Chi-square test				
Abbreviations: US: Ultrasonography				

Table 2. A Comparison of The Laboratory Findings Between The Two Groups.

	Cholestasis without biliary atresia (18) Mean±SD	Biliary atresia (52) Mean±SD	p
Age (year)	62.5±20.04	57.76±22.31	0.430
AST (U/L)	326.61±110.46	229.68±135.87	0.082
ALT (U/L)	182.83±98.76	147.07±119.77	0.260
GGT (IU/L)	355.56±112.15	731.21±571.42	0.013
ALP (U/L)	716.05±340.96	724.41±309.95	0.924
Total bilirubin (mg/dL)	10.60±4.04	10.95±4.87	0.787
Direct bilirubin (mg/dL)	6.82±2.96	7.64±3.83	0.414
Total protein (g/dL)	5.34±0.67	5.86±0.72	0.008
Albumin (g/dL)	3.14±0.39	3.22±0.54	0.566
Hb (g/dL)	10.61±1.21	12.70±1.54	0.570
WBC (10 ³ /μL)	13.48±5.30	13.78±4.91	0.830
PLT (10 ³ /μL)	427.56±145.91	435.72±213.25	0.881
MPV (fL)	10.36±0.87	10.13±1.69	0.479
PDW (fL)	12.44±2.74	14.26±3.11	0.032
GI (10 ³ /μL)	0.077±0.12	0.114±0.322	0.642
G (%)	0.497±0.880	0.677±1.960	0.712
PT (%)	83.57±35.33	76.12±37.86	0.472
PTT (sn)	14.89±7.77	12.13±5.28	0.105
INR	1.13±0.30	0.99±0.41	0.201
Globulin (g/dL)	2.19±0.69	2.64±0.78	0.032
Biliary atresia score	1±0.76	2.57±0.53	<0.001
Statistics: Independent student T test.			
Abbreviations: AST: Aspartate transferase ALT: Alanine aminotransferase GGT: Gamma-glutamyl transferase ALP: Alkaline phosphatase, Hb: Hemoglobin WBC: White blood cell PLT: Platelet MPV: Mean platelet volume GI: Granulocyte index G%:Percentage of granulocytes PT: Prothrombin time PTT: partial thromboplastin time INR: International Normalized Ratio			

Table 3. Determining The Best Cut-Off Points for Biliary Atresia.

	best cut-off point for biliary atresia	Area under the curve	Sensitivity	Specificity	%95- CI	Negative PV	Positive PV	P
GGT (IU/L)	≥366	0.749	0.730	0.778	0.632-0.845	50	90.5	<0.001
Biliary score	≥1.5	0.931	0.98	0.833	0.846-1.000	93.7	94.4	<0.001
Statistics: ROC Curve analysis								
Abbreviations: GGT: Gamma-glutamyl transferase PV: predictive value								

[Abstract:0262]

Investigation Interplay between Inflammation and Endoplasmic Reticulum Stress in Achalasia Patients

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Background/Aims: Idiopathic achalasia is a rare disease with an incidence of 1-10 per 100,000 people. It is characterized by the loss of inhibitory neurons in the myenteric plexus, which disrupts normal esophageal motility. Inflammatory processes have been implicated in the loss of these neurons, but it is unclear if they also trigger Endoplasmic Reticulum (ER) stress.

Materials and Methods: The study involved 6 controls (3 male, average age 46.6 ± 7.8 years), 14 patients with type 1-2 achalasia (7 male, average age 50.8 ± 9.3 years), and 7 with type 3 achalasia (3 male, average age 42.5 ± 4.6 years). Control muscle tissues were collected during esophageal cancer surgery, and achalasia biopsies were taken during the POEM procedure. Samples from both proximal and distal esophageal segments were analyzed for gene expression of 39 inflammation-related and 5 ER stress-related molecules using qRT-PCR.

Results: In proximal esophageal samples, only type 3 achalasia patients showed a significant decrease in IL-10 gene expression (-6.36 fold, p=0.038) compared to controls. No significant differences were observed between proximal and distal regions in the control or type 2 groups. However, in type 3 achalasia, 16 genes were deregulated between the proximal and distal esophagus. Fourteen of these were associated with inflammation, with 10 exhibiting pro-inflammatory characteristics, and two genes (IRE1, DDIT3) were linked to ER stress.

Conclusion: The increased inflammation in the distal esophagus of type 3 achalasia patients may have triggered ER stress. In another point of view under hypoxic conditions, upregulation of HIF-2a could contribute to the increased expression of MMP9, consequently triggering ER stress. This, in turn, may the upregulation of inflammatory cytokines. One of the potential causes of peristaltic anomalies in the distal esophagus of type3 achalasia could be ER stress.

Table 1. The gene fold change in distal muscle biopsies of the type 3 achalasia group compared to that in proximal muscle biopsies. $P < .05$.

Gene	Fold change (log2-transformed)	p value
CXCL16	3.41	0.027
ICAM1	3.36	0.022
CCL20	1.90	0.042
IL8	1.53	0.022
IFNA1	6.72	0.029
TLR9	3.21	0.028
CCL22	6.07	0.013
MMP9	3.18	0.033
IL22	4.68	0.009
GMCSF	2.88	0.033
IL2	2.84	0.026
CXCL1	3.42	0.035
CXCL10	3.39	0.040
HIF2A	4.46	0.015
IRE1	1.92	0.039
DDIT3	3.26	0.031

[Abstract:0272]

The Effect of Reliver-N App Developed for Patients with Liver Cirrhosis on Hepatic Rehabilitation – Randomized Controlled Single-Blind Study Protocol

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Background/Aims: Liver cirrhosis is a significant public health issue that leads to morbidity and mortality. In order to ensure hepatic rehabilitation for patients with liver cirrhosis, there is a need for the development of applications that support self-management

and symptom monitoring. The aim is to develop a nurse-led mobile health application (ReLiver-N App - Rehabilitation of Liver by Nurse).

Materials and Methods: In this study the upper version of the ReLiver-N App, which was prototyped and tested by the researchers, was developed. The ReLiver-N App was designed according to the steps of the Design-Based Research Model. The content of the ReLiver-N App includes comprehensive health education, patient activation interventions, and a patient decision support system. The feasibility of the ReLiver-N App was evaluated by 10 experts using the Evaluation Form for the Suitability of Written Materials and the Education Content Evaluation Form.

Results: As a result of the experts' evaluation of the comprehensive health education content of the ReLiver-N App, the score obtained from the Evaluation Form for the Suitability of Written Materials was found to be high (20.2 ± 3.0). The Cronbach's alpha internal consistency coefficient for expert opinions was found to be .83. The Education Content Evaluation Form was assessed using the Lawshe Technique, and the content validity index was found to be 0.86. The Kendall's coefficient of concordance was used to evaluate the consistency among expert opinions regarding the patient decision support systems (Kendall $W_a = .598$, $P = .00$). It was determined that there was agreement among the expert opinions on the specified decision support systems.

Conclusion: It can be recommended to utilize digital technologies to help patients with liver cirrhosis actively manage their self-care practices.

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[Abstract:0295]

Clinical Features and Prevalence of Osteosarcopenia in Chronic Pancreatitis

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Background/Aims: The prevalence of sarcopenia and osteopathy is increased in chronic pancreatitis (CP). The aim of our research is to evaluate the prevalence and related factors of osteosarcopenia in CP patients.

Materials and Methods: 83 CP patients were included in this cross-sectional observational study.

The surface area of the paravertebral muscles was measured from the third lumbar region of the cross-sectional image to assess sarcopenia. Pancreatic fecal elastase (PFE) test was used to evaluate pancreatic exocrine insufficiency (EPI). DEXA was used to evaluate osteopathy.

EORTC PAN26 and a symptoms questionnaire were performed. Nutritional markers were measured at the same time as PFE.

Results: The prevalence of sarcopenia and osteoporosis was found to be 19 (22.9%), and 18(21.7%), respectively.

Male gender (OR:4.9, $P = .044$), severe EPI (OR:4.2, $P = .043$), smoking (OR:4.6, $P = .040$) and zinc deficiency (OR:2.2, $P = .029$) were factors associated with sarcopenia.

Severe EPI was determined to be associated with osteopathy ($P = .010$), DM ($P = .001$), sarcopenia ($P = .016$) and zinc deficiency ($P = .012$).

PAN26 scores were higher in individuals with osteoporosis ($P = .029$).

Female gender (OR:7.8, $P = .004$), severe EPI (OR:8.1, $P = .003$) and sarcopenia (OR:5, $P = .037$) were identified as factors independently associated with osteopathy. The prevalence of osteosarcopenia was found to be 19.2%.

Conclusion: Osteosarcopenia is common in patients with chronic pancreatitis. Smoking, zinc deficiency, EPI, and male gender were strongly associated with sarcopenia. Sarcopenia increased the risk of osteoporosis fivefold, and PAN26 results showed us that osteoporosis reduces the quality of life. Osteosarcopenia should be screened for in every patient with CP and appropriate measures should be taken.

[Abstract:0326]

Comparison of The 2008 Simplified Histopathological Criteria and The 2022 New Consensus Recommendation in Terms of Sensitivity and Specificity in Patients with Autoimmune Hepatitis, Primary Biliary Cholangitis and Drug Induced Hepatitis

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Background/Aims: The histological diagnosis of autoimmune hepatitis (AIH) presents significant challenges. In response to these complexities, the International AIH Pathology Group recently developed a consensus recommendation. This study aims to compare the diagnostic precision of the 2008 'simplified' AIH criteria with the 2022

'consensus recommendation'. The research specifically examines the sensitivity and specificity in patients with confirmed diagnoses of autoimmune hepatitis (AIH), primary biliary cholangitis (PBC), and drug-induced liver injury (DILI).

Materials and Methods: The study retrospectively incorporated 111 AIH patients, 33 PBC patients, and 35 DILI patients from three medical centers. Three experienced hepatopathologists and one resident pathologist evaluated the pathological samples. All specimens underwent analysis using both the "simplified" criteria and the newly established consensus guidelines.

Results: The 2008 criteria for AIH diagnosis had a sensitivity and specificity of 88% and 32% for compatible diagnosis, and 42% and 94% for typical diagnosis, respectively. The positive and negative predictive values were 68% and 63% for compatible diagnosis, and 92% and 50% for typical diagnosis. In comparison, the 2022 criteria had a sensitivity and specificity of 95% and 75% for possible AIH, and 60% and 97% for likely AIH, respectively. The positive and negative predictive values were 86% and 91% for possible diagnosis, and 97% and 60% for likely diagnosis. The 2008 criteria yielded a mediocre diagnostic capability with an AUC of .720 (95% CI: .646 - .795, $P < .001$), while the 2022 criteria showed superior performance with an AUC of 0.913 (95% CI: .868 - .957, $P < .001$), demonstrating better prediction of autoimmune hepatitis.

Conclusion: The 2022 consensus recommendation may be more sensitive and specific in the diagnosis of AIH in comparison to the 2008 'simplified' histological criteria. More studies are needed both for the validation of the sensitivity and specificity of the new criteria.

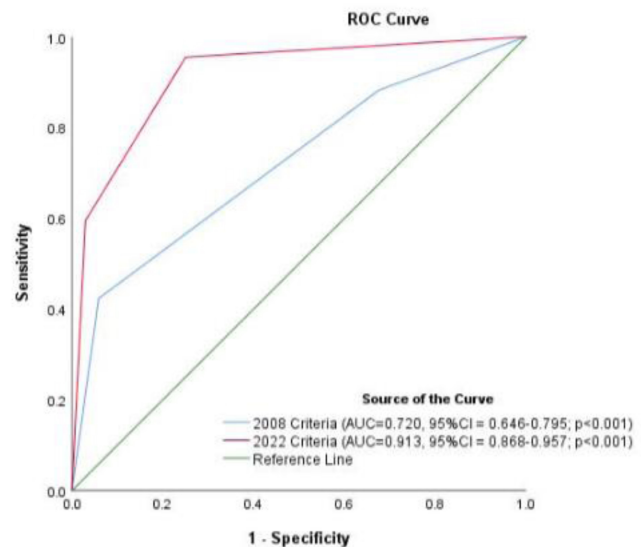


Figure 1. ROC curves for the 2008 criteria (AUC: .720) and the modified 2022 criteria (AUC: .913) in 179 patients.

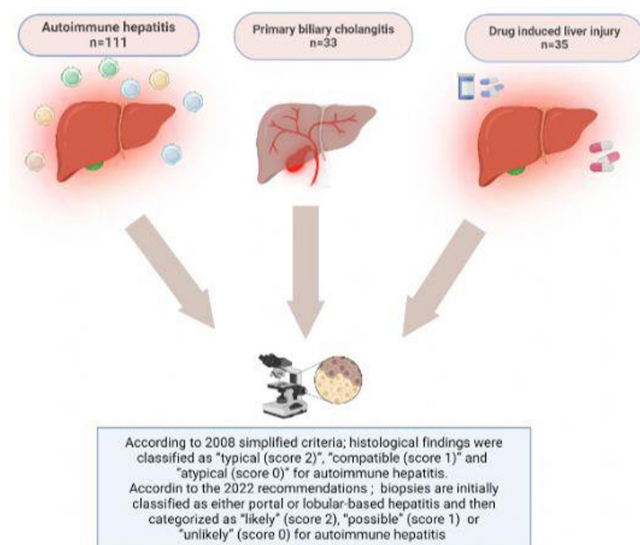


Figure 2. Flow chart of the study design.

Parameters	2008 Criteria		2022 Criteria	
	=2	≥ 1	=2	≥ 1
Sensitivity	47/111 (0.42)	98/111 (0.88)	66/111 (0.60)	106/111 (0.95)
Specificity	64/68 (0.94)	22/68 (0.32)	66/68 (0.97)	51/68 (0.75)
Positive predictive value	47/51 (0.92)	98/144 (0.68)	66/68 (0.97)	106/123 (0.86)
Negative predictive value	64/128 (0.50)	22/35 (0.63)	66/111 (0.60)	51/56 (0.91)

Figure 3. Diagnostic parameters of pathological criteria.

[Abstract:0333]

A Scoring System to Evaluate the Necessity of Abdominal Computed Tomography in Patients with Crohn's Disease Presenting with Sudden-Onset Complaints: The CATCH Score

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Background/Aims: The increased use of computed tomography (CT) in patients with Crohn's disease has been noted in recent studies, although only 30-40% of patients undergoing abdominal CT in the emergency department receive an emergency diagnosis. This study aimed to evaluate clinical and laboratory variables that predict findings on abdominal CT that may necessitate invasive intervention in Crohn's patients with sudden-onset

gastrointestinal complaints. The CATCH (Crohn's Assessment Tool for CT upon Hospitalization) scoring system, consisting of seven parameters, was used to assess Crohn's patients between 2005-2018.

Materials and Methods: The study included 202 Crohn's patients from Gazi University's Gastroenterology Clinic who underwent emergency abdominopelvic CT. The relationship between the CATCH score, CT findings, and the need for invasive intervention was examined.

Results: The CATCH score was highly predictive of positive CT findings, with an AUC of .892 (95% CI: .845 - .939), and a cut-off value of 1.5. For identifying patients needing invasive intervention, the AUC was .891 (95% CI: .840 - .943). Statistically significant differences were found between patients with and without positive CT findings based on the CATCH score ($P < .001$), smoking ($P = .024$), ileocolonic involvement ($P = .001$), diarrhea ($P < .001$), neutrophil and platelet elevation, CRP levels, age at diagnosis, duration of diagnosis, and total number of CT scans (all $P < .001$).

The probability of positive CT findings decreased significantly in smokers and patients with diarrhea or fever, while it increased markedly in patients with ileocolonic involvement, neutrophil and platelet elevation, and elevated CRP.

Conclusion: A CATCH score above 1 is associated with a higher probability of positive CT findings and the need for invasive intervention. This scoring system could aid in clinical decision-making, potentially reducing unnecessary CT use.

Table 1. "CATCH" Score.

Parameter	Yes	No/Unknown
Complaint of diarrhea at presentation	-1	0
Complaint of fever at presentation	-1	0
Smoking	-1	0
Ileocolonic involvement at diagnosis	+1	0
Neutrophil ratio > 75% in WBC count	+1	0
Platelet count > 350×10 ⁹ /mL	+1	0
CRP > 50 mg/L at presentation	+1	0

[Abstract:0337]

Rectal Indomethacin versus Rectal Diclofenac for Prevention of Post-ERCP Pancreatitis

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Background/Aims: Routine rectal administration of diclofenac or indomethacin was demonstrated to be effective preventing Post-Endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (PEP) and is recommended by guidelines. Although studies

showed similar protection rates in various studies, head-to-head comparison as a real-life data is lacking. The aim of this study was to compare rectal diclofenac and indomethacin for protection of PEP. Another aim was to compare these drugs in different subgroups according to patient and procedure characteristics.

Materials and Methods: We retrospectively examined ERCP procedures performed at our hospital between January 2020 and May 2024. Demographic, laboratory and endoscopic records were extracted from the computerized database. At our institution, we use 100 mg indomethacin or diclofenac for all ERCP procedures. During the time period 2264 ERCP were performed, but 683 ERCP procedures could be included because of limited data. Patients complications including PEP, and other post-ERCP laboratory data were compared between the indomethacin and diclofenac group. The effectiveness of the drugs was compared for some subgroups.

Results: Among the patients, 429 received diclofenac and 254 indomethacin. The groups showed similar characteristics according to age, gender, ERCP indication. Overall PEP ratio was 7.3%, whereas PEP ratio was 9.8% in the indomethacin and 5.8% in the diclofenac group ($P = .067$). Post-ERCP cholangitis, perforation, bleeding and cardiorespiratory complications did not differ between groups. Total post-ERCP complication rate was 16.1% and 10.3% for indomethacin and diclofenac, respectively ($P = .030$). Diclofenac and indomethacin success was also not statistically different among subgroups including female gender, younger age, difficult cannulation, pancreatic guidewire passage, periampullary diverticulum and biliary stent placement.

Conclusion: In conclusion, although diclofenac showed better PEP ratio, the difference was not statistically significant. Diclofenac was more effective for preventing total ERCP complications. The drugs have similar effects for protecting PEP in selected subgroups a real-life data.

Table 1. Comparison of Demographic, Pre-ERCP Laboratory Data and Complications Between Indomethacin and Diclofenac Groups.

		İndometazin	Diklofenak	p
ERCP öncesi veriler	Yaş	68,43±15,68	66,14±16,30	0,071
	Cinsiyet (E/K)	111/143	193/236	0,751
	ERCP öncesi beyaz küre	9234±6699	9169±4552	0,895
	ERCP öncesi bilirubin	3,16 ±3,48	3,59±4,34	0,168
	ERCP öncesi amilaz	196,28 ± 618,86	182,78±480,75	0,778
	Post ERCP	41 (%16,1)	44 (%10,3)	0,030
Post ERCP komplikasyonlar	komplikasyon			
	Post ERCP pankreatit	25 (%9,8)	25 (%5,8)	0,067
	Aşkar kanama	3 (%1,2)	3 (%0,7)	0,397
	Kardiorespiratuar komplikasyon	10 (%3,9)	13 (%3,0)	0,519
	ERCP sonrası amilaz	254,9±479,35	195,86±462,25	0,127

ERCP: Endoskopik retrograd kolanjiopankreatografi

Table 2. Post ERCP Pancreatitis Ratio Among Different Subgroups in Patients Receiving Indomethacin or Diclofenac.

	İndometazin	Diklofenak	p
Female	11.9%	6.4%	0.085
Male	7.2%	5.2%	0.462
Younger age (<65 year)	9.5%	7.7%	0.635
Naive papilla	13.1%	7.3%	0.058
Cholecystectomy	10.1%	6.4%	0.418
Difficult cannulation	10.4%	9.7%	0.538
Pankreatic duct cannulation	13.2%	12%	0.522
Stent placing	12.2%	7.3%	0.241
Pancreatic stenting	12.5%	7.1%	0.609
Indication: choledocholitis	9.5%	5.2%	0.059
Indication: malignant cholestasis	16%	6.9%	0.399

[Abstract:0351]

Is Long Term Methotrexate Use Really Fibrogenic?

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Background/Aims: Close monitoring is recommended in patients using long-term Methotrexate (MTX) due to the increased risk of developing liver fibrosis. In our study, we aimed to determine the degree of liver fibrosis in patients diagnosed with Rheumatoid Arthritis (RA) and Psoriatic Arthritis (PA) who received and did not taken MTX treatment by Transient Elastography (TE) and to determine the factors affecting this.

Materials and Methods: Patients diagnosed with RA and PA who used MTX for more than 6 months and those who never taken MTX were included in the study. Demographic data, liver function tests (LFT), hemogram parameters of all patients were examined and FIB-4 and APRI scores were calculated. Cumulative drug dose and duration of use of patients using MTX were determined. Using TE (FibroScan, Echosens, 630 Expert, France) device, liver steatosis level (CAP) and fibrosis score (E) were measured.

Results: Results of 301 patients included in the study were analyzed. There were 193 (64%) patients exposed to MTX and 108 (36%) patients not exposed. Cumulative MTX dose and duration were 4.29 ± 3.52 grams and 78.16 ± 65.2 months on average. No statistically significant difference was found between the patient groups exposed to MTX and those not in terms of noninvasive fibrosis parameters. In patients with a TE fibrosis score of ≥ 7.9 kPa ($n=27$), BMI, CAP score, FIB-4 score, AST, ALT, GGT level and DM frequency were significantly higher. In the multivariate logistic regression analysis of these parameters, TE fibrosis score of ≥ 7.9 kPa was found to be significantly associated with the presence of DM (OR: 4.56 (95% CI:1.62 - 12.84)) and increased BMI (OR:1.23 (95% CI:1.09 - 1.37)).

Conclusion: In patients of RA and PA, cumulative MTX dose and duration of use do not increase the risk for advanced liver fibrosis, whereas the presence of type 2 diabetes and increased BMI seem to increase this.

[Abstract:0356]

Endoscopic Submucosal Dissection for Colorectal Giant Lateral Spreading Tumors: Is It Really Feasible?

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Background/Aims: Western data on colorectal endoscopic submucosal dissection (ESD) especially for classified as giant colorectal lateral spreading tumors (LSTs) are limited. We aimed to assess the efficacy and safety of rectal ESD for superficial lesions larger than 10 cm which has relatively high perforation rate and high technical difficulty.

Materials and Methods: The data of 200 patients with colorectal LSTs who had undergone ESD in our tertiary hospital from July 2015 to June 2024 by a single expert endoscopist were analyzed retrospectively. Based on the size of the lesions, the patients were divided into 2 groups: diameter larger than 10 cm (giant group) and smaller than 10 cm (control group); and clinicopathological characteristics and treatment outcomes were compared and analyzed between these groups.

Results: There were 25 patients in the giant group and 175 patients in the control group. Among patients in the first group, lesions were most often in the rectum (60%), and the laterally spreading tumor-granular nodular mixed type (LST-G-M) was most prevalent (14/25, 56%). The average maximal diameter of giant colorectal LSTs was 135.8 mm (121-336), and the procedure time was 272.0 minutes. En bloc R0 resection rate was similar between the "giant" ESD group and the control group (88% vs 92%; $P = .55$). Dissection time was significantly longer in the "giant" ESD group ($P < .001$). Although post-ESD stenosis rate was higher in the giant group (8% vs. 0%), the delayed bleeding and perforation rates were similar between the two groups. No local recurrences, or distant metastases occurred over a mean follow-up period of 60 months.

Conclusion: ESD for superficial colorectal lesions ≥ 10 cm wide is feasible, safe, and effective therapeutic option even though it is associated with higher technical difficulty and longer procedure times compared with ESD for smaller lesions.

[Abstract:0360]

The Impact of Tumor Budding On Tumor Biology in Patients with Hepatocellular Carcinoma

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Background/Aims: Tumor budding (TB) has recently been evaluated as a histomorphologic indicator of aggressive tumor behavior and is emerging as a valuable prognostic feature in various gastrointestinal carcinomas. However, data regarding tumor budding in hepatocellular carcinoma (HCC) are limited. The aims of the present study were to investigate TB and its effect on tumor biology of HCC.

Materials and Methods: We conducted a retrospective analysis of 17 years of data from 151 resected or explanted liver tissue samples from HCC patients. TB was counted at 20x magnification, and the "hot-spot" region at the invasive edge of the tumor was selected at 10x magnification. TB has been evaluated according to the International Tumor Budding Consensus Conference (ITBCC) method and classified into Grade 1 (0-4 buds), Grade 2 (5-9 buds) and Grade 3 (≥ 10 buds).

Results: Among the 151 patients, 107 (70.9%) were male, with a mean age of 69.4 ± 9.5 years. Cirrhosis was present in most patients (58.3%) and hepatitis B virus infection was the main etiology (55.6%). The median AFP level was 8.5 ng/mL (8 - 123892).

In histopathological examination, 23.1% of tumors were well differentiated, 76.9% of tumors were moderately to poorly differentiated. TB was observed in 70% of the patients with HCC. According to TB classification, 43.9% were classified into Grade 1 (0-4 buds), 16.2% Grade 2 (5-9 buds) and 39.9% Grade 3 (≥ 10 buds). No significant difference was found between TB groups and survival ($P = .129$). Microvascular invasion was seen in 40.9%, 37.5% 35.6% of patients with 1-4 TB, 5-9 TB, and greater than 10 TB ($P = .09$). There was only 16.3% microvascular invasion in the group without tumor budding.

Of note, six out of seven poorly differentiated HCC patients exhibited grade 3 tumor budding. The percentage of well-differentiated tumors was higher in patients without TB (33.3%) and 1-4 tumor buds (31.8%) compared to those with 5-9 tumor buds (16.7%) and > 10 tumor buds (16.9%) $P = .07$.

Conclusion: This preliminary study indicates that tumor budding seems to be correlated with tumor biology.

[Abstract:0366]

Comparison of The Systemic Immune Inflammation Index, Systemic Immune Response Index and Ranson Criteria in Predicting Complications of Acute Pancreatitis

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Background/Aims: The aim of this study was to compare the effectiveness of the systemic immune inflammation index (SII), systemic immune response index (SIRI), and Ranson criteria in predicting complications in patients diagnosed with acute pancreatitis.

Materials and Methods: The study included 84 participants diagnosed with acute pancreatitis at Istanbul Kanuni Sultan Süleyman Training and Research Hospital between January and June 2024. Among the participants, 40 were female and 44 were male. Demographic data and laboratory results were collected. SII, SIRI indices, and Ranson scores were calculated at diagnosis and again 48 hours later. Complications such as pseudocyst, necrotizing pancreatitis, pancreatic necrosis, shock, abscess, and acute renal failure were documented. Appropriate parametric and non-parametric tests were applied.

Results: The mean SII value decreased from 3361 at diagnosis to 1683 at 48 hours ($P < .05$). Similarly, SIRI values decreased from 15.68 at diagnosis to 10.73 at 48 hours, showing a statistically significant reduction ($P < .05$). Both SII and SIRI values were higher in patients with complications and remained significantly elevated at 48 hours ($P < .05$). A significant correlation was found between high Ranson scores and both SII and SIRI, particularly in patients who developed complications. Wilcoxon and Mann-Whitney U tests confirmed that SII and SIRI were strong predictors of complication development ($P < .05$). Kruskal-Wallis analysis further indicated significant differences between types of complications and the indices.

Conclusion: The study demonstrated that SII and SIRI indices, calculated at diagnosis and 48 hours, were strongly associated with the development of complications in acute pancreatitis. While the Ranson criteria were effective, SII and SIRI demonstrated greater predictive reliability in the early stages. The ease and speed of calculating SII and SIRI may render them more practical in clinical use. Future research may further investigate the clinical utility of these indices.

[Abstract:0370]

The Systemic Inflammatory Response Index (SIRI) is a Prognostic Factor For Long-Term Survival in Patients With Pancreatic Cancer

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Background/Aims: Despite significant advances in the diagnosis and treatment of pancreatic cancer, the prognosis remains poor with a 5-year overall survival rate of approximately 10%. Although numerous prognostic factors have been used to predict patient survival in pancreatic cancer, there is still a need for more sensitive and specific prognostic biomarkers than those currently available. The aim of this study is to investigate the existence of new, easily calculable, inexpensive, non-invasive, and time-saving prognostic biomarkers in pancreatic cancer.

Materials and Methods: A total of 164 patients diagnosed with pancreatic cancer were included in the study. One-, two-, and five-year mortality rates were calculated. Statistical analyses were performed using SPSS 19 (IBM SPSS Corp.; Armonk, NY, USA).

Results: Of the 164 patients, 112 (68.3%) were male, and the mean age was 63.29 ± 12.5 years. The mean follow-up period was 18.25 ± 1.67 months, during which 129 patients (78.7%) died. The 1-, 2-, and 5-year survival rates were 43.9% ($n = 72$), 29.3% ($n = 48$), and 21.3% ($n = 35$), respectively. Cox proportional hazards regression analysis was performed to evaluate the impact of age, sex, vascular invasion, surgery, chemotherapy (CT) history, neutrophil-lymphocyte ratio (NLR), Pan-immune inflammation value (PIV), Systemic inflammatory response index (SIRI), and Systemic immune inflammation (SII) index on mortality. In the first, second, and fifth years of follow-up, lack of surgery, presence of vascular invasion, and high SIRI were identified as independent risk factors for mortality in pancreatic cancer.

Conclusion: We found that SIRI is a novel and powerful prognostic factor for overall survival in patients with pancreatic cancer. Monitoring SIRI in pancreatic cancer patients may provide insights into the status of local immune response and systemic inflammation, helping us to predict patient survival.

[Abstract:0374]

The Effect of Periapillary Diverticulum Types on Post ERCP Hyperamylasemia and Pancreatitis

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Background/Aims: Periapillary diverticulum (PAD) is defined as herniation of the mucosa or submucosa through a defect in the muscle layer within a 2-3 cm area around the papilla. This study aimed to determine the incidence of PAD in ERCP patients and to evaluate the relationship between the new classification of PAD and post-ERCP hyperamylasemia and pancreatitis (PEP)

Materials and Methods: A total of 1,317 ERCP procedures performed between January 1, 2022, and December 31, 2023, at Antalya Training and Research Hospital were retrospectively reviewed. The type of PAD was determined according to the He-xian Shi classification. Hyperamylasemia was defined as an increase of three times the normal level of amylase, and PEP was defined as hyperamylasemia along with abdominal pain lasting more than 24 hours and prolonged hospitalization due to post-ERCP pancreatitis.

Results: A total of 594 naive ERCP patients were analyzed. The male-to-female ratio was 1, and the mean age was 63.32 ± 18.36 years (range 15-97). PAD was present in 137 patients (23.1%). The success rate of choledochal cannulation in the first ERCP procedure was determined to be 94.3%. There was no difference in the choledochal cannulation rate between patients with and without PAD (95.6%-93.9%, $P = .53$). Asymptomatic hyperamylasemia was observed in 19.0% of all patients. Post-ERCP hyperamylasemia rates were similar in patients with and without PAD (16.1%-19.9%, $P = .38$). PEP was observed in 8.8% of patients. The presence of PAD was not a risk factor for post-ERCP pancreatitis (7.3% vs. 9.2%, $P = .60$).

Conclusion: PAD is a common finding in ERCP patients, with an incidence of 23.1% in our cohort. The rate of choledochal cannulation did not differ between patients with and without PAD. The presence of PAD does not impact the risk of PEP complications. However, the type of PAD is important; post-ERCP hyperamylasemia is significantly lower in patients with type 2b PAD compared to all other PAD types and patients without PAD.

[Abstract:0380]

Impact of Disease Clearance on the Disease Course in Ulcerative Colitis Patients in Clinical Remission Over a Ten-Year Follow-Up

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Background/Aims: Despite being in clinical remission, ulcerative colitis (UC) patients continue to have a risk of disease flare-ups. This study aimed to investigate the relationship between histological inflammation and disease flare-ups in UC patients in clinical remission.

Materials and Methods: Adult patients with UC, no history of colectomy, followed up in our outpatient clinic, and in clinical remission were included in the study (total Mayo score < 2). Biopsy reports

from colonoscopies performed during clinical remission were examined for histological activity. The follow-up period was defined as 10 years, based on the last clinical remission recorded in the outpatient clinic records. The Nancy histological index (NHI) was used as the histological activity score. Patients with NHI < 2 were considered to be in histological remission. The temporal relationship between histological inflammation and the first clinical flare-up was evaluated using Spearman correlation analysis.

Results: A total of 53 patients, including 26 women and 27 men, with a diagnosis of UC in clinical remission were included in the study. The mean age of the patients was 51.5 years. While 28 patients were in endoscopic remission, 25 were followed up as endoscopically active. Among the 28 patients in endoscopic remission, 15 were in histological remission, and 13 were histologically active. Flare-ups were observed after a median of 18.0 months in patients with endoscopic remission and 10.0 months in those with endoscopic activity ($P = .07$). Flare-ups were observed after a median of 96.0 months in patients with histological remission and 10.5 months in those with histological activity ($P < .05$). A negative correlation was found between histological inflammation and disease flare-up ($r = -.381$, $P < .05$).

Conclusion: The risk of disease flare-ups is higher in patients who do not achieve disease clearance (i.e., those who are histologically active even in endoscopic remission).

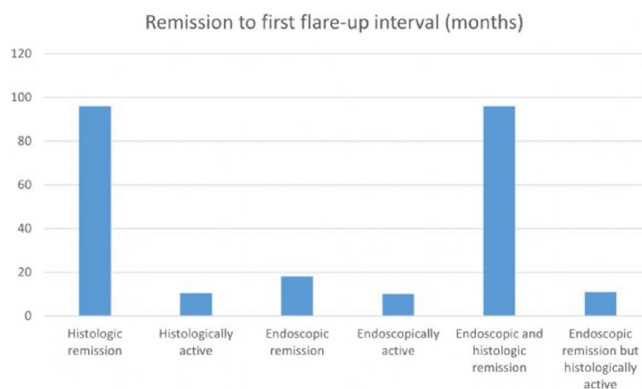


Figure 1. Remission to first flare-up interval (months).

[Abstract:0383]

Frequency Of Pancreatic Fatty in Patients with Polycystic Ovarian Syndrome

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Background/Aims: Insulin resistance, hyperandrogenism, metabolic syndrome and dyslipidemia increase the frequency of pancreatic

steatosis (Ps) in PCOS. In PCOS patients pancreatic and liver steatosis and determine tissue stiffness by ultrasonography and to investigate the correlation with metabolic syndrome and biochemical measurements by non-invasive hepatic indices was the aim of this study.

Materials and Methods: The study included 40 women between 18-46 years with PCOS and 40 healthy women without PCOS. This study is retrospective. In the evaluation of fatty liver and fibrosis; HIS (hepatic steatosis index), LAP (lipid accumulation production) Liver and pancreatic tissue stiffness was measured in kilopascal (kPa) by ultrasound elastography. 2-dimensional shear wave elastography (2D-SWE) was used elastography method.

Results: There was nonsignificant difference between the patient and control groups in terms of age and BMI ($P > .05$).

The frequency of fatty pancreas and fatty liver in PCOS patients was significantly higher than the control group ($P = .008$ and $P = .04$). Women with fatty pancreas and fatty liver were grouped and analysed separately and the prevalence of MetS was higher than the fatty groups ($P = .009$, $P = .05$). Nonstatistically significant difference was observed when PCOS patients were compared with the control group.

Tissue elastography was significantly higher in the groups with fatty pancreas and fatty liver ($P = .006$, $P = .02$). In the non-invasive hepatic indices, LAP and HIS scores were found to be higher in patients with PCOS compared to the control group ($P = .02$, $P = .005$).

Conclusion: The frequency of pancreatic and hepatic steatosis is increased in women with PCOS independent of obesity. The frequency of Mets is increased in patients with fatty liver and pancreas.

PS is at least as strong marker of Mets risk as fatty liver steatosis. LAP and HIS scores, which are non-invasive hepatic indices, can be used in the diagnosis of fatty liver in patients with PCOS. In addition, ultrasonographic 2D SWE is a practical and useful method to evaluate tissue stiffness due to pancreatic and hepatic steatosis.

[Abstract:0398]

Invitro Animal Model for Endoscopic Submucosal Dissection: Bovine Esophagus

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Background/Aims: The guide published by ESGE in 2019 does not recommend performing procedures directly on humans. It recommends performing procedures on at least 20 animal models before starting ESD procedures on humans. Given, access to porcine models is difficult in our country, an animal model was created from bovine esophagus, which is much easier to access.

Materials and Methods: The bovine esophagus in the first 6 hours after slaughter was placed in the prepared apparatus after being

cleaned with tap water and 10% acetic acid (white vinegar). After the area of approximately 2 cm in diameter was marked with the Fujinon 530W gastroscope using a flexknife, the marked area was inflated with methylene blue + physiological serum, and then mucosal incision was performed with the flexknife in the cut mode of the ERBE 300 cautery device at effect 2, watt 40 mode, and submucosal dissection was performed with the swift coagulation mode at effect 4, watt 40 settings. In 10 procedures, the procedure time from the beginning of the marking until the dissection was completed and the presence of muscle damage was evaluated by opening the esophagus after the procedure.

Results: The first dissection in the cow esophagus ESD animal model lasted 63 minutes and there were 2-point superficial muscle damages. At the end of 10 procedures, the dissection of the same size lasted 23 minutes and no muscle damage was detected.

Conclusion: In the study, the procedure time was shortened by two-thirds after 10 procedures. there was only one endoscopist in study and absence of bleeding are the main limitations of the study. However, the model might be useful for the first step of ESD learning.



Figure 1. Animal model view.



Figure 2. Animal model view during the procedure.

[Abstract:0404]

Artificial Intelligence in High-Resolution Manometry Interpretation: A Comparative Performance Analysis

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Background/Aims: High-resolution manometry (HRM) is the gold standard for diagnosing esophageal motility disorders. This study aims to evaluate the efficacy of artificial intelligence (AI) models in interpreting HRM studies, investigating their potential as diagnostic adjuncts in clinical gastroenterology, and examining whether there is a difference between AI models.

Materials and Methods: In this retrospective analysis, we evaluated 83 HRM studies from a validated atlas. Two AI models, ChatGPT and Claude, were prompted with providing diagnostic interpretations and treatment recommendations based on HRM images. Their performance was compared against expert assessments adhering to the Chicago Classification v4.0 criteria. We calculated diagnostic accuracy, sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and inter-rater agreement using Cohen's kappa (κ).

Results: The study cohort ($n = 83$, mean age 41.76 ± 12.93 years, 57.83% female) represented diverse esophageal motility patterns. ChatGPT demonstrated superior diagnostic accuracy (86.7%, 95% CI: 82.1-91.3%) compared to Claude (79.5%, 95% CI: 74.2-84.8%, $P < .001$). ChatGPT's diagnostic performance ($\kappa = .659$, sensitivity = .903, specificity = .909, PPV = .985, NPV = .588) significantly outperformed Claude's. For treatment recommendations, ChatGPT maintained higher accuracy (86.7% vs 80.7%, $P < .001$) and agreement with expert assessments ($\kappa = .692$, sensitivity = .917, specificity = .909, PPV = .985, NPV = .625). Both models excelled in identifying positive cases (ChatGPT: 98.5%, Claude: 96.2%) but showed limitations in accurately classifying negative cases (ChatGPT: 58.8%, Claude: 51.3%).

Conclusion: AI models demonstrate promising accuracy in interpreting HRM studies and recommending management for esophageal motility disorders, suggesting potential utility as clinical decision support tools. However, the performance disparity between positive and negative case identification underscores the need for further refinement and prospective validation.

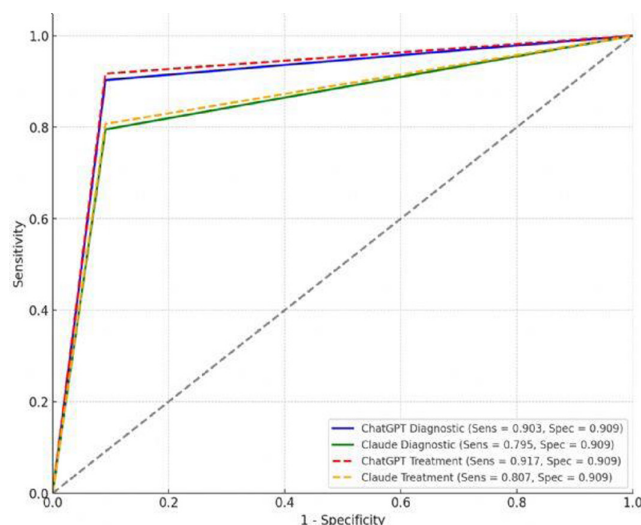


Figure 1. ROC curve for ChatGPT and Claude (diagnostic and treatment accuracy).

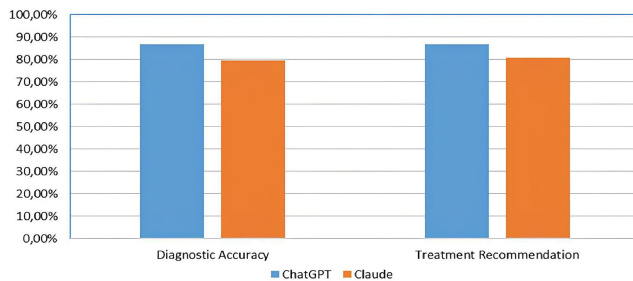


Figure 2. Comparison of diagnostic and treatment accuracy rates of ChatGPT and Claude.

[Abstract:0437]

Duodenal Neuroendocrine Tumors: A Single Center Experience with 36 Cases

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Background/Aims: Duodenal neuroendocrine tumors (NETs) are rare neoplasms of the gastrointestinal system and may possess metastatic potential despite their generally low proliferation rate and slow progression. This study aims to evaluate the clinical course and prognostic features of patients with duodenal NETs.

Materials and Methods: A retrospective analysis was conducted on 36 patients (18 women) treated for duodenal NETs at İzmir Atatürk Training and Research Hospital between 2010 and 2024. Relationships between demographic and clinical parameters — such as age, gender, tumor size, and Ki-67 index — and metastasis status were evaluated. Endoscopic resection was performed on suitable patients; surgical resection was applied to 8 patients. Ga-68 PET scans were requested for all high-risk patients (Grade 2-3 and lesion size over 10 mm).

Results: The characteristics of the patients are summarized in Table 1. Age, gender, and Ki-67 index did not have a significant effect on metastasis ($p > 0.05$). Metastasis was observed in 4 out of 5 cases (80%) where tumor size exceeded 20 mm; no metastasis was detected in tumors smaller than 20 mm ($P < 0.0001$). Metastasis did not significantly affect survival ($P = .734$; OR: 1.47; 95% CI: .15–13.56). Survival rates were 97.1% at 1 year and 91.76% at 5 years. A weak correlation was observed between tumor size and the proliferation index (Ki-67), with a correlation coefficient of $r = .318$ ($P = .016$).

Conclusion: Tumor size is an important determinant of metastatic potential in duodenal NETs; tumors larger than 20 mm significantly increase the risk of metastasis. Metastatic status did not have a significant impact on overall survival. These findings suggest that large tumors may require aggressive treatment approaches. The lack of effect of other prognostic factors such as the Ki-67 index should be reevaluated in future studies with larger patient cohorts.

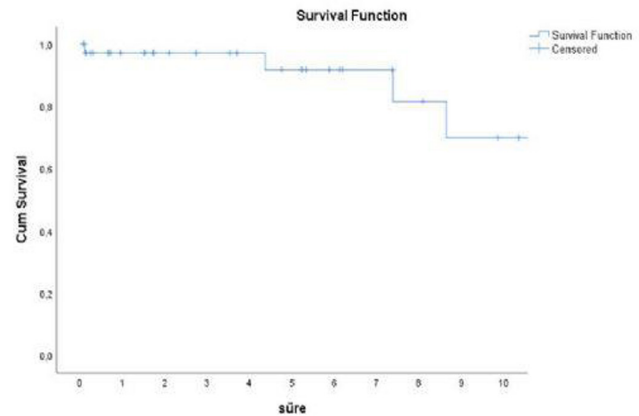


Figure 1. Overall survival of the duodenum NET.

Table 1. Characteristics of Patients Diagnosed with Duodenal NET.

Features	n=36
Age	61 ± 11
Gender (female)	18 (50%)
Size	
<10 mm	16 (44,4%)
10-19 mm	15 (41,7%)
≥20 mm	5 (13,9%)
Single lesion	35 (97,2%)
Multiple lesion	1 (2,8%)
Ki 67 (%)	
<3	25 (69,4%)
'3-20	10 (27,8%)
>20	1 (2,8%)

Table 2. Logistic Regression Analysis Predicting Metastasis.

	p	OR	95% C.I. for OR Lower	95% C.I. for OR Upper
Grade <2	0,383	2,56	0,31	21
Age	0,787	0,99	0,9	1,09
Size ≥20 mm	0,003	93,00	4,56	1895,27

[Abstract:0445]

Comparison of AZA-Related Pancreatitis and AZA-Related GI Intolerance Based on Demographic Factors, Clinical Variables and HLA DQA1/DRB1 Alleles

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Background/Aims: Azathioprine (AZA)-associated acute pancreatitis (AZA-AP) and gastrointestinal intolerance (GI-INT) are common reasons for discontinuing AZA treatment in patients with inflammatory bowel disease (IBD). This study compares HLA alleles, known to be associated with AZA-AP, alongside demographic and clinical data, between patients with AP and those with GI-INT.

Materials and Methods: Data from five IBD centers were used to form three groups: Control (n = 88), AZA-AP (n = 44), and GI-INT (n = 44). The impact of patients' demographic data, disease characteristics and HLA-DQA1/HLA-DRB1 allele status were analyzed. Factors associated with AZA-AP (P < .1) were further evaluated using regression analysis.

Results: A total of 176 patients were evaluated, and their socio-demographic characteristics are summarized in Table 1. Female gender was more prevalent in the AZA-AP and GI-INT groups. Additionally, age at diagnosis was higher in the AZA-AP group compared to the control group (P = .016), with no significant difference observed in the GI-INT group. Alcohol consumption and active smoking were significantly more frequent in the AZA-AP group. In the AZA-AP group, AP developed at a median of 4 weeks, with 91% of cases occurring within the first 3 months. GI-INT developed at a median of 1 day, with a maximum onset time of 3 days. HLA-DQA1/DRB1 positivity was comparable between the GI-INT and control groups (9.2% vs. 14.8%; P = .42) but was higher in the AZA-AP group (27.3% vs. 14.8%; P = .08). Regression analysis indicated that female gender, older age at diagnosis, active smoking, alcohol use, and HLA-DQA1/DRB1 positivity were independently associated with an increased AP risk (OR: 2.7, 95% CI: 1.008–7.221; P = .048).

Conclusion: In IBD patients, AZA-AP most commonly occurs within the first 3 months of treatment and is independently associated with active smoking, alcohol use, female gender, and HLA-DQA1/DRB1 positivity. In contrast, GI-INT typically begins within hours of the first dose, up to a maximum of 3 days, shows no significant demographic differences from the AZA-AP group, and is not associated with HLA-DQA1/DRB1 positivity.

Table 1. Demographic Characteristics, Disease Findings, and HLA Allele Status of The Groups.

	Control n:88	AZA-AP n:44	GI-INT n:44	K p K vs AZA-AP	K p K vs GI-INT
Gender (Male), %	64.8	43.2	34.1	0.018	<0.001
Diagnosis (CD), %	80.7	68.2	81.8	0.11	0.87
Disease Involvement – CD, %					
Ileocolonic	62	66.7	47.2	0.71	0.63
Ileal	22.5	26.7	36.1		
Colonic	9.9	6.7	11.1		
Disease Involvement – UC, %					
Pancolitis	64.7	71.4	25	0.65	0.13
Left sided colitis	29.4	28.6	62.5		
Age at Diagnosis (median-IQR)	31(16.5)	39 (17.2)	34.5 (14.7)	0.016	0.15
Smoking, %					
Active use	21.6	38.6	27.3	0.04	0.47
Exposure (active or past smoker)	49.4	50	59.1	0.95	0.29
Alcohol Use, %	2.3	13.6	9.1	0.017	0.1
PCK, %	1.1	2.3	2.3	1	1
Family History of IBD, %	6.8	11.4	6.8	0.37	1
HLA, %					
DQA1	14.8	18.2	9.2	0.61	0.36
DRB1	4.5	9.1	0	0.3	0.3
DQA1/DRB1	14.8	27.3	9.2	0.08	0.42

CD: Crohn's disease; UC: Ulcerative colitis; PSC: Primary sclerosing cholangitis; IBD: Inflammatory bowel disease

Table 2. Regression Analysis of Factors Associated with Azathioprine-Induced Acute Pancreatitis.

	OR (CI)	p
HLADQA1/DRB1 positive	2.7 (1.008-7.221)	0.048
Active smoking	3.3 (1.358-7.791)	0.008
Alcohol consumption	15.6 (2.663-91.59)	0.002
Gender (Male vs Female)	2.76 (1.225-6.219)	0.014
Older age at diagnosis	1.058 (1.018-1.1)	0.004

[SS-007]

Demographics and Treatment Outcomes in Perianal Fistulizing Crohn's Disease: A 24-Year Cohort Evaluation

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Background/Aims: Consensus on treating perianal fistula (PAF) in Crohn's disease (CD) is lacking. This study examined PAF characteristics and factors associated with radiological remission in a CD cohort.

Materials and Methods: CD patients (1999-2023) with complex PAF (AGA-2003) diagnosed by perianal MRI fistulography and followed for ≥ 12 months were retrospectively evaluated. Clinical remission was defined as no discharge with compression for ≥ 3 months, and radiological remission as fibrotic tracts in MRI.

Results: Among 1688 CD patients, 417 (25%) had PAF. After excluding patients with <12 months follow-up ($n = 117$), 300 patients remained: 19% ($n = 57$) had simple PAF, and 81% ($n = 243$) had complex PAF. Among study group ($n = 218$), 8.2% had isolated PAF. Diagnosis age was 28 (IQR: 19), and 67% were male. 44% had PAF initially, while 56% developed it later during follow-up. Most common disease involvement pattern was ileocolonic CD (40%). 15.7% of patients had a family history of IBD and 36% were active smokers at diagnosis. Median follow-up was 64 months; clinical remission was achieved in 60% and radiological remission in 28% ($n = 60$). Treatment included Azathioprine: 85% ($n = 186$), anti-TNF: 91.7% ($n = 200$)-mainly infliximab (83%, $n = 183$)-, and 34.8% ($n = 76$) had multiple anti-TNF use. PAF related diverting-stoma frequency was 18% ($n = 40$). Key factors for radiological remission were absence of terminal ileum involvement, <3 PAFs, and disease severity. Branched fistula formation was linked to poor radiological response. Of patients achieving radiological remission, 75% ($n = 45$) were on IFX, with 40% ($n = 18$) being high-dose. The stepwise treatment, from antibiotics alone to stoma, along with increased clinical and radiological remission rates, is shown in Figure-2.

Conclusion: Stepwise management, starting with combined therapy and escalating anti-TNF dose on demand and even combining with a diverting stoma, as a last resort, improves clinical and radiological remission in CD-PAF.

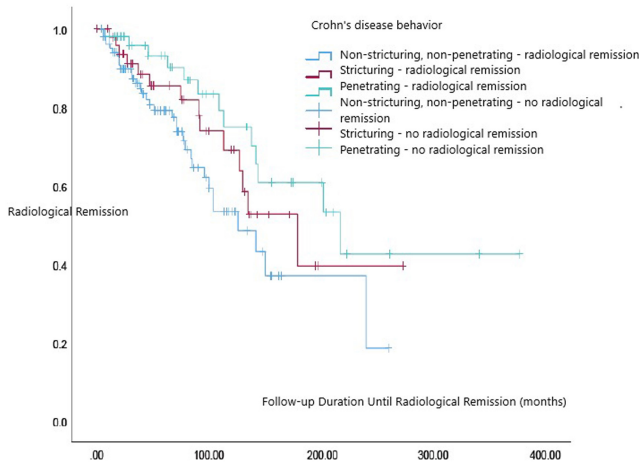


Figure 1. The relationship between disease severity and radiological remission.

The Relationship Between Treatment Steps and Clinical and Radiological Remission in PAF, Spanning from Antibiotic Monotherapy to Stoma

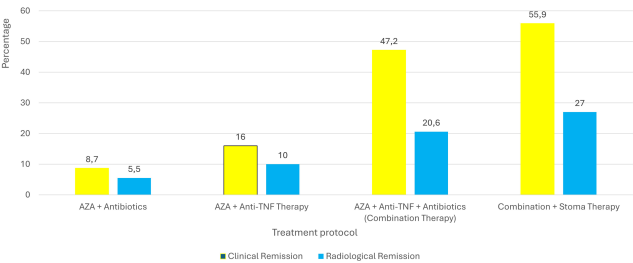


Figure 2. The relationship between treatment steps and clinical and radiological remission in PAF, spanning from antibiotic monotherapy to stoma.

Table 1. Main Factors Associated with Radiological Remission.

Patient Group	No Radiological Remission (n = 158)	Radiological Remission (n = 60)	p-value
Last T. Ileum Involvement			
Present	40 (%37)	14 (%25)	0.038
Absent	69 (%63)	41 (%75)	
Number of PAFs			
2≤	108 (%76)	53 (%88)	0.039
≥3	35 (%24)	7 (%12)	
Penetrating Disease			
Present	47	13	0.462*
Absent	105	38	
Gender			
Male	92 (%64)	43 (%72)	0.313
Female	51 (%36)	17 (%28)	
Antibiotic Requirement			
None/Rare	35 (%24)	22 (%37)	0.179
<50% of Visits	80 (%56)	30 (%60)	
>50% of Visits	28 (%20)	8 (%13)	
IFX Dose Escalation			
Present	42 (%33)	27 (%60)	0.002
Absent	84 (%67)	18 (%40)	

*Figure 1 demonstrates the relationship between luminal penetrating disease and poor radiological response using a Kaplan-Meier curve, with a Log-Rank value of 0.041.

[SS-015]

Outcomes of Subcutaneous Infliximab Therapy in Inflammatory Bowel Disease from the Early Access Program

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Background/Aims: Infliximab is a crucial biological treatment for inflammatory bowel disease (IBD). This study aims to assess real-world outcomes of patients using subcutaneous infliximab (SC IFX) under "Subcutan Remsima Early Access Program" of the Ministry of Health in Türkiye.

Materials and Methods: Data from two centers were included, covering patients who started SC IFX between September 2023 and September 2024. Patient demographics and disease characteristics were evaluated from the database retrospectively.

Results: A total of 103 patients consented to participate, but 9 (8.7%) were excluded before treatment began due to patient withdrawal, active infection, or noncompliance. Of the 94 patients who started SC infliximab (Remsima) treatment, 19 (20.2%) did not reach the 6th week, and 8 (8.5%) were in the 6–12 week treatment period. Among the 57 patients treated for 12 weeks or longer duration, 32 (56.1%) had ulcerative colitis, and 23 (40.3%) had Crohn's disease. Of those in the 12-week-plus category, 30 patients are 12 weeks–6 months, 19 are 6 months–1 year, and 8 for over 1 a-year period of treatment. Across all patients, 2 (1.9%) experienced allergic reactions, 1 (0.9%) required surgery, 4 (3.9%) were primary non-responders and were excluded. Among ongoing 57 cases, 1 patient (1.7%) developed secondary non-response, which was managed by dose escalation, 1 patient (0.9%) due to pregnancy, and 2 (1.9%) Patients due to secondary non-response were excluded. Patient data and study flow are shown in Figure 1 and Table 1.

Conclusion: SC IFX presents as an effective and safe treatment option for IBD.

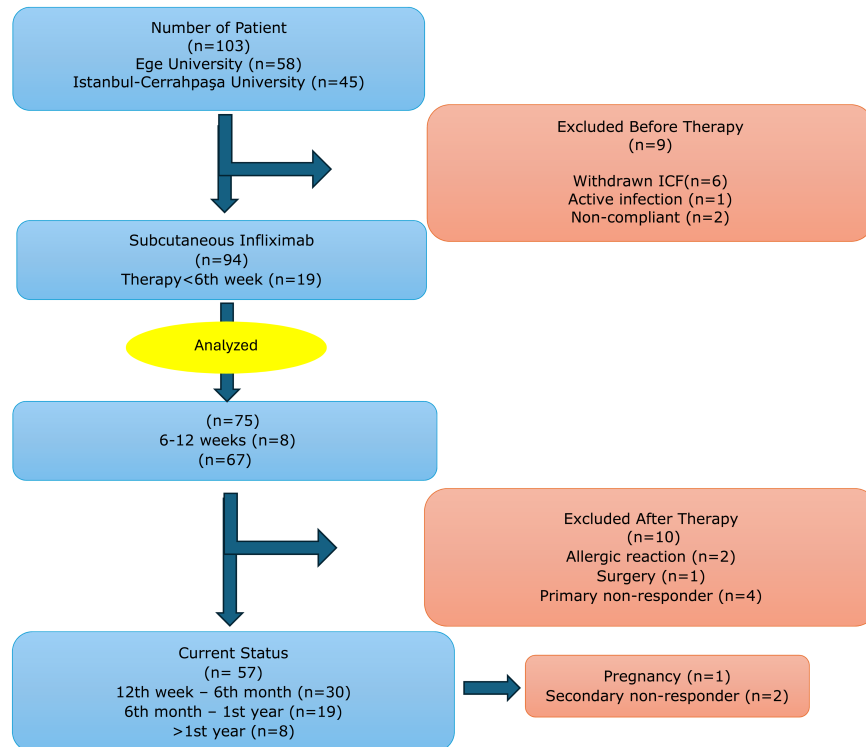


Figure 1. Flow daigram of the study.

Table 1. Patient Characteristics and Outcomes of Subcutaneous Infliximab Therapy in Inflammatory Bowel Diseases.

Variables	Ulcerative Colitis	Crohn's Disease
Total number of patients		n = 103
Number of patients analyzed		n = 75
Disease subtypes (n = 75) (n,%)	46(61,3)	29(38,7)
Center (n = 75) (n,%)		
Ege University Faculty of Medicine	35(46,7)	21(28)
Cerrahpasa University Faculty of Medicine	11(14,7)	8(10,7)
Gender (n = 75) (n,%)		
Female	16(21,3)	15(20)
Male	30(40)	14(18,7)
Age, year (mean ± SD)	44,3 ± 16,5	44,8 ± 15,2
Age of diagnosis, year (mean ± SD)	36,5 ± 16	35,96 ± 15
Duration of disease, year (mean ± SD)	8,1 ± 6,3	8,8 ± 9,3
Type phenotype (n = 75) (n,%)	E1: 11(14,7) E2: 9(12) E3: 26(34,7)	L1 Ileal: 12(16) L2 Colonic 4(5,3) L3 Ileocolonic 10(13,3) Isolated perianal 3(4)
Immunomodulator experience (n = 75) (n,%)		
Yes	36(48)	20(26,7)
IGRA (n = 75) (n,%)		23(30,7)
Negative	41(54,7)	
Kilo kg (mean ± SD)	72,1 ± 17,4	67,0 ± 13
Comorbite Rheumatological disease (n = 75) (n,%)		6(8)
Yes	2(2,7)	
Week 0 clinical scores (mean ± SD)	Modified Mayo Score 5,7 ± 1,7	CDAI Score 237,1 ± 178,1
Week 0 CRP, mg/L (mean ± SD)	10,6 ± 13,5	8,8 ± 9,6
Week 0 fecal calprotectin (mean ± SD)	329,1 ± 300,6	322,9 ± 286,2
Week 6 clinical scores (mean ± SD)	Partial Mayo Score 3,5 ± 1	CDAI Score 179 ± 120
Week 6 CRP, mg/L (mean ± SD)	2,2 ± 2,1	5,2 ± 11,7
Week 6 fecal calprotectin (mean ± SD)	286,1 ± 263,4	147,5 ± 145,5
Week 6 trough level (mean ± SD)	21,9 ± 16	22 ± 5,7
Week 12 clinical scores (mean ± SD)	Modified Mayo Score 2,5 ± 1,3	CDAI Score 76,6 ± 71,3
Week 12 CRP, mg/L (mean ± SD)	2,6 ± 3,7	2,7 ± 3,1
Week 12 fecal calprotectin (mean ± SD)	222,5 ± 324,8	147,3 ± 268,9
Week 12 trough level (mean ± SD)	19,2 ± 19,3	17,3 ± 9,7
6th month clinical scores (mean ± SD)	Modified Mayo Score 2,5 ± 1,7	CDAI Score 69 ± 70,2
6th month CRP, mg/L (mean ± SD)	2,5 ± 3,1	1,9 ± 1,1
6th month fecal calprotectin (mean ± SD)	279 ± 303,1	75 ± 69,3
6th month trough level (mean ± SD)	21,7 ± 12,6	18,2 ± 10,1
1st year clinical scores (mean ± SD)	Modified Mayo Score 2 ± 0	
1st year CRP, mg/L (mean ± SD)	1,5 ± 1,2	
1st year fecal calprotectin (mean ± SD)	222,7 ± 299,1	
1st year trough level (mean ± SD)	14,2 ± 8,2	
Local/systemic side effects (n = 75) (n,%)	1(1,3) (allergic reaction,in IV)	1(1,3) (allergic reaction,in IV)

(Continued)

Table 1. Patient Characteristics and Outcomes of Subcutaneous Infliximab Therapy in Inflammatory Bowel Diseases. (Continued)

Variables	Ulcerative Colitis	Crohn's Disease
Current treatment status (n= 103) (n,%)		
No treatment (6 ICF withdrawn, 1 active infection, 2 non-compliant) (n= 103)	6(5,8)	3(2,9)
Primary non-response, treatment discontinued (n= 75)	3(4)	1(1,3)
1 allergic reaction, discontinued (n= 75)	0(0)	1(1,3)
1 allergic reaction, treatment continued (n= 75)	1(1,3)	0(0)
1 pregnancy, 1 surgery, treatment discontinued (n= 75)	0(0)	2(2,7)
Treatment, complete response (n= 75)	32(42,7)	23(30,7)
Secondary non-response, treatment discontinued (n= 57)	2(3,5)	0(0)
Secondary non-response, treatment continues (dose escalation) (n= 57)	0(0)	1(1,7)

[SS-053]

Real-Life Multicenter Results of Upadacitinib Therapy in Chronic Active and Acute Severe Ulcerative Colitis

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Background/Aims: Ulcerative colitis (UC) is a chronic inflammatory disease causes to morbidity and mortality with chronic active (CAUC) and acute severe (ASUC) courses. Upadacitinib (UPA) is a JAK1 selective inhibitor used in the treatment of UC. This study aims to evaluate the outcomes of UPA as a rescue therapy in ASUC patients who are unresponsive to steroids and infliximab, as well as to assess induction outcomes in CAUC/ASUC.

Materials and Methods: The study included 28 ASUC and 55 UC patients from 10 centers between April2023 and October2024. ASUC results were assessed at week 0, week 1 and week 4. Induction outcomes were evaluated at week 16 (8+8 weeks) retrospectively.

Results: Mean age was 36 ± 13 years; 15 (54%) were female, mean disease duration was 6.9 ± 5.4 years, 27 (96.4%) had prior immunomodulator experience. In ASUC group 17 (60.7%) of patients achieved clinical response by week 1. Among 24 patients who reached week 4, 13 (54.2%) achieved complete clinical response, 10 (43.5%) showed CRP normalization. By the end of week 8, a total of 4 (15%) had undergone colectomy. In the induction group 32 (67.3%) had prior ≥ 2 biologic experiences. UPA initiated due to loss of response in 24 (43.6%), uncontrolled disease in 32 (58.2%). By the end of induction, 33 (60%) of the 55 patients were in remission or had mild disease activity.

Conclusion: Upadacitinib is effective in achieving clinical remission during induction period in UC patients with multiple biologics experience. In ASUC, UPA provided a clinical response within the first week in 60% of cases in anti-TNF and steroid non-responders. By week4, clinical remission observed in half of the patients.

Table 1. Patients Characteristics and Results of Rescue Therapy with Upadacitinib in Acute Severe Ulcerative Colitis.

Variables	week 0 (n=28)	week 1 (n=28)	week 4 (n=24*)
Age (year) mean $\pm$ SD	36 $\pm$ 13		
Gender, female n(%)	15 (%54)		
Disease duration (year) mean $\pm$ SD	6.9 $\pm$ 5.4		
Disease extension, Montreal E3, n(%)	27 (96,4)		
Immunomodulator experience n(%)	27 (%96,4)		
Biologic experience n(%)			
Anti-TNF rescue	12 (%42,8)		
2 Biologics	6 (%21,4)		
≥ 3 Biologics	10 (%35,7)		
CRP (mg/L) mean $\pm$ SD	59 $\pm$ 15		22 $\pm$ 31
CRP Normalization(<3 mg/L) n(%) (n=23)			10 (%43,5)
Rescue Therapy Response n(%)			
Complete Clinical Response		8 (%28,6)	13 (%54,2)
Partial Clinical Response		9 (%32,1)	8 (%33,3)
Non-responder		10 (%35,7)	1 (%4,2)
Surgery**		1 (%3,6)	2 (%8,3)

*3 out of 28 patients completed the treatment within 1-4 weeks.

**1 patient in the first week of treatment, 3 patients in the week 4, 1 patient in the week 8 ;

Rescue Therapy Response:

complete clinical response: stool frequency ≤ 3 /day and rectal bleeding score 0-1;

partial clinical response: stool frequency >3 /day but $\geq 50\%$ decrease compared to baseline and ≥ 1 point decrease in rectal

bleeding subscore compared to baseline;

non-response: those who do not meet response criteria and

requirement of surgery.

Table 2. Patient Characteristics and Induction Responses of Upadacitinib in Patients with Ulcerative Colitis.

Variables	Ulcerative Colitis Cohort (n=55)	
Age (year) mean±SD	39.7±13.9	
Median age (year) (min-max)	40 (18-69)	
Gender, female n(%)	28 (50,9)	
Age at diagnosis, (year) mean±SD	32.9±13	
Disease duration (year) mean±SD	6,8±5,9	
Disease severity n(%)		
Acute severe colitis	19 (34,5)	
Chronic active colitis	36 (65,5)	
Disease extension n(%)		
E1	5 (9,1)	
E2	13 (23,6)	
E3	37 (67,3)	
Comorbid diseases n(%)		
DM/HT	9 (16,4)	
Rheumatologic disease	10 (18,2)	
Cardiac disease	2 (3,6)	
History of thrombosis	2 (3,6)	
Other	14 (24,5)	
Malignancy	0 (0)	
Extraintestinal Manifestation n(%)	14 (25,5)	
Treatment characteristics		
Steroid experience	42 (76,3)	
AZA experience	44 (80)	
1 Biologic experience n(%) / duration mean±SD (months)	11 (20) / 13,3±15,3	
2 Biologic experience n(%) / duration mean±SD (months)	12 (21,8) / 14,7±13,5	
3 Biologic experience n(%) / duration mean±SD (months)	32 (58,2) / 17,2±17,2	
Laboratory (mean±SD)	Week 0	Week 16
CRP mg/l	29.6±24,3	13±21,7
Hemoglobin gr/dl	11.6±2,1	11,9±1,4
Leukocytes 103 mm3/L	8.9±2,8	7.8±2,1
Platelets 103 mm3/L	375±146	362±128
Sedimentation, mm/s	17.4±14,8	11.9±1,3
Fecal calprotectin	575±510	170±299
Mayo Score	10±2	3±2
score<4 (remission/mild disease) n(%)	-	32 (58,1)
Endoscopic Disease activity n(%)	Mayo 3: 36 (66,7)	-

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[PS-002]

Gastrointestinal Stent Experiences of Our Department

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Introduction: This study retrospectively evaluates non-biliary gastrointestinal stents applied in the gastroenterology endoscopy unit between 2014 and 2024 for various reasons.

Case presentation: A total of 97 patients (38 women, 39.2%; 59 men, 60.8%) were included, with a mean age of 62.5 years. The primary diseases requiring stent placement were as follows: esophageal cancer 29 patients (29.9%), pancreatic cancer 15 patients (15.5%), gastric cancer 14 patients (14.4%), esophageal benign stricture 11 patients (11.3%), colon cancer 5 patients (5.2%), rectal cancer 5 patients (5.2%), pyloric stenosis 5 patients (5.2%), lung cancer 4 patients (4.1%), duodenal cancer 3 patients (3.1%), anastomotic stricture 2 patients (2.1%), anastomotic leakage 2 patients (2.1%), and colon-skin fistula 2 patients (2.1%).

Out of the stents placed, 47 (48.5%) were fully covered, 44 (45.4%) were partially covered, and 6 (6.2%) were uncovered. The distribution of stent locations was as follows: esophagus 51 (52.6%), duodenum 31 (32%), colon 5 (5.2%), stomach 4 (4.1%), rectum 4 (4.1%), and small intestine 2 (2.1%). Complications occurred in 22.7% of the cases, with stent migration in 7 patients (7.2%), tumor invasion into the stent in 6 patients (6.2%), bleeding in 4 patients (4.1%), fistula formation in 3 patients (3.1%), food impaction in 1 patient (1.0%), and stent rupture in 1 patient (1.0%). However, no complications occurred in 75 patients (77.3%).

Conclusion: This retrospective evaluation demonstrates that gastrointestinal stenting is largely effective with relatively low complication rates.

[PS-003]

Macklin Effect Secondary To Persistent Hiccups

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Introduction: Hiccups are a common and often transient condition that affects almost everyone at some point. When hiccup episodes last longer than 48 hours, it is defined as persistent hiccups. Many causes of persistent hiccups have been reported, including structural, infectious, or inflammatory disorders affecting the central nervous system, vagus, or phrenic nerve and its branches. Macklin effect (spontaneous pneumomediastinum) is defined as air in the mediastinum due to microalveolar perforations without trauma and is usually benign and self-limiting. Many causes of the Macklin effect

have been reported in the literature. In this case report, we aimed to present a patient who had persistent hiccups and developed the Macklin effect due to hiccups in imaging studies.

Case presentation: A 19-year-old male patient presented with hiccup attacks that had lasted for more than a year and continued for days. Gastroscopy performed in a center revealed endoscopic LES laxity and reflux esophagitis findings. He received ppi, domperidone, and sodium alginate treatments, but his hiccup complaints did not improve. When baclofen was added to his treatment, his hiccups resolved. A thorax CT scan was performed for etiology, and an air density Macklin effect was observed in the right axial interstitium.

Conclusion: In some cases, persistent hiccups may be a sign of an underlying severe disease (e.g., malignancy, multiple sclerosis). Therefore, a comprehensive history, physical examination, and some laboratory and advanced imaging tests should be performed to determine the underlying etiology for patients with hiccups lasting longer than 48 hours, even if a specific cause cannot be found in many patients. This remarkable case is the development of spontaneous pneumomediastinum secondary to hiccups in a patient with uncontrolled hiccups.

[PS-004]

Eosinophilic Gastroenteritis With An Extraordinary Manifestation In A Child: Eosinophilic Ascites

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Introduction: Eosinophilic gastroenteritis is a rare chronic inflammatory disease. The diagnosis is based on clinical findings, peripheral eosinophilia, biopsy proven eosinophilic infiltration of gastrointestinal tract and exclusion of other etiology of eosinophilia. Here we report eosinophilic gastroenteritis in a young patient, with ascites as the primary manifestation.

Case presentation: A 16-year-old girl presented to the emergency department with abdominal pain and ascites. The patient gave a history of abdominal pain, vomiting, and diarrhea lasting for 15 days. The patient, who had no previous medical condition, was noted to have widespread ascites in the abdominal tomography taken at an external center. She was not taking any medications. On examination, she had abdominal distention and ascites. Her blood tests revealed a marked eosinophilia (52.4%), a slightly elevated C-reactive protein, a raised IgE level. Ascitic fluid study showed a high eosinophil count, and serum ascitic fluid to albumin gradient was 0.6. Serum tryptase level and tests evaluating autoimmune diseases were normal. According to skin prick test, she was allergic to house dust mites. Viral, bacterial, and parasitic infections were excluded. Bone marrow biopsy was normal. FIP1L1-PDGFR fusion gene was not detected. Quantiferone-TB test was negative. Esophagogastroduodenoscopy revealed edema in the esophagus, scattered erythematous patchy mucosal lesions in corpus and antrum, edema and erythematous mucosa in bulb and

duodenum. Her colonoscopy revealed scattered hyperemic mucosal lesions and nodularity in the ileum. Biopsy findings showed marked eosinophilic infiltration in gastric antrum, descending colon and rectum. She was treated with oral methylprednisolone, and responded well. Her eosinophil count returned to normal in 5 days. Methylprednisolone was stopped in 14 weeks.

Conclusion: Eosinophilic ascites is an extraordinary manifestation of eosinophilic gastroenteritis. Our patient responded dramatically to oral corticosteroid treatment which supported the diagnosis. As clinicians, we should bear in mind eosinophilic ascites in a patient with unexplained ascites.

[PS-006]

A Rare Case: Perigastric Type 4 Hydatid Cyst Diagnosed by EUS

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Introduction: Hydatid cyst is a zoonotic disease caused by *Echinococcus granulosus*. Although its incidence has been decreasing, it remains common in our country, with a reported prevalence of 50–400 per 100,000. The disease usually affects the liver (50–70%) and lungs (20–30%), but can rarely be seen in other organs or locations. Hydatid cysts located near the stomach are extremely rare and are often mistaken for other cystic or solid lesions. Here, we present a case of a patient who had previously undergone lung and liver surgeries due to hydatid cysts and was found to have a lesion with both solid and cystic components adjacent to the stomach on cross-sectional imaging. Endoscopic ultrasound (EUS) played a critical role in differentiating this lesion from mesenchymal tumors due to its proximity to the stomach and its imaging characteristics.

Case presentation: A 37-year-old male farmer with a history of liver and lung hydatid cyst surgeries presented with long-standing abdominal pain and early satiety. Abdominal tomography revealed a nodular lesion measuring 4x2.5cm with calcified foci near the lesser curvature of the stomach fundus. EUS showed a 4cm diameter lesion consistent with a type 4 hydatid cyst, containing both solid and cystic components, as well as calcifications, located adjacent to but not originating from the stomach wall. EUS was instrumental in demonstrating that the lesion was unrelated to the gastric wall and in providing a detailed assessment of its characteristics, aiding in the diagnosis.

Conclusion: Hydatid cyst disease is still prevalent in our country. Type 4 hydatid cysts, especially those near the stomach, can be challenging to assess in relation to the gastric wall and may be confused with mesenchymal tumors. EUS plays a crucial role in the detailed evaluation of both the relationship with the gastric wall and the lesion's imaging features, contributing significantly to the diagnosis.



Figure 1. Computed tomography image. A nodular lesion in the fundus of the stomach, 4x2.5 cm. in size, adjacent to the small curvature, containing calcific foci



Figure 2. EUS image. A lesion compatible with type 4 hydatid cyst, 4 cm in diameter, containing solid and cystic components and calcifications, not originating from the stomach wall

[PS-007]

A Case of Familial Mediterranean Fever Undiagnosed for A Long Time

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Introduction: Familial mediterranean fever (FMF) is hereditary auto-inflammatory disorder characterized by recurrent bouts of fever and serosal inflammation. Serosal inflammation as manifested by abdominal and chest pain. The initial attack occurs before the ages of 10 and 20 years. Its major complication is secondary (AA) amyloidosis with eventual renal failure in uncontrolled patients. The most constant characteristics symptoms of FMF are fever (95%), abdominal pain (95%), chest pain (33-88%), joint pain (75%) and erysipelas-like skin lesion (12-40%). Acute attacks of FMF are accompanied by elevation of serum markers of systemic inflammation. Common laboratory findings include leukocytosis, elevated acute phase reactants such as the erythrocyte sedimentation rate, C-reactive protein, serum amyloid protein, and fibrinogen. The diagnosis of FMF is made on the basis of clinical symptoms and supported by ethnic origin and family history. Colchicine is primarily effective as a prophylactic treatment for the FMF attacks.

Case presentation: In this report, we wanted to present a phenomenon that she has repeatedly called a doctor for chest pain, but has not been diagnosed with FMF and has not received any treatment before.

26-Years old women, her complaints: severe and intermittent pain in the left side of chest. it's been taking a few days and it has passed by itself. She has had complaints for several years. In the examinations performed no pathological findings were detected. In the laboratory: CRP:133mg/L, fibrinogen:666mg/dL, WBC:6600/uL, serum AA:86.2(mg/L) and microalbuminüri: 0.97mg/dL were detected. In MEFV gene analysis: M696V homozygote was detected. The patient was diagnosed with FMF. Colchicine 1.5 mg/day was started. In the tests performed after the pain subsided, CRP:11, fibrinogen: 388, SAA:29.2 mg/L were determined. The patient, who has been under colchicine treatment for three months, has had no pain attacks.

Conclusion: In cases of intermittent chest pain that resolves spontaneously, the diagnosis of FMF should be considered among the differential diagnoses.

[PS-010]

Endoscopic Treatment of Jejunal Hamartomatous Polyps in Patients with Peutz-Jeghers Syndrome: Does Endoscopic Submucosal Resection (ESD) Technique Feasible?

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Background/Aims: Peutz-Jeghers syndrome (PJS) is a rare autosomal dominant hereditary disease with a clinical features related to gastrointestinal (GI) hamartomatous polyposis, frequently observed in the small bowel. Polypectomy and Endoscopic mucosal resection (EMR) has been performed for endoscopic treatment but was associated with complications and difficulties. Recently, endoscopic ischemic polypectomy (EIP) has been developed and its usefulness reported. However, it is still not clear which endoscopic resection technique should be preferred. We aimed to examine which of the different endoscopic resection techniques is more suitable.

Materials and Methods: We retrospectively collected data of consecutive patients with PJS between January 2020 and June 2024 who applied to our unit. Data regarding clinical characteristics, follow-up methods, endoscopic management, resection techniques and complications were recorded. Different resection techniques feasibility and safety including endoscopic submucosal dissection (ESD) were evaluated.

Results: Twenty-one patients were (9 men; median age 36 years (range 17-62 years) included and underwent 54 DBE procedures (1 to 4 per patient, 49 via oral route). Polypectomy, EMR, EIP and ESD were performed for jejunal polyps in 29/54, 11/54, 2/54 and 7/54 DBEs, respectively. A total of 260 polyps were removed (median-size 30 mm), with a median number of polypectomies per procedure of 5.0 (range 1-9). Complications (none of which underwent ESD) occurred in 5/48 of therapeutic procedures (3-minor delayed bleeding; 2-major periprocedural bleeding), all of which resolved with conservative or endoscopic management. Two patients underwent elective surgery post DBE due to polyps not suitable for endoscopic resection. There were no small-bowel polyp related complications during a median follow-up of 32.5 months.

Conclusion: This is the first case series to present the technical details, feasibility, and outcomes of ESD of small bowel polyps in patients with PJS. Our study results indicate that ESD is a feasible and safe technique in patients with PJS.

[PS-012]

EUS-Guided Biliary Approach for Benign Biliary Diseases

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Background/Aims: EUS-guided biliary approach (EUS-BA) mostly aims for drainage and is used for malignant biliary obstructions as a means of palliation in patients with altered gastrointestinal anatomy, gastric outlet obstruction and failure of cannulation or reaching over the level of stricture by ERCP. Recently, the EUS-BA emerged as a therapeutic modality in patients with benign conditions for whom ERCP fails or is not feasible due to the same reasons mentioned above, and this is mostly done for biliary stones and/or biliary strictures. Its application under urgent conditions can be lifesaving.

Materials and Methods: Patients who underwent therapeutic endosonography were examined retrospectively and fourteen eligible patients were included (five hepatico-gastrostomies, one hepatico-esophagostomy, two choledochoduodenostomy, four cholecysto-gastrotomy and two cholecysto-duodenostomy). While we put 10X80 mm fully covered biliary metallic stents (FC-SEMS) for hepatico-gastrostomies and hepatico-esophagostomy, we put 10X60 mm FC-SEMS for choledochoduodenostomies and cholecysto-gastrotomy/duodenostomy. Although following procedures can be done in the same session, it may migrate inside (into the liver)

or, less frequently, outside(to the stomach) in the following procedures. Because of this, we defer further management to a second session, usually 3-to-4 weeks later.

Results: The median age of the patients was 53 years and, ten of the patients were male (71%). Seven patients experienced complications during the follow-up: in five (including two deaths) cholangitis occurred and all of them were taken under control with antibiotic treatment. Two patients admitted to hospital with upper gastrointestinal bleeding; one received one unit of transfusion and the other wasn't required transfusion and gastroscopy demonstrated hemorrhagic gastritis. At least 24 months of the follow-up, 2 patients died; one had previously been operated on for colon carcinoma and had a permanent stoma due to several comorbid conditions at the age of 86. The other had metastatic colon carcinoma and died after a course over three years.

Conclusion: EUS-BA for managing biliary duct stones is effective and safe. However, especially in patients with severely dilated common bile or hepatic duct (over 20 mm), recurrence of stones and/or cholangitis is frequent.

[PS-016]

EUS Guided Cystogastrostomy for Infected Walled-Off Necrosis

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Introduction: Although in the majority of cases the pancreatitis attack is mild, in 15–20% of patients it is severe, causing pancreatic fluid collections (with or without necrosis). Walled-off pancreatic necrosis (WOPN) is a mature, encapsulated collection of pancreatic necrosis. It is estimated that 1–9% of patients with acute pancreatitis will develop WOPN. Endoscopic management of the mature pancreatic fluid collections (pseudocysts and walled-off necrosis) is the primary, preferred option.

Case presentation: An 86-year-old female patient with known hypertension, coronary artery disease, and heart failure was hospitalized with abdominal pain, fever, nausea, and vomiting. In a different center, one month ago, she had a severe acute pancreatitis episode. Laboratory parameters revealed elevated white blood cells (predominantly neutrophils) and C-reactive protein. Due to gram negative bacterial dissemination, wide spectrum antibiography was initiated. With prediagnosis of pancreatitis complications, abdominal computerized tomography (CT) was taken. On CT 126*90mm walled-off pancreatic necrosis was seen with signs of infection (air bubbles in the lesion indicating gas-producing bacteria). With these findings, under fluoroscopy, an emergent EUS guided cystogastrostomy was done. 10 mm fully covered metal stent, and for migration avoidance inside the metal stent 7 fr bilateral pigtail plastic stent was inserted. After forty eight hours, normalization of clinical status and laboratory findings were observed. Control CT revealed a significantly reduced cyst cavity. In patient follow-up, if needed, endoscopic necrosectomy is planned.

Conclusion: Endoscopic ultrasonography guided cystogastrostomy is a minimally invasive, highly effective, and safe technique for the treatment of pancreatic fluid collections, especially in surgery unfit elderly patients.



Figure 1. Walled-off necrosis appearance on CT

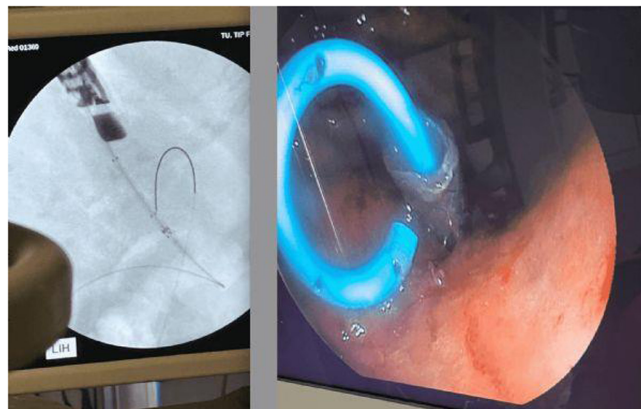


Figure 2. EUS guided cystogastrostomy (fluoroscopic and endoscopic view)

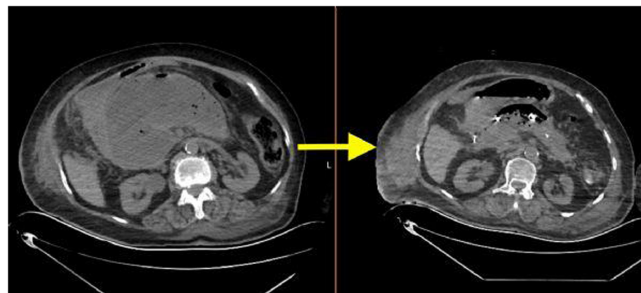


Figure 3. Regressed walled-off necrosis on control CT

[PS-019]

The Role of Endoscopic Retrograde Cholangiopancreatography (ERCP) in Iatrogenic Injuries of the Biliary Tract

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Background/Aims: Biliary tract injuries following hepatobiliary surgery, especially after and cholecystectomy, can lead to serious complications and death if not diagnosed them early. Treatment of injuries to the biliary tract is carried out using endoscopic, percutaneous and surgical methods, depending on the duration, location and size of the injury. However, serious complications such

This study examined the role of ERCP in the treatment of biliary tract injuries.

Materials and Methods: 57 patients who came to our clinic with iatrogenic lesions of the biliary tract from 2014 to May 2024 were retrospectively examined. In 41 patients after laparoscopic cholecystectomy, in 10 after open cholecystectomy, in 5 after liver transplantation, bile leakage occurred, in 1 patient there was injury to the bile ducts after ERCP. The location of the injury was assessed according to the Strasberg classification.

Among the patients there were 19 men, 38 women, their average age was 55.2 ± 16.26 years (21-84 years). Patients were classified according to the Strasberg classification as follows. 29 patients were type A, 7 patients were type B, 3 patients were type C, and 18 patients were type D. Patients with type A and B lesions underwent endoscopic sphincterotomy and a 10F plastic stent was placed. Subhepatic bilioma was found in 6 patients; the bilioma was drained percutaneous. In patients after ERCP + bile duct stenting, bile leakage was eliminated.

Results: 10 (17.5%) patients with type B and type C underwent minimally invasive and surgical interventions. 47 (82.5%) patients with type A and D underwent endoscopic sphincterotomy + biliary stent.

Conclusion: ERCP plays an important role in early diagnosis, localization of the lesion and appropriate treatment in patients with suspected but not identified biliary tract injury during surgery. This leads to a reduction in complications and mortality.

[PS-020]

Association of Endoscopic Variceal Treatment with Portal Venous System Thrombosis in Liver Cirrhosis: A Case-Control Study

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Background/Aims: The association of endoscopic variceal treatment (EVT) with portal venous system thrombosis (PVST) in liver cirrhosis is still unclear.

Materials and Methods: PVST was assessed by contrast-enhanced CT or MRI in 406 cirrhotic patients from our prospective database. Case and control groups, which are defined as patients with and without PVST, respectively, were matched at a ratio of 1:1 according to age, gender, Child-Pugh class, and MELD score. History of EVT was reviewed. Logistic regression analysis was used to identify the risk factors for PVST. Odds ratios (ORs) were calculated. Subgroup analyses were further performed in terms of degree and location of PVST.

Results: Overall, 109 patients each were included in case and control groups. The case group had a significantly higher proportion of patients who had undergone EVT than the control group (53.2% versus 18.3%; $P < 0.001$). In detail, the case group had significantly higher proportions of patients who had undergone EVT for controlling bleeding (45.9% versus 14.7%; $P < 0.001$), endoscopic variceal ligation (EVL) alone (19.3% versus 9.2%; $P = 0.033$), and EVL combined with endoscopic cyanoacrylate glue injection (24.8% versus 5.5%; $P < 0.001$). EVT was independently associated with PVST (OR = 4.258; $P < 0.001$). In subgroup analyses, EVT remained independently associated with partial PVST (OR = 10.063; $P < 0.001$), complete PVST/fibrotic cord (OR = 4.889; $P = 0.008$), thrombosis within main portal vein (OR = 5.985; $P < 0.001$), and thrombosis within superior mesenteric and splenic veins (OR = 5.747; $P < 0.001$).

Conclusion: EVT may lead to a higher risk of PVST, especially more severe PVST, in liver cirrhosis. Screening for and prophylaxis of PVST after EVT should be further explored.

[PS-021]

Optimization of Colorectal Polypectomy: Study of Quality Criteria for Effective Colorectal Cancer Prevention

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Background/Aims: Colorectal cancer (CRC) is one of the most common cancers worldwide. However, early detection of colorectal polyps can reduce its occurrence. This study aims to investigate the quality criteria for ensuring effective polypectomy, thereby minimizing the risk of development of this potentially fatal cancer.

Materials and Methods: This is a retrospective and analytical study spread over 7 years (2017-2023) collating all patients who underwent polypectomy at the Hepato-Gastro-Enterology Department of Ibn Rochd University Hospital in Casablanca. The criteria used to

assess a polypectomy as being of good quality were: good colonic preparation, complete colonoscopy, monobloc excision, complete resection of the polyp with recovery, and removal of all lesions during the same session. Data analysis was performed using Jamovi software.

Results: A total of 259 polyps were resected in 151 patients. The median age was 58 years [48-67], with a M/F sex ratio of 1.15. Colonic preparation was good in 43.7% of cases, and colonoscopy was complete in 67% of cases.

Polyps were located in the right colon (16.6%), transverse colon (15.1%), left colon (11.6%), sigmoid (25.1%) and rectum (31.7%). The mean polyp size was 10.4 mm, ranging from 1 to 8 mm. 68% were sessile and 28% were pedunculated.

Regarding polypectomy, almost half of the polyps were removed by mucosectomy. The use of a diathermic loop and cold forceps accounted for 19.7% and 21.2% of cases respectively.

Resection was performed monoblocally in 95.8% of cases, with successful completion in 93.8%. In 58.3% of cases, it was possible to remove all lesions in the same session. Polyps were recovered in 80.3% of cases.

Poor colonic preparation was identified as the primary statistically significant factor ($P < 0.001$) associated with non-compliance with quality criteria, particularly regarding the complete removal of all polyps during the same session.

Conclusion: Optimization of polypectomy represents an essential pillar in the effective prevention of CRC. This study focuses on the quality criteria associated with this procedure, while highlighting the factors for an effective polypectomy.

[PS-022]

New Techniques in Luminal Endoscopy: Single-Centre Hot-Axios Experience

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Background/Aims: Hot lumen-apposing metal stent (LAMS) systems have introduced a novel approach to procedures performed with EUS-guided transluminal endoscopy. This study aims to evaluate the efficacy of hot LAMS systems and share the experience from the first centre in Türkiye to utilise this technology.

Materials and Methods: This single-centre retrospective study consists of 25 patients treated between May 2023 and August 2024. All procedures were performed by the same expert physician and team. Technical and clinical success, complication rates, and demographic characteristics were evaluated.

Results: The case series included 25 patients, 10 women and 15 men, with a median age of 71 years (range 31-94) and an average age of

62.5 years. A total of eight gallbladder drainages (six gastric and two duodenal), five necrosectomies, seven choledochoduodenostomies, three pancreatic fluid collection drainages, two cystogastrotomies, and one duodenoenterostomy were performed. In one transluminal necrosectomy case, a multi-gate approach was employed. The most common complication encountered was abdominal pain, which required narcotic analgesics in 6 patients (12%). Post-procedural fever occurred in 2 patients (4%), one patient (2%) had a re-intervention after 12 weeks, and no complications were observed in 14 patients (64%). Four patients experienced delayed bleeding that required erythrocyte suspension, but the bleeding resolved with replacement therapy. The technical success rate of the procedures was 100%, and the clinical success rate was 92%. The median follow-up period was 12 weeks (range 1-48 weeks), with an average follow-up of 13.5 weeks.

Conclusion: Current literature supports the Hot-Axios system as a reliable tool for EUS-guided transluminal endoscopy. In this case series, procedures were performed with high technical and clinical success, particularly in patients with multiple comorbidities and minimal complications.

[PS-024]

Risk Factors Affecting Mortality in Geriatric Patients with Nonvariceal Upper Gastrointestinal Bleeding

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Background/Aims: Despite the decrease in the incidence of non-variceal upper gastrointestinal bleeding (NVUGIB), it is observed that the incidence of NVUGIB is increasing in patients over the age of 60. Especially in the elderly, NVUGIB can be accompanied by high mortality and we planned to investigate the risk factors affecting mortality in our study.

Materials and Methods: 778 patients over the age of 18 who were evaluated for NVUGIB were included in the study. The patients were divided into 2 groups as over and under the age of 65 and their mortality due to bleeding was recorded. The results of our study were analyzed with SPSS 19.

Results: 536 (69.2%) of the patients were male. The mean age of our entire patient group was 61.01 ± 19.22 , and 392 (50.6%) were over 65 years of age. The mortality rate due to bleeding in our study group was 12.3%. While the mortality rate due to bleeding in the patient group over 65 years of age was 18.4%, the mortality rate

due to bleeding in the patient group under 65 years of age was 6%. Shock index (OR:11.299, 95% CI:3.904-32.697, $P < 0.0001$), rockall score (OR:1.458, 95% CI:1.272-1.671, $P < 0.0001$), MAP (OR:1.039, 95% CI:1.017-1.061, $P < 0.0001$) and PNI (OR:0.907, 95% CI:0.880-0.935, $P < 0.0001$) were found to be independent risk factors affecting mortality in our entire patient group. Rockall score (OR:1.384, 95% CI:1.818-1.612, $P < 0.001$), MAP (OR:1.037, 95% CI:1.012-1.062, $P = 0.003$), shock index (OR:14.516, 95% CI:4.675-45.074, $p < 0.001$) and PNI (OR:0.914, 95% CI:0.883-0.945, $P < 0.0001$) were found to be independent risk factors affecting mortality in our patient group over 65 years of age.

Conclusion: The mortality of NVUGIBs is high in elderly patients and it is necessary to carefully identify risk factors and follow up the patients closely.

[PS-025]

Case Report: A Rare Case Mimicking Malignancy in Imaging and Eosinophilic Duodenitis in Pathology, Duodenum Actinomycosis

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Introduction: This case report discusses a rare case of duodenum actinomycosis mimicking malignancy and eosinophilic duodenitis findings.

Case presentation: 63-years-old male patient who had complaints of nausea, vomiting and weight loss for the last few months was hospitalized once for acute renal failure. He was referred to us after pyloric stenosis was detected in gastroscopy performed at an external center. The patient was cachectic and lost weight from 70 to 50 kg when he came. In gastroscopy, the stomach was full of food residues, the pylorus and bulb were deformed, there was a stenosis at the apex of the bulb that did not allow passage to the descending continent, the mucosa was covered with edematous and exudative ulceration. The biopsy revealed focal eosinophilia increase in the lamina propria (30-40 eosinophils/high power field). No significant pathology was found in PET-CT and MRI. Double-dose ppi and sucralfate treatment was administered. Iron deficiency anemia, eosinophilia and total IgE elevation were detected. Suspicion of malignancy continued, endoscopy was performed again. In this endoscopy, the stenosis and lesion in the apical region continued. Actinomyces aggregates (sulfur granules) were seen in the new biopsy. The patient had a history of surgery due to gastric perforation 19 years ago. With the diagnosis of duodenal actinomycosis, the patient was given 4 weeks of ceftriaxone iv/im followed by 6 months of amoxicillin treatment.

Conclusion: Actinomycosis can be frequently encountered in immunosuppressed individuals. In immunocompetent individuals, it usually settles on existing foreign body and causes infection. In this case, actinomycosis infection, which mimics malignancy in imaging and eosinophilic duodenitis in pathology, probably settled on foreign bodies such as sutures used in duodenal perforation surgery performed many years ago and caused symptoms years later. Especially in patients with a history of previous intervention, actinomycosis should come to mind in atypical findings.

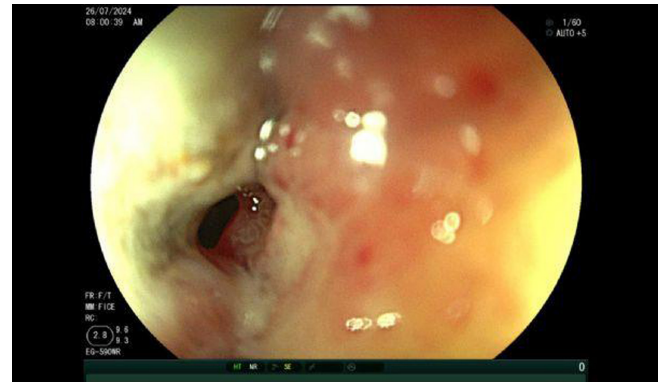


Figure 1. First gastroscopy showing narrowing of bulb

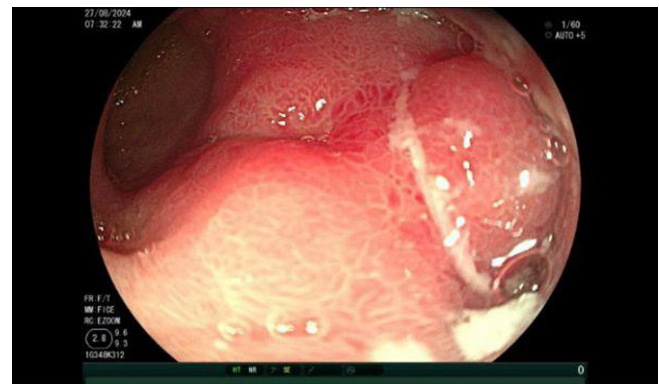


Figure 2. Second gastroscopy showing narrowing of bulb

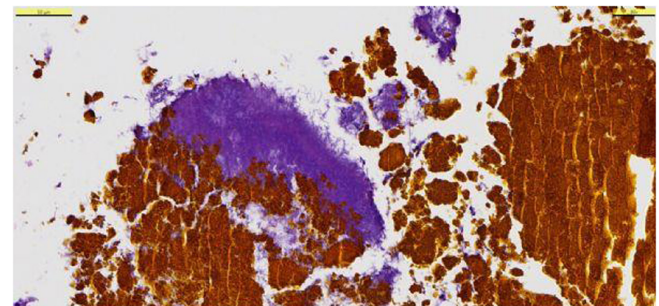


Figure 3. Pathology showing actinomyces aggregates (Sulfur granules) in second gastroscopy

[PS-027]

The Treatment of Post - ERCP bleeding

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Background/Aims: Endoscopic retrograde cholangiopancreatography (ERCP) remains the standard method for diagnosis, severity assessment and treatment of diseases of the hepatobiliary system. The most common complications after ERCP are pancreatitis and hemorrhage reported in the literature. Profuse bleeding is reported in patients with ampullary lesions or coagulopathy. Bleeding after ERCP occurs mainly from the sphincterotomy site and occurs between 1-2% and 10-40%. Bleeding after ERCP is usually mild to moderate in intensity and spontaneously stops in most cases. Endoscopic management of bleeding Post - Endoscopic Sphincterotomy (ES) includes epinephrin injection, thermal coagulation and mechanical techniques such as hemoclip, fully covered self-expandable metal stents and balloon tamponade.

This study investigated the role of endoscopic intervention in bleeding that occurs during Post - Endoscopic Sphincterotomy.

Materials and Methods: We investigate the outcomes of 320 patients who underwent ERCP at the AMU Surgical Hospital between 2014 and 2024. Among the patients, 190 (59.4%) were women and 130 (40.6%) were men. 11 of these patients (3.4%) developed bleeding post-ES, endoscopic intervention was performed because the bleeding could not be stopped medicamentosa.

Results: Accordingly, hemorrhages were divided into mild, moderate and severe hemorrhages. Epinephrin injection (dilution 1:10000) was used in 3 patients, thermocoagulation - in 2 patients, balloon tamponade - in 4 patients, clipping - in 2 patients. During endoscopic intervention in 2 patients several endoscopic methods (epinephrin injection + clipping + thermocoagulation) were applied. Endovascular embolization was used in one patient with severe profuse bleeding, because medical and endoscopic intervention was ineffective.

Conclusion: During the study period, bleeding was noted in 3.4% of post-ES patients. Endoscopic intervention was an effective method of treatment in moderate and severe bleeding. Immediate endoscopic intervention during post-ES bleeding prevents delayed bleeding. If bleeding is severe and cannot be stopped endoscopically, it should be stopped endovascular or surgically.

[PS-028]

Timing of Endoscopy in Patients with Cirrhosis and Acute Variceal Bleeding: A Single-Center Retrospective Study

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Background/Aims: The optimal timing of endoscopy in liver cirrhosis with acute variceal bleeding (AVB) remains controversial in current guidelines and studies.

Materials and Methods: Consecutive patients with liver cirrhosis and AVB were screened. The timing of endoscopy was calculated from the last presentation of AVB or the admission to endoscopy. Early endoscopy was defined as the interval < 12 h, < 24 h, or < 48 h. A 1:1 propensity score matching (PSM) analysis was performed. Five-day failure to control bleeding and in-hospital mortality were evaluated.

Results: Overall, 534 patients were included. When the timing of endoscopy was calculated from the last presentation of AVB, PSM analysis demonstrated that the rate of 5-day failure to control bleeding was significantly higher in early endoscopy group defined as < 48 h (9.7% versus 2.4%, $P = 0.009$), but not < 12 h (8.7% versus 6.5%, $P = 1.000$) or < 24 h (13.4% versus 6.2%, $P = 0.091$), and that the in-hospital mortality was not significantly different between early and delayed endoscopy groups (< 12 h: 6.5% versus 4.3%, $P = 1.000$; < 24 h: 4.1% versus 3.1%, $P = 1.000$; < 48 h: 3.0% versus 2.4%, $P = 1.000$). When the timing of endoscopy was calculated from the admission, PSM analyses did not demonstrate any significant difference in the rate of 5-day failure to control bleeding (< 12 h: 4.8% versus 12.7%, $P = 0.205$; < 24 h: 5.2% versus 7.7%, $P = 0.355$; < 48 h: 4.5% versus 6.0%, $P = 0.501$) or in-hospital mortality (< 12 h: 4.8% versus 4.8%, $P = 1.000$; < 24 h: 3.9% versus 2.6%, $P = 0.750$; < 48 h: 2.0% versus 2.5%, $P = 1.000$) between early and delayed endoscopy groups.

Conclusion: Our study could not support any significant association of timing of endoscopy with cirrhotic patients with AVB.

[PS-029]

Double Sided Perforation of The Mid-Esophagus due to Chicken Bone Managed with Endoscopy-Clips

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Introduction: Esophageal perforation is a rare and life-threatening condition. It is more common in males and after the age of sixty.

Case presentation: A 67-year-old female applied to the emergency department with complaints of chest pain, shortness of breath, and high fever. The patient's medical history revealed that she had sudden severe chest pain developed by eating a week ago. As well, the patient

described perception of food stuck in her throat during swallowing. A thoracic computed tomography (CT) scan revealed a horizontally positioned foreign body, approximately 30 mm in length and 3 mm in diameter, in the mid-esophagus. The left lateral tip of the foreign body was very close to the descending aorta, and air was observed in the mediastinum. Endoscopy was performed under general anesthesia. A thin chicken bone was observed perforating the esophageal wall at the both ends in the mid-esophagus. The foreign body was grasped with foreign body forceps at the end in contact with the aortic arch and pushed horizontally to the right side. After the foreign body was freed into the esophageal lumen, it was extracted through an over-tube placed in the esophagus. Both perforated walls of the esophagus were closed with metal clips during the endoscopy procedure. Broad-spectrum antibiotics were started and oral intake withheld upon the patient was admitted to the ward. A follow-up esophagogram with oral contrast performed on the third day post-procedure showed no contrast leakage into the mediastinum.

Conclusion: Esophageal perforation has a high mortality rate. Although surgery is considered the first treatment option, in experienced clinics, endoscopic closure of the perforated site in the esophagus using clips not only eliminates the need for surgical intervention but also shortens the hospital stay and allows for early recovery.

[PS-030]

Retroperitoneal Abscess Drainage with Transpancreatic Stent

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Introduction: Acute Pancreatitis is the inflammation of the pancreatic tissue. Biliary pancreatitis is the most common. The second reason is alcohol. Pancreatic enzymes discharged into the abdominal cavity as a result of pancreatic tissue damage can cause serious damage to the surrounding tissues. It is treated with intensive fluid replacement. Monitoring and treatment of the inflammatory process is very important. We would like to present our patient with complicated alcoholic pancreatitis.

Case presentation: 53-year-old male, admitted to emergency with abdominal pain and vomiting 5-6 hours after drinking alcohol. After examination and tests, acute pancreatitis was considered, fluid therapy started. After three days follow-up, the patient's clinical condition improved, in control CT, there was dense fluid in abdomen and an abscess near the tail of pancreas. When acute phase reactants increased, antibiotic therapy started and percutaneous drain inserted for drainage. No clinical improvement seen in one-week follow-up, pancreatic enzyme levels remained high. Despite changing, it was observed that flow from the drain was not good and the abscess was growing. The patient underwent a sphincterotomy, a 5F-10cm stent placed to pancreatic duct. In

consultations with radiology, infectious diseases and general surgery, no clinical improvement seen, the abscess was persistent. A 7.5F 30cm nasobiliary plastic stent was placed in the abscess area in the retroperitoneum, coming out of the tail, from the pancreatic duct with ERCP. Dramatic improvement was seen in the clinic and laboratory in two-day follow-up. When there was no discharge, percutaneous drain removed. The abdomen was normal in control CT one month later. The stent was removed. He has been followed up without complaints for 6 months.

Conclusion: Pancreatitis can have a poor course that can lead to mortality because it causes a serious inflammatory response. In this process, intensive fluid replacement and management of complications that develop during follow-up can be life-saving.

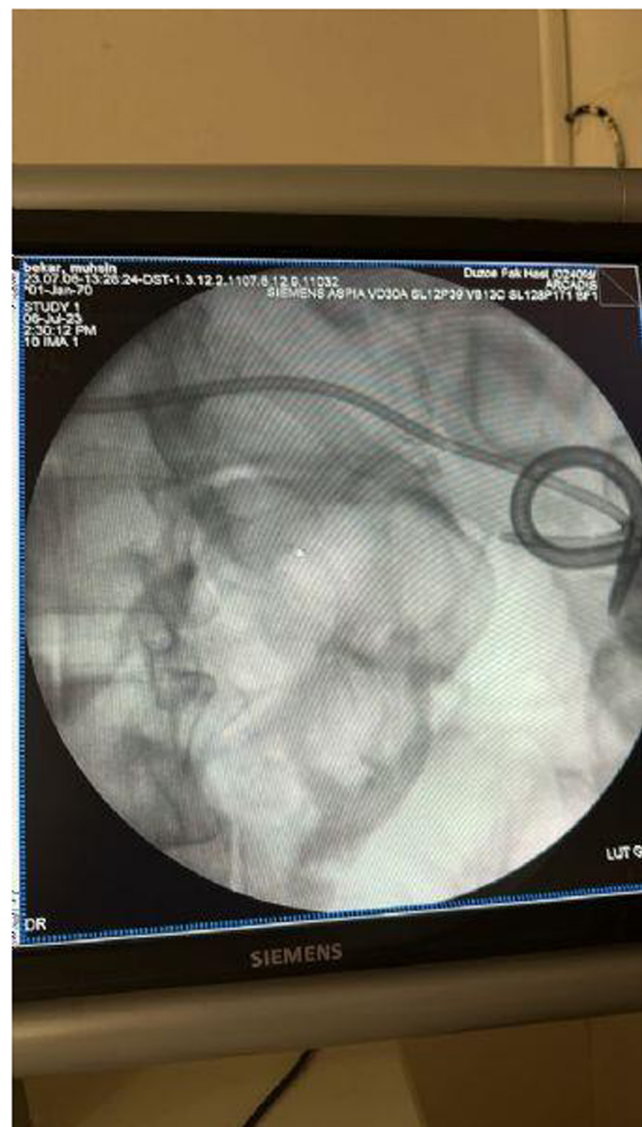


Figure 1. Image of a stent coming out of the tail of the pancreas and settling into the abscess area. Percutaneous drain is also seen in the same area



Figure 2. Stent is seen along the course of the pancreatic duct

[PS-031]

Evaluation of Demographic, Clinical and Endoscopic Characteristics of Patients with Upper Gastrointestinal Bleeding

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Background/Aims: Upper gastrointestinal bleeding (UGIB) is a life-threatening condition with high mortality rates.

To investigate demographic, clinical and endoscopic findings of the UGIB patients in our clinic.

Materials and Methods: We performed a retrospective analysis of 1240 patients with UGIB from January 2020 to May 2024. The demographic data, patient history, used drugs, symptoms (melena, hematemesis, etc.), endoscopic findings, endoscopy timing, primary outcomes (mortality, rebleeding, surgery or radiologic intervention), length of hospitalization and ICU admission were recorded.

Results: Of the 1240 patients enrolled, 68% (844) were male, with a mean age of 66 ± 13 years. Of the patients, 76.3% had one or more comorbidities [hypertension (26.4%), diabetes mellitus (26.9%), cardiac disease (25.3%), kidney disease (4.9%), liver disease (6.4%), cerebrovascular events (5.2%), and malignancy (4.9%)]. At the time of presentation, 39.1% of the patients were using one or more oral antiplatelet or anticoagulant drugs. The most common complaint was melena (71.1%). EGD was performed in 65% of the patients within 12 hours. Findings on EGD included duodenal ulcer (52.4%), gastric ulcers (18.4%), esophageal varices (5%), esophageal ulcer (3.4%), Dieulafoy lesions (1.9%), marginal ulcer (2%), gastric malignancy (2.7%), Mallory-Weiss syndrome (1.45%), angiodysplasia (1.1%), and others (2.9%). Endoscopic treatment was performed in 45.8% of patients, with active bleeding during EGD in 10.5%. Rebleeding occurred in 10.5% of patients. Surgery or radiologic intervention was necessary in 38 patients (3%). Of the patients with UGIB investigated, 5.6% were discharged, 94.4 % were hospitalized, and 30.9% were admitted to the intensive care unit (ICU). The overall mortality rate was 7.7%, but 4.3% of deaths directly linked to UGIB. The mean hospital stay was 5.4 days.

Conclusion: The most common reason for UGIB is duodenal ulcer bleeding. In spite of the technological development nowadays, it is a disease which has still high mortality rate.

Table 1. The demographic, clinical and endoscopic characteristics of patients with upper gastrointestinal bleeding

	Total population (n: 1240)
Age, years	66 ± 13
Male, n (%)	844 (68%)
ECOG-PS, median (IQR)	1 (0-3)
ASA score, median (IQR)	2 (0-3)
UGIB causes, n (%)	
Gastric ulcer	228 (18,4)
Duodenal ulcer	650 (52,4)
Esophageal ulcer	43 (3,4)
Esophageal varices	62 (5)
Mallory Weiss sendromu	18 (1,45)
Dieulafoy lesion	24 (1,9)
Angiodysplasia	14 (1,1)
Gastric CA	33,4 (2,6)
Others	61 (4,9)
Comorbidity, n (%)	
None	295 (23,7)
Diabetes mellitus	334,4 (26,9)
Hypertension	327,6 (26,4)
Cardiovascular disease	312,6 (25,3)
Cerebrovascular disease	65,6 (5,2)
Renal disease	61 (4,9)
Malignancy	61 (4,9)
Others	27 (2,1)

(Continued)

Table 1. The demographic, clinical and endoscopic characteristics of patients with upper gastrointestinal bleeding (Continued)

	Total population (n: 1240)
Symptoms on presentation, n (%)	
Hematemesis	220 (17,7)
Melena	881 (71,1)
Hematochezia	70 (5,6)
Anemia	40 (3,2)
Syncope	46 (3,7)
Laboratory measurement, median (IQR)	
Systolic BP (mmHg)	110 (100-120)
Pulse (beats/min)	90 (80-100)
Hemoglobin (g/dL)	10 (9-14)
Albumin (g/dL)	3,7 (3-4,5)
Blood ürea nitrogen (mmol/L)	43,2 (22-66)
Kreatinin (mg/dL)	0,7 (0,5-1)
CRP (mg/dL)	7 (6-11)
Kullandığı ilaç, n (%)	
Oral antiplatelet drugs	80 (22,5%)
NSAID	228 (28,5%)
Oral anticoagulants	57 (7,1%)
Dual therapy	155 (20%)
Steroidler	9 (1,2%)
Treatment, n (%)	
Endotherapy	568 (45,8%)
Radiologic / surgical intervention	38 (3,06%)
Outcomes, n (%)	
Blood transfusion	892 (70%)
Rebleeding	130 (10,5%)
Overall Mortality	96 (7,7%)
Mortality related UGIB	53 (4,3%)
ICU admission	496 (30,9%)

IQR: Interquartile range, ICU: intensive care unit

[PS-032]

An Unexpected Cause in a Patient Presenting with Upper Gastrointestinal Tract Bleeding: Importance of Anatomy

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Introduction: Upper gastrointestinal bleeding (UGIB) describes blood loss from a gastrointestinal source localized to the esophagus, stomach, or duodenum, proximal to the ligament of Treitz. Peptic ulcer disease is one of the major causes of UGIB. Antiphospholipid syndrome (APS) is a thromboinflammatory disease characterised with thrombosis and obstetric complications caused by antiphospholipid antibodies.

Case presentation: A 17-year-old male patient was admitted to the emergency department with haematemesis and new-onset

abdominal pain and was hospitalised in the gastroenterology service with a prediagnosis of upper GI bleeding. The patient's haemogram parameters included leukocytes: $2.2 \times 10^3/\mu\text{L}$ (4-10), haemoglobin: 7.7 g/dL (14-16) and platelets: $47 \times 10^3/\mu\text{L}$ (150-400). Upper GI endoscopy showed isolated gastric varices in the gastric fundus. Isolated gastric varices type 1 was found. Trans abdominal splenic vein doppler was performed for possible pancreatic and splenic vein pathologies and thrombus material was observed in the splenic vein. Dynamic pancreatic computed tomography (CT) was performed for possible pancreatic pathologies and splenomegaly (20 cm) with thrombus in the splenic vein at the level of the tail section of the pancreas was detected. All tests for the etiology of SVT were negative, and the patient's antiphospholipid antibodies were detected to be elevated. The patient was diagnosed with APS.

Conclusion: Thrombosis in APS can occur in all vascular structures of any diameter and in all vascular structures. Venous drainage of the gastric fundus occurs to the splenic vein via Vv.gastrica breves. In a condition that may cause drainage problem such as thrombus in the splenic vein, isolated gastric varices begin to form after a while because the fundus cannot drain. APS should be investigated for the etiology of thrombosis in a patient with isolated gastric varices and splenic vein thrombosis. In other words, if splenic vein thrombosis is known in patients with APS, isolated gastric varices should be screened to avoid spontaneous upper GIS bleeding.

[PS-034]

Higher Plasma Lactate Levels as Early Predictor of PEG Procedure After Hospitalization in Intensive Care Unit

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Background/Aims: Plasma lactate (PL) is a byproduct of glucolysis where lactate dehydrogenase converts pyruvate to lactate. PL levels are usually within a narrow range at a below than 2 mM and higher than 2 mmol/L accepted as hyperlactatemia. Lactate production is significantly increased in response to malnutrition. Percutaneous endoscopic gastrostomy (PEG) procedure, which is a minimally invasive method that provides internal nutrition with high efficiency and safety, is frequently preferred for nutritional support in patients in intensive care unit (ICU). This is a retrospective validation study to determine whether plasma lactate levels are helpful to desicion of PEG procedure.

Materials and Methods: We evaluated all PEG patients (120 patients, 52% of them were women, mean age was 79 years) who were admitted from January 2022 to August 2024 and hospitalized mostly in ICU due to different medical reasons. Baseline characteristics, serum lactate levels and variables before the PEG procedure in intensive care unit were analyzed. PL were determined by venous blood gas analysis that obtained before the PEG procedure. The upper limit of normal was accepted as 2 mmol/L similar to universally laboratory ranges.

Results: While the mean plasma pH level was 7.41 (SD: ± 0.11 ; ranged 6.94 to 7.59), the mean PL level before the PEG insertion was 2.2 mmol/L. (SD ± 2.6 ; ranged from 0.2 to 16.6).

Conclusion: Elevated PL levels with normal plasma pH levels (hyperlactatemia) on hospitalization due to malnutrition are predictors of PEG procedure. Additional studies are needed to explore this potential mechanism of PL in patients who needed PEG.

[PS-036]

Transpapillary Gallbladder Drainage for Acute Cholecystitis Treatment: A Single Center Experience

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Background/Aims: Standard treatment for acute cholecystitis and symptomatic cholelithiasis is laparoscopic cholecystectomy. Urgent cholecystectomy in moderate and severe acute cholecystitis is problematic due to inflammation, and comorbidities. Percutane or endoscopic gallbladder drainage is an alternative method as either a bridging or a definitive treatment option when a cholecystectomy cannot be performed.

Materials and Methods: Patients planned for transpapillary drainage due to the inability to perform cholecystectomy were screened retrospectively. The severity of cholecystitis was classified based on the Tokyo Guidelines 2018. Patients who had been monitored for at least 3 months were included in the study. Technical success was defined as successful placement of a stent into the gallbladder, and clinical success was defined as improvement of both clinical symptoms and abnormal laboratory findings after the procedure. A period of 6 months or more without experiencing a biliary event is considered long-term success.

Results: Thirty-two cases were included in the study. The mean age of patients was 76.03 ± 13.2. In the pre-operative assessment, 2 (% 6.2) patients were identified as ASA 3, 28 (87.5%) patients as ASA 4, and 2 (% 6.2) patients as ASA 5. Acute cholecystitis and choledocholithiasis were co-existing in 53% of the cases. The technical success rate was 81.25% (26/32), and the clinical success rate was 96.12% (25/26). The median follow-up period of patients is 290 (range 115-1086) days. The long term success rate was 91.3% (21/23). Three patients underwent elective cholecistectomy in the 6 months. One of the patients who reached clinical success had a recurrence of cholestitis in the fourth month. Post-ERCP pancreatitis occurred in one patient and was resolved by conservative therapy. ERCP related another complications were not observed.

Conclusion: Endoscopic transpapillary gallbladder drainage is a feasible and effective method in the treatment of acute cholestitis, especially for patients with poor performance status or advanced age

Table 1. Demographic and Clinical Features of Patients

Age (mean±SD)	76.03±13.2
Gender	
Male	17 (% 53.13)
Female	15 (% 46.87)
Severity of cholecystitis n(%)	
Tokyo grade 1	22 (% 46.87)
Tokyo grade 2	8 (% 25)
Tokyo grade 3	2 (% 6.2)
ASA physical status	
ASA 3	2 (% 6.2)
ASA 4	28 (% 87.5)
ASA 5	2 (% 6.2)
History of ERCP	6 (% 18.75)
Gallbladder perforation	7 (% 21.87)
Operability	
Inoperable	26 (% 81.25)
Operable on later	6 (% 18.75)
Cause of surgery inability	
Unable to pause anti-thrombotic or anti-platelet treatment	1 (% 3.12)
Severe cardiopulmoner disorders	7 (%21.87)
Poor performance status	24 (%75.0)

Table 2. Outcomes from ERCP-Guided Transpapillary Gallbladder Drainage

Technical success	26/32 (%81.25)
Clinical success	25/26 (%96.12)
Long-term success	21/23 (%91.30)
Follow-up time (median, days)	290 (115-1086)
Calculus in CBD	14/26 (% 53.84)
Calculus in cystic duct	1 (% 3.84)
Choledochal stent	8 (% 30.76)
Adverse events	
Post-ERCP pancreatitis	1 (%3.84)
Perforation	0 (%0)
Post-EST bleeding	0 (%0)
Recurrence of cholecystitis	1 (% 3.84)
Repetition of the process	0(%0)

[PS-037]

Complications Related to Double Pig-Tail Stents After Cystogastrostomy and Management: 2 Case Reports

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Introduction: Symptomatic peripancreatic collections can be treated with endoscopic drainage. In this method, drainage is provided through metallic or double-pig-tail stents (d-PTS) placed between the cyst and gastric lumen. The stents are removed once the cysts regress. Complications related to d-PTS in two patients who missed follow-ups are summarized.

Case 1: A 71-year-old woman presented with abdominal pain and nausea. She had undergone cystogastrostomy 9 months earlier for a symptomatic pancreatic pseudocyst (PP) after acute pancreatitis, during which a 10F-10cm d-PTS was placed. One stent had migrated into the cyst. A month later, the cyst regressed, and the gastric stent was removed, but the migrated stent was forgotten. At a 7-month follow-up for abdominal pain, a CT scan showed recurrent cyst with the forgotten d-PTS. Another cystogastrostomy was performed, and LAMS was placed. A month later, the stent was retrieved through the LAMS, which dislodged during the process. The patient was discharged without complications.

Case 2: A 52-year-old man presented with melena. Four years ago, he developed a pancreatic pseudocyst after recurrent acute pancreatitis due to alcohol use, and cystogastrostomy with two d-PTS was performed. Three years later, he was found to have a Forest 2b ulcer on endoscopy with d-PTS fragments in the pseudocyst. After recurrent GI bleeding, subtotal gastrectomy and cystectomy were performed. The patient was discharged without complications.

There are no clear guidelines on removing residual d-PTS fragments, but removal is recommended when possible to prevent complications.



Figure 4. Case 1. The stent inside the recurrent cyst was removed using a rat-tooth forceps.

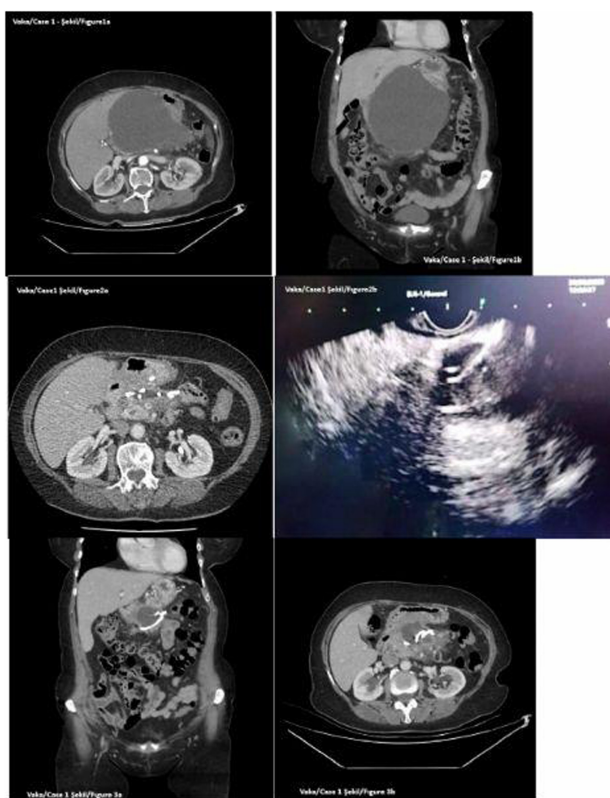


Figure 1. a, b. Pancreatic pseudocyst Case 1.

Figure 2. a, b. After cysto gastrostomy, the regressed PP was observed. There was a d-PTS extending into the stomach, which drained the cyst, and another d-PTS that had been forgotten inside the cyst. The d-PTS extending into the stomach was removed after imaging, but the one inside the cyst was not retrieved.

Figure 3. a, b. Recurrent PP was observed with a retained d-PTS inside the cyst.

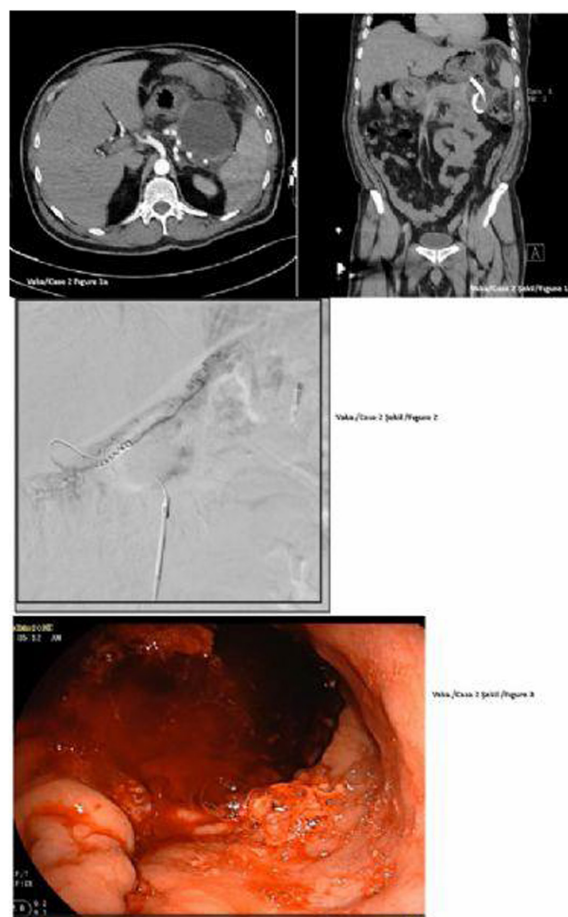


Figure 5. a, b. Pancreatic pseudocyst Case 2 (a). d-PTS inside the cyst after cystogastrostomy Case 2 (b)

Figure 6. Coil embolization Case 2

Figure 7. GI bleeding developed during follow-up after coil embolization

[PS-038]

Liver Abscess Drainage with Lumen Apposing Metal Stent (LAMS)

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Introduction: Cholangitic liver abscesses are not frequently, but they mostly occur as a complication after ERCP or as ascending cholangitis in patients with a history of biliary surgery. Spontaneous liver abscesses develop hematologically and mostly from infectious agents originating from the portal area. As treatment, drainage of the abscess and antibiotic therapy are recommended. We would like to present our liver abscess case referred to our clinic.

Case presentation: 53-year-old woman applied to an external center with fever and abdominal pain, tests performed and cholestasis was considered, and she referred to our hospital. It learned from anamnesis, she applied with fever and abdominal pain for a week and did not respond to symptomatic treatments. There was tenderness in the abdomen during physical examination. Laboratory: WBC:14,000, Hb:9.6, Hct:30, Crp:22 (0-0.5), AST:104, ALT:95, GGT:156, ALP:220 Tot.Bil:3.2, Dir.Bil:2.5. Abscess was observed in the left lobe of the liver near the hilus in USG and CT. Radiology couldn't perform the procedure for drainage, stating that the intervention would be difficult. Drainage planned with EUS guidance. LAMS was placed from the corpus anterior wall to the abscess area. There was serious pus discharge during the procedure. After procedure, stent was seen in the abscess area. Afterwards, the patient followed up with antibiotics. After 7 days of IV antibiotics, 1 week of oral antibiotics were prescribed and the patient was discharged to come for a follow-up 1 month later. Abscess was completely disappeared in the CT month later. The LAMS removed endoscopically and patient has been followed up without complaints for 6 months.

Conclusion: If drainage is possible, the best abscess treatment is drainage. However, sometimes the difficulties and complication risks related to the procedure can make the procedure difficult. In interventions performed with EUS, the risk is minimized and most procedures are facilitated.



Figure 1. CT image after stent placement



Figure 2. Control CT image after 1 month

[PS-039]

The Next Generation of ERCP Training: Innovative Simulator Design and Implementation with Simple Instruments

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Background/Aims: The objective of this study is to develop a low-cost, effective simulator using simple, accessible materials as an alternative to traditional, high-cost, complex ERCP simulators. The aim is to enable novice endoscopists to rapidly and safely develop their ERCP skills and to emphasize the importance of practice and experience. Additionally, the study aims to promote the integration of this innovative method into long-term training programs.

Materials and Methods: This single-center study was conducted at Ankara Bilkent City Hospital with novice endoscopists who had no prior ERCP experience. The simulator was constructed using low-cost, readily available materials, including PVC pipes, plastic containers, utility knives, elastic bands, and basic hand tools. The simulator featured realistic papilla models and was designed to be simple and portable.

The training program consisted of a brief introductory theoretical module, followed by instructor-led and independent practice sessions on the simulator. Participants performed a set number of cannulation attempts on the simulator, and their success rates, cannulation times, and technical skills were evaluated. This method aims to facilitate the rapid acquisition of basic ERCP skills for novices.

Conclusion: The study results demonstrated that the low-cost simulator was an effective training tool for novice endoscopists in ERCP. Overall, participants achieved a successful cannulation rate exceeding 90%. The motion training group had significantly shorter median cannulation times and faster early training progression than the control group. Practicing on the simulator significantly enhanced the technical skills of the participants, providing them with valuable experience. Instructor-led sessions resulted in shorter cannulation times compared to independent trials. These findings suggest that inexpensive, simple simulators offer a practical and effective approach to ERCP training, quickly improving novices' fundamental technical abilities.



Figure 1. ERCP simulator general view



Figure 2. Papillae crossing with duodenoscope

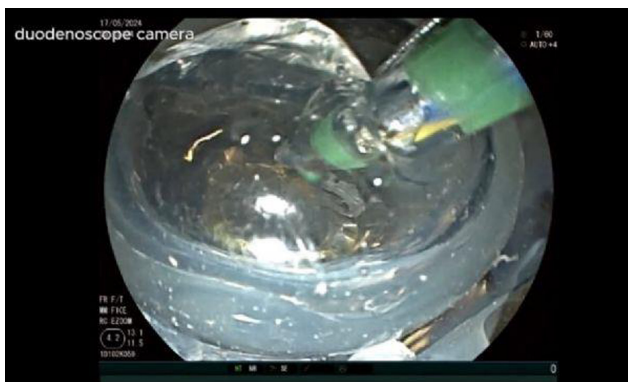


Figure 3. A view from the duodenoscope camera

[PS-040]

Peroral Endoscopic Myotomy for Achalasia Cardia: Treatment Analysis and Follow-up of Consecutive Patients with 1-year Follow-up at A Single Center

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Background/Aims: Peroral endoscopic myotomy (POEM) is a technique for the treatment of achalasia cardia (AC). We want to report our experience of POEM its safety, efficacy and follow-up data. **Materials and Methods:** Retrospective analysis of prospectively collected data about patients with AC underwent POEM from April 2023 to August 2024 was done. Patients who completed 1 year of follow-up after the procedure performed by a single endoscopist were included in the study. POEM was carried out by the standard technique (of mucosal incision, submucosal tunneling, and posterior myotomy of the esophageal and gastric muscle bundles) followed by closure of the mucosal incision by hemoclips. Post-procedure patients were followed up. Eckardt score, high-resolution manometry (HRM) and timed barium esophagogram (TBE) were used to evaluate the results.

Results: 50 patients (mean age 34 years, range 17-81 years) were evaluated. Technical success rate of POEM was 100%. At 1 year, clinical success rate was 96%. Mean Eckardt score was 7.6 ± 1.66 prior to POEM and 1.21 ± 0.69 after POEM ($P = 0.001$). There was significant improvement of esophageal emptying on TBE ($37.4 \pm 15.0\%$ vs $70.9 \pm 15.8\%$ ($P = 0.001$)). Pre-procedure and post-procedure mean lower esophageal sphincter pressure was 35.5 ± 16.5 mmHg and 14.3 ± 7.2 mmHg, respectively. ($P = 0.001$) Erosive esophagitis was seen in 20% of patients who underwent POEM. Two patients had late bleeding. One required re-hemoclipping, while the other was followed up and treated conservatively. Both of them were discharged without permanent sequelae and it was confirmed that they were in the group of patients who showed complete clinical recovery at the end of the first year.

Conclusion: Short term results of our study demonstrates safety profile of POEM with significant relief of symptoms, reduced pressure at HRM and improved emptying at TBE.

[PS-045]

Efficacy and Safety of Obefazimod in UC Patients at Weeks 48 and 96 of an Open-label Maintenance Study Among Clinical Responders at Week 8 of the Phase 2b Induction Trial

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Background/Aims: Obefazimod is an oral, once-daily, small molecule which enhances expression of microRNA-124 and is in phase 3 clinical trials for treating patients with moderately to severely active ulcerative colitis (UC). Obefazimod demonstrated efficacy and safety in patients with UC at week-8 in a placebo-controlled induction trial and in the subsequent open-label maintenance (OLM) study. We report efficacy and safety at weeks 48 and 96 among patients who achieved clinical response at week 8 of the induction trial.

Materials and Methods: Patients received placebo or obefazimod 25mg, 50mg or 100mg once daily (od) during the induction trial. Irrespective of clinical response, they could enter the 96-week OLM study with obefazimod 50mg od. This analysis focuses on patients who reached clinical response (decrease from baseline in the Modified Mayo score (MMS) ≥ 2 points and $\geq 30\%$ from baseline, plus a decrease in rectal bleeding sub-score (RBS) ≥ 1 or an absolute RBS ≤ 1) at week 8 of induction and continued in the OLM.

Results: Out of 217 OLM participants, 57% achieved clinical response at week 8 of induction. Within this subgroup, 66% and 60% achieved clinical remission at weeks 48 and 96, respectively. Clinical response was achieved by 86% and 77%, endoscopic improvement by 70% and 64%, and endoscopic remission by 38% and 42% at weeks 48 and 96, respectively. These outcomes were numerically higher than in the overall study population. No new safety findings were observed in this sub-population during the OLM.

Conclusion: A substantial proportion of patients who reached clinical response at week 8 of the induction study achieved clinical efficacy endpoints at week 48 and 96 of the OLM study. Nearly 80% maintained clinical response, and 60% achieved durable clinical remission for up to 96 weeks of treatment with 50 mg of once-daily obefazimod.

[PS-050]

Management of Crohn's Disease and Ulcerative Colitis Flare, Possibly Induced by Nivolumab Therapy: Case Series

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Case 1: A 70-year-old male presented with mucous, bloodless diarrhea (10-15 times/day) and tenesmus for 1 month, along with a 7 kg weight loss. He had a history of left-sided ulcerative colitis diagnosed 9 years ago, treated with mesalamine and azathioprine. Azathioprine was discontinued in 2021 due to small cell lung carcinoma, for which he underwent left upper lobe lobectomy, chemotherapy, and radiotherapy. He had been on nivolumab for 18 months. Laboratory results showed fecal calprotectin at 1122 µg/g. Colonoscopy indicated Mayo 3 pancolitis with superficial ulcerations. Biopsy confirmed active chronic colitis with crypt distortion. Vedolizumab 300 mg induction and maintenance therapy was initiated as remission was not fully achieved with steroid.

Case 2: A 46-year-old male patient who was previously diagnosed with Crohn's disease was admitted with complaints of abdominal pain for 1.5 months, watery, bloodless diarrhea 5-6 times a day and 5 kg loss in 1.5 months. Three years ago, he was diagnosed with ileal Crohn's disease and had treatment with per day dose of 4 g of meselamin and 75 mg of azathioprine. One year after the Crohn's disease diagnosis, azathioprine was discontinued due to lung adenocarcinoma and has been receiving only meselamin in clinically remission. His past medical history was also significant with ileocecal resection due to invagination and right upper lobe wedge resection for lung cell adenocarcinoma. It was also learned that he had been receiving nivolumab therapy once in 2 weeks for 20 months due to disease progression after adjuvant chemotherapy.

Conclusion: No parasites were seen in the stool. Stool amoeba and giardia antigen negative. Fecal calprotectin level was 208 µg/g. Colonoscopy revealed endoscopically active disease.

Biopsy samples taken from the terminal ileum and colon showed suggested ileocolonic active Crohn's disease. The administration of induction doses of ustekinumab treatment resulted in a decrease in the Crohn's Disease Activity Index (CDAI) score from 252 to 84.

[PS-051]

The Relationship Between Disease Activity, Conventional Activity Biomarkers, and Serum Fibrinogen Levels in Patients with Ulcerative Colitis

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Background/Aims: Ulcerative Colitis (UC) is a chronic inflammatory disease affecting the colon in genetically predisposed individuals, characterized by cycles of relapse and remission. Disease activity is usually assessed through clinical symptoms, colonoscopic findings, and conventional biomarkers like serum C-reactive protein (sCRP) and erythrocyte sedimentation rate (ESR). While increased levels of these biomarkers are expected with disease activation, their sensitivity in reflecting endoscopic inflammation severity may be limited.

Fibrinogen, a liver-produced plasma glycoprotein, often increases in serum during systemic inflammation.

To investigate the feasibility of using serum fibrinogen as a biomarker, in addition to conventional biomarkers such as sCRP and ESR, for the assessment of disease activity in UC.

Materials and Methods: This prospective cohort study included 47 UC patients who visited Hacettepe University Hospital between January 1, 2024, and April 30, 2024. Patients were categorized into active disease (55%, n = 26) and remission (45%, n = 21) groups using the Mayo Activity Score System. Disease extent and severity were assessed using the Montreal Classification System, with proctitis (E1) included in the distal colitis category, further subdividing patients into distal colitis (E2) and pancolitis (E3). Epidemiological data, clinical characteristics, and biochemical tests (sCRP, ESR, and fibrinogen) were recorded and analyzed using MATLAB.

Results: In the active patient group, there was a general increase in levels of sCRP, ESR, and fibrinogen compared to the remission group. The study results indicated a positive linear relationship between the Mayo Activity Score and sCRP ($r:0.44507$; $P:0.001$), ESR ($r:0.41527$; $P:0.003$), and fibrinogen ($r:0.29817$; $P:0.04$). Additionally, serum fibrinogen levels showed a positive linear correlation with disease extent and severity, as well as with sCRP and ESR levels ($P < 0.05$).

Conclusion: The generally higher levels of serum fibrinogen observed in active patients and its relationship with the Mayo Activity Score are noteworthy. In this context, incorporating fibrinogen alongside sCRP and ESR in routine clinical monitoring could enhance the sensitivity of conventional biomarkers in determining mucosal disease activity. Fibrinogen may represent a novel conventional biomarker in ulcerative colitis. Further comprehensive studies are recommended to explore this potential.

[PS-058]

Course of Patients with Disease Clearance from the Time of Diagnosis

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Background/Aims: In patients with ulcerative colitis, histological healing is associated with better clinical outcomes. Therefore, histological remission as the treatment target is advocated. observational studies have shown that patients in endoscopic, histological remission have longer relapse-free survival, reduced hospitalization rates, corticosteroid use rates.

Materials and Methods: Demographic information, laboratory findings, clinical courses of patients with ulcerative colitis who had disease clearance, were evaluated retrospectively for 5 years. The files

of 529 patients with ulcerative colitis were scanned, patients who had not achieved disease clearance, had a history of surgery, were not followed regularly, were < 5 years old were excluded. 87 patients were included in this study. The validated Nancy histological index was used to assess histological disease activity.

Results: A total of 87 patients with Ulcerative Colitis, 51 of whom were male. The mean age was 54.1 ± 13.5 years. The mean age of the patients at diagnosis was 38.9 ± 13.6 years. The mean follow-up period was 14.5 ± 7.7 years. The mean disease age was 15.6 ± 7.8 years. Only 1 patient had a family history. 5 (5.7%) patients had pANCA positivity. 14 (16%) patients had extraintestinal involvement (ankylosing spondylitis, erythema nodosum, sacroiliitis, arthritis, uveitis). Current disease involvement was E1 in 11 (12.6%) patients, E2 in 45 (51.7%) patients, and E3 in 31 (35.7%) patients. Mayo endoscopic subscore was 0 in 45 (51.7%) patients; Mayo endoscopic subscore was 1 in 42 (48.3%) patients. In maintenance treatment, 50 (57.5%) were receiving only oral/topical 5-ASA, 37 (42.5%) were receiving azathioprine and 5-ASA combination. Remission was achieved in 72 (82.8%) patients with conventional treatment, and only 15 (17.2%) were receiving biological treatment. During the course of the disease, 29 (33.3%) patients required ≥ 1 steroid. No attacks were observed in 69 (79.3%) patients in the last 5 years. The rate of achieving remission was found to be 16% in 529 patients.

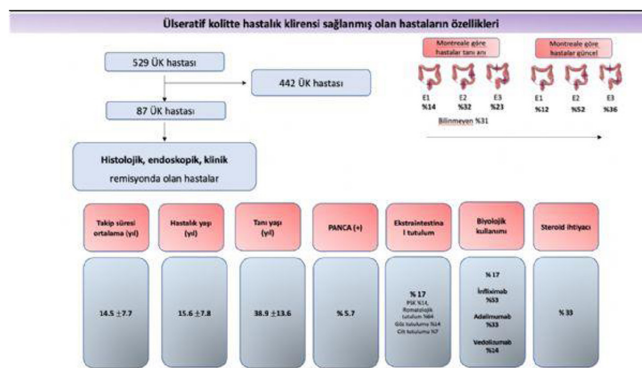


Figure 1. Characteristics of patients who achieved deep remission

[PS-062]

Correlation of IBD-Disc Score with Clinical, Laboratory, Radiological, and Histological Parameters in Inflammatory Bowel Diseases

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Background/Aims: Patient-reported outcomes are gaining importance in the inflammatory bowel disease (IBD) follow-up. IBD-Disc score is a validated scale that quantifies the quality of life. We aimed to determine the correlation between IBD-Disc score and objective disease parameters.

Materials and Methods: Single-center, prospective and observational study. We included patients with a new-onset diagnosis or disease flare between July 2022 and July 2023. Demographic data and laboratory results were recorded. CDAI score, SES-CD score, Nancy score (NHI), and MaRIA score were used in the Crohn's Disease (CD) group, and Mayo Score (MS), Mayo Endoscopic Score (MES), and NHI were utilized in the Ulcerative colitis (UC) group.

Results: 41 patients included (n = 21 CH, n = 20 UC). Demographic data are presented in Table 1. The decrease in IBD-Disc total score was significant in both groups [57.5 (IQR:29.5) vs. 30 (IQR:14.8), 70 (IQR:37.5) vs 28 (IQR:14), $P < 0.001$]. There was no change in laboratory values in the UC group, but leukocyte and hemoglobin values improved in the CH group ($P = 0.032$, $P = 0.013$). Endoscopic scores improved in both groups ($P < 0.001$, $P = 0.003$). NHI score decreased in the UC group, but not in the CH group ($P < 0.001$, $P:0.582$). MaRIA score declined in the CH group ($P = 0.026$). In the UC group, the change in IBD-Disc total score was not correlated with endoscopic ($P = 0.676$), histological ($P = 0.138$), and radiological ($P = 0.366$) parameters like the CH group ($P = 0.440$, $P = 0.702$, $P = 0.854$). Only in the CD group was there a correlation between endoscopic scores in abdominal pain and sleep parameters ($P = 0.006$, $P = 0.026$) among the IBD-Disc subgroups and in the sexuality ($P = 0.020$) parameter in the UC group.

Conclusion: The IBD-Disc score does not correlate with objective markers of disease activity in determining the disease flare or severity.

Table 1. Patient Characteristics

	UC (n=20)		CD (n=21)	
Age, years (mean±SD)	40.1±11.8		42.3±11.5	
Sex, n (M/F)	12 (60%)		10 (47.6%)	
BMI (mean±SD)	26.3±4.0		27.1±6.2	
Smoking status, n (%)	8 (44%)		7 (35%)	
Disease duration, years (mean±SD)	6±5		4.4±4.1	
Disease extension	Left sided → 6 (30%)	A1 → 0	L1 → 11 (50%)	B1 → 11 (55%)
	Extensive → 7 (35%)	A2 → 14 (67%)	L2 → 4 (20%)	B2 → 9 (45%)
	Pancolitis → 7 (35%)	A3 → 7 (33%)	L3 → 6 (30%)	B3 → 0
Extraintestinal manifestations, n (%)	4 (20%)		5 (24%)	
Biologic exposure, n (%)	14 (70%)		21 (100%)	
Hb (g/L), mean (±SD)	12.9±1.8		12.0±1.9	
WBC (mm), median (IQR)	8.300 (4.100)		8.400 (3.600)	
Plt (mm), median (IQR)	304.000 (125.000)		277.000 (92.000)	
CRP (mg/L), mean (±SD)	1.54±0.31		1.42±0.70	
Albumin (g/dL), mean (±SD)	4.4±0.6		3.4±0.5	
Ferritin, median (IQR)	79.4 (30.9)		86.2 (44.8)	

Table 2. Changes in Parameters

	Pre-treatment		Post-treatment			
	UC		CD		P	
IBD-Disc total, median (IQR)	57.5 (29.5)	30 (14.8)	70 (37.5)	34 (28)	<0.001	
MES	2 (1)	1 (1)			<0.001	
SES-CD, median (IQR)			10 (7)	3.5 (6)	0.003	
MaRIA, median (IQR)			18.7 (11)	9.6 (8)	0.026	
Nancy Score, median (IQR)	3 (1)	2 (1.5)	3 (2)	3 (2)	0.002	0.582
Hb (g/L), mean (±SD)	12.9±1.8	13.4±1.7	12.0±1.9	13±1.7	0.300	0.013
WBC (mm), median (IQR)	8.3 (4.1)	7.4 (5.6)	8.4 (3.6)	7 (3.3)	0.050	0.032
Plt (mm ³), median (IQR)	304 (125)	279 (99.8)	299 (156.7)	277 (92)	0.165	0.129
CRP (mg/L), mean (±SD)	1.54±0.31	0.69±0.36	2.93 (0.7)	1.42 (0.31)	0.316	0.101
Albumin (g/dL), mean (±SD)	4.4±0.6	4.1±0.5	4.4±0.6	4.4±0.7	0.437	0.115
Ferritin, median (IQR)	79.4 (30.9)	59.2 (56.4)	86.2 (44.8)	70.1 (43.1)	0.607	0.882

[PS-063]

Obefazimod and Its Active Metabolites ABX-464-N-Glu Act by Stabilizing Protein-Protein Interaction Among Key RNA Biogenesis Partners, CBC and ARS2

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Background/Aims: Obefazimod is an investigational, oral, once-daily, small molecule in phase 3 clinical trials for treating ulcerative colitis (UC). Obefazimod selectively enhances the expression of a single micro-RNA-124 (miR-124), which reduces cytokines and immune cells, thus decreasing inflammation. Obefazimod and its active metabolite, ABX464-N-Glu, bind the nuclear Cap Binding Complex (CBC), comprising Cbp20 and Cbp80, that directs cellular RNA biogenesis by recognizing co-transcriptionally the cap structure of RNA polymerase II transcripts. CBC interacts with ARS2, a key partner involved in microRNA biogenesis. This study investigates the structural basis for targeting the CBC complex.

Materials and Methods: Microscale thermophoresis was used to determine binding affinities between CBC components, Cbp20 and Cbp80, and their interaction with ARS2 in the presence or absence of obefazimod or ABX464-N-Glu. Cryo-electron microscopy (cryo-EM) datasets of CBC-apo, CBC-obe-fazimod, CBC-ABX464-N-Glu, CBC-ARS2-Apo, CBC-ARS2-obe-fazimod, CBC-ARS2-ABX464-N-Glu were processed. After 2D classification and 3D refinement, structures were solved. To understand the conformational dynamics of the complex, 3D multibody refinement was performed on CBC-Apo, CBC-obe-fazimod and CBC:ABX464-N-Glu.

Results: Cryo-EM structures showed that obe-fazimod or ABX464-N-Glu bind the same site at the CBC interface, acting as orthosteric

stabilizers of Cbp20 and CBp80. The conformational change induced by the binding strengthened the interaction between the two subunits of CBC and lead to a more rigid CBC structure. Thermophoresis showed that obefazimod or ABX464-N-Glu binding enhances CBC's interaction with ARS2. Cryo-EM structures of CBC-ARS2 complexes showed that ARS2 passes through the site where obefazimod and ABX464-N-Glu bind. This suggests that the orthosteric effect of obefazimod or ABX464-N-Glu on CBC is maintained even when these molecules leave their binding site, allowing better ARS2 affinity for CBC.

Conclusion: The study identifies a unique interfacial stabilizing mode of action for anti-inflammatory drugs targeting the CBC complex enhancing its interaction with ARS2 to generate specific microRNA.

[PS-067]

Development of Burkitt Lymphoma in a Patient Diagnosed with Ulcerative Colitis

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Introduction: Colon cancer is a common complication of Ulcerative Colitis (UC), but inflammatory bowel disease (IBD) itself is not recognized as a risk factor for gastrointestinal lymphoma. It has been suggested that long-term treatment with immunosuppressive drugs and TNF inhibitors has an immunosuppressive effect and increases the incidence of Epstein-Barr virus (EBV) positive lymphomas, particularly diffuse large B-cell lymphoma.

Case presentation: Here, we present a case of high-grade B-cell lymphoma (Burkitt lymphoma) that developed in an EBV-negative patient who was diagnosed with UC approximately one year ago and was treated with anti-TNF and azathioprine therapy for a short period of about 7 months.

A 28-year-old male patient had been followed up for one year with a diagnosis of ulcerative pancolitis. He presented to the Gastroenterology outpatient clinic at Uludağ University Faculty of Medicine with complaints of bloody stools 8-10 times a day. With a preliminary diagnosis of ulcerative colitis activation, oral methylprednisolone, mesalazine, adalimumab (initiated 7 months earlier), and azathioprine therapy were started. Physical examination revealed a hard mass palpable in the midline of the abdomen. Laboratory tests showed Hgb: 13.6 g/dL, WBC: $5.92 \times 10^9/L$, Neu: $3.880 \times 10^9/L$, CRP: 41 mg/dL, ALP: 178 U/L, GGT: 312 u/L, and sedimentation: 20 mm/hour. Colonoscopy revealed findings consistent with moderately active ulcerative pancolitis and an ulcerovegetative mass filling the cecal base, and biopsies were taken. The biopsy from the mass was diagnosed as Burkitt lymphoma, and chemotherapy was initiated by the Hematology department (2 cycles of R-CODOX, 2 cycles of R-IDA). After chemotherapy, complete remission was achieved, and PET-CT confirmed complete remission. The follow-up colonoscopy showed findings consistent with ulcerative colitis in complete remission.

Conclusion: UC patients receiving thiopurines exhibit a significantly increased relative risk for gastrointestinal lymphoma. Immunosuppressive therapy triggers EBV infection and EBV-positive lymphomas. Burkitt lymphoma is a rare occurrence in IBD patients.

[PS-070]

Efficacy and Safety of Double Balloon Enteroscopy in Different Age Groups and Elderly Population

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Background/Aims: Gastrointestinal system bleeding is a frequent issue in clinical practice. Despite thorough evaluations, the bleeding source in the small intestine often remains unidentified even by standard endoscopic procedures due to the challenges posed by its length, intraperitoneal location, and contractility. Double-balloon enteroscopy (DBE), introduced by Yamamoto et al. in 2001, allows for comprehensive visualization and intervention in the small intestine. This study aims to evaluate the complications and outcomes associated with DBE, focusing on the effect of age, demographic characteristics and procedures on the DBE.

Materials and Methods: A retrospective analysis was conducted on 252 patients who underwent DBE between 2018 and 2023 in our endoscopy unit. Patients were categorized into two groups: younger (< 65 years) and older (≥ 65 years). Data analyzed included demographic information, clinical and radiological findings, endoscopic results, complications, diagnostic yield, and therapeutic outcomes compared and analyzed between groups.

Results: The mean age of the patients was 53 ± 18.1 years, with 165 patients (65.5%) in the younger group and 87 patients (34.5%) in the older group. Oral DBE was performed in 72.6% of patients, while 27.4% underwent anal DBE as first route. The mean procedure length was 274.4 ± 116.1 cm, and the mean duration was 50.3 ± 20.2 minutes. The primary indication for DBE was bleeding (32.1%), followed by anemia (22.6%). Pathological findings were identified in 71.4% of patients, with vascular lesions being the most common (32.1%). Endoscopic therapy was administered to 44.8% of patients. The older group had a higher incidence of vascular lesions and required more endoscopic hemostasis procedures. No major complications were reported.

Conclusion: DBE is a reliable and effective method for diagnosing and treating small intestinal diseases, with a high diagnostic yield and low complication rate. Proper patient selection and experienced centers enhance the procedure's safety and efficacy.

[PS-071]

Fecal Calprotectin in Patients with Celiac Disease

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Background/Aims: The aim of this study was to evaluate the levels of fecal calprotectin levels in patients diagnosed with celiac disease (CD) and to determine the effects of gluten free diet (GFD) in fecal calprotectin levels.

Materials and Methods: 44 patients diagnosed with Celiac disease were included in this prospective study. Patients with CD were divided into two groups: previously diagnosed patients on GFD for at least 6 months (GFD group) and newly diagnosed patients (new group). Fecal calprotectin levels were measured in all patients at enrolment.

Results: Of the 44 patients enrolled in the study, 19 were newly diagnosed and 22 were previously diagnosed with CD. All patients in the GFD group were negative for celiac antibodies, whereas all patients in the newly diagnosed group were positive for celiac antibodies. Mean FC levels were significantly higher in the newly diagnosed group ($P: 0.001$). At month 3 of GFD in the newly diagnosed group, FC levels were analysed and significantly decreased compared to baseline ($P: 0.009$). FC levels correlate well with all celiac antibodies.

Conclusion: Fecal calprotectin levels can be used as a non-invasive marker in the diagnosis of CD. Fecal calprotectin levels are normalized with GFD, which may be an important determinant of GFD compliance in the follow-up of CD patients. In light of these data, we suggest that patients with elevated FC levels should also be evaluated for CD, at least with antibody levels.

[PS-073]

Eosinophilic Enterocolitis-Induced Ileal Prolapse

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Introduction: Eosinophilic gastrointestinal disorders are rare, chronic disorders of the digestive system characterized by eosinophilic infiltration of the gastrointestinal wall, typically involving the stomach, small intestines, and less commonly the colon. Here, a case of eosinophilic enterocolitis with ileal prolapse from the ileocecal valve is presented.

Case presentation: A 79-year-old female patient, who applied to the internal medicine outpatient clinic with complaints of hot flushes, feeling faint, and belching for 2 months, was recommended to undergo gastroscopy and colonoscopy. In the colonoscopy; a lesion of approximately 30 mm, hyperemic, creating a pillow-like appearance, mobile when pushed with forceps, not giving a yellow highlight, and determined to be the ileum mucosa when examined closely was observed in the ileocecal region. Considering that it could be ileum prolapse, biopsies were taken from here and the surrounding tissue to rule out other possible diagnoses. In pathology, 120 eosinophils/1 large magnification area(lma) in the small bowel mucosa area and 100 eosinophils/1lma in the colon mucosa area, rich in eosinophils, were observed and it was stated that it could be compatible with eosinophilic enterocolitis.

Eosinophilic enterocolitis is a rare disease in the group of eosinophilic gastrointestinal disorders, characterized by high eosinophilic infiltration in the bowel wall. It can develop due to primary or secondary causes. Clinical presentation is variable. When the full-thickness bowel wall is affected, ileus and even perforation can be seen. Peripheral eosinophilia is inconsistent. Definitive diagnosis is made by biopsy. Elemental diets, steroids, budesonide, ketotifen can be used. Montelukast can be used although controversially, and anti-IL5, anti-IgE monoclonal antibodies, anti-TNF- α are still in the trial phase.

Conclusion: Eosinophilic enterocolitis is a disease that has started to increase in frequency in recent years, can lead to various complications including ileus and perforation, and can only be diagnosed when suspected, so awareness is important.

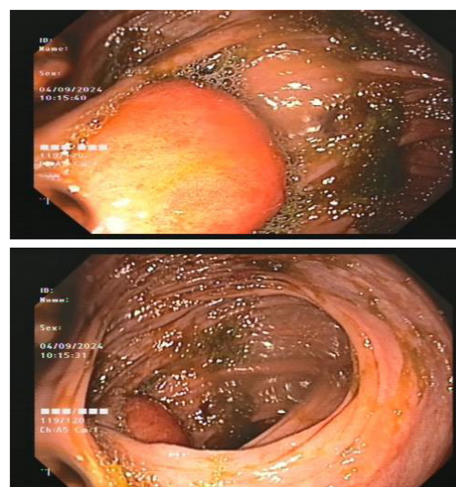


Figure 1. Endoscopic view.

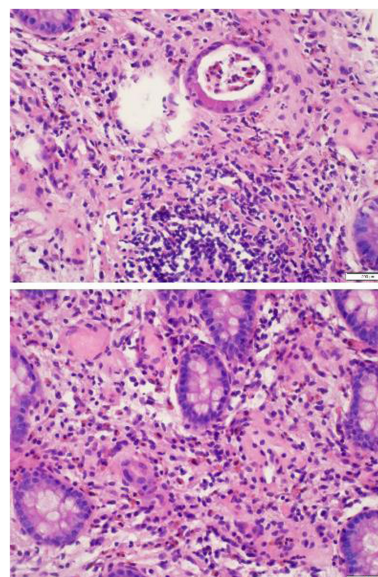


Figure 2. HE stained, x40 magnification view of eosinophilic crypt abscess areas in the ileum and colon where eosinophilic infiltrate is evident.

[PS-074]

Mortality and Rebleeding Rate of Dieulafoy Lesions Throughout the Gastrointestinal Tract

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Background/Aims: Dieulafoy lesion (DL) is a rare cause of gastrointestinal bleeding. We compiled data from all patients diagnosed with DL over the past two decades and evaluated their clinical outcomes, such as rebleeding or death at the time of diagnosis.

Materials and Methods: The study was conducted with 39 hospitalized patients who underwent endoscopy for gastrointestinal bleeding and were diagnosed with DL. All data were collected retrospectively. We investigated all-cause mortality and rebleeding rates in patients with DL.

Results: The most common localization of DLs was the stomach, where 25 (64.1%) DLs were detected. Rebleeding rates within one week and mortality within 90 days were 33% and 28%, respectively. Esophageal localization of DL (OR = 11.1, P = 0.035), decreased hemoglobin level (OR = 1.5 per 1 g/dL decrease, P = 0.014), and high Glasgow-Blatchford score (OR = 1.1 per 1 point increase, P = 0.026) were found to be associated with rebleeding. Duodenal localization of DL was found to be independently associated with a high mortality rate, adjusted for sex, age, and comorbidity index.

Conclusion: Although Dieulafoy lesions are most commonly observed in the stomach, they can also be found in atypical locations such as the jejunum or hernia pouch. Enteroscopy can be very useful in diagnosis and treatment, especially in cases of DL with atypical small intestine localization. The location of the Dieulafoy lesion is an important predictor of both rebleeding and mortality rates.

[PS-075]

Diffuse B-Cell Lymphoma Presenting with Jaundice and Abdominal Pain in a Young Patient: A Case Report

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Case presentation: A 19-year-old female patient with no history of known drug, substance use, or chronic illnesses presented with

abdominal pain and jaundice. Upon admission, her lab results were: AST: 112 U/L, ALT: 122 U/L, total bilirubin: 5.01 mg/dL, direct bilirubin: 4.14 mg/dL, lipase: 310 U/L, GGT: 184 U/L, CRP: 13.1 mg/L, INR: 1.3. Contrast-enhanced abdominal CT showed: dilation of the intrahepatic bile ducts, with the common bile duct measuring 1.7 cm at its widest point. The gallbladder was hydropic with thickened walls and increased contrast enhancement. There was an edematous parenchymal area in the head of the pancreas, evaluated as focal pancreatitis, and no mass could be excluded. The ultrasound findings were similar to those of the CT. IgG4 level test was normal. According to the MRI/MRCP report: A 5 mm finding consistent with IPMN (intraductal papillary mucinous neoplasm) was reported at the pancreatic neck. Since MRI/MRCP did not reveal stones or sludge-like appearance, endoscopic ultrasound (EUS) was performed: the gallbladder diameter was approximately 49 mm, showing significant enlargement with dense hyperechoic content with levels. The common bile duct measured approximately 20 mm, tapering distally, and ended abruptly in the prepapillary region. A hypoechoic mass associated with the papillary region of the common bile duct was observed. Based on the appearance of this mass in the periampullary region, the patient underwent ERCP. A polypoid, irregular, and fragile protrusion was observed in the papillary lumen, assessed as a polypoid mass. Biopsies were taken from the lesion. The biopsy of the duodenal papilla revealed large atypical CD20-positive and CD3-negative lymphocytes, with a Ki-67 proliferation index of 90%. These findings were referred to a specialized center for further typing, where the diagnosis of germinal center diffuse large B-cell lymphoma (DLBCL) was confirmed, and the patient began treatment with the R-CHOP chemotherapy protocol.

[PS-078]

Can Full Enteroscopy be Performed with Oral Double Balloon Enteroscopy? Preliminary Results of An Ongoing Prospective Study

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Background/Aims: When it is necessary to examine the entire length with Double balloon enteroscopy (DBE), although not always, the standard practice is to perform an anal session after the initial oral procedure. However, this approach requires colon preparation and often leads to repeated attempts due to inadequate cleaning, especially in critically ill patients. Going all the way to the cecum during the oral enteroscopy session is the only way to overcome this difficulty; however, the literature indicates that the success rate is very low. We planned to evaluate whether this is feasible and what the factors affecting success are in our ongoing prospective study.

Materials and Methods: All consecutive patients who applied to our unit after April 2024 and who had an indication for full enteroscopy were included in the study. In patients in whom the cecum could not be reached, the most distal area reached in the small intestine was marked with a hemoclip and then an anal session was performed.

The patient demographic characteristics, and clinicopathological features were recorded and evaluated.

Results: It was observed that a total of 20 patients underwent enteroscopy until the time of evaluation. The most common indication was suspected bleeding and anemia examination. The number of patients in whom the cecum was reached in the oral session was 8 (40%). The procedure duration in these patients was 50-140 minutes and the distance was between 500-640 cm. It was observed that consecutive anal sessions were performed in 12 patients and full enteroscopy was completed. There were no early or late complications after the procedures, which had a diagnosis rate of 70% and an endoscopic treatment rate of 50%.

Conclusion: Single-session full enteroscopy with DBE seems like an achievable goal and continues to be effective and safe when performed by competent hands and in experienced centers.

[PS-079]

Effect of Ramadan Fasting on Intestinal Microbiota and Fatty Acid Binding Protein 4 (FABP4) in Overweight and Obese Individuals

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Background/Aims: The aim of this study was to investigate the effect of Ramadan fasting, one of the intermittent fasting practices, anthropometric measurements, gut microbiota, liver function tests (ALT, AST and GGT), CRP, blood lipid profile (HDL-C, LDL-C, TG and Total-C) and fatty acid binding protein 4 (FABP4) in overweight and obese individuals.

Materials and Methods: This study was conducted with a total of 10 male volunteers, 6 overweight and 4 obese, who fasted for an average of 14-15 hours continuously from dawn to sunset during the 29-day Ramadan month between 23 March 2023 and 20 April 2023 and met the inclusion criteria. Within the scope of the study, the nutrition and physical activity status of the participants before and during Ramadan were questioned. In addition, anthropometric measurements before and after Ramadan, intestinal microbiota by 16S rRNA sequencing from stool samples, ALT, AST, GGT, CRP, HDL-C, LDL-C, TG, Total-C and FABP4 levels from blood samples were evaluated.

Results: Although the participants maintained their pre-Ramadan and Ramadan dietary and physical activity values, a significant increase in alpha and beta diversity in gut microbiota was observed at the end of Ramadan ($P < 0.05$). In addition, the F/B ratio, Firmicutes phylum, Clostridia class, Clostridiales order,

and Ruminococcaceae family exhibited statistically significant decreases, while the Bacteroidetes and Proteobacteria phyla, Bacteroidia, Alphaproteobacteria, and Erysipelotrichi classes, Bacteroidales, Erysipelotrichales, and Actinomycetales orders, Erysipelotrichaceae family and Prevotella genus, demonstrated statistically significant increases ($P < 0.05$). Participants who achieved an average weight loss of 2.3 ± 0.99 kg at the end of Ramadan showed a significant increase in HDL-C and a significant decrease in TG levels ($P < 0.05$). Although FABP4 levels decreased after fasting, this difference was not statistically significant ($P > 0.05$).

Conclusion: Ramadan fasting induces weight loss, modifies gut microbiota, and improves blood lipid profile and FABP4 levels, suggesting the need for more extensive studies.

[PS-083]

Levels of Serum Transaminases and Serum Cholestatic enzymes in Patients with Acute Cerebrovascular Stroke

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Background/Aims: Cerebrovascular stroke (CVS) is the leading cause of morbidity and mortality in elderly patients. It has been shown that dyslipidemia is often associated with SVS. Levels of higher serum GGT (gamma-glutamyl transaminase) are also a key laboratory finding of dyslipidemia. However, at to date there is no large study involving SVS and serum GGT levels. Our aim is to summarize the interlink between cholestatic enzymes and CVS risks in a large patient group.

Materials and Methods: Between January 2021 and April 2014, 901 patients (459 female and mean age 75.24 ± 7 years) with acute cerebrovascular stroke (CVS) were enrolled for the study. Liver transaminases and cholestatic enzymes were recorded at the time of hospitalization. Patients with malignancy and cirrhosis were excluded from the study. Comparator group was selected from age and gender-matched elderly counterparts who had not a medical history of CVS.

Results: Serum ALT and AST levels were not statistically significant among study groups (41.7 u/l. And 55.29 u/l. in CVS group versus 23.9 u/L and 27.3 u/l in control group, P values were 0.16 and 0.22 respectively). While the mean serum ALP level was similar with the control group (105,2 U/l versus 87.4 U/l; $P = 0.85$), the mean serum GGT level was significantly higher in stroke group than those without stroke (41.9 U/L versus 31.3 U/L $P = 0.038$). In CVS group, the mean serum direct bilirubin level was also higher than control group (0.37 mg/dL versus 0.34 mg /dL; $P = 0.005$).

Conclusion: Presence of higher levels of serum GGT as a laboratory feature of cholestasis is a risk factor for developing CVS. Further screening methods and preventive efforts for CVS should be focused on both serum GGT and direct bilirubin levels.

[PS-084]

Prevalances of Hepatitis B, C and HIV Infections among Turkish Workers retired from German Factories and Impact of German Factories on Turkish Workforce

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Background/Aims: Older Turkish migrant workers who came to the Federal Republic of Germany in the 1960s and 1970s have been mostly reached a better life status compared to naive Turkish citizens.

Despite the rising prevalences for hepatitis C virus (HCV), chronic hepatitis B virus (HBV) and human immunodeficiency virus (HIV) infections due to immigration, few population-based studies have conducted to show relationship between Turkish workers retired from German factories and vaccination status against hepatitis B virus in coastal city of Giresun located Eastern Blacksea region.

Materials and Methods: We retrospectively studied 150 Turkish retired workers (56% of them were female; the mean age was 69.3 ± 2.61 years) with Germany insurance and compared to age and gender matched Turkish citizens (101 subjects; 65% of them were female; the mean age was 67.8 ± 1.2 years) with Turkish public insurance. Data were extracted from electronic medical and research databases.

Results: Elderly subjects with German insurance had similar rates both of HBS antigen and anti HBS antibody as compared to subjects with Turkish insurance (0% versus 0.66% and 30% versus 26%; all $P > 0.05$, respectively). Otherhand, no patients tested positive for both of anti-HIV antibody and anti-HCV antibody among German retired Turks. In the naive subjects who never went to Germany, the only one patient tested positive for both anti-HCV and anti-HIV antibodies but the statistically significant difference was not observed (all $P > 0.05$).

Conclusion: In this Turkish observational retrospective study showed that, being retired from German factories was not associated with a increased risk for HBV, HCV and HIV infections among very elderly Turkish subjects mostly due to traditional Turkish life style. Otherhand, low rates of anti-HBS antibodies pointed out that further vaccination efforts should be needed in retired persons from Türkiye and Germany in the near future.

[PS-085]

Determination of Cirrosium and Hepatocellular Carcinoma Development Rates in the Follow-up of Hepatitis B Patients Who Received and Did Not Receive Antiviral Treatment

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Background/Aims: The aim of our study is to determine the rate of cirrhosis and HCC development in long-term follow-up of CHB patients who received and did not receive antiviral treatment.

Materials and Methods: Hepatitis B patients who applied to the Gastroenterology Outpatient Clinic and received and did not receive antiviral treatment were included in the study. The patients were retrospectively screened by considering the antiviral reports recorded in the medulla between 2013-2023 and a total of 333 patients were included in the study.

Results: 191 (57.4%) of the patients in the study were male and 142 (42.6%) were female. The average follow-up period of all patients was 124.8 months; the average follow-up period of those who received antiviral treatment was 135.6 months. There were a total of 176 (52.9%) people who received antiviral treatment. 66 (19.8%) people used entecavir (ETV), 107 (32.1%) people used tenofovir (TDF), and 3 (0.9%) people used lamivudine (LAM). 155 (46.5%) people who did not use medication were carriers. There were 143 (42.9%) people who achieved a sustained virological response with antiviral treatment. Of the 24 (7.2%) people who developed only cirrhosis (KC-S), 10 (15.2%) were in the ETV group, 13 (12.1%) were in the TDF group, and 1 (0.6%) was in the drug-free group. Of the 10 (3%) people who developed HCC and KC-S, 3 (4.5%) were in the ETV group, 6 (5.6%) were in the TDF group, and 1 (0.6%) was in the drug-free group.

Conclusion: This study showed that antiviral treatments effectively suppressed HBV DNA, but it was revealed that the risk of developing cirrhosis and HCC continued in these patients even if HBV DNA became negative. However, it was shown that cirrhosis and HCC could also develop in patients with HBV carrier status.

[PS-089]

Delta Hepatitis; A Single Center Experience

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Background/Aims: Chronic Hepatitis D virus (HDV) infection is the most aggressive form of viral hepatitis that can cause rapidly progressive chronic liver disease and hepatocellular cancer (HCC). In this study, the prognosis of cases diagnosed with HDV infection who were admitted to our center in the last 10 years was investigated.

Results: HBV+HDV co-infection was detected in 35 (0.92%) of 3784 patients who were admitted between 2014-2023 and had HBV infection. A total of 21 patients, 10 male and 11 female, who had interferon treatment experience and could be followed up for at least two year since their admission were included in the study. The mean follow-up period of the patients from their first admission was 75.2 (24-147) months. 17 of 21 patients (80.9%) were pegylated interferon experienced and 16 (76.2%) received at least 48 weeks of treatment. Cirrhosis was detected in 11 of 21 patients (52.4%) at the time of first admission and in 4 (19%) during the follow-up period, in a total of 15 patients (71.4%), all of whom were Child Stage A. Among

the patients with cirrhosis; HCC developed in 2 of 10 patients (20%) who were interferon experienced and in 3 of 5 patients (60%) who were interferon naive or received treatment for less than 48 weeks. The mean duration of hepatocellular cancer development was found to be 81.6 (48-108) months. In 6 patients who did not develop cirrhosis, in the mean duration of 65 months, no HCC developed.

Conclusion: Cirrhosis was detected in 2/3 of the patients with chronic HDV infection, and in 1/3 of those who developed cirrhosis, HCC developed in an average of 6.8 years. Pegylated interferon appears to be effective in preventing the development of HCC. Starting treatment before cirrhosis develops will reduce the risk of both cirrhosis and HCC.

[PS-090]

Chronic Anemia Due to Downhill Esophageal Varices: A Case Report

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Introduction: Esophageal varices located in the upper third of the esophagus without portal hypertension were first described in 1964 by Felson and Lessure. Since then, literature on downhill varices has primarily focused on small case series and reports. Proximal or downhill esophageal varices are a rare cause of upper gastrointestinal bleeding. In contrast to distal esophageal varices, which are more commonly associated with PHT, downhill esophageal varices typically result from vascular obstruction of the superior vena cava (SVC).

Case presentation: An 82-year-old male patient, M.D., with a history of chronic obstructive pulmonary disease, hypertension and coronary artery disease, presented to our emergency department (ED) due to worsening dyspnea. He had a residual deficit in the left upper extremity following a stroke (CVA) one year prior. Current medications included clopidogrel (75mg/day), acetylsalicylic acid (100mg/day), apixaban (5mg/day). He had experienced shortness of breath with exertion for approximately 10 years. Upon admission, he was pale and normotensive. Hemoglobin (HGB): 6.9g/dL and mean corpuscular volume: 78fL. The patient had been admitted multiple times for symptomatic anemia and the need for blood transfusions.

In December 2023, an endoscopy was performed to clarify the etiology of his anemia, revealing downhill varices in the proximal esophagus and variceal dilatations throughout the esophagus. Argon plasma coagulation was applied to the affected area. During his admission in March 2024, a biopsy of a 14 mm pedunculated polyp in the sigmoid colon from December 2023 was reported as tubulovillous adenoma. One month later, he returned to the ED with a significant decrease in HGB levels. Upon admission, an ES transfusion was performed and advanced investigations were recommended; however the patient declined. After clinical stabilization, he was discharged.

Conclusion: Proximal or downhill esophageal varices are a rare cause of upper gastrointestinal hemorrhage. Unlike distal esophageal varices, downhill varices result from vascular obstruction of the SVC, necessitating a unique approach. Endoscopic therapies can help control variceal bleeding but managing SVC obstruction is the

cornerstone of treatment and should be pursued rapidly. Although this condition has been studied in the literature, it has not yet been fully understood.

[PS-092]

Antimitochondrial Antibody Seroprevalance in Patients with Cholestasis in Giresun Prefecture

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Background/Aims: Antimitochondrial antibodies (AMA) are specific markers for the diagnosis of primary biliary cholangitis (PBC) and seroprevalance of AMA ranges very differently due to ethnic variations. The present retrospective study assessed the prevalence of AMA in patients with NAFLD and cholestasis in coastal city of Giresun.

Materials and Methods: 436 patients (184 male and mean age 49.1 years) with elevated cholestasis enzymes were investigated. Patients with prior history of PBC, liver cirrhosis and hepatocellular carcinoma were excluded from the study.

Results: AMA prevalence in cholestatic patients was 2.5 % (11 patients and 2 male). While 9 female patients (82%) tested positive for AMA, only two male patients had seropositivity for AMA. Among them, 5 patients underwent liver biopsy and all of them had prominent histopathologic findings of PBC.

Conclusion: AMA presence is relatively common among cholestatic patients in Giresun city. Obtained higher than expected rate of AMA in cholestatic patients pointed out that our subjects who resident in our city and its environs are prone to PBC as well as other autoimmune diseases. Therefore, a careful evaluation of biochemical laboratory tests should be needed in that patient group.

[PS-094]

Evaluation of the Effectiveness of Hepatitis B Disease and Antiviral Drugs Used in its Treatment on COVID-19

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Background/Aims: Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is likely to progress differently in those with comorbidities due to its systemic effects. In this study, we aimed to investigate the transmission and course of COVID-19 disease in hepatitis B patients receiving antiviral treatment and hepatitis B patients not receiving antiviral treatment.

Materials and Methods: Patients followed up with hepatitis B in the gastroenterology outpatient clinic were included in the study during their outpatient clinic applications or by calling the contact numbers registered in the hospital automation system for patients who did not come to the outpatient clinic. The patients' COVID-19 RT-PCR (reverse transcription polymerase chain reaction) positivity, antiviral treatments, COVID-19 RT-PCR positivity in their families, hospitalization status and hematological parameters were retrospectively examined.

Results: Of the 213 hepatitis B patients included in the study, 94 (44.1%) were female and 119 (55.9%) were male. The patients were between 20-76 years old and the mean age was 46.25. While the number of those receiving antiviral treatment due to hepatitis B was 117 (54.99%), the number of those not receiving antiviral treatment was 96 (45.1%). It was determined that antiviral treatment reduced the risk of COVID-19 in hepatitis B patients ($P < 0.05$). In biochemical parameters, high liver transaminase levels were found to be associated with an increased risk of COVID-19 ($P < 0.05$). COVID-19 was observed at a higher rate in the families of hepatitis B patients.

Conclusion: This study suggests that hepatitis B patients and antiviral drugs used in their treatment have positive effects on the transmission and prognosis of COVID-19.

[PS-100]

Evaluation of Liver Fibrosis in Liver Transplantation Patients with Transient Elastography, Clinical Factors Associated with Liver Fibrosis and the Effect of Liver Fibrosis on Quality of Life; Preliminary Report of the Study

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Background/Aims: Liver fibrosis is the excessive accumulation of extracellular matrix proteins. There are invasive and noninvasive methods to demonstrate liver fibrosis. FibroScan, in particular, has a high accuracy rate after liver transplantation and has similar diagnostic value in the pre-transplant setting.

Materials and Methods: In this study, we planned to investigate liver fibrosis and possible risk factors for fibrosis in patients with liver transplantation at our transplantation clinic using FibroScan and FIB-4 scores. Quality of life scores will be examined with SF-36 in patients and the effect of liver fibrosis on quality of life will be investigated.

Results: The mean age of the 62-person study group was 59.8 ± 11.9 and 42 (67.7%) percent were male. The mean time since liver

transplantation was 16.4 ± 3.2 years and 25 (40.3%) patients had received a living donor transplant. There were 16 (25.8%) patients with a history of liver transplant rejection. Although serum ALT/AST values of patients with a history of liver transplant rejection were within normal limits, liver fibrosis measurements were higher compared to those without a history of rejection; although both elastography measurements and FIB4 indices were higher in patients with a history of rejection, elastography measurements showed a better statistical correlation ($P < 0.001$ vs $P = 0.054$).

While no correlation was observed between the FIB4 index and quality of life scores, a negative correlation was observed between the quality of life score measured in general health status and elastography measurements ($P = 0.020$).

Conclusion: We showed that fibrosis develops even if serum tests are normal, especially in patients with a history of rejection. In our study, elastography measurements correlate with the quality of life score and provide us with information about the general health of transplant patients. Further studies are required to determine its clinical role in detail.

[PS-101]

Comparison of the Effects of Tenofovir Alafenamide and Entecavir Treatment on Renal Function and Lipid Profile in Liver Transplant Patients

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Background/Aims: Hepatitis B virus (HBV) infection is one of the most common reasons for liver transplantation. Antiviral treatments used for HBV infection have some effects on the lipid profile (LDL, total cholesterol, triglyceride) and kidney function. We designed a retrospective observational study with an observation period of 48 months, including liver transplant patients receiving entecavir or tenofovir alafenamide (TAF), to evaluate the effect of antiviral medication on lipid profile and renal function.

Materials and Methods: Research data were collected retrospectively through patient files in hospital databases. Each patient had serum creatinine and lipid panel measured at least annually.

Results: The study was conducted with 47 patients. The mean age of total of 47 patients was 59.9±8.5 years with male dominance. No HBV recurrence was detected in patients with HBV or HBV/HDV coinfection during the 48-month observation period. No deaths were observed during the observation period.

At the end of the 48-month follow-up period, when compared with the baseline eGFR level, a decrease of 9.9 ± 15.7 in the TAF arm and

8.4 ± 17.6 in the entecavir arm was observed in the mean eGFR ($P = 0.000$); but no significant difference was found between the Δ eGFRs measured during the observation period in both arms ($P = 0.990$). LDL, HDL, triglyceride, and total cholesterol levels increased compared to baseline levels in both arms at 48 months of observation ($P = 0.000$). There was a greater increase in total cholesterol levels in the TAF arm than in the entecavir arm at 12 months ($P = 0.025$), while at 24 months, there was a greater increase in the entecavir arm than in the TAF arm ($P = 0.023$), but no significant difference was observed in the changes in total cholesterol at 48 months of observation ($P = 0.757$).

Conclusion: No difference was observed between the metabolic and renal effects of TAF and entecavir after 48 months, and reactivation was not observed in any patient.

[PS-102]

Acute Kidney Injury in Liver Cirrhosis: Not Always A Hepato-Renal Syndrome

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Background/Aims: Acute kidney injury (AKI) is a frequent complication, occurring in 20-50% of cirrhotic patients.

The aim of our work is to define the characteristics, etiologies and treatment modalities of AKI in cirrhotic patients, as well as the factors associated with mortality.

Materials and Methods: This was a retrospective descriptive and analytical study, including cirrhotic patients with impaired renal function, hospitalised in a gastroenterology department from January 2021 to June 2024.

Results: Among 482 cirrhotic patients hospitalised during this period, 61 people (13%) had an AKI. The median age was 62 years [48-73], with an M/F sex ratio of 0.83.

The median creatinine level was 21.5 mg/l [15.5-26]. Ninety-eight percent of patients had high urea with a mean of 1.21 ± 0.56 g/l. Seventeen percent had AKI classified as stage Ia, 33% as stage Ib, 36% as stage II and 15% as stage III.

All patients had at least one precipitating factor, dominated by nephrotoxic drugs (70%) and infections (51%).

Treatment of AKI depended on the triggering factor: 62% of patients received an albumin infusion. Antibiotherapy was administered in 51% of patients. Thirty-four percent underwent oesophageal variceal ligation, and blood transfusion was administered in 21 patients.

Functional AKI was the main etiology (56%). Organic renal damage was diagnosed in 8 patients. In addition, 28% of patients developed an hepatorenal syndrome (HRS).

Normalization of renal function was the rule in cases of functional AKI. However, 7 patients died, 5 of whom had HRS.

The stage of AKI ($P = 0.016$), the presence of dyskalemia ($P = 0.038$) and the HRS ($P = 0.015$) were associated with mortality.

Conclusion: AKI in cirrhosis is a real public health problem, affecting 13% of our population. Alternative treatments deserve to be developed in HRS, as only 55% of patients responded to treatment of triggering factors.

[PS-105]

Effects of Entecavir, Tenofovir Adefenamide and Tenofovir Disoproxil Fumarate Used in the Treatment of Chronic Hepatitis B on the Kidney

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Background/Aims: More than 250 million people in the world are infected with Chronic Hepatitis B virus. Although tenofovir disoproxil fumarate (TDF), tenofovir adefenamide (TAF) and entecavir (ETV) are used in treatment, no clear opinion is given regarding the renal toxicity of these drugs. In our study, the renal toxicity status of these drugs was investigated.

Materials and Methods: Patients with chronic hepatitis B who came to Manisa Celal Bayar University Faculty of Medicine Gastroenterology Polyclinic were included in the study retrospectively (Ethics committee no: 350/28/11/2022).

Laboratory values (urea, creatinine, phosphorus and glomerular filtration rate) according to the medications taken by the cases were compared with the average values of the pre-treatment and 1st month of treatment and the average values of the 2nd year of treatment.

Results: Of the 189 patients included in the study, 58.7% were male, 41.3% were female, and the average age was 55.06 ± 12.61 years.

When the treatment and treatment duration of the cases are examined; It was determined that 39.7% of the cases received ETV, 39.7% TDF and 20.6% TAF treatment.

The average treatment duration of cases receiving ETV treatment was 7.77 ± 3.09 years, TAF treatment was 3 years and TDF treatment was 6.87 ± 2.01 years.

Conclusion: When urea levels are compared with the pre-treatment period; It increased significantly in the 2nd year of treatment in cases receiving ETV and TDF treatment; It was observed that there was no significant difference in cases receiving TAF treatment.

However, it was determined that the creatinine and GFR levels of the cases did not show a significant difference in the 2nd year of treatment compared to the pre-treatment period in the cases receiving both ETV, TAF and TDF treatment.

More patient numbers and multicenter studies are needed to generalize our results.

emphasizes the necessity for a multidisciplinary approach in managing complex dermatological conditions with hepatobiliary and pancreatic sequelae.

[PS-109]

Concurrent Development of Sclerosing Cholangitis and Chronic Pancreatitis in a Young Adult with Mycosis Fungoides

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Introduction: This case report delineates the concurrent development of sclerosing cholangitis and chronic pancreatitis in a 27-year-old female patient diagnosed with mycosis fungoides (MF). The patient initially presented with pruritic cutaneous lesions, and histopathological examination confirmed folliculotropic MF. Lymphadenopathy was observed, with biopsies suggesting potential MF involvement and dermatopathic alterations.

Case presentation: The therapeutic regimen encompassed narrow-band UVB phototherapy and Acitretin administration. Subsequent hepatic enzyme elevation necessitated advanced diagnostic evaluation. Magnetic resonance cholangiopancreatography (MRCP) and hepatic biopsy revealed biliary tract damage consistent with sclerosing cholangitis. Magnetic resonance imaging demonstrated intrahepatic bile duct dilatation and stricturing, patchy hepatic dysfunction, and splenomegaly.

During follow-up, the patient developed chronic diarrhea and abdominal pain, prompting additional diagnostic investigations which confirmed the development of chronic pancreatitis. This finding augmented the case's complexity and underscored the multisystemic effects of immunological dysregulation.

The concurrent manifestation of Secondary Sclerosing Cholangitis (SSC) and chronic pancreatitis in an MF patient constitutes a rare clinicopathological entity. While hepatic involvement is documented in approximately 16% of advanced MF cases, it typically presents as parenchymal infiltration or hepatomegaly, with cholestatic pathology and pancreatic involvement being infrequently observed. Several etiopathogenic mechanisms are postulated for the development of SSC and chronic pancreatitis in this context: Direct infiltration by neoplastic T-lymphocytes, paraneoplastic phenomena, and immunological dysregulation.

The potential iatrogenic role of MF therapies in SSC pathogenesis is considered, including the rare hepatotoxicity associated with phototherapy and retinoid administration. Differential diagnosis between SSC and Primary Sclerosing Cholangitis (PSC) presents a significant clinical challenge. Factors supporting the SSC diagnosis include the temporal association with MF onset, absence of typical PSC comorbidities, and the rapid progression of biliary alterations.

Conclusion: This case underscores the imperative for vigilant monitoring of extracutaneous manifestations in MF patients and

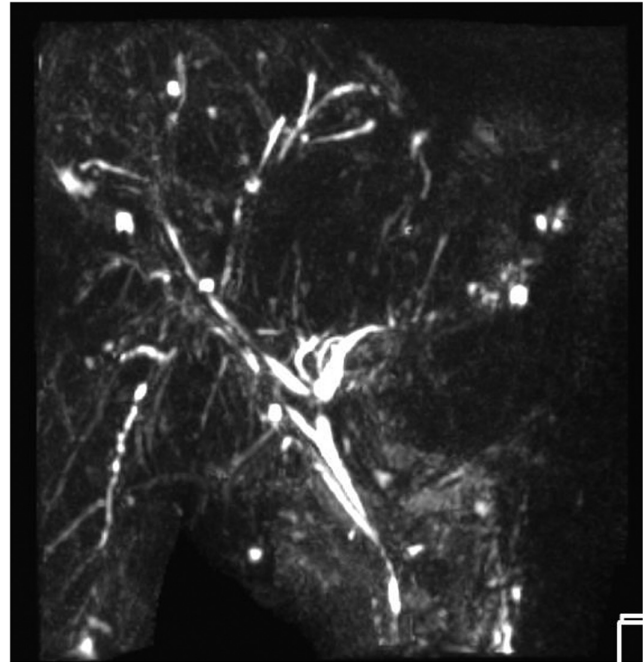


Figure 1. MRCP findings of sclerosing cholangitis in mycosis fungoides patient
MRCP image demonstrating intrahepatic and extrahepatic bile duct strictures and dilatations in the patient.

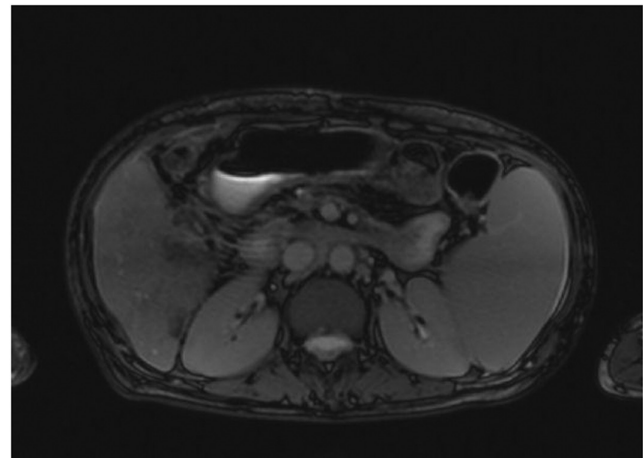


Figure 2. Abdominal MRI showing hepatobiliary and pancreatic changes in mycosis fungoides patient



Figure 3. Cutaneous manifestations of mycosis fungoides on the abdominal region

Clinical photograph demonstrating characteristic cutaneous involvement in mycosis fungoides. The image shows diffuse erythematous patches and plaques on the abdominal region. Multiple hyperpigmented macules and papules are visible, along with some scaling. The lesions exhibit a typical distribution pattern associated with mycosis fungoides in its patch and plaque stages.

[PS-110]

MTHFR Gene Mutation and Portal Thrombosis: A Rare Etiology Not to be Overlooked

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Background/Aims: Portal venous thrombosis (PVT) is a rare condition affecting 1% of the general population. It is multifactorial, acquired or hereditary in origin.

The aim of our work is to study the clinical characteristics and risk factors for PVT associated with the MTHFR mutation.

Materials and Methods: This was a retrospective descriptive study, including patients hospitalised for PVT in a gastroenterology department from January 2021 to June 2024.

Patients with thrombosis due to cirrhosis or IBD with major risk factors for thromboembolic diseases were excluded from this study.

Results: Of the 2436 patients hospitalized during this period, 31 (1.27%) had thrombosis. The mean age was 44.8 ± 14.5 years.

On physical examination, abdominal tenderness was noted in 81%, infectious signs in 10%, and peritoneal signs in 16%.

Injected abdominal CT was the most frequently requested examination in 44% of patients. PVT was extensive in 90% of cases, partial in 19%, complicated by intestinal ischemia in 16%.

MTHFR mutation testing was performed in 27 patients, with positive results in 24 patients (77%), of whom 4% were homozygous.

All patients with an MTHFR gene mutation had at least one other associated risk factor: infection or vaccination against COVID-19 in 58%, prolonged use of oral contraception in 29% and metabolic syndrome in 21%.

Low-molecular-weight heparin in curative dose was administered in all patients, with relay by vitamin K antagonist in 90% and by direct oral anticoagulant in 6%.

Long-term evolution was marked by persistence of thrombosis in 39%, repermeabilization in 13%, and a single case of death was reported in a patient with intestinal ischemia.

Conclusion: This high frequency of TVP in our population should be the subject of an exhaustive etiological work-up, including a search for this mutation, which represents a genetic risk factor for thrombosis, especially in the homozygous state.

[PS-111]

Aceruloplasminemia As A Rare Hereditary Disease: 3 Case Reports in A Single-Center

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Introduction: We aimed to share 3 cases diagnosed with aceruloplasminemia and their characteristics.

Case 1: This is a 62-year-old male who applied to our liver clinic with a complaint of fatigue. He had T2DM, coronary artery disease, and hypothyroidism. His parents are consanguineous. He has hypochromic microcytic anemia, low transferrin saturation, and high ferritin levels in his laboratory. Considering aceruloplasminemia as one of the iron metabolism disorders, ceruloplasmin was measured, and it was 1 mg/dL.

Case 2: This case is the daughter of the first case. She is 21 years old. There is a consanguineous marriage between the patient's parents. Although she had no complaints, when aceruloplasminemia was detected in her father, further examination was planned for aceruloplasminemia. She has hypochromic microcytic anemia, low transferrin saturation, and high ferritin levels like her father. Ceruloplasmin was 1 mg/dL.

Case 3: A 47-year-old male patient with a known diagnosis of T2DM. The first case is the cousin of the father of this case. He applied to us for screening because there were individuals with a diagnosis of aceruloplasminemia in his family. He has also hypochromic microcytic anemia, low transferrin saturation, and high ferritin levels like his cousin. Ceruloplasmin was < 1 mg/dL.

Conclusion: Iron accumulation was detected in the liver in the abdominal MRI and the basal ganglia in the cranial MRI in all 3 patients. Deferasirox treatment was started at 20 mg/kg/day per

oral to all patients, and dose arrangement was made according to their laboratory in the follow-up. All imaging and laboratory features are shown in figures respectively.

Microcytic anemia, low transferrin saturation ratio, and high serum ferritin levels are laboratory findings that draw attention to aceruloplasminemia. Family members of aceruloplasminemia patients should be considered for screening especially if they have consanguine marriage.

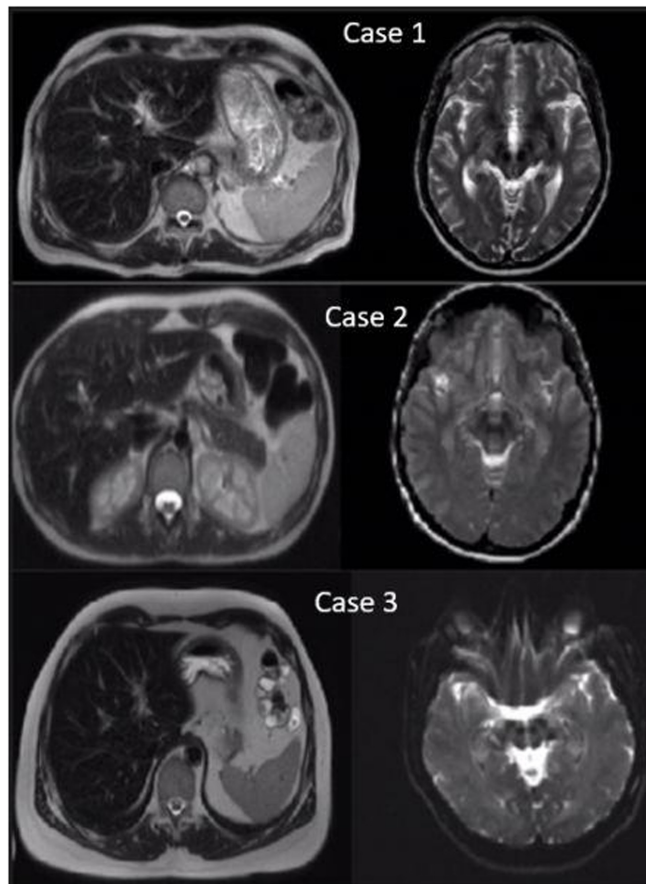


Figure 1. Abdominal and cranial MRI of patients

Table 1. Laboratory Features of the Patients at Diagnosis

Laboratory features at diagnosis	Case 1	Case 2	Case 3
Hemoglobin (13.6 - 17.2 g/dL)	10.5	10.5	11.4
Hematocrit (41 - 53%)	33	32.8	37
MCV (80.7 - 95.5 fL)	76	73	67.1
Platelet (155 - 375 10 ⁹ /µl)	195	220	280
Leukocyte (4.3 - 10.3 10 ⁹ /µl)	5.1	4.3	11.2
AST (5 - 42 U/L)	25	20	19.4
ALT (5 - 45 U/L)	27	26	29.6
ALP (40 - 130 U/L)	49	36	82
GGT (5 - 85 U/L)	12	7	14
LDH (135 - 250 U/L)	142	129	154
Total Bilirubin (0.2 - 1.2 mg/dL)	0.3	0.1	0.3
Total protein (6 - 8 g/dL)	6.6	6.2	7.4
Albumin (4 - 4.7 g/dL)	4.8	4.4	5.1
Iron (50 - 175 µg/dL)	26	18	25
Total iron binding capacity (250 - 410 µg/dL)	271	266	347
Ferritin (30 - 400 ng/mL)	1049	400	926
Transferrin saturation (%)	9	6	7.2
Ceruloplasmin (< 20 mg/dL)	1	1	<1

Abbreviations: AST, Aspartate Aminotransferase; ALT, Alanine Aminotransferase; ALP, Alkaline Phosphatase; GGT, Gamma-glutamyl Transaminase; LDH, Lactate Dehydrogenase; MCV, Mean Corpuscular Volume

Table 2. Laboratory Features of the Patients at the Last Visit

Laboratory features at last visit	Case 1 (7th year of treatment)	Case 2 (7th year of treatment)	Case 3 (2nd year of treatment)
Hemoglobin (13.6 - 17.2 g/dL)	11.4	10.9	10.6
Hematocrit (41 - 53%)	34.4	35.2	37.6
MCV (80.7 - 95.5 fL)	73.8	78	62.9
Platelet (155 - 375 10 ⁹ /µl)	194	276	306
Leukocyte (4.3 - 10.3 10 ⁹ /µl)	5.7	5.3	8.6
AST (5 - 42 U/L)	12	13.5	11
ALT (5 - 45 U/L)	6	8	12
ALP (40 - 130 U/L)	50	40	91
GGT (5 - 85 U/L)	9	7	11
LDH (135 - 250 U/L)	134	128	135
Total Bilirubin (0.2 - 1.2 mg/dL)	0.3	0.2	0.2
Total protein (6 - 8 g/dL)	6.5	6.6	6.9
Albumin (4 - 4.7 g/dL)	4.4	4.4	4.8
Iron (50 - 175 µg/dL)	23.2	14.2	14
Total iron binding capacity (250 - 410 µg/dL)	325.1	394.8	414
Ferritin (30 - 400 ng/mL)	244	248	179
Transferrin saturation (%)	7.1	3.6	3.4
Ceruloplasmin (< 20 mg/dL)	< 3	< 3	< 3

Abbreviations: AST, Aspartate Aminotransferase; ALT, Alanine Aminotransferase; ALP, Alkaline Phosphatase; GGT, Gamma-glutamyl Transaminase; LDH, Lactate Dehydrogenase; MCV, Mean Corpuscular Volume

[PS-114]

Evaluation of the relationship between non-invasive fibrosis scores and liver biopsy on the basis of etiology

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Background/Aims: Fibroscan is used as noninvasive method to evaluate liver fibrosis and spleen stiffness. In this study, we aimed to evaluate the correlation of liver fibrosis detected with Fibroscan, APRI /FIB4 scores and histopathological findings in patients who underwent liver biopsy due to different etiologies, and to evaluate Controlled Attenuation Parameter (CAP) scores and spleen stiffness.

Materials and Methods: Liver and spleen stiffness, CAP scores were determined with FibroScan (Echosens, France). Simultaneous APRI and FIB4 scores were calculated, liver biopsy was performed. Pearson Chi-Square Test and Fisher's FreemanHaltonExact Test were used in analysis of independent categorical variables. The statistical significance level was accepted as 0.05.

Results: 171 patients were included in our study. The most common biopsy indications were elevated HBV and liver function tests.

Correlation between Body Mass Index (BMI) and liver stiffness, CAP score and spleen stiffness; A negative relationship was found between spleen stiffness and platelet count.

Liver stiffness, fibrosis score ($P = 0.004$) and HAI ($P < 0.001$); A significant relationship was found between spleen stiffness and male gender ($P = 0.001$) and between CAP score and the percentage of steatosis in the biopsy ($P = 0.022$).

A correlation was detected between liver stiffness and APRI ($P = 0.001$) and FIB4 ($P = 0.032$); The correlation was stronger, especially if fibrosis was significant.

In etiology, the correlation between liver stiffness ($P = 0.029$) and APRI in HBV patients, and between liver stiffness ($P = 0.048$) and FIB4 in patients with elevated liver function tests were more significant than the fibrosis score.

Conclusion: Fibrosis detected in fibroscan measurement was found to be correlated with biopsy. This relationship is more evident in advanced fibrosis. On the basis of etiology; In patients with elevated HBV and liver function tests; fibroscan, APRI and FIB4 scores; It can be considered as a serious alternative to liver biopsy.

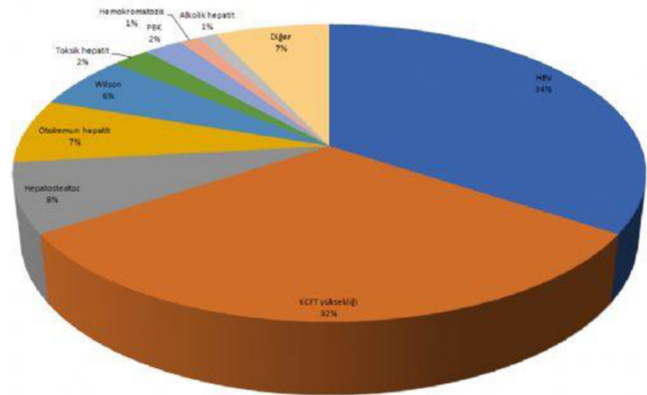


Figure 1. Indications for liver biopsy

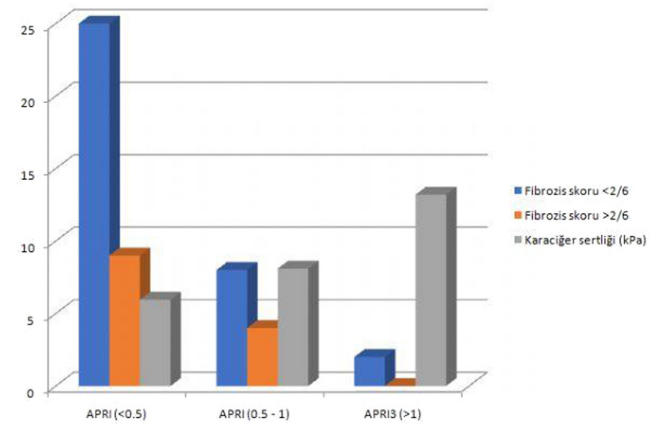


Figure 2. Fibrosis score and fibroscan measurements according to APRI in HBV patients

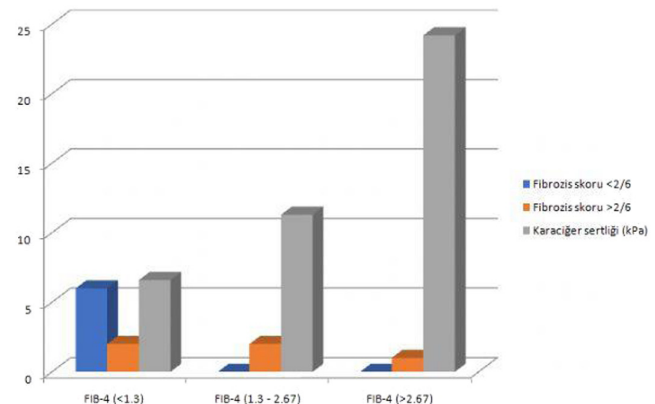


Figure 3. Fibrosis score and fibroscan measurements according to FIB4 in patients with high liver function tests

[PS-115]

Retrospective Comparison of Noninvasive Tests with Biopsy Results in Our Patients with Nonalcoholic Steatohepatitis

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Background/Aims: The diagnosis of nonalcoholic steatohepatitis (NASH) is increasing day by day. Noninvasive tests are now frequently used for fibrosis evaluation. In this study, we will present the noninvasive test results and biochemical results of patients diagnosed with steatohepatitis by biopsy in our clinic.

Materials and Methods: A total of 107 patients diagnosed with NASH by biopsy between 2017 and 2023 and without a history of alcohol use were included. There was ballooning in all biopsies and fibrosis stage was at least F1. Hepatosteatosis was detected in ultrasound of all patients. Body mass index (BMI), insulin resistance (IR) and laboratory values were noted. APRI, FIB-4, Nonalcoholic fatty liver disease (NAFLD) fibrosis scores were calculated with the results obtained within a maximum of one month from the biopsy date. The probability of showing fibrosis was calculated by comparing with the biopsy results.

Results: 49 (45.8%) of the patients were female. The mean age was 44.83 ± 10.95 . There were 89 patients (83%) with BMI over 30. There were 83 (77%) patients with IR. The general characteristics of the patients are shown in Table 1. The general characteristics of the patients divided according to their fibrosis stages are shown in Table 2. According to the biopsy results, 59 patients (55.2%) were classified as F1, 37 patients (34.5%) as F2, and 11 patients (10.3%) as F3. A statistically significant relationship was found between age and fibrosis stage ($P < 0.05$). No statistically significant relationship was found between gender, BMI, IR and fibrosis stage. A statistically significant relationship was found between APRI Score, FIB-4 score and NAFLD fibrosis score and fibrosis stage ($P < 0.01$).

Conclusion: In our study, we showed that biopsy, which is the gold standard for diagnosing Nash, and newly developed non-invasive test scores give compatible results and are useful in clinical practice.

Table 1. General Patient Characteristics and Laboratory Values

n=107	MINIMUM	MAXIMUM	Mean $\pm$ SD
T.CHO	74,00	359,00	204,76 $\pm$ 50,85
IR	0,90	76,60	5,29 $\pm$ 7,80
BMI	17,30	54,80	34,28 $\pm$ 5,74
AST	11,00	170,00	45,26 $\pm$ 27,22
ALT	13,00	356,00	68,28 $\pm$ 57,90
PLT	87,00	621,00	259,27 $\pm$ 81,13
T.BIL	0,10	2,40	0,76 $\pm$ 0,37
ALB	2,20	5,20	4,11 $\pm$ 0,45
AGE	20,00	68,00	44,83 $\pm$ 10,95
LDL	39,00	260,00	122,32 $\pm$ 38,81
TG	27,00	928,00	231,29 $\pm$ 159,35
HDL	8,80	362,00	40,08 $\pm$ 32,77
ALP	31,00	181,00	73,74 $\pm$ 25,35
GGT	12,00	176,00	44,93 $\pm$ 32,25
APRI	0,12	2,52	0,63 $\pm$ 0,45
FIB4	0,24	7,18	1,16 $\pm$ 0,95
NAFLD	-7,43	5,50	-1,196 $\pm$ 1,795

T.cho, Total Cholesterol; Ir, Insulin Resistance; Alb, Albumin; T.bil, Total Bilirubin; Tg, Triglyceride; Sd, Standard Deviation; Bmi, Body Mass Index; Nafld, Nafld Fibrosis Score; Plt, Platelet; Apri, Apri Score; Fib4, Fib-4 Score.

Table 2. General Patient Characteristics and Laboratory Values Grouped According to Fibrosis Stages

STAGE	Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD
F1-F2-F3	F1 (n=59)	F2 (n=37)	F3 (n=11)
T.CHO	205,05 $\pm$ 52,22	210,16 $\pm$ 51,56	185,09 $\pm$ 38,56
IR	4,47 $\pm$ 3,71	6,39 $\pm$ 12,33	5,99 $\pm$ 2,85
BMI	35,24 $\pm$ 6,28	33,55 $\pm$ 4,45	31,56 $\pm$ 5,75
AST	40,25 $\pm$ 25,38	51,40 $\pm$ 30,37	51,45 $\pm$ 21,66
ALT	64,01 $\pm$ 58,63	80,00 $\pm$ 62,04	51,81 $\pm$ 28,67
PLT	267,32 $\pm$ 64,71	269,97 $\pm$ 91,55	180,09 $\pm$ 87,24
T.BIL	0,74 $\pm$ 0,37	0,79 $\pm$ 0,31	0,76 $\pm$ 0,52
ALB	4,20 $\pm$ 0,39	4,12 $\pm$ 0,37	3,63 $\pm$ 0,67
1,00 AGE	43,54 $\pm$ 10,82	44,64 $\pm$ 10,82	52,36 $\pm$ 9,83
LDL	117,88 $\pm$ 42,49	129,32 $\pm$ 34,19	122,63 $\pm$ 31,38
TG	256,83 $\pm$ 192,18	216,94 $\pm$ 103,36	142,63 $\pm$ 56,90
HDL	36,48 $\pm$ 8,38	47,80 $\pm$ 54,04	33,48 $\pm$ 10,99
ALP	74,86 $\pm$ 25,07	69,18 $\pm$ 26,13	83,09 $\pm$ 23,04
GGT	37,86 $\pm$ 24,56	51,35 $\pm$ 38,28	61,27 $\pm$ 38,86
APRI	0,50 $\pm$ 0,34	0,67 $\pm$ 0,44	1,12 $\pm$ 0,65
FIB4	0,90 $\pm$ 0,46	1,12 $\pm$ 0,70	2,718 $\pm$ 1,870
NAFLD	-1,428 $\pm$ 1,559	-1,476 $\pm$ 1,711	0,988 $\pm$ 1,913

T.cho, Total Cholesterol; Ir, Insulin Resistance; Bmi, Body Mass Index; T.bil, Total Bilirubin; Alb, Albumin; Plt, Platelet; Tg, Triglyceride; Fib4, Fib-4 Score; Sd, Standard Deviation; Nafld, Nafld Fibrosis Score; Apri, Apri Score.

[PS-118]

Hepatic Epstein-Barr Virus-Encoded Small RNA (EBER) Positivity in a Patient with PIK3CD Mutation and Negative Serum EBV DNA

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Introduction: This case report delineates a clinical presentation of a patient with a confirmed phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit delta (PIK3CD) mutation exhibiting Epstein-Barr virus-encoded small RNA (EBER) positivity despite negative Epstein-Barr virus (EBV) DNA findings. The patient's medical history is significant for Familial Mediterranean Fever (FMF) and celiac disease.

Case presentation: The patient, diagnosed with FMF (2009) and celiac disease (2014), presented with nausea and vomiting, prompting further investigation due to persistent elevation in hepatic function tests. Histopathological examination revealed moderate hepatocellular damage with a tendency towards chronicity. Ultrasonography demonstrated left lobe hepatic atrophy and sequelae of portal vein thrombosis. Immunological assessment identified a decrease in refractory memory B cells.

The study emphasizes the discordance between hepatic EBER positivity and negative EBV DNA results. This phenomenon remains unreported in the context of PIK3CD mutations. A comprehensive literature review indicates that among 1,000 documented cases of PIK3CD mutations, no instances of EBER positivity with concurrent EBV DNA negativity have been reported, suggesting a prevalence of < 0.1% in this population.

Four hypotheses are posited: B lymphocyte depletion-induced secondary EBV activation and infection, enhanced EBER expression resulting from hyperactivated PI3K pathway, atypical EBV latency induced by APDS-associated immune dysregulation, and cross-reactivity of EBER in situ hybridization with host RNAs.

The constellation of PIK3CD mutation, celiac disease, hepatic involvement, and EBER positivity constitutes a novel clinical entity. This case elucidates the diverse presentations of activated PI3K δ syndrome (APDS) and potential interactions between genetic immune dysregulation, autoimmunity, and viral persistence.

Conclusion: This case underscores the necessity for comprehensive genetic and virological testing in complex immunological presentations and emphasizes a multidisciplinary approach in managing rare genetic disorders. Further investigations are warranted to elucidate underlying mechanisms and develop optimal management strategies for such complex cases.

[PS-119]

General Practitioners' Attitudes to Chronic Cytolysis

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Background/Aims: General practitioners (GPs) are the first point of contact when chronic cytolysis is discovered, which can affect 1-4% of asymptomatic patients.

The aim of this work is to study the knowledge and attitude of general practitioners to a mildly elevated liver transaminase levels.

Materials and Methods: This was a prospective observational and descriptive study conducted among general practitioners. Jamovi software (version 2.4.8.0) was used for data entry and analysis.

Results: One hundred and forty-four GPs responded to the questionnaire, with a participation rate of 94.7%. The median age was 33 years [29-39], with a M/F sex ratio of 0.24.

Of the 90 doctors (62.5%) who decided to carry out an etiological investigation, the majority systematically looked for a toxic origin in the anamnesis, in particular a notion of phytotherapy (91.1%), drug intake (93.3%) or alcoholism (93.3%). Similarly, over 95% of these doctors carry out a clinical examination to look for signs of hepatocellular insufficiency or portal hypertension.

As 1st-line biological tests, a liver function test, a complete blood cell count, hepatitis B and C viral serology, and a metabolic panel were systematically prescribed by 51.1% of these doctors, in the absence of clinical referral. In addition, after these tests have been negative, 73.3% of these doctors request an autoimmune test and serum protein electrophoresis.

Drug-induced and alcoholic hepatitis were the most frequent etiologies, reported by 66 doctors (73.3%), followed by viral hepatitis (51.1%).

Knowledge of cytolysis came mainly from initial medical training (47.2%) and continuing education (27.7%), while in 36.1% of cases it was acquired through personal professional experience.

Conclusion: This study highlights the essential role of GPs in etiological diagnosis, which remains complex, and reveals the need for targeted basic training, continuing professional development, clear and standardised recommendations to meet the needs of primary care doctors.

[PS-123]

Cardiac Ascites in A Patient with Situs Inversus Totalis: Giresun Syndrome. First Case Report in the Literature

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Introduction: Situs inversus totalis (SIT) is a congenital anomaly associated with mirror image of various internal organ systems, but currently there was no case report who presented cardiac ascites and SIT.

Case presentation: We here present a case of a 27 year-old male who was admitted to our clinic with ascites and dyspnea. At admission, abdominal tenderness, abdominal ascites and pretibial edema was evident.

The laboratory findings were as follows: white blood cell 7290/mm³, hemoglobin 9.9 g/dL, platelets 401.000/mm³, aspartate aminotransferase/alanine aminotransferase 20/15 U/L, total protein/albumin 8.0 /3.5 g/dL, bilirubin 1.43 mg/dL, prothrombin time 15.3 seconds, pro BNP 3883 pg/ml, ferritin 150 ng/mL, ceruloplasmin 29 ng/dL, and α 1-antitrypsin 230 mg/dL. Other serological markers, hepatitis B surface antigen, anti-hepatitis C virus, antinuclear antibody, anti-mitochondrial antibody, anti-smooth muscle antibody, and anti-liver kidney microsomal antibody, were all negative.

Transthoracic echocardiography revealed dextrocardia with biatrial dilatation plus moderate tricuspid dilatation with and 35% of the left ventricular ejection fraction. Ultrasonography of abdomen showed reverse location both of liver and spleen meant that liver was located on the left upper quadrant whereas spleen was located on the right upper quadrant with patent portal and hepatic veins. Chest radiography revealed mild cardiomegaly with dextrocardia and bilateral pleural effusions. Paracentesis revealed moderate ascites in which serum ascites albumin gradient was 1.4 mg/dL with higher total protein levels (4.6 mg/dL). Neutrophil levels of the ascitic fluid also showed no finding of peritonitis. Finally, cardiac ascites was confirmed based on laboratory and radiologic data. After symptomatic improvement following conservative management that included dietary sodium restriction and diuretics, he referred to cardiology clinic.

Conclusion: Cardiac ascites is very rare finding of abdominal tenderness in patients with SIT. In the English literature we firstly described cardiac ascites in a patient with SIT and we described this unique syndrome as Giresun Syndrome.

[PS-124]

A Rare Cause of Spontaneous Bacterial Peritonitis: Listeria Monocytogenes Case Report

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Introduction: Spontaneous bacterial peritonitis (SBP) is an infectious complication characterized by a poor prognosis in patients with advanced cirrhosis. SBP describes bacterial infection of ascitic fluid without a local infectious source, which usually occurs in the setting of severe liver disease. However, SBP can rarely occur in cases of ascites cases due to non-cirrhotic conditions (cardiac ascites, nephrogenic ascites, ascites associated with fulminant hepatic failure, and ascites due to acute alcoholic and viral hepatitis). This report presents a case in which *Listeria Monocytogenes* (LM) was isolated from ascites and blood cultures, and identified as the causative agent of meningitis.

Case presentation: A 69-year-old female patient was admitted to the emergency department presenting with chills, shivering, blurred consciousness, and abdominal distension. Physical examination revealed unconsciousness, absent light reflexes, mydriasis in the left eye, miosis in the right eye, and neck stiffness. Motor examination indicated that all extremities were unresponsive to painful stimuli, and deep tendon reflexes were bilaterally flexor. Auscultation revealed crepitant rales in both lungs. Pretibial edema was bilaterally two positive, and tens ascites was detected in the abdomen. The patient, diagnosed with cardiac cirrhosis secondary to congestive heart failure, was admitted to the intensive care unit (ICU) with preliminary diagnoses of SBP and encephalopathy. Ascitic paracentesis fluid analysis revealed a neutrophil count of 2712/mm³. LM was isolated from both blood and ascitic cultures. The culture was negative in the LP, but the meningitis panel was positive for LM. The patient, who received follow-up care and treatment in the ICU for approximately 40 days, ultimately succumbed to her condition.

Conclusion: Organic causes should be excluded in patients with suspected hepatic encephalopathy. The involvement of LM, a rarely observed pathogen in SBP, makes this case notable. In patients with cirrhosis or immunosuppression presenting with ascites and confusion, the possibility of systemic infection with LM should be considered.

[PS-126]

The Prevalence of Primary Hereditary Hemochromatosis Among Hyperferritinemic Subjects in Giresun City and Its Environs

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Background/Aims: Hereditary hemochromatosis (HH) is characterized by an increased intestinal absorption of iron due to mutations in iron-related genes. The C282Y and H63D mutations of the HFE gene are principally responsible for HFE-related hemochromatosis. The majority of HH cases are reported in Western countries where HFE-related mutations are common. The prevalence of HFE-related mutations is not yet clear in Turkish coastal city of Giresun. We aim to clarify the frequency of HFE gene mutations in hyperferritinemic subjects who live in Giresun city and also assess the biochemical effects of the H63D mutation.

Materials and Methods: Using the reverse hybridization Hemochromatosis Strip Assay A (ViennaLab, Profiblot T-48, Tecan), DNA extracted from the blood samples of 31 subjects was analyzed for different mutations in the HFE gene.

Results: The H63D mutation was found in 4 subjects with an overall carrier frequency of 12.8 %. We also noted that the C282Y gene mutation was detected one female subject. (3%). In subjects with the H63D mutation, there were significantly elevated levels both of serum iron and transferrin saturation ($P < 0.05$). Other hematologic and biochemical tests were in the normal ranges in H63D-positive subjects.

Conclusion: Previous studies conducting in Central Anatolia region showed that the homozygote C282Y mutation prevalence is 0.040%, the heterozygote C282Y mutation prevalence is 0.043. Although lack of C282Y mutations has been reported as a basic finding for other parts of Türkiye one subject tested positive for C282 mutation in our study. In Giresun city, H63D mutations in the HFE gene were also higher (12.8%) compared to other parts of Türkiye. This huge difference may have been due to our study design in which constructed on study persons whose ferritin levels were higher than normal ranges. Additionally, further studies are warranted.

[PS-127]

Awareness of Primary Biliary Cholangitis Among Turkish Physicians: Initial Results of an Online Survey

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Background/Aims: Primary biliary cholangitis (PBC) is a chronic autoimmune liver disease characterized by non-suppurative cholangitis

of the small bile ducts. This study aimed to assess the awareness of physicians in Türkiye, who are likely to encounter PBC patients.

Materials and Methods: An online survey consisting of 28 questions related to PBC was sent to physicians via email. The survey included questions on their medical specialty, years of practice, and knowledge about the epidemiology, pathology, diagnosis, treatment, and follow-up of PBC.

Results: A total of 270 physicians responded to the survey. Of the participants, 48% were women, and 29% had been practicing medicine for more than ten years. Regarding specialties, 9% were general practitioners, 56% were internal medicine specialists or residents, 8% were general surgery specialists or residents, 9% were family medicine specialists or residents, 11.4% were gastroenterology specialists or residents, and 6% were other subspecialists. The rate of correct answers was lowest among general practitioners (64.5%) and highest among gastroenterologists (90%). There was a significant difference in correct response rates between specialists (77%) and non-specialists (71%) ($P = 0.003$). A strong trend was observed regarding physicians with more than ten years of experience compared to less than ten years ($P = 0.058$). The highest correct response rate regarding the fact that PBC can lead to cirrhosis was among gastroenterologists (96%), while the lowest was among family medicine group (80%). The awareness of the need for response evaluation between the 6th and 12th months of PBC treatment was lowest among the family medicine and general practitioner group (36%).

Conclusion: PBC is a rare disease with low awareness not only in the general population but also among physicians. Delayed diagnosis and lack of treatment response evaluation are associated with poor outcomes. The results clearly indicate the need to raise awareness of PBC among physicians.

[PS-128]

Hepatocellular Carcinoma (HCC) Presenting with Upper Gastrointestinal (GI) Bleeding

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Introduction: Hepatocellular carcinoma is the most common primary tumor of the liver. It usually develops from a cirrhotic background. Due to portal hypertension developing due to cirrhosis, varicose veins can be seen in the esophagus and stomach in these patients. In addition to varicose veins, nonvaricose bleeding can also be seen in these patients. We would like to present our patient, who we admitted considering varicose bleeding but went to different diagnoses during endoscopic intervention.

Case presentation: A 67-year-old male presented to emergency room with abdominal pain and black stools. He was hospitalized for suspected varicose vein bleeding due to his history of cirrhosis. It was learned that he was being followed up with decompensated cirrhosis due to

Hepatitis-B in his anamnesis and had no history of variceal bleeding before. In physical examination, there was no feature other than pallor in conjunctiva, abdominal distension and melena in rectal examination. Hb:7.6, Hct:24, Plt:47,000 were detected in hemogram. He was hospitalized, somatostatin infusion started. There were no varicose veins in esophagus and stomach in endoscopic intervention. A deep ulcerated area was seen on the posterior wall of bulb. Abdomen-CT performed for abdominal pain. A mass lesion seen completely filling the left lobe of liver and infiltrating bulb. AFP value was also high, diagnosed with HCC. The patient transferred to oncology for treatment.

Conclusion: HCC is a tumor that develops on a cirrhotic basis and receives blood from the arterial system. High alpha feto protein levels together with contrast enhancement in the arterial phase and rapid discharge of contrast in the venous phase make the diagnosis. HCC can rarely invade the duodenum. In these patients, GI bleeding or obstructive symptoms due to mass effect can be seen. This reminds us of the saying that there is no disease, there is the patient.

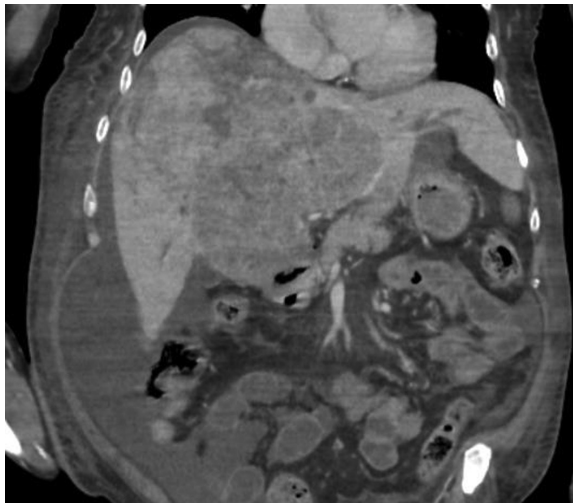


Figure 1. HCC duodenal invasion CT image
Invasion of the mass into the duodenal wall.



Figure 2. Infiltrated ulcerated area in the bulb seen on endoscopy.

[PS-129]

General Characteristics of Wilson's Disease Patients and Parameters Associated with Poor Prognosis

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Background/Aims: In this study, we aimed to analyse the clinical and laboratory findings, post-treatment changes and characteristics related with death or transplantation in patients diagnosed with Wilson's disease.

Materials and Methods: In this retrospective cohort study, we analysed the data of patients diagnosed with Wilson's disease and followed up in Ege University Gastroenterology Clinic between January 2000 and August 2024.

Results: Of the 105 patients included in the study, 54 (51.4%) were male. The median age at diagnosis was 17 years (95% CI 15-18). Cirrhosis was present in 66 patients (63.5%) at the time of diagnosis. The median AST was 58 IU/L (45-69), ALT was 54 IU/L (46-76), total bilirubin was 1.10 mg/dL (0.8 - 1.53), INR was 1.20 (1.10 - 1.30), and copper content in 24-hour urine was 264 µg/d (197.7 - 427.4). Zinc was used in 89% of the patients and penicillamine was used in 70.6% of the patients. 38 patients (37.6%) were observed to interrupt the medication during treatment. Liver transplantation was performed in nine patients (8.6%). A total of 8 patients died during the follow-up period, including two patients after liver transplantation. Logistic regression analysis showed that baseline creatinine (OR: 0.014, P = 0.02) and white blood cell count (OR: 0.12, P = 0.0013) were independently associated with poor outcome (transplantation/death). It was thought that low creatinine may be an indicator of sarcopenia. During treatment, AST (OR: 17.7, P < 0.0001) and INR (OR: 11.4, P = 0.0001) were predictors of poor outcome. The AUC of the index calculated with baseline variables was 0.816 (95% CI: 0.713-0.894) and the AUC of the index calculated with on-treatment variables was 0.909 (95% CI: 0.822-0.962).

Conclusion: This study shows that Wilson's disease can cause acute liver failure and associated mortality, and that admission creatinine, white blood cell count, and INR and AST levels during treatment may predict poor outcome.

[PS-130]

Dual High-Dose Helicobacter Pylori Eradication Therapy Should be Considered as A First-Line Treatment Option

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Background/Aims: An ideal treatment for Helicobacter Pylori has still not been found. The desired treatment success rates have not been achieved from different treatments for the eradication of H.pylori. As the number of drugs increases, costs and side effects increase, and patient compliance decreases. In recent years, there are studies reporting that eradication rates increase when dual therapy (PPI + Amoxicillin) is given in high doses. The rationale for dual high-dose PPI and Amoxicillin treatment is that the resistance to amoxicillin is very low and the bactericidal effect against H.Pylori increases at high gastric. For these reasons, we aimed to prospectively evaluate the eradication success of Esomeprazole + Amoxicillin high-dose dual therapy in our series.

Materials and Methods: Cases who underwent Upper GIS endoscopy due to dyspeptic complaints and were found to be H.Pylori positive (urease test and Histopathological) were included in the study. Emergency Upper GI endoscopy. Stomach Ca and previous gastric surgery, Pregnant, allergic to penicillin, liver failure, renal failure were excluded from the study.

The cases were given Esomeprazole 120 mg/day + Amoxicillin 3 g/day orally for 14 days. Repeat urease test, Upper GIS endoscopy and histopathological examination were planned for all patients, at the earliest 24 weeks and at the latest 48 weeks after treatment.

Results: To date, 522 cases have participated in the study. 12 patients were excluded from the study due to side effects and treatment noncompliance. Post-treatment evaluation of 326 cases (naïve: 272, previously treated 54) was performed.

Eradication was achieved in 259 of 326 patients (79.4%) treated.

Eradication success was quite high in naïve 272/218 (80.1%) and treatment experienced 54/41 (76%) cases.

Conclusion: Dual high-dose therapy should be considered as the first option in the treatment of H. pylori due to its ease of administration and patient compliance with the treatment.

[PS-133]

The Demographic and Clinical Characteristics of Patients Developing Dide Effects From Azathioprine in the Treatment of Autoimmune Hepatitis: A Single-Center Case Series

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Autoimmune hepatitis (AIH) holds an important place among chronic liver diseases, with a prevalence of approximately 20 per 100,000 and an annual incidence of 1.5-2 per 100,000. Immunosuppressive agents are indispensable in the treatment of AIH. Azathioprine, a purine analog in the treatment regimen, can cause side effects such as cytopenia, pancreatitis, hepatotoxicity, pneumonitis, and viral infections. In this case series, the clinical and demographic characteristics of patients followed in our center for AIH and who developed side effects after azathioprine requiring treatment revision were evaluated.

[PS-134]

Severe Toxic Hepatitis Due to Tetracycline Use

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Introduction: Tetracycline is a broad-spectrum antibiotic used in mild/moderate infections. Tetracyclines act by inhibiting ribosomal protein synthesis of microorganisms. While some tetracycline forms administered parenterally in high doses can cause acute liver steatosis and liver failure, tetracyclines administered orally rarely cause acute liver failure. Depending on the dose and duration, tetracycline group drugs can cause hepatic, renal and pancreatic toxicity. In this article, we aimed to share a case that developed severe toxic hepatitis after receiving tetracycline treatment for acne.

Case presentation: The patient, 20-year-old male, who applied to a dermatologist 4 months ago due to acne on his face, was given tetradox and a cream treatment. He does not know the name of cream. When the patient went for a check-up after 1 month, his tests showed ALT: 618, AST: 554, T. Bilirubin: 4.2, PT-INR: 1.2. Therefore, his medications were discontinued. Later, in his tests taken at 1-week intervals, ALT: 600-620, AST: 550-570, T. bilirubin: 2.9-4.5 and PT-INR: 1.3-1.5. So the patient was transferred to a liver transplantation health care center that he might develop acute liver failure. His follow-up and treatment continues in the relevant institution.

Conclusion: Tetracycline is an antibiotic that is frequently used for various infections today. However, high doses and long-term use

can cause serious toxic effects on the liver, kidneys and pancreas. Therefore, patients should be closely monitored during long-term use of the drug

[PS-137]

Examination of Voice According to Acoustic Variables in Patients with Liver Cirrhosis

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Background/Aims: Edema in the vocal cords affects the frequency, intensity, quality, resonance and aerodynamic dimensions of the voice. In patients with decompensated liver cirrhosis, changes in the acoustic parameters of the voice are expected due to the widespread edema in the body affecting the vocal cords. Our study aims to compare the acoustic parameters of the voice in patients with decompensated liver cirrhosis with patients with compensated liver cirrhosis and control groups and to show whether changes occur in these parameters.

Materials and Methods: Our study is a single-center, prospective case-control study. A total of 96 patients, including 32 patients with decompensated liver cirrhosis, 32 patients with compensated liver cirrhosis, and 32 controls, who applied to the outpatient clinic from a single center were included in our study. Acoustic parameters of the voice were compared in a total of 96 patients.

Results: Our study was conducted between 01/03/2023-01/12/2023 at Sultan 2nd Abdulhamid Khan Training and Research Hospital and consisted of 54.2% female (n:52) and 45.8% male (n:44) patients. Significant differences were observed in percent jitter, percent shimmer, harmonic noise ratio (HNR) and maximum phonation time (MFR) values in the decompensated cirrhosis patient group compared to the compensated cirrhosis patient group and the control group ($P < 0.001$). No significant difference was observed in the frequency (Fo) value when male and female patients were evaluated separately ($P > 0.05$).

Conclusion: Our study showed that there was a significant difference in acoustic parameters of the voice in decompensated liver cirrhosis patients compared to compensated liver cirrhosis patients and control group. Although more studies are needed on this subject, our study shows that it can be used as a noninvasive method to predict the progression of compensated liver cirrhosis to decompensated liver cirrhosis.

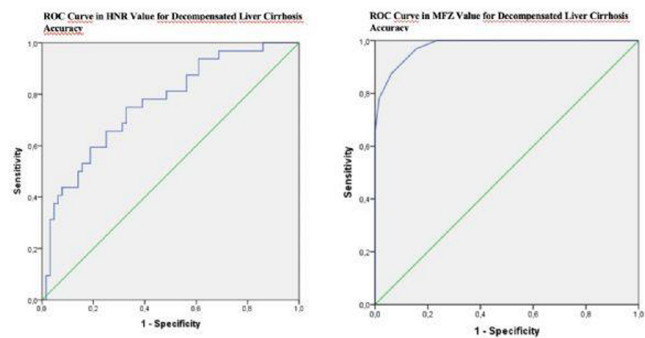


Figure 1. ROC curve in HNR and MFZ values for decompensated liver cirrhosis accuracy

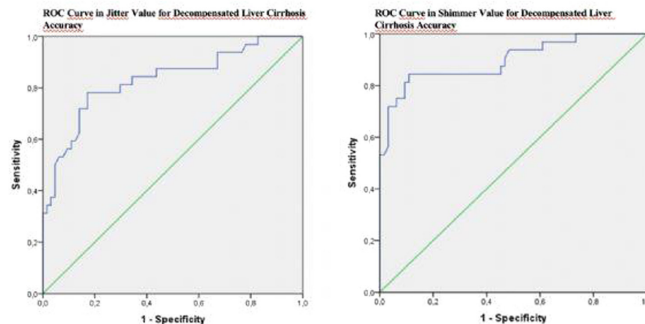


Figure 2. ROC curve in Jitter and Shimmer values for decompensated liver cirrhosis accuracy

	Decompensated	Compensated	Control	p value
Frekans* (Hz)	165,4 ± 51,1	170,5 ± 42,9	183,9 ± 42,4	0,252
Jitter* (%)	0,642 ± 0,348	0,318 ± 0,129	0,308 ± 0,125	<0,001
Shimmer* (%)	4,463 ± 2,205	2,453 ± 0,519	1,941 ± 0,468	<0,001
HNR* (dB)	17,761 ± 3,534	20,336 ± 2,931	21,783 ± 4,518	<0,001
MFZ* (sn)	6,6 ± 1,9	11,9 ± 2,4	15,6 ± 2,7	<0,001

Figure 3. Frequency, Jitter, Shimmer, HNR and MFZ analysis of three groups

[PS-140]

Association of Lower Gastrointestinal Bleeding with Existing Scoring Systems

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Background/Aims: In this study, we aimed to investigate the relationship between existing scoring systems and the severity of lower gastrointestinal bleeding.

Materials and Methods: This study included a total of 53 patients with lower GI bleeding who were admitted to Bezmialem Vakıf University Faculty of Medicine Hospital between November 2021 and June 2024. The study used the Oakland score, NOBLADS score, and shock index to assess whether hospitalization was required at the time of emergency department presentation, the severity of the bleeding, and the patient's risk. The relationships between these scores and the number of hospital admission days were examined. A significance level of 0.05 was used, and statistical analyses were performed using SPSS software.

Results: A total of 53 patients were included in the study. Among the participants, 24 (45%) were female and 29 (55%) were male. Endoscopic examination revealed the following etiologies: 14 cases (26.4%) of diverticulosis, 7 cases (13.2%) of neoplasia, and 3 cases (5.7%) of angiodysplasia. Four patients were using warfarin, 2 were using rivaroxaban, 1 was using dabigatran, and 1 was using apixaban. As the Oakland score increased, the number of hospital admission days and the number of red blood cell transfusions significantly increased ($P = 0.009$; $P < 0.001$). The average Oakland score was significantly higher in patients with a high shock index compared to those with a normal or low shock index ($P = 0.035$).

Conclusion: With the increase in average life expectancy and the rising frequency of antiplatelet and anticoagulant use, particularly for neurological and cardiological indications, the incidence of lower GI bleeding has also increased. Considering that our study demonstrated a correlation between scoring systems and the severity of bleeding, the more widespread use of these scoring systems in clinical settings at initial patient presentation could be beneficial for predicting mortality and morbidity in this patient group.

examination. On physical examination, his vital signs were stable, rectal examination was unremarkable. He had an ongoing 60 pack-year smoking history. He had iron deficiency anemia (Hb:11.5g/dL, TSAT:15%). The patient underwent gastroscopy and ileocolonoscopy. There was no feature other than a 5-6 mm sized polyp in the rectum. The pathology was detected as tubular adenoma. Thorax CT was performed on the upper left lung suspicious lesion was reported. In the patient who agreed to undergo PET-CT at his own expense, 60x50x65 mm pathological FDG uptake (SUVmax:12.2) was detected in the upper lobe anterior segment of the left lung. A tru cut lung biopsy was performed on the patient and a diagnosis of non-small cell lung adenocarcinoma was made. Etoposide and cisplatin neoadjuvant treatment was started.

Conclusion: CEA is most frequently detected in colorectal cancers, it can also be increased in malignant diseases such as pancreas, stomach, thyroid, ovarian and lung cancers, and in benign conditions such as smoking, inflammatory bowel diseases, hepatitis, cirrhosis, pancreatitis, renal failure and pneumonia. In this case, in addition to the increased CEA, there was increased wall thickness on MRI, which was suspicious for rectal cancer. However, there was no feature other than a benign polyp in the rectum. In further examination, findings of lung cancer were detected on PET and confirmed by biopsy. When CEA is elevated, colorectal cancer should not only be considered; it should be kept in mind that there may be other co-existing or simultaneous diseases. We, gastroenterologists, are primarily internal medicine specialists, and we must evaluate our patients from multiple perspectives in diagnosis and differential diagnosis.

[PS-143]

A Rare Case of Primary Lung Cancer Which Synchronize Metastasis to the Colon and Duodenum

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Lung cancer is the most common cause of cancer-related deaths worldwide, with a rate of 19.4%. In this case, the presence of colon metastasis along with duodenal metastasis, which is very rare in the literature on lung cancer, makes the case extremely rare. An 82-year-old male patient was admitted due to weight loss, fatigue, nausea, and vomiting that had been occurring for two months; as a result of the examinations performed for the patient, lung adenocarcinoma colon and duodenum metastasis were detected. The patient was recommended to a palliative support center and oncology follow-up, and his discharge was planned. Metastasis of primary lung cancer to the gastrointestinal tract is rare, and associated symptoms appear late; Therefore, diagnosis is often delayed. In clinical practice, physicians must be careful about gastrointestinal metastases in advanced lung cancer.

[PS-142]

An Interesting Case with Increased CEA (carcinoembryonic antigen) Levels, Increased Wall Thickness in the Rectum on Imaging, and Increased FDG (Fluoro-2-deoxy-d-glucose) Uptake in the Lungs on PET (positron emission tomography) Examination

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Introduction: Although it isn't recommended as a screening test, CEA (carcinoembryonic antigen) measurements are frequently performed by clinicians, and high values are generally associated with colorectal cancer. However, CEA levels may rarely increase in other diseases. One of these diseases is also lung cancer.

Case presentation: In the examination of a 60-year-old male patient with abdominal pain, bloating, constipation and weight loss, CEA >100 ng/mL (normal ratio: 0-2.5 ng/mL) and an increase in wall thickness in the rectum was detected in the whole abdominal MRI

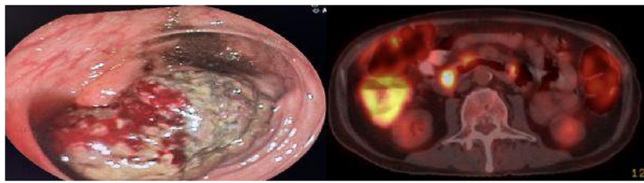


Figure 1. Caecal mass in colonoscopic examination and duodenal hypermetabolic focus in PET-CT

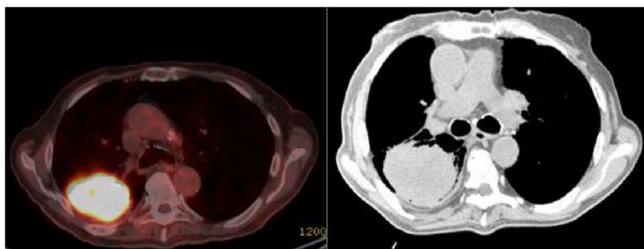


Figure 2. Mass in the upper lobe of the right lung and PET-CT involvement

[PS-144]

Comparison of Three Bowel Cleansing Agents for Colonoscopy and Factors Affecting Their Efficacy

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Background/Aims: Adequate bowel preparation is essential for successful and effective colonoscopy. Currently, a variety of bowel-cleansing agents are available, including low-volume solutions. The aim of this study was to compare the efficacy of three different bowel-cleansing agents used in our country.

Materials and Methods: Several studies comparing the quality of bowel preparation have recently been published. There is a high-degree of heterogeneity between studies due to different types of agents compared and different study designs, including administration and evaluation scales. This study was prospective, randomized, investigator-blinded and conducted in a tertiary endoscopy center. Assessment of bowel cleansing quality was based on the Boston Bowel Preparation Scale (BBPS), which provides reliable and accurate comparisons between solutions in the three colon segments and the colon overall. Between December 2023 and July 2024, 300 patients aged 18-75 years presenting for outpatient colonoscopy were included in the study. Patients were randomized to receive either polyethyleneglycol 4L (PEG), oral phosphate solution (OPS) or magnesium citrate + sodium picosulfate fat solution (MCSP).

Results: The primary outcome was the quality of bowel cleansing assessed according to the BBPS and the secondary outcome

was polyp detection rate (PDR) and tolerability. The proportion of patients with adequate bowel preparation (BBPS total score ≥ 6 and subscores ≥ 2 in each segment) was not significantly different between all groups (94.1% PEG; 91.3% OPS; 95.2% MCSP; $P = 0.870$). Excellent bowel preparation (BBPS total score ≥ 8) was associated with younger age ($P = 0.004$). PDRs of the groups were not significantly different (47.5% PEG; 48.1% OPS; 40.6% MCSP; $P = 0.305$). The best tolerated solution was MCSP (palatability: $P < 0.005$; nausea: $P = 0.037$).

Conclusion: In our study, 82% of the patients showed better results with the split-dose regimen, which, like previous studies, significantly improved the quality of bowel cleansing. In a study by Rostom et al, PEG was superior to MCSP ($P = 0.007$), in the study by Kwon et al, OPS was superior to PEG ($P = 0.06$), in the study by Yoo et al. This discrepancy between the results is probably due to the heterogeneous design of the studies. Some studies have determined that age and gender are risk factors for poor bowel preparation, and in our study, age was the only predictive factor for excellent bowel preparation. Patients aged < 50 years had up to three times the chance of achieving excellent bowel preparation compared to patients aged > 50 years. The higher chance of achieving excellent bowel preparation in younger patients may be due to fewer comorbidities, less polypharmacy and better compliance with bowel preparation. In this study, the best tolerated agent was MCSP, with significantly better palatability and a lower incidence of nausea compared to the other agents. Although abdominal pain was slightly more frequent in the OPS and PEG groups, there was no statistically significant difference in the occurrence of individual symptoms between the groups, except for nausea, as in many studies. Low-volume MCSP was the best tolerated agent, as in many published studies.

[PS-145]

Perceptions and Obstacles in Colorectal Cancer Screening: State of Knowledge and Limitations

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Background/Aims: Screening for colorectal cancer (CRC) represents a major challenge, given its incidence and impact on morbidity and mortality. Unfortunately, despite the significant prevalence of this entity, there is currently no systematic national screening program.

This study aims to examine the state of knowledge of Moroccan patients about CRC while shedding light on factors that could influence participation in future screening programs.

Materials and Methods: This study was conducted using an anonymous questionnaire distributed to patients with no personal history of CRC, who consulted the emergency department of the hepatogastroenterology service. Data analysis was performed using Jamovi software.

Results: We collected 157 patients, predominantly male (58.6%) with a sex ratio of 1.41. The median age was 48 years.

Among the patients questioned, 35% were illiterate, 40.8% had a primary school education. 30% had no health coverage, and 86% said they had already heard of colorectal cancer from friends and family in 52.6% of cases.

According to the subjects surveyed, diet (24.2%), family history of CRC (22.3%) and the presence of colorectal polyps (17.8%) were the main risk factors for CRC. The main warning signs were rectal discharge (33%) and transit disorders (19%). These signs were reported by 63.7% of patients, of whom 26% sought medical advice.

82.2% of patients surveyed were willing to participate in the CRC screening program.

89.2% of participants said they had never consulted a doctor for screening. Such a finding was linked respectively to the absence of symptoms, lack of means, absence of recommendation and non-involvement of the attending physician in 22.3%; 20.4% and 14% of cases respectively.

Conclusion: The need to develop awareness strategies and prior knowledge of the determinants and limitations of CRC screening should enable the implementation of a policy aimed at improving awareness, education and prevention of this type of cancer.



Figure 1. Intestinal dilatation caused by fecaloma on plain radiography

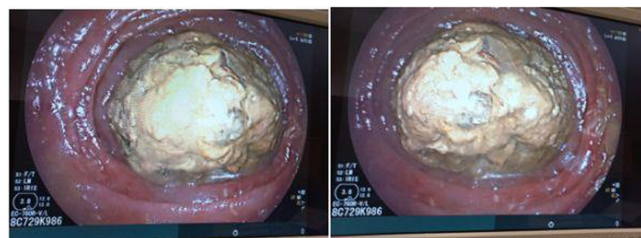


Figure 2. Colonoscopy image of a fecaloma in the splenic flexure

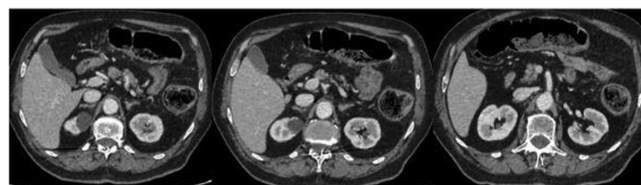


Figure 3. Axial CT image of a fecaloma causing obstruction at the splenic flexure

[PS-146]

Fecaloma in the Splenic Flexure: A Rare Cause of Colonic Obstruction

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Fecalomas are benign conditions resulting from the hardening of stool within the intestines, leading to bowel obstruction, particularly in the geriatric population. Patients with fecalomas may present with symptoms as mild as constipation or as severe as ileus, perforation, bleeding, or sepsis. Management of fecalomas can vary from surgical or manual removal to endoscopic evacuation, especially when the fecaloma is impacted proximally. In this case report, a rare presentation of a fecaloma impacted at the splenic flexure-proximal descending colon is discussed. A 69-year-old male patient presented with prolonged constipation, and the fecaloma in the splenic flexure was successfully removed after three sessions of endoscopic fragmentation. The fecaloma caused a stercoral ulcer in the affected area.

[PS-149]

Colo-colonic Intussusception Due to a Mass at the Rectosigmoid Junction: Case Report

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Introduction: Intussusception is characterized by the telescoping of a proximal intestinal segment into a distal segment. While more common in children, it can occur in adults, albeit rarely. In adults, intussusception presents with a wide range of clinical symptoms,

including acute, intermittent, and chronic manifestations, which often make diagnosis challenging. It typically involves the small intestine but can also affect the large intestine, potentially leading to bowel obstruction. Unlike in children, where intussusception is usually caused by benign factors, 65% of adult cases have a malignant etiology. Diagnosis is generally achieved through imaging or during surgical exploration.

Case presentation: An 87-year-old male patient presented with bloody diarrhea and intermittent abdominal pain lasting 2-3 months. Physical examination showed normal bowel sounds and tenderness in the left lower quadrant without peritoneal signs. Abdominal X-rays revealed no obstruction or perforation. Lower gastrointestinal endoscopy was performed to rule out malignancy and revealed a large mass obstructing the lumen 10 cm from the anal verge, consistent with colo-colonic intussusception. Due to difficulties in endoscopic navigation, the patient was referred for surgical consultation following biopsies. Computed tomography (CT) imaging confirmed a 48 x 35 mm polypoid mass causing intussusception and edema in the perirectal fat. Although surgery was planned, the patient declined treatment.

Conclusion: In adult patients presenting with intermittent abdominal pain, intussusception should be considered in the differential diagnosis. When intussusception is present, colon carcinoma should always be suspected, regardless of the patient's risk factors.

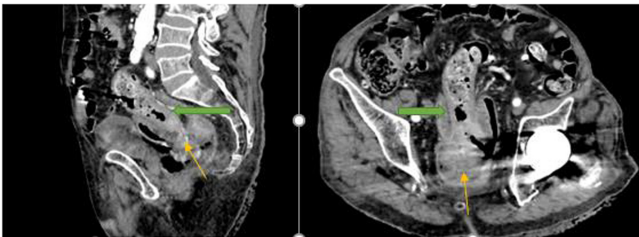


Figure 1. Computed tomography shows a mass in the rectum and intussusception due to the mass in sagittal and coronal sections (thin orange arrow shows the mass; thick green arrow shows colon segments intertwined with each other)

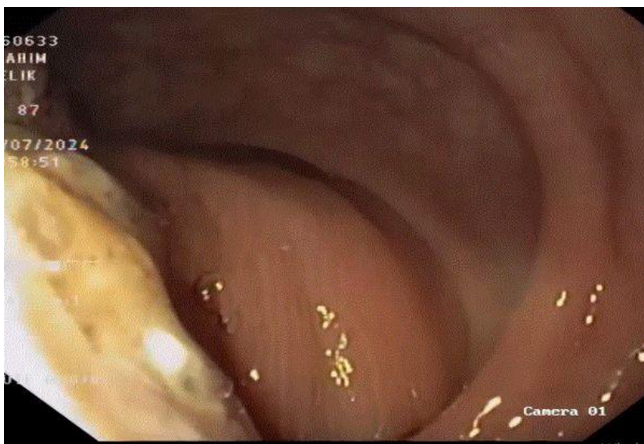


Figure 2. In endoscopic imaging; mucosal folds proximal to the mass



Figure 3. In endoscopic imaging; mass lesion at the 10th cm of the rectum

[PS-151]

Gastric Mucosa in the Rectum: A Rare Case of Ectopic Gastric Tissue Causing Intermittent Rectal Bleeding in a 33-Year-Old Male

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Introduction: Ectopic gastric mucosa in the rectum is an extremely rare condition. This case report presents a 33-year-old male patient with intermittent rectal bleeding caused by ectopic gastric mucosa.

Case presentation: A 33-year-old male presented with a one-year history of intermittent rectal bleeding. The bleeding was characterized by fresh, red blood, independent of defecation, but sometimes occurred post-defecation. There was no history of constipation or digital rectal intervention. Diagnostic workup, including endoscopy and histopathological examination, confirmed the presence of gastric mucosa in the rectum.

This case underscores the importance of considering ectopic gastric mucosa in differential diagnoses for rectal bleeding, even in the absence of common risk factors. We discuss the potential mechanisms, clinical implications, and management strategies for this rare condition.

Conclusion: Recognition and appropriate diagnosis of ectopic gastric mucosa in the rectum are crucial for effective management and

prevention of complications. This case contributes to the limited literature on this rare anomaly and highlights the need for awareness among clinicians.

[PS-154]

Clinical Outcomes of Endoscopic Resection of Cecal Lesions: Histopathological Analysis

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Introduction: Endoscopic resection of cecal lesions requires attention and experience in advanced endoscopic procedures due to associated risks and challenges. Endoscopic resection offers a less invasive alternative to surgical interventions.

Conclusion: Between 2014 and 2024, a total of 253 patients with resected lesions from the cecal region were analyzed in our hospital.

[PS-157]

Emphysematous Gastritis in an 88-Year-Old Male: A Case Report

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Introduction: Emphysematous gastritis is a rare but severe infection of the stomach wall caused by gas-producing bacteria.

Case presentation: This case report details the clinical course and outcomes of an 88-year-old male diagnosed with this condition. The patient presented with abdominal pain, nausea, and hematemesis, and had a history of diabetes, asthma, and congestive heart failure. Physical examination revealed abdominal tenderness, and laboratory tests showed elevated CRP and lactate levels. A CT scan revealed air in the gastric wall and portal vein, leading to a diagnosis of emphysematous gastritis. Due to the patient's age and comorbidities, surgery was deemed too risky, and conservative medical management was initiated. Treatment included stopping oral intake, intravenous fluids, broad-spectrum antibiotics, and total parenteral nutrition. Initially, the patient's condition stabilized, but he developed respiratory distress and hospital-acquired pneumonia on the tenth day, leading to intubation and mechanical ventilation. Despite aggressive medical care, the patient passed away on the sixteenth day.

Conclusion: Emphysematous gastritis, first described in 1889, has a high mortality rate, with reports indicating up to 100%

mortality without surgery. However, surgery may not always be feasible or effective, particularly in patients with high-risk profiles. This case highlights the potential for conservative medical management as a viable alternative to surgery in certain patients, especially those with significant comorbidities. While the overall prognosis remains poor, early diagnosis and aggressive medical treatment, including broad-spectrum antibiotics and supportive care, may improve outcomes in selected cases. Further research is needed to establish definitive treatment guidelines, but this case suggests that non-surgical management can be effective in some instances.



Figure 1. CT image of emphysematous gastritis and air in the portal venous



Figure 2. Endoscopic image of patient

[PS-158]

Higher Rates of Atrophic Gastritis and Intestinal Metaplasia in a Small Mountainous Town (Sebinkarahisar) Compared to A Neighboring Coastal City (Giresun) in Eastern Blacksea Region: A Population Based Study

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Background/Aims: *Helicobacter pylori* infection, intestinal metaplasia (IM) and atrophic gastritis (AG) are the most important etiologic causes that forms gastric cancer. It is important for public health to develop a screening strategy that includes detection of early stage gastric cancer and detection of precancerous findings in small communities. We thus examined a small community (Sebinkarahisar) in terms of gastric precancerous lesions and compared it neighboring small coastal town (Giresun).

Materials and Methods: Patients who had dyspeptic complaints and underwent gastroscopy for screening purposes in Şebinkarahisar State Hospital (ŞSH), in November 2023 were examined. In the same date range, patients who applied with similar reasons and underwent gastroscopy at geah, a tertiary care hospital, were examined.

Results: A total of 62 patients underwent gastroscopy in ŞSH. 24 were male and 38 were female. The mean age was 47.37 years. Gastric biopsy was performed in the patients who underwent gastroscopy and histopathologic results were analyzed. Histopathologic examination of 9 patients was reported as atrophic gastritis. 21 patients had intestinal metaplasia and 32 patients had *h.pylori* gastritis.

In Giresun Training and Research Hospital (GTRH), 62 patients who underwent gastroscopy in November 2023 were analyzed. 25 were male and 37 were female. The mean age was 48.1 years. Gastric biopsy was performed in patients who underwent gastroscopy and histopathological results were analyzed. In 2 patients histopathologic results were reported as atrophic gastritis. 4 patients had intestinal metaplasia and 36 patients had *H.pylori* infection. Despite the similar rates of *H. pylori* infection in both towns, patients located in Sebinkarahisar had higher rates of AG and IM compared to resident in Giresun city (all $P < 0.005$)

Conclusion: Higher rates of intestinal metaplasia and atrophic gastritis in patients who resident in Sebinkarahisar city pointed out that screening efforts to prevent gastric cancer should be held in this city.

[PS-160]

Attitudes of General Practitioners in the Management of Helicobacter Pylori Infection

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Background/Aims: *Helicobacter pylori* (*H. pylori*) is the only human carcinogenic bacterium confirmed by the World Health Organization (WHO). It is responsible for over 90% of stomach cancers.

The aim of this study was to assess general practitioners' knowledge of screening indications, diagnostic and therapeutic methods, and eradication control for this type of infection.

Materials and Methods: This was a prospective observational and descriptive study conducted among general practitioners (GPs). Jamovi software (version 2.4.8.0) was used for data entry and analysis.

Results: One hundred and forty-six GPs responded to the questionnaire, 84.9% of them practised in the public sector. The median age was 26 years [25-29], with an M/F sex ratio of 0.3.

Epigastralgia and dyspepsia were the symptoms most frequently reported by patients diagnosed with *H. Pylori*, reported by 128 (87.7%) and 58 (39.7%) doctors respectively.

Screening for asymptomatic patients was performed by 14 doctors (1.67%). On the other hand, diagnostic testing was indicated mainly in patients with a history of gastric or duodenal ulcer (14.5%), epigastralgia (14.25%) and dyspepsia (11.45%). *H. pylori* Serology test was the first choice for 74 doctors (50.7%).

Forty-four percent of doctors opted for bismuth quadritherapy as 1st-line treatment and 42% as 2nd-line treatment. Eradication testing was carried out systematically by 80 doctors (54.8%) and occasionally by 39.7%. The C13 urea breath test remains the first choice for 73.7% of these doctors.

Seventy-four percent of GPs had recourse to a gastroenterologist, especially after failure of 2nd-line treatment (26.2%), or when a oesophagogastroduodenoscopy (OGD) was required (35.5%).

Conclusion: This study highlights the essential role of GPs in the diagnosis and treatment of *H. pylori* infection, and reveals the need for recommendations and practical tools to improve the quality of care.

[PS-161]

Our OLGIM Staging Results in the Evaluation of Intestinal Metaplasia

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Background/Aims: Gastric cancer (GC) is one of the most common cancers with a high mortality rate. The most effective method for the early diagnosis of GC is the early diagnosis of precancerous lesions (PNL) by upper gastrointestinal endoscopy and histopathological examination. In recent years, OLGIM staging has gained importance in the histopathological diagnosis of PNL of gastric cancer. In our study, we aimed to evaluate our cases in which intestinal metaplasia was detected, according to the Olgin histopathological classification, and to follow them in the long term.

Materials and Methods: Cases with an upper GI tract indication and biopsies taken according to the Sydney protocol were included in the study. Exclusion criteria were endoscopy due to upper GI bleeding and advanced liver and kidney disease. Age, gender, endoscopy indication and diagnosis of all cases were recorded. Patients diagnosed with intestinal metaplasia were staged as (0-I-II-III) according to Olgin.

Results: In the study, 102 cases of intestinal metaplasia, 60 women (59%) and 42 men (41%) with an age range of 24-81 were detected. *H. pylori* was found positive in 76 cases (75%) and negative in 26 cases (25%). 71 cases (69%) with intestinal metaplasia were staged as OLGIM I, 24 cases (23%) as OLGIM II, and 7 cases (7%) as OLGIM III. It was noted that the diagnosis of intestinal metaplasia increased with age. The cases diagnosed with OLGIM III were between the ages of 60-80.

Conclusion: In our study, the rate of cases with advanced stage (OLGIM III) intestinal metaplasia with high risk of stomach cancer was found to be low. We think that it will be possible to better evaluate the cancer risk level value of this staging during long-term follow-up. We hope our findings would enhance awareness of risk and encourage the clinical adoption of standardised gastric mucosal sampling and OLGIM histological reporting.

[PS-163]

Lung Cancer Detected After A Rare Upper Gastrointestinal Bleeding Diagnosis (Osler Rendu Weber Disease)

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Introduction: Non-variceal upper gastrointestinal (GI) bleeding is a significant clinical issue associated with considerable morbidity and mortality. Early diagnosis and intervention are crucial, particularly for rare conditions such as Osler-Weber-Rendu (OWR) disease, also known as hereditary hemorrhagic telangiectasia. This case is notable not only for the late diagnosis of OWR but also for the concurrent early detection of small cell lung cancer.

Case presentation: A 64-year-old male patient presented to the emergency room with complaints of melena-like stool. Conjunctivae were pale, telangiectasias were found on the face and lips, and tenderness was found in the epigastrium. The liver extends past the costal margin, and coarsened breath sounds were found on lung examination.

In the patient's medical history, he had nosebleeds since childhood, his family history indicated that his father died of a brain hemorrhage at the age of 54, his sister underwent surgery due to

arteriovenous malformation in the brain, his cousin had a brain hemorrhage,

Despite being evaluated for nonspecific skin lesions in previous dermatology and rheumatology consultations, telangiectasias were not diagnosed. This patient has been evaluated for GI bleeding many times and endoscopies have been performed, during which angiodysplasias were detected, but OWR was not considered.

Laboratory tests revealed positive fecal occult blood.

The patient underwent esophagogastroduodenoscopy and 5-6 angiodysplasias 3-5 mm in diameter with active bleeding in his stomach were detected. APC (argon plasma coagulation) was applied.

Abdominal CT-angiography and brain MRI revealed shunts and lobulation in the liver, parenchymal lesions in the lung, and increased signal in the central basal ganglia.

Conclusion: Since the patient's history, family history, physical examination findings, and current findings met more than three of the Curaçao Diagnostic Criteria, Osler Rendu Weber was diagnosed.

PET-CT revealed pathological FDG uptake in the mass in the lower lobe of the right lung. A biopsy diagnosed non-small cell carcinoma.

[PS-164]

Risk Factors of Accidentally Or Non-Voluntary PEG (Percutaneous Endoscopic Gastrostomy) Removal in Patients with Alzheimer's Disease

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Background/Aims: Inadvertent PEG removal by the patients has been mostly seen in patients with Alzheimer Disease (AD). However, the causes and underlying factors of patient-related PEG removal are still unknown and predictive factors of the complication are not described yet.

Materials and Methods: 64 AD patients (46 female, 71.9%) who underwent PEG exchange procedure were enrolled for the study. Of these, 31 (48.8%; 18 female, the mean age was 79 years) of them had involuntarily removed their PEGs and 33 (51.6%, 28 female, the mean age was 84 years) of them had dysfunction of their devices for many reasons.

Results: While the mean time of accidentally PEG removal was 2 months (0.5 – 36 months), the mean time of planned PEG Exchange was 17.5 months (1 – 60 months; $P = 0.001$). Furthermore, male gender was more removed their PEGs of than those of female counterparts (13 male patients (72.2%) versus 5 male patients (27.8%) $P = 0.035$). In addition, the mean serum magnesium levels was lower in accidentally PEG removal group than those planned PEG exchange group. ($1.4 \text{ mg/dL} \pm 0.2 \text{ mg/dL}$ versus $1.95 \pm 0.31 \text{ mg/dL}$; $P = 0.041$). Lastly anti-HBS antibody negative subjects have been higher rates of involuntarily PEG removal compared to those with anti HBS positive counterparts (69.7% versus 30.3%; $P = 0.040$).

Conclusion: In AD patients, male gender, hypomagnesemia and anti-HBS negativity were predictive factors of accidentally PEG removal in elderly subjects. Low rates of antiHBS positivity also meant that low rates of vaccination against hepatitis B virus was also a predictor of low socioeconomic status which was also a key factor for non-proper patient care by their families. Hypomagnesemia causes tremor, tetany, convulsions, weakness, apathy and coma. We concluded that hypomagnesemia related delirium could be a factor for PEG removal in patients with AD.

[PS-166]

Ramadan and Ulcer: Impact of Fasting on Peptic Ulcer Bleeding

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Background/Aims: Ramadan is an important religious practice involving prolonged periods of abstinence from food and drink from dawn to sunset. This study aims to assess the impact of fasting on the incidence of peptic ulcer bleeding, while identifying associated risk factors.

Materials and Methods: We conducted a prospective study from the first month of 2024, spread over a 6-month period, including all patients admitted to the hepato gastroenterology department of the Ibn Rochd University Hospital in Casablanca for upper gastrointestinal (GI) bleeding. Patients were divided into two groups: Those admitted during Ramadan and those admitted outside this period.

Data collected included demographic characteristics, presence of risk factors such as smoking, use of non-steroidal anti-inflammatory drugs (NSAIDs), *Helicobacter pylori* (HP) gastritis, endoscopic findings, pathology and therapeutic procedures. The significance threshold was set at $P < 0.05$.

Results: The total sample comprised 152 patients, 47 of whom were admitted during Ramadan. The mean age of our patients was 57 years [44-70], 57.2% of them male.

An increase in peptic ulcer cases was observed during this holy month (46.8% vs. 24.8%, $P = 0.007$). Among those who developed an ulcer during this period, 72.7% had known risk factors: 50% had already been treated for HP gastritis, 62.5% were smokers and 31.2% had reported taking NSAIDs. Pathological examination revealed *Helicobacter Pylori* in 59.1% of patients. According to the Forrest classification, 52% were stage 3, 38% stage 2 and 10% stage 1. The majority of ulcers (72.2%) were treated with proton pump inhibitors (PPIs), while 9.3% of patients benefited from clip placement to control bleeding without incident.

Statistical analysis showed a significant association between the occurrence of bleeding gastroduodenal ulcers during the month of Ramadan and the presence of risk factors, namely smoking, NSAID use, a history of HP gastritis and the presence of HP currently ($P < 0.05$).

Conclusion: This study underlines the importance of closely monitoring high-risk patients during Ramadan, and of implementing appropriate management strategies to minimize these risks.

[PS-170]

Giant Gastric GIST (Gastrointestinal Stromal Tumor) Case Presented by Upper Gastrointestinal Bleeding

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Introduction: Gastrointestinal stromal tumors (GISTs) occurs in less than 1% of all GI tumors. GISTs are rare tumors that originate in the connective tissues of the digestive tract, specifically the interstitial cells of Cajal (ICCs). Most of the GISTs are located in the stomach (50%). The incidence of GIST is approximately 1.5 in per 100,000 people. Aggressiveness of GISTs is determined by the size, mitotic index and the anatomic site of GISTs.

Case presentation: A 46-year-old male patient was examined by the GP because of general weakness. Blood tests showed Hb 12.6 g/dL with low ferritin 18.9 µg/L. Gastroenterology outpatient clinic noted that he had melena that lasted for 2 days 2 weeks ago. He described a slight pain in the right upper quadrant for several weeks. An upper GI endoscopy and lower GI colonoscopy were performed and revealed a subepithelial lesion with a diameter of 100 mm on the anterior wall of the gastric corpus. Then, an endosonography with 19 G FNB was performed for this 100 mm subepithelial lesion.

Pathologic analysis of the biopsy sample showed a tumor spindle morphology, and contains 3-4 mitosis at 20 high-power-field. Immunohistochemical studies showed that tumor neoplastic cells stained positive for KIT (CD117), CD34, DOG1, Ki-67 at 10-12%, smooth muscle actin stained weakly positive while S100 protein was negative. An abdominal CT scan was performed, the lesion measuring approximately 10x7 cm in size, extending to the anterior part of the spleen in the proximal part of the gastric corpus.

Conclusion: In our case, the diagnosis of a 46-year-old male patient was sufficient for the diagnosis of endoscopic and endoscopic ultrasonography and cytological and immunohistochemical findings of the biopsies taken during the procedure. In this presentation, we report a rare case with upper GI bleeding and anemia, further examinations showed a giant GIST of the stomach.



Figure 1. Abdominal CT scan (coronal-section)



Figure 2. An endoscopic view of the mass detected in the stomach. Subepithelial lesion with a diameter of 40 mm

[PS-171]

Comparison of CHAMPS, DGSG, PNED and Clinical Rockall Score in Predicting Clinical Outcomes in Patients with Upper Gastrointestinal Bleeding: A Retrospective Observational Study

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Background/Aims: Upper gastrointestinal bleeding (UGIB) is a critical medical condition with a significant incidence and high mortality rates. Various risk scoring systems have been developed to assess the severity and potential clinical outcomes of UGIB. CHAMPS, Daegu-Gyeongbuk Gastrointestinal Study Group (DGSG) score and Progetto Nazionale Emorragia Digestiva (PNED) are newly developed risk scores to assess the severity of UGIB. Until now, their comparative effectiveness has not been evaluated. Thus, we aimed to compare the performance of CHAMPS, DGSG, PNED, and CRS scoring systems in predicting 30-day mortality, intensive care unit (ICU) admission, blood transfusion, and rebleeding in UGIB patients.

Materials and Methods: Between January 2022-December 2023, we retrospectively analyzed 800 consecutive hospitalized patients with UGIB. Patient's clinical, laboratory and endoscopy findings were collected and risk scores were calculated. Discrimination of risk scores was assessed by the area under the receiver operating characteristic curve (AUROC). AUROC < 0.7 were not considered meaningful.

Results: CHAMPS, DGSG, PNED and CRS showed good performance in predicting 30-day mortality (AUROCs of 0.826, 0.742, 0.809 and 0.813, respectively). For predicting blood transfusions, DGSG was the most effective with AUC of 0.85, significantly higher than PNED (0.70), CHAMPS (0.61), and CRS (0.66), all $P < 0.0001$. For re-bleeding prediction, CHAMPS and DGSG scores showed excellent predictive abilities (AUCs 0.92 and 0.99 $P < 0.0001$), while PNED showed good performance (AUC: 0.80, $P < 0.0001$). But, comparative analysis revealed no significant differences among the CHAMPS, DGSG and PNED ($P > 0.05$). CRS score didn't show significant accuracy (AUC: 0.51, $P > 0.5$). No score was helpful at predicting ICU admission.

Conclusion: All risk scores were effective in predicting 30-day mortality in UGIB patients. Additionally, DGSG and CHAMPS emerged as the best predictors for the need for blood transfusions and rebleeding. But, further prospective and multi-center studies are warranted to confirm our findings.

Table 1. The Predictive Accuracies of the Evaluated Risk Scoring Systems

Outcomes by scoring systems	AUROC (95% CI)	p value
ICU admission		
PNED	0.693 (0.655-0.729)	0.0001
DSGS	0.671 (0.633-0.708)	0.0001
CRS	0.663(0.624-0.700)	0.0001
CHAMP	0.632 (0.593-0.670)	0.0001
Blood transfusions:		
DSGS	0.849 (0.818- 0.876)	0.0001
PNED	0.704 (0.666-0.739)	0.0001
CHAMP	0.612 (0.573-0.651)	0.0001
CRS	0.658 (0.620-0.696)	0.0001
Rebleeding:		
DSGS	0.999 (0.992-1.000)	0.0001
CHAMP	0.923 (0.899-0.943)	0.0001
PNED	0.810 (0.777-0.840)	0.0001
CRS	0.519 (0.479-0.559)	0.614
30-day Mortality		
CHAMP	0.826 (0.781-0.843)	0.0001
CRS	0.813 (0.783-0.846)	0.0001
PNED	0.809 (0.776-0.839)	0.0001
DSGS	0.740 (0.704-0.774)	0.0013

[PS-173]

Prevalence and Predictors of Autoimmune Gastritis in Patients with Celiac Disease

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Background/Aims: Celiac disease (CD) is an immune-mediated disease triggered by gluten in genetically susceptible individuals. Autoimmune gastritis (AIG) is an organ-specific autoimmune inflammatory disease of the stomach characterized by autoantibodies directed against some structures containing H⁺/K⁺ ATPase and intrinsic factor. Both diseases may lead to micronutrient malabsorption and cause anemia and coexistence of CD and AIG together may enhance micronutrient deficiency. The aims of this study were to investigate prevalence and to determine the possible factors that might indicate AIG in patients with CD.

Materials and Methods: Medical records of patients diagnosed as having CD were analyzed by means of presence of AIG and data were collected regarding patient demographics, concomitant autoimmune diseases, serological markers and micronutrient levels. A diagnosis of CD has been established according to the Marsh classification and type 1 patients were excluded from the study. Also diagnosis of AIG were made according to the histopathological findings showing disappearance of oxythic glands and parietal cells in the corpus.

Results: 183 patients with CD were enrolled. Out of 183 patients, there were 19 patients with AIG (10.3%). Baseline demographic characteristics, concomitant autoimmune diseases, and laboratory

findings of patients are illustrated in Table 1. In multivariable regression analysis, Marsh type 2 (OR: 15.838; 95% CI: 4.774-52.545) and the absence of anti-Endomysium IgA (OR: 0.257; 95% CI: 0.084-0.786) were identified as predictors of AIG in patients with CD. The results of the univariate and multivariate regression analysis were depicted in Table 2.

Conclusion: In this study, 10% of patients with CD also had AIG. Factors that might predict the presence of AIG were Marsh type 2 and absence of anti-Endomysium IgA in patients with CD. Therefore, we suggest that patients negative for anti-Endomysium IgA antibody and Marsh type 2 patients with CD should be sought for the presence of AIG.

[PS-174]

Which Eradication Therapy Should We Use in Primary Care for Helicobacter Pylori-positive non-ulcer Dyspepsia Patients in the Turkish Society in 2024?

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Background/Aims: Helicobacter Pylori(HP) is accepted as the etiological cause of chronic gastritis, gastric and duodenal ulcers, MALT lymphoma, and as a Class I gastric carcinogen according to WHO. Our aim in treatment is to eliminate the bacteria. The desired eradication rate is 95% and above. The acceptable rate is at least 80-85%. The unacceptable rate is <80%. For this purpose, we aimed to investigate the eradication rates with 14-day treatment protocols in the first stage.

Materials and Methods: Those who were over 18 years of age and applied to the Gülhane TRH gastroenterology clinic between January and December 2023 with a preliminary diagnosis of functional dyspepsia and underwent upper Glendoscopy, HP detection, and were positive with endoscopic biopsy were included in the study. Those who were HP(+) and diagnosed with functional dyspepsia and who had received PPI, NSAID within the last month, HP eradication treatment within three months, and antibiotic treatment for various reasons, those with reflux esophagitis, gastric surgery, and those who were pregnant, and those with chronic liver failure and renal failure were not accepted. In endoscopy, two biopsies were taken from the antrum and corpus for histopathological examination. A control was performed for HP eradication with the Laboquick Helicobacter Pylori Antigen test in the stool six weeks after the treatment. Negative results were considered as eradicated and recorded.

Results: A total of 1328 patients were treated. 1225 patients completed the treatment. The mean age of all patients was 40.13 ± 13.12. The mean age of women was 40.75 ± 13.12. There was no significant difference in age between men and women. The pre-treatment endoscopy results of 1225 patients who came for control were

387 (31.5%) Antral gastritis, 622 (50.8%) Gastroduodenitis, and 216 (17.7%) Pangastritis. Side effect profile: 22 patients had abdominal pain, 13 patients had diarrhea not exceeding five times per day, 123 patients had nausea, and 164 patients had taste disturbances in the mouth. Therefore, patients did not discontinue HP treatment, but 16 patients discontinued treatment due to severe vaginal itching and discharge.

Discussion: As can be seen, none of the six protocols studied can be used in the first step of HP treatment in Türkiye in 2024. Tables 3 and 4 show the world according to the Maastricht VI consensus.

Conclusion: Unfortunately, no treatment protocol can be used as the first step of HP treatment in Türkiye in 2024. New research is needed. If possible, hybrid treatment should be left to the second step.

Table 1. Hp Treatment Protocol Schemes

Table – 1: hp treatment protocol schemes

Group	Protocol Name	Treatment Regimen	n (followed-up)
I	Classic Triple	P + K + A	64 (56)
II	Classic Triple + B	P + K + A + B	112 (98)
III	Classic Quadruple	P + A + T + B	424 (398)
IV	Quadruple	P + M + T + B	169 (158)
V	Quadruple	P + M + A + B	260 (237)
VI	High-Dose Dual	P (3×1) + A (3×1)	321 (292)

Abbreviations & Dosages:

- P: Pantoprazole 40 mg twice daily,
- R: Rabeprazole 20 mg twice daily
- A: Amoxicillin 1 g twice daily
- T: Tetracycline 500 mg four times daily
- M: Metronidazole 500 mg three times daily
- B: Bismuth subsalicylate 262 mg, 2 tablets twice daily (chewable, not swallowable)

Table 2. Our HP Treatment Results

Table 2: Our HP treatment results

Group	Regimen	n (per protocol)	Intention-to-Treat Eradication Rate (%)	Per Protocol Eradication Rate (%)
I (Classic Triple Therapy)	P + K + A	64 (56)	25.0	28.5
II (Classic Triple + B)	P + K + A + B	112 (98)	60.7	69.3
III (Classic Quadruple)	P + A + T + B	424 (398)	64.6	68.8
IV (Quadruple)	P + M + T + B	169 (158)	69.8	74.6
V (Quadruple)	P + M + A + B	260 (237)	67.3	73.8
VI (High-Dose Dual Therapy)	P (3×1) + A (3×1)	321 (292)	52.9	58.2

P: Pantoprazole 40 mg 2x1, R: Rabeprazole 20mg 2x1, A: Amoxicillin 1g 2x1 T: Tetracycline 500 mg 4x1 M : Metronidazole 500 mg 3x1 B Bismuth subsalicylate 262mg 2x2 chewable swallow tab.

[PS-175]

Evaluation of Gastric Neuroendocrine Tumors: A Single Center Experience with 236 Cases

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Background/Aims: Gastric neuroendocrine tumors (NETs) seem rare tumor of the gastrointestinal system. According to the 2010 WHO classification, these tumors are divided into four main types, and their prognosis varies depending on the tumor type and metastatic status.

Materials and Methods: From 2008 to 2023, 238 patients were evaluated. Gastric NETs were detected during endoscopy and confirmed with immunohistochemical staining. Patients with a grade ≥ 2 or visible invasion underwent Ga-68 PET-CT imaging, and those with suspected metastasis were referred for surgery.

Results: Most tumors were found in the fundus and corpus regions, with 80% classified as Type 1. The average age was 54 years. A weak correlation was observed between tumor size and the Ki-67 proliferation index ($r = 0.154$; $P = 0.035$). The characteristics of the patients are summarized in Table 1. A total of 54 patients underwent surgery; of these, 24 underwent total gastrectomy and 7 underwent wedge resection. Lymph node positivity was found in 8 of these patients. NET was observed alongside adenocarcinoma in 6 patients. No endoscopic recurrence was seen in 28 patients during long-term follow-up.

Conclusion: Gastric NETs generally have a good prognosis; however, high-grade tumors require close monitoring and may necessitate surgical intervention when needed.

relies on morphology and immunohistochemical markers indicative of hepatocytes. It tends to be metastatic and has a poor prognosis at the time of diagnosis.

Case presentation: An 85-year-old male patient presented with anorexia, early satiety, and significant weight loss. An abdominal ultrasound performed at an external center revealed simple cysts and multiple hypodense nodules in the liver, leading to a referral to our clinic. His medical history included non-invasive urothelial tumor surgery and liver surgery for cystic disease. Physical examination showed no significant findings except for abdominal scar marks. Laboratory tests revealed HGB 13g/dL, T.Bil/D. Bil 4.4/4.2mg/dL, ALP 270U/L, GGT 178U/L, ALT 49U/L, AST 172U/L, Albumin 2.9g/dL, and INR1.21. Abdominal CT showed multiple hypodense masses in the liver alongside cysts. Malignancy markers revealed a significantly elevated AFP level(60500 μ g/L). Investigations for HCC and testicular tumors (in males) showed negative HBsAg and anti-HCV, no cirrhosis, and normal testicular ultrasound. Endoscopic examination revealed a malignant ulcer extending from the juxtagastric area to the lesser curvature. Pathological and immunohistochemical analysis showed CK7, CK20, AFP, and SALL-4 positivity, confirming the diagnosis of poorly differentiated hepatoid adenocarcinoma of the stomach. The patient was referred to medical oncology for metastatic gastric carcinoma management.

Conclusion: In patients with significantly elevated AFP levels, alongside hepatocellular carcinoma and testicular tumors in males, hepatoid adenocarcinoma, which can be found throughout the gastrointestinal system but most commonly in the stomach, should be considered. Due to its poor prognosis, prompt diagnosis and treatment are crucial.

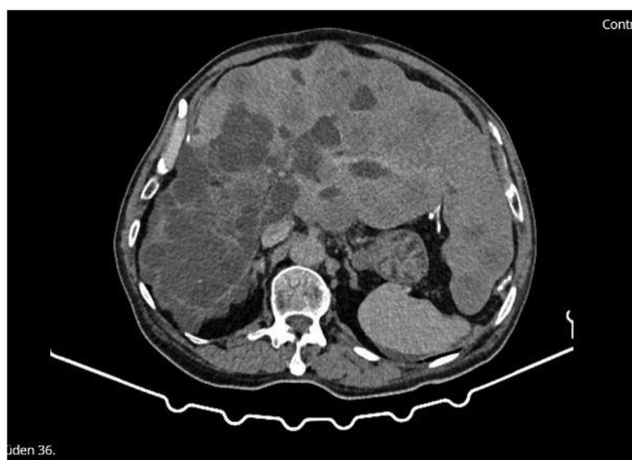


Figure 1. Abdominal tomography revealed ultrasonographically verified simple cysts in the right lobe of the liver, as well as diffusely localized hypodense nodular lesions in other parts of the liver, which are indicative of metastases.

[PS-176]

An Uncommon Etiology of Elevated AFP: Hepatoid Adenocarcinoma of the Stomach

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Introduction: Hepatoid adenocarcinoma of the stomach is a rare tumor that mimics hepatocellular carcinoma. While it is most commonly found in the stomach, it can also be detected in the esophagus, duodenum, jejunum, colon, peritoneum, pancreas, lung, ovary, gallbladder, uterus, and other locations. It predominantly occurs in the antrum and corpus of the stomach. Diagnosis

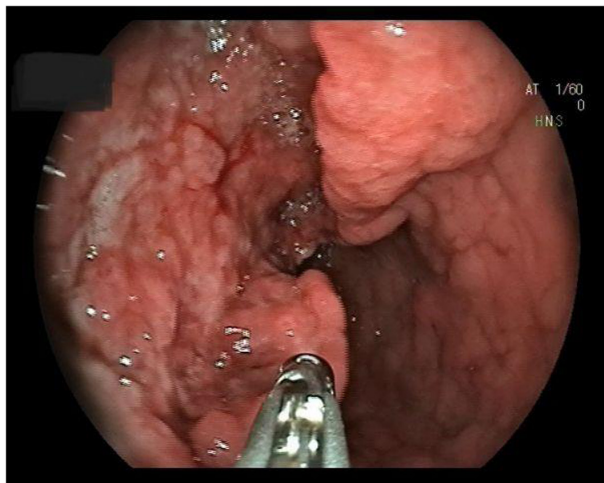


Figure 2. Crater-shaped malignant ulcer on the small curvature side of the antrum on endoscopy

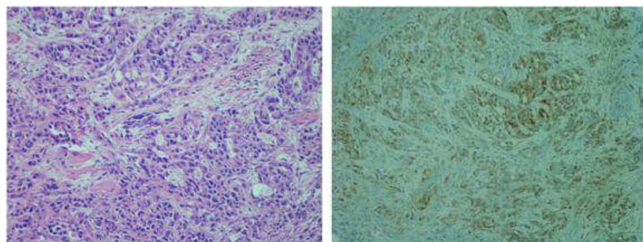


Figure 3. The tumor exhibits glandular structures and solid stratifications and consists of pleomorphic cells with large, eosinophilic cytoplasm and hyperchromatic nuclei (H&E, X200) (on the left) Membranous immunodepression of AFP in immunohistochemical staining (Immunoperoxidase, X100) (on the right)

[PS-177]

A Rare Endoscopic Finding in a Patient with Lymphoma: Double Pylorus

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Double pylorus is the formation of an accessory canal between the antrum and bulbus, other than the anatomical pyloric canal. Double pylorus appears as two lumens extending from the antrum part of the stomach towards the bulbus. Double pylorus appearance, which is a rare condition, is observed in endoscopy with a rate of less than 0.4%. It can present clinically in different ways. While it may be symptomatic epigastric pain, dyspepsia and gastrointestinal bleeding, it may also be asymptomatic. While a 52-year-old male patient

was being followed up with the diagnosis of lymphoma, endoscopy was planned due to increased gastric wall thickness and dyspeptic complaints in the routine control tomography. The patient had a history of receiving 2 cycles of chemotherapy due to lymphoma. In the endoscopy performed on the patient, two lumens extending from the stomach antrum towards the bulbus were observed. It was observed that there was a transition from both lumen to the bulbus with the endoscope. The patient was found to have double pylorus, we aimed to present this case as it is a rare endoscopic finding.

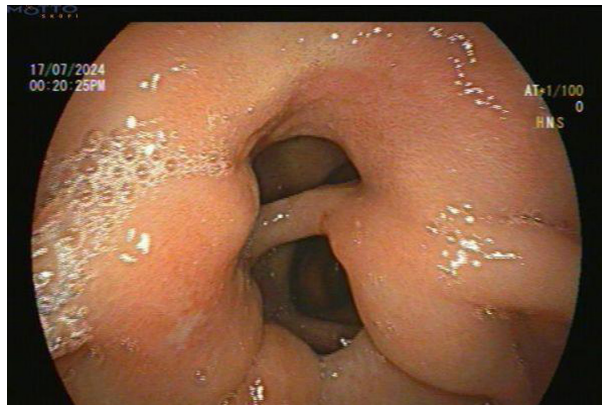


Figure 1. Double pylorus endoscopic view

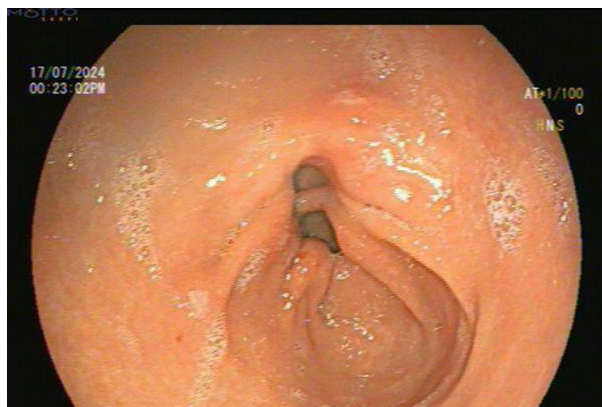


Figure 2. Double pylorus endoscopic view

[PS-178]

Diagnostic value of Ga 68 PET in Type 1 Gastric Neuroendocrine Tumors

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Background/Aims: Gastric neuroendocrine tumors (NETs), particularly Type 1, are mostly benign and often detected via endoscopy. Despite their low metastatic potential, the possibility of spread necessitates effective diagnostic tools. This study evaluates the diagnostic utility of Ga 68 PET/CT in Type 1 gastric NETs, given its recent advancements in detecting tumors through somatostatin receptor-binding peptides.

Materials and Methods: A retrospective review of 236 patients diagnosed with gastric NETs from 2008 to 2024 included 17 surgical cases involving tumor invasion or suspected extragastric organ involvement. All patients underwent Ga 68 PET/CT imaging, with findings compared to histopathological results.

Results: Among the patients, 11 showed normal Ga 68 PET/CT results, while 6 exhibited increased abnormal activity. Of those with abnormal activity, three had increases in the stomach, two in the pancreaticoduodenal area, and one in the axillary region. Histopathological examination post-surgery revealed tumor metastasis in two patients, one with a Ki-67 level of 5% (grade 2) and the other with 25% (grade 3), indicating activity increases in the duodenum and axillary regions. No disease-related mortality was observed during the follow-up period. The average follow-up duration was 5.8 years (ranging from 2.5 to 10.1 years).

Conclusion: Ga 68 PET/CT proves to be a potent imaging tool for NETs, enhancing detection accuracy, especially in tumors with high receptor density. However, results in Type 1 gastric NETs are varied. Incorporating tumor biological characteristics is crucial, suggesting that for cases with potential metastasis or significant proliferative activity, Ga 68 PET/CT should be combined with other imaging techniques to refine diagnostic accuracy and treatment strategies.

This summary shows the utility of Ga 68 PET/CT in managing Type 1 gastric NETs and underscores the need for personalized diagnostic approaches based on tumor behavior and potential risks.

Table 1. Findings of the Patients

Features	n=17
Age	50 ± 13
Gender (F/M)	10/7
Size (mm)	6 (2-30)
<10 mm	10 (58,8%)
10-20 mm	5 (29,4%)
>20 mm	2 (11,8%)
Histology	
Grade 1	6 (35,3%)
Grade 2	10 (58,8%)
Grade 3	1 (5,9%)
Multiple polyp	15 (88,2%)
Prolactin	8 (5-14)
PTH	86 (27-202)
Gastrin	591 (192-1590)
TSH	2,4 (0,01-44)
Ferritin	8 (4-72)
B12 Vit	236 (79-446)

[PS-179]

Impact of Percutaneous Endoscopic Gastrostomy (PEG) on H.pylori Infection

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Background/Aims: Benefits of PEG on elderly patients are better health parameters including correction of albumin levels and higher body mass indexes. With an higher serum albumin levels after PEG procedure, human body becomes capable of fight many infections. This PEG- induced regulation has also contributed to the healing of gastrointestinal system. However, very little is known in how PEG could contribute to preventing or treating *Helicobacter pylori* infection in patients with mostly Alzheimer's disease.

Materials and Methods: H.pylori infection were analyzed via upper gastrointestinal endoscopy-obtained gastric samples by histopathologic examination in naive PEG patients (44 patients and 47% female, mean age 79 years) and patients (52 patients, 73% female, mean age 83 years) who needed exchanging and renewaling of their PEGs for many reasons. While the mean age was similar between groups ($P = 0.179$), womens were prominent in PEG exchange group ($P = 0.020$). The mean PEG exchange time was 17.1 months.

Results: The rate of of H.pylori infection significantly differed between naive PEG patients and PEG exchanged patients (10 patients (19.2 %) vs; 1 patients (2.6 %; $P = 0.02$) along with serum albumin levels (2.87 ± 0.5 mg/dL vs 3.3 ± 0.64 ; $P < 0.01$). Interestingly, there was no significant changes in rates of either atrophic gastritis and intestinal metaplasia between groups. (6.4% versus 11.4 %, $P = 0.148$ and 12.8% versus 7 %; $P = 0.489$).

Conclusion: When compared to naive patients, PEG-exchanged patients had lower rates of H.pylori infection. This effect (wirkung) may have been due to higher serum albumin levels after PEG procedure. With the increasing prevalence of Alzheimer 's disease and increasing rates of malnutrition more studies are needed in this field.

[PS-181]

An Atypical Cause for Dysphagia, Vertebral Fixation Material in the Esophagus

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Introduction: Foreign bodies in esophagus present with dysphagia. However, dysphagia usually develops acutely and is mostly

a condition that develops from oral food or substances or during medical procedures (dental treatments, endoscopic procedures). Progressive dysphagia develops due to malignant causes or motility disorders. Although rare, materials applied in surgeries targeting the spine or thorax may penetrate the esophagus. We would like to present our patient, applied to our clinic with dysphagia and detected to have a foreign body in esophagus during the endoscopic procedure.

Case presentation: 54-year-old male, referred for endoscopic examination due to increasing dysphagia, odynophagia and regurgitation. Complaints mostly related to solid food consumption, he was avoiding eating because of severe chest pain after eating and complaints weren't improved with treatments. No known systemic disease or medication. Systemic examination and laboratory normal. Medical history is unremarkable except a traffic accident and vertebral fracture operation 5 years ago. Mother has diabetes and hypertension, father has prostate hypertrophy. In the gastroscopy, a large amount of food seen proximally in esophageal lumen. Food residues were cleaned. A metallic foreign body was observed 25cm distal to the anterior incisors. In the neck tomography, the vertebral fixation material had penetrated the esophagus lumen. Since it could not be treated endoscopically, he was referred to Neurosurgery and Thoracic Surgery. A re-operation planned.

Conclusion: In this report, we describe an uncommon case of esophageal perforation 5 years after anterior cervical plating. In cases of vertebral plate migration even many years after surgery, potential esophageal damage should be considered.

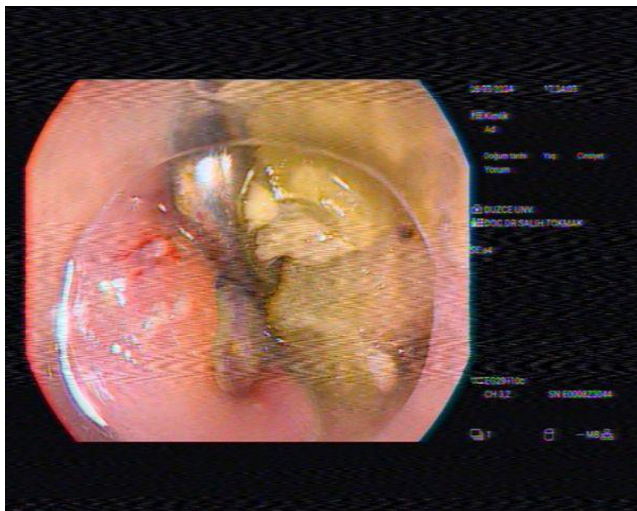


Figure 1. Endoscopic view, penetrated foreign body to upper esophagus



Figure 2. Neck tomography, sagittal plane, fracture in the 7th cervical vertebra and plate penetrating the esophagus

[PS-183]

Fatal Corrosive Esophago-Gastric Injury

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Introduction: Corrosive esophageal injuries can affect the entire gastrointestinal system, from the oral mucosa to the colon. The type, amount, and reason for ingestion of the corrosive substance determine the patient's prognosis. Ingesting a large amount of corrosive substance with suicidal intent can be fatal even with early hospital admission.

Case presentation: A 39-year-old female patient was brought to the emergency department by her relatives after ingesting 100cc of drain cleaner (sodium hydroxide) and 300cc of bleach (4.28% sodium hypochlorite) for suicidal purposes. The patient was unconscious, hypotensive, and tachycardic. The oral mucosa was black in color with areas of mucosal bleeding. No abnormalities were observed in other system findings. Cross-sectional imaging showed no signs of perforation. The patient was intubated and hospitalized in the intensive care unit.

Endoscopy was performed at the 24th hour. The hypopharynx was fragile and appeared white-pale. From the proximal esophagus to 25 cm, the lumen was circumferentially covered with white exudates and scattered areas of mucosal bleeding. Moving distally, the mucosal surface appeared pale, thinned, and parchment-like. Submucosal vascular structures in this area were markedly prominent and appeared thrombosed. In the distal esophagus, the normal anatomical structure was disrupted, and the esophageal wall was black (necrotic) with a corkscrew-like appearance. Difficulty was encountered in entering the gastric lumen, where widespread necrosis was observed throughout. The procedure was promptly terminated. The esophageal injury was classified as Zargar grade 3a, and the stomach as Zargar grade 3b. At the 48th hour, the patient developed peritonitis, and emergency laparotomy was performed. No signs of perforation were found. The operation revealed intestinal loops with necrotic areas extending to the ileocecal valve, and gastric necrosis was observed. Postoperatively, the patient went into shock and died 60 hours after initial admission.

Conclusion: Ingesting large amounts of corrosive substances with suicidal intent can be fatal even with early hospital admission.



Figure 1. Hypopharynx



Figure 2. Esophagus



Figure 3. Gastric mucosa

[PS-185]

Clinical Improvement with Treatment of the Primary Problem in Los Angeles-D Esophagitis

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Introduction: Esophagitis is inflammation of the esophageal mucosa and mostly affects the distal esophagus. It can be seen as four degrees according to the Los Angeles (LA) classification. In patients with LA-D group, more than 75% of the lumen is ulcerated all around. It is usually accompanied by a bad clinical picture. Mucosal damage and submucosal hemorrhage due to intense regurgitation form a black layer. Similar endoscopic findings can be seen with Black esophagus. We would like to present four cases with similar clinical pictures that we follow in our clinic.

Case 1: 63 years old male, referred from an external center due to hematemesis. Esophagitis LA-D, ulcers in the bulb and apical stenosis due to this were seen in the endoscopy. His clinical picture improved with medical treatment, he was called for endoscopy control.

Case 2: 70-year-old male, CABG decision was made after inferior MI in our hospital, post-operative hematochezia was consulted. Esophagitis LA-D, bulbus forrest-1b ulcer, apical stenosis was seen in endoscopy. Sclerotherapy and argon coagulation were performed. Clinical follow-up.

Case 3: 54-year-old male, applied with hematemesis, endoscopy revealed esophagitis LA-D, bulbus forrest-2b ulcer. He recovered with medical treatment.

Case 4: 65-year-old male, applied with hematemesis, endoscopy revealed esophagitis LA-D, cardia mass. He was sent for malignancy treatment after medical treatment.

Conclusion: Esophagitis is mostly due to regurgitation. It can be seen in clinical conditions causing obstruction. As in our patients, gastric outlet obstruction or obstructive conditions around the esophago-gastric junction may cause intense regurgitation and lead to this clinic. Treating the primary pathology largely solves the problem.

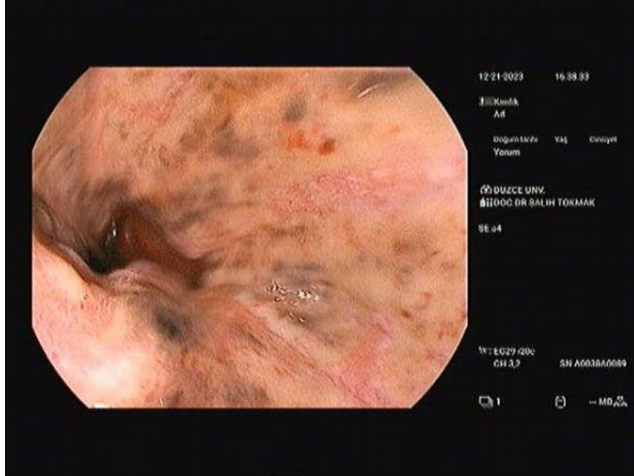


Figure 1. Endoscopic view of case 1
Hyperemia and submucosal hemorrhage in the esophagus



Figure 2. Endoscopic view of case 3
Submucosal hemorrhage and necrosis before treatment

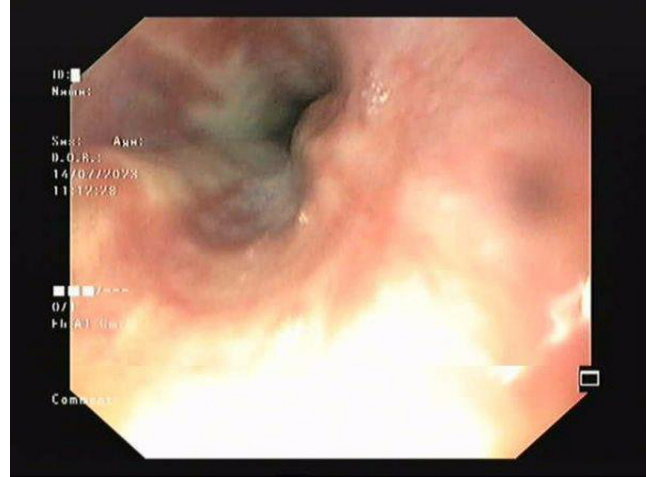


Figure 3. Endoscopic view of case 3, after treatment

[PS-186]

Dysphagia Caused by Migration of Mash Material

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Introduction: Dysphagia is one of the common reasons for referral to gastroenterology clinics. In acute development, it suggests a foreign body in the gastrointestinal system, and in chronic development, it suggests malignancy or motility disorder. We would like to present our patient who applied to our clinic with dysphagia after hiatal hernia surgery.

Case presentation: A 39-year-old woman applied to our clinic with dysphagia. The patient states that her complaints started a year ago and gradually increased. Her physical examination and laboratory findings were normal. She underwent fundoplication due to hiatal hernia 5 years ago, and she has no systemic disease or medication use. Her family history is unremarkable. In endoscopy, it was seen that the patient had fundoplication and a foreign body protruding into the stomach lumen was seen in the operation area. It was seen that the foreign body fixed in this area was the mash material placed during the operation. The material was divided into two in a V shape. A part of it was caught with a snare and excised with high energy cautery (120 kJ). The procedure was terminated because the patient was desaturated. The remaining part was removed in the same way in the second session. Dysphagia improved after the first procedure. He continues to be followed up without any complaints.

Conclusion: Anamnesis is very important in patients presenting with dysphagia. In particular, complications that may develop due to the operation should be considered in patients with a history of

gastrointestinal system operations. Early detection of complications that can be diagnosed and treated endoscopically may increase the success of the treatment.

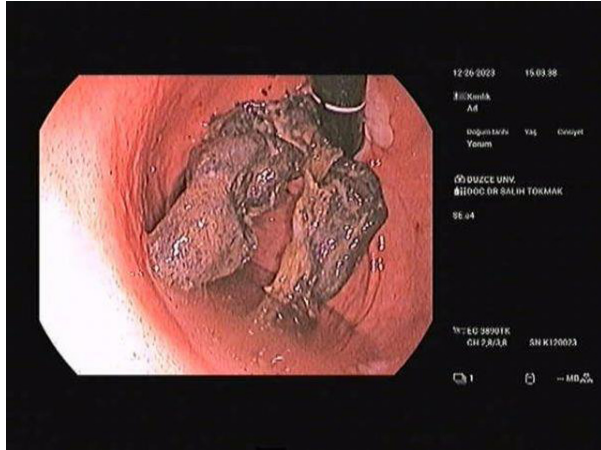


Figure 1. Mash material seen at the esophagogastric junction in retroflexion

[PS-188]

Experience of Endoscopic Removal of Phytobezoars Detected in the Central Black Sea Region

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Background/Aims: Phytobezoars are masses formed by undigested fruits and vegetables. Cases presenting to our gastroenterology unit in the Central Black Sea region were examined in terms of their demographic characteristics. The process and outcomes of endoscopic removal of bezoars were evaluated.

Materials and Methods: This presentation examined 70 cases of phyto bezoar intervention between 2016 and 2024. The data obtained were analyzed using IBM SPSS 22. "Regression Analysis" was applied to evaluate the effect of bezoar volume on procedure time. A statistical significance level of 0.05 was accepted.

Results: Of the 70 patients included in the study, 55.7% (39 patients) were female and 44.3% (31 patients) were male. The ages of the patients ranged from 32 to 92 years, with a mean age of 62.11 ± 13.05 . When the distribution of bezoar agents was examined, 84.3% (59 patients) were *Diospyros lotus*; 7.1% were *Diospyros kaki*, and 8.6% were both *Diospyros lotus* and *Diospyros kaki*. Bezoars were fragmented with a snare and removed through an overtube. The procedural success rate was 98.6%. The endoscopic bezoar removal procedure time ranged from 25 to 505 minutes, with a mean of 141 ± 89.59 minutes.

Most of the patients came from the provinces of Samsun, Tokat, and Sinop.

There were 2 patients (2.8%) with major complications. There was no mortality observed.

There was a high correlation of 81.1% with 99% confidence between ellipsoid volume and total procedure time. When ellipsoid volume is increased by 1 unit, procedure time increases by 1.27 times. 28.6% of the patients (20 patients) have diabetes mellitus. Only 7 patients (10%) have undergone gastric surgery.

Conclusion: Phytobezoars are commonly encountered in the Central Black Sea region due to the endemic presence of *D. lotus* and *D. kaki*. When detected early, they can be removed endoscopically.

Table 1. General characteristics of the patients

Patients (n = 70)		Descriptive statistics n(%)
Age (years)		62.11 ± 13.05/63 (32-92)
Gender	Women	39 (55.7)
	Men	31 (44.3)
BMI score	18.5 and 24.9	17 (26.5)
	25 and 29.9	28(43.75)
	30 or higher	19 (29.75)
Season	Autumn	9 (12.9)
	Winter	39 (55.7)
	Spring	19 (27.1)
	Summer	3 (4.3)
Location	Samsun	40 (57.1)
	Tokat	11 (15.7)
	Sinop	9 (12.9)
	Ordu	4 (5.7)
	Amasya	3 (4.3)
	Other cities	3 (4.3)
Complications	None	52 (74.3)
	Present	18 (25.7)
Bezoar agents	Diospyros lotus	59 (84.3)
	Diospyros kaki	5 (7.1)
	D. lotus + D. kaki	6 (8.6)
Number of phytobezoars in the stomach	1	53 (75.7)
	2	14 (20)
	3	3 (4.3)
Diabetes mellitus	None	50(71.4)
	Present	20 (28.6)

(Continued)

Table 1. General characteristics of the patients (Continued)

Patients (n = 70)		Descriptive statistics n(%)
Operated stomach	None	63 (90)
	Present	7 (10)
		62 (88.6)
Number of Procedure Sessions	1	
	2	8 (11.4)
Helicobacter pylori	None	45 (64.3)
	Present	25 (35.7)
Processing time (minutes)		141 ± 89.59/120 (25-505)
Numerical variables are presented as mean ± standard deviation/median (min-max).		
Categorical variables were expressed as numbers (%).		

Table 2. Results of simple regression analysis for the effect of ellipsoid volume and size of bezoars on total processing time

	B±S.E	r	p Value
Ellipsoid volume	1.27 ± 0.12	0.811	<0.001**

**p<0.001; r: Pearson Correlation Coefficient

[PS-189]

Esophageal Melanosis: A Rare Diagnosis in the Esophagus!

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Introduction: Esophageal melanosis is characterized by the proliferation of melanocytes in the squamous epithelium of the esophagus and the accumulation of melanin in the esophageal walls. Normal esophageal mucosa does not contain melanocytes. Its significance is not yet fully understood. Various studies have linked it to gastroesophageal reflux disease; however, there is a lack of robust evidence to support such claims. Other studies suggest it may represent a precancerous condition, advocating for further evaluation for earlier diagnosis and treatment. In this case presentation, we aim to discuss our patient who presented with dyspeptic complaints and was found to have esophageal melanosis during gastroscopy.

Case presentation: A 63-year-old female patient presented to our outpatient clinic with dyspeptic symptoms. She had no comorbidities. Her physical examination and laboratory tests were unremarkable. During gastroscopy, a linear pattern of black pigmented streaks was observed, beginning in the middle of the esophagus and extending distally, consistent with esophageal melanosis. Biopsies were taken for diagnosis.

Conclusion: Esophageal melanosis is a rare entity that can be encountered in diseases such as chronic esophagitis and

gastroesophageal reflux disease; however, it is essential to differentiate it from other similar conditions that may lead to serious consequences. Additionally, the pathogenesis and natural history remain uncertain, and it should be kept in mind that monitoring patients with esophageal melanosis may be beneficial.



Figure 1. Esophageal melanosis characterized by linear black pigmented streaks extending from the middle of the esophagus distally

[PS-193]

A Rare Diagnosis in food Allergy: Eosinophilic Esophagitis

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Background: Eosinophilic esophagitis is an immune system disease characterized by dysphagia pyrosis reflux symptoms. Abdominal pain, nausea, vomiting, diarrhea are other symptoms.

Method: Retrospective analysis of two sibling cases who presented to Ege University Hospital.

Results: Case 1: A 22-year-old male patient who was weaned from breast milk in the 14th month and started cow's milk and fish started to complain of abdominal pain, diarrhea, vomiting, lip swelling, sore throat and dysphagia in 15th month. Her complaints disappeared after fish and milk were removed from the diet.

Eosinophil count and total IgE were increased in tests. Skin prick test and specific IgE were positive. Gastroscopy showed Schatzki ring and multiple biopsies were taken from the esophagus. Pathology showed 15 eosinophils per large magnification area (lma) so we diagnosed eosinophilic esophagitis. We started esomeprazole 40 mg 2x1 and was added oral budesonide 2x1 upon the continuation of the complaints.

Case 2: A 25-year-old male patient with a diagnosis of allergic asthma and allergic rhinitis was referred for food allergy. He described abdominal pain and pyrosis after carrot, banana, walnut, tomato, pineapple and celery.

In tests, eosinophils, total IgE were high. Specific and IgE was positive. Multiple biopsies were taken from the esophagus on gastroscopy. In addition, atrophic gastritis in the corpus and erythematous gastritis in the antrum were detected. Pathology revealed 2-3 eosinophils per lma from proximal esophagus and more than 20 eosinophils per bba from distal esophagus and we diagnosed eosinophilic esophagitis. Esomeprazole 2x1 was started. Steroid and antihistamines were added later. Omalizumab 600 mg 2/month dose was started and his symptoms decreased after omalizumab.

Follow-up of the cases continues.

Conclusion: We aimed to show a rare presentation of eosinophilic esophagitis in 2 siblings presenting with food allergy. The fact that the cases were siblings suggests that eosinophilic esophagitis has an environmental and genetic origin. By presenting these cases, we wanted to remind you of rare presentations in your future patients.



Figure 1. Case 1 gastroscopy

Table 1. Laboratory Reference Ranges

Test	Reference Range	Case 1	Case 2
AST/ALT	<35/<45 U/L	23/15	14/13
Urea/Creatinine	60-110/0.7-1.3 mg/dL	21/0.86	18/0.76
Total IgE	<100 Ku/L	899	919
Tryptase	<14 ug/L	4.71	4.3
IgG	7.67-15.90 g/L	9.85	10.3
IgA	0.610-3.560 g/L	0.882	1.25
IgM	0.370-2.860 g/L	0.74	1.27
Leukocyte Count	4500-11000/ μ L	5690	6290
Hemoglobin	13.2-17.3 g/dL	13.8	14.7
Eosinophils	0-450/ μ L	450	530
Platelet Count	150-450 x10 ³ / μ L	185	278

Table 2. Skin Prick Test

Allergen	Case 1	Case 2
Plantain	++	++
Goosefoot	++	++
Egg Yolk	++	-
Egg White	-	-
Peanut	++	++
Almond	++	++
Gilthead Seabream	++	
Cow's Milk	++	-
Olive	-	++++
Cat	-	++++
Dermatophagoides pteronyssinus	-	+++
Dermatophagoides farinae	-	+++
Stickyweed	-	+++
Tomato		+
Rice		+
Green Pepper		++
Peach		++
Barley Flour	-	+
Wheat Flour	-	+

Table 3. Specific IgE Levels

Allergen	Reference Range	Case 1	Case 2
Inhalant Allergen Panel	<0.35 PAU/L	2.00 (++)	61.7 (+++++)
Milk, Fish, Egg White, Soy, Peanut, Wheat	<0.35 kAU/L	33.3 (++++)	
Fish, Shrimp, Mussel, Salmon	<0.35 kAU/L	0.60 (+)	
Egg White	<0.35 kAU/L	8.71 (+++)	
Egg Yolk	<0.35 kAU/L	15.2 (+++)	
Sardine	<0.35 kAU/L	0.02	
Casein	<0.35 kAU/L	23.0 (++++)	0.62 (+)
Chicken Meat	<0.35 kAU/L	3.79 (+++)	
Shrimp	<0.35 kAU/L	0.14	
Salmon	<0.35 kAU/L	0.39 (+)	
Meadow Grass Pollen Panel	<0.35 kAU/L	1.02 (++)	38.3 (+++++)
Wheat, Rye, Barley, Rice	<0.35 kAU/L	1.25 (++)	
Soybean	<0.35 kAU/L	1.39 (+)	

(Continued)

Table 3. Specific IgE Levels (Continued)

Allergen	Reference Range	Case 1	Case 2
Banana	<0.35 kAU/L	1.44 (++)	3.89 (+++)
Wasp (Vespula)	<0.35 kAU/L		0.62 (+)
Honeybee (Apis mellifera)	<0.35 kAU/L		1.88 (++)
Sesame, Shrimp, Beef, Kiwi	<0.35 kAU/L		4.76 (+++)
Latex	<0.35 kAU/L		1.76 (++)
Cat Dander	<0.35 kAU/L		19.0 (++++)
Pellitory (Parietaria judaica)	<0.35 kAU/L		40.8 (++++)
Mold Spore Panel	<0.35 kAU/L		8.95 (++)
Dermatophagoides pteronyssinus	<0.35 kAU/L		2.84 (++)
Dermatophagoides farinae	<0.35 kAU/L		4.35 (++)
Anchovy	<0.35 kAU/L		1.46 (++)

[PS-198]

Effects of Apelin-13 on Diabetes-Induced Liver Injury and Pancreatic Structural Changes: A Biochemical and Histological Evaluation

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Background: Diabetes is a common endocrine disorder that leads to various complications, including damage to the liver and pancreas. Due to elevated blood glucose levels, diabetes promotes fat accumulation and insulin resistance in the liver, contributing to hepatic damage. Furthermore, diabetes can cause inflammation and fibrosis, negatively affecting liver function. Apelin, a peptide expressed in adipose tissue and vascular endothelium, exerts its biological effects by binding to its specific receptor. The objective of this study was to investigate the potential biochemical and histological effects of apelin-13 on diabetes-induced liver and pancreatic damage.

Methods: 32 Wistar albino rats were divided into sham, diabetes, apelin, and diabetes+apelin. Diabetes was induced using a single dose of 45 mg/kg STZ ip. The apelin groups received 50 µg/kg apelin-13 ip for 7 days, while sham group received saline. At the end of the experiment, serum and liver samples were collected for biochemical analysis, and histological assessments were performed. Statistical analysis was used the Jamovi software, with P < 0.005 considered statistically significant.

Results: In the diabetic groups, serum insulin levels decreased significantly (P < 0.032), while an increase was observed in the apelin-treated group (P < 0.039). While no significant difference was found in serum AST levels, ALT levels were elevated only in the diabetes group (P < 0.001). IL-1β levels increased in the diabetes group (P < 0.041) but were significantly reduced in the apelin-treated group (P < 0.014). TNF-α levels didn't show any significant changes across the groups. Histologically, apelin reduced cellular shrinkage in the Langerhans islets caused by diabetes, and the islet size appeared like that of the control group. However, liver damage, including hepatocyte and sinusoidal damage and inflammatory cell clusters, persisted in the apelin+diabetes group.

Conclusion: In conclusion, apelin-13 improved serum insulin levels and reduced IL-1β in diabetic liver damage. Although histological improvement was seen in the pancreas, structural damage in the liver remained largely unaltered.

[PS-200]

IgG4-Related Disease and Treatment Approach with Two Case Reports

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Introduction: IgG4-related disease is an immune-mediated fibro-inflammatory condition affecting multiple organs, and may be confused with malignancies. Below, two patients evaluated as malignancies and diagnosed with IgG4-related disease during follow-up are presented.

Case presentation: A 70-year-old male presented with jaundice and abdominal pain. Blood tests showed elevated bilirubin (2.7/1.8 mg/dL), AST/ALT (1204/1389 u/l), GGT/ALP (676/372 u/l), amylase/lipase (272/689 u/l), and CA19-9 (910 u/mL). Magnetic resonance-cholangiopancreatography (MRCP) revealed a 1.5 x 2.5 cm lesion at the central intrahepatic bile ducts, suggesting a Klatskin tumor. A biopsy showed chronic inflammation with IgG4-positive cells, and the patient was diagnosed with IgG4-related sclerosing cholangitis (serum IgG4-level was determined as 9g/l(003-2.1)). After initial treatment with methylprednisolone, side-effects led to a switch to budesonide(3 x 3mg), which worsened cholestasis. Rituximab was started (1g/day-twice with 15 days interval), and by the 6th month, IgG4 levels normalized, and the mass lesion disappeared on MRCP.

The patient who applied to our clinic due to a mass in the liver had total/direct bilirubin: 1.56/1.5mg/dL, AST/ALT:66/132u/l, GGT/ALP:437/265u/l, abdominal computed-tomography showed 3.5 x 2.5cm space-occupying lesion at the level of liver segment 4-2, and was admitted to the gastroenterology department after accepting it as a recurrence.In his medical history, it was learned that he underwent a right hepatectomy in 2004 with the diagnosis of cholangiocarcinoma. The biopsy from the lesion showed chronic inflammation and fibrosis, cells stained positively with IgG4, and the serum IgG4 level was sent as 5.33g/l(0.03-2.1). The liver pathology indicated no

malignancy, the patient was accepted as having IgG4-related hepatopathy, and 40 mg/day methylprednisolone was started. After 4 months, the IgG4 level was normal, the mass lesion had disappeared in MRCP, the IgG4 level was normal, budesonide (3 x 3mg) was used. The patient, whose IgG4-level was normal, is being followed-up with budesonide.

Conclusion: Patients with suspected malignant biliary obstruction should also be evaluated for IgG4-IH and appropriate treatment should be used.

[PS-203]

Cystogastrostomy: A Single Center 15-Year Experience

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Background/Aims: Endoscopic cystogastrostomy is a procedure performed to drain fluid collections such as pancreatic pseudocysts or walled-off necrosis (WON). The most common complications include infection, bleeding and perforation. Additionally, technical issues related to stents may also affect the success of the procedure.

Materials and Methods: A total of 164 procedures performed on 144 patients who underwent endoscopic cystogastrostomy at our hospital between 2009 and 2024 were evaluated. Nineteen of the procedures were excluded from evaluation due to technical insufficiency. The reasons for insufficiency were noted as inability to reach the cyst, stent failure to open, lack of second stent, bleeding, and inability to position properly.

Results: Thirteen complications occurred in 145 procedures. Seven patients experienced bleeding, three had perforation, one had acute esophageal ischemia, one had ST-elevation myocardial infarction (STEMI), and one developed a recurrence of the pseudocyst and pain due to stent migration four months later. Among the seven patients with bleeding, the procedure could not be continued in three due to bleeding. Treatment involved intervention with a coagrasper to stop the bleeding, and the patients were monitored thereafter. Two patients with esophageal ischemia and STEMI were found to have exitus. In the case of stent-related complications, second cystogastrostomy was performed on the patient, resulting in the removal and drainage of the recurrent cyst.

Of the patients with perforation, one was surgically treated, while two were observed and received medical treatment. Three patients are still followed up in our outpatient clinic.

Conclusion: Although there are life-threatening complications, cystogastrostomy has replaced surgical treatment for peripancreatic collections.

[PS-204]

Giant Walled of Necrosis Compressing the Choledoch and Duodenum

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Introduction: Pancreatic walled-off necrosis is an important complication of pancreatitis. Recently, endoscopic treatment has been the mainstay of therapy instead of aggressive treatments. However, the timing of endoscopic treatment and in which cases it should be performed are the most important factors.

Case presentation: A 38-year-old patient who had pancreatitis 1 month ago presented with complaints of constipation, jaundice and abdominal pain for 4 days. On USG, an anechoic cystic lesion approximately 70*50 mm was observed in the midline of the abdomen adjacent to the pancreas, and a pseudocyst was considered in the foreground. The patient is hospitalized. Endoscopy was planned after the patient's complaints of inability to eat, nausea and vomiting and increased abdominal pain after hospitalization. Endoscopy revealed that the cyst adjacent to the pancreas was compressing and severely narrowing the bulb and duodenum. Therefore, it was decided to place a stent to drain the cyst content by endoscopic ultrasound. Total bilirubin value increased up to 9.8 mg/dl before the procedure. EUS was performed. On examination a cyst with a diameter of approximately 120 mm containing necrotic areas was observed in the pancreatic body and puncture was performed with a 19 gauge needle. After cystotomy, LAMS was applied. Afterwards, a 7mm*10 F pigtail stent was placed through the metallic stent over the guide wire. After the procedure, total bilirubin value decreased to 4.5 mg/dl and within 1 week to normal ranges. The patient underwent intermittent endoscopies for necrosectomy at intervals after the procedure and the cyst content was completely cleared. The stents were removed and the patient was discharged with complete recovery of complaints and laboratory values.

Conclusion: Generally accepted indications for drainage of pancreatic necrosis are ongoing organ failure, infection, organ compression, and compartment syndrome. In our patient, EUS-guided cyst evacuation was performed urgently because of small bowel and choledochal compression.

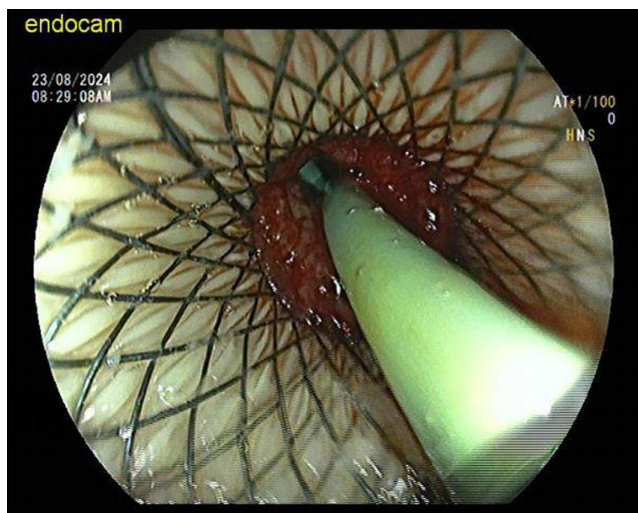


Figure 1. Endoscopic view.

[PS-205]

Rare Pancreatic Metastasis in Small Cell Lung Cancer and the Role of Endoscopic Ultrasound in Diagnosis

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Introduction: Small cell lung cancer (SCLC) is an aggressive subtype that constitutes 13-15% of all lung cancers. It is known for rapid progression and early metastasis, commonly to the brain, liver, adrenal glands, and bones. However, pancreatic metastasis is extremely rare, with an incidence of less than 1% reported in the literature. This case report highlights the significance of Endoscopic Ultrasound (EUS) in diagnosing pancreatic metastasis in a patient with SCLC.

Case presentation: In May 2023, a 70-year-old male patient, N.D., presented with hemoptysis. Thoracic computed tomography (CT) revealed a 2 cm mass in the right lung, and a bronchoscopic biopsy confirmed small cell lung cancer. The patient received cisplatin-based chemotherapy and radiotherapy. During follow-up imaging, a 2 cm lesion was detected in the head of the pancreas. In the most recent CT, the lesion had increased to 26 x 28 mm.

Conclusion: Given the rarity of pancreatic metastasis in SCLC, EUS was performed to evaluate the lesion's characteristics. EUS showed a 3 cm heterogenous mass in the pancreatic head invading the common bile duct, with close proximity to the portal vein but without invasion. Biopsies were taken, and pathological analysis confirmed pancreatic metastasis from SCLC. This rare presentation is significant for its uncommon occurrence and clinical impact.

Pancreatic metastasis in SCLC is a rare event, often identified post-mortem in autopsy studies. Its clinical detection is challenging due to non-specific symptoms. EUS is a critical tool for the diagnosis of pancreatic lesions, offering high-resolution imaging and facilitating fine-needle aspiration (FNA) for biopsy. In this case, EUS confirmed the pancreatic metastasis, providing valuable information for diagnosis and management. Clinicians should be aware of the potential for rare metastases in SCLC and consider using advanced diagnostic tools like EUS when needed.

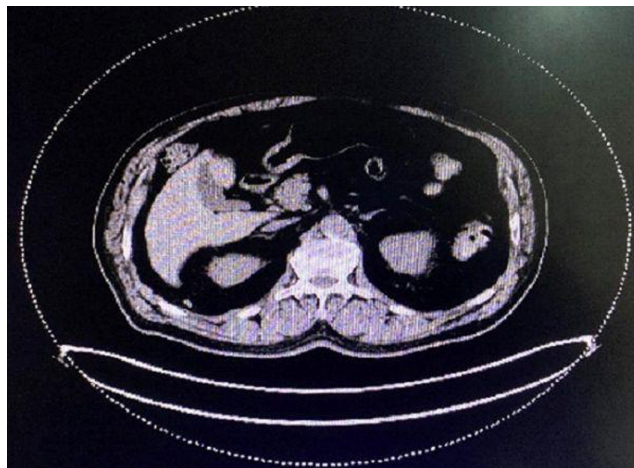


Figure 1. Mass lesion of 26x28mm in the Pancreatic Head on Abdominal CT



Figure 2. Pancreatic mass appearance on EUS

[PS-208]

Thrombosed Splenic Artery Aneurysm Presenting as A Mass Lesion in the Pancreas

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Introduction: Since the peripancreatic area is rich in vascularity, vascular lesions may be encountered on echoendoscopy. Splenic artery aneurysms (SAA) are rare and may present as a mass. They can be treated with endovascular and surgical intervention.

Case presentation: A 42-year-old woman was examined with dyspeptic complaints, a pancreatic lesion was detected and referred to gastroenterology. There was no history of alcoholism and pancreatitis. Abdominal MRI showed a 23x16 mm pancreatic body lesion with hypointense periphery, hyperintense centre and diffusion restriction in T2 series. Endoscopic ultrasonography (EUS) was then performed. EUS examination from the gastric station showed a 17 mm diameter, smoothly circumscribed, hypoechoic lesion between the splenic artery and vein, with calcifications on the wall and hyperechoic foci on the inside, and no significant flow pattern on Doppler examination. No biopsy was taken because vascular pathology could not be ruled out. CT angiography showed a thrombosed 12 mm saccular aneurysm in the splenic artery.

SAA is rare. It is mostly seen in women. It is usually asymptomatic. The exact cause of SAA is unknown. Etiology includes fibromuscular dysplasia, portal hypertension, infections, congenital anomalies, liver transplantation, pancreatic carcinoma, multiparity and previous pancreatitis. Indications for treatment are symptomatic cases, women in the reproductive period, portal hypertension, planned liver transplantation and a size greater than 2.5 cm. In treatment, endovascular intervention or surgery may be performed depending on the aneurysm status. Our patient was followed up because she was asymptomatic and the aneurysm size was less than 2.5 cm.

Conclusion: Pancreatic lesions detected by EUS may be located close to vascular structures and may appear as a mass as in our case. We recommend biopsy of these lesions after exclusion of vascular pathologies by radiodiagnostic angiography.



Figure 1. Lesion in the body of the pancreas on abdominal MR T2 sequence



Figure 2. Hypoechoic lesion with no significant flow pattern on Doppler examination with linear echoendoscope (green arrow)

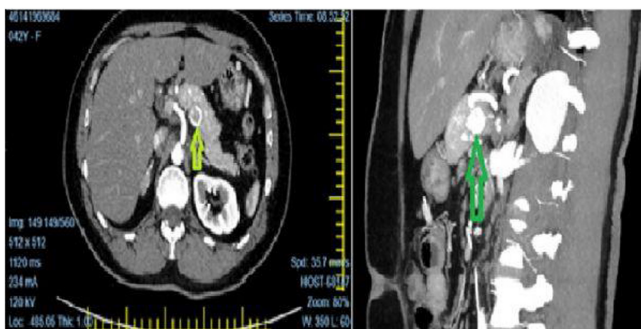


Figure 3. Thrombosed saccular aneurysm in the splenic artery on CT angiography (green arrows)

[PS-209]

Endoscopic Retrograde Cholangiopancreatography Experience in Traumatic Pancreatic Injuries

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Background/Aims: Traumatic pancreatic injury is a rare and serious condition. Failure to detect pancreatic injuries early can lead to morbidity and mortality. While mortality is 19% in pancreatic injuries, mortality can increase to 30% in the case of duct injury. Computerized tomography (CT) is frequently used for diagnosis, and in cases of suspected duct injury, endoscopic retrograde cholangiopancreatography (ERCP) is needed for both diagnosis and treatment.

Materials and Methods: Indications, diagnoses, and results of 19 ERCP procedures performed on 7 patients in the traumatic pancreatic injury group at Harran University Gastroenterology Clinics between 2020 and 2024 were evaluated and analyzed.

Results: Four of the 7 patients who underwent a total of 19 procedures were female (57.1%). The mean age of the patients was 27.5 (7-59 years). Gunshot wounds were the cause of injury in 4 patients, stab wounds in 2 patients, and traffic accidents in 1 patient. Surgical procedures were performed in 6 patients (85.7%) before ERCP. Four of the patients had additional organ injuries, and 1 patient had a vertebral fracture. Pancreatic duct injuries were detected in all patients during ERCP. Distal pancreatic injuries were the most common injuries (57.1%). Twelve pancreatic plastic stents were placed in the patients in 19 procedures. All stents were removed at the last procedures. The mean hospital stay of the patients was 16.7 days.

Conclusion: Traumatic pancreatic injuries accompanied by duct injury are associated with increased mortality. Performing ERCP in these patients provides both detection of leakage and treatment opportunity by placing a stent in the pancreatic duct. It should be kept in mind that early diagnosis and treatment with ERCP in pancreatic duct injuries will reduce mortality.

obliterative fibrofilebitis of the bile duct wall, increased serum IgG4 levels, and dramatic response to steroid therapy. Although IgG4-SC can be seen alone, it is often associated with autoimmune pancreatitis (APC). IgG4-SC can be associated with stenosis in any part of the biliary tract and we present our case in order to keep it in mind in the differential diagnosis due to its cholangiographic finding similar to primary sclerosing cholangitis (PSC).

Case presentation: 61-year-old man was admitted to our clinic with complaints of fever, malaise, pruritus and weight loss. Laboratory parameters at admission were alanineaminotransferase (ALT): 130U/L (normal < 50), aspartateaminotransferase (AST): 176U/L (normal < 50), gamma-glutamyltranspeptidase (GGT): 340U/L (normal: < 55), alkaline phosphatase (ALP): 761U/L (normal: < 195), total bilirubin: 5.2mg/dL (normal: 0.3-1.2) and direct bilirubin: 4.8mg/dL (normal: 0-0.2). Ultrasonography showed dilatation in the intrahepatic bile ducts and Magnetic Resonance Cholangiopancreatography (MRCP) showed long segmental stenosis and distal choledochal stricture. Endoscopic retrograde cholangiopancreatography (ERCP) was planned. During ERCP, cholangiography showed an appearance compatible with MRCP, brush biopsy was taken from the stricture area observed in the distal choledochal, and the result was reported to us as inconclusive. IgG4 result was 457mg/dL due to the long segmental stenosis. Thus, the patient was diagnosed with IgG4-SC. The patient was started on prednisolone 40mg/day. At the end of 1 week, the patient's complaints and laboratory values regressed. 3 months later, control MRCP showed that the stenoses completely regressed.

Although most patients with IgG4-SC are associated with OIP, in some patients, as in our case, the disease is isolated in the biliary tract. IgG4-SC responds well to immunosuppressive therapy and strictures may heal with treatment. Although serum IgG4 levels are significantly higher in IgG4-SC, it should be kept in mind that 10% patients with PSC may have elevated serum IgG4 levels. Levels 2-fold higher than the serum IgG4 reference range are considered to be more supportive for IgG4-SC. While band-like strictures, rosary bead or pruned tree appearance and diverticulum-like appearance on ERCP cholangiography are in favor of PSC; segmental strictures, long strictures with prestenotic dilatation and distal choledochal stricture are suggestive of IgG4-SC. Four different types of IgG4-SC have been defined in terms of the site and pattern of involvement in the biliary tract. Our patient was considered to have type 2 IgG4-SC based on the cholangiographic findings. The response of strictures to steroid therapy is greater in intrahepatic than in extrahepatic biliary tracts. There is a risk of recurrence with discontinuation of steroid therapy and intermittent follow-up is recommended. However, when and how to terminate steroid therapy and treatment alternatives in cases of recurrence and/or non-response are still unresolved. In patients with recurrence, treatment with the same or higher dose of steroid therapy, azathioprine or rituximab is recommended.

Conclusion: In conclusion, IgG4-SC should be kept in mind in patients with stenosis/strictures in the intrahepatic and/or extrahepatic parts of the bile ducts.

[PS-214]

IgG4 Associated Sclerosing Cholangitis (IgG4)-SC Case Report

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Introduction: Immunoglobulin G4 (IgG4)-associated sclerosing cholangitis (IgG4-SC), known as the biliary manifestation of IgG4-associated diseases, is a type of fibroinflammatory cholangitis with an unclear etiology, characterized by storiform fibrosis and/or

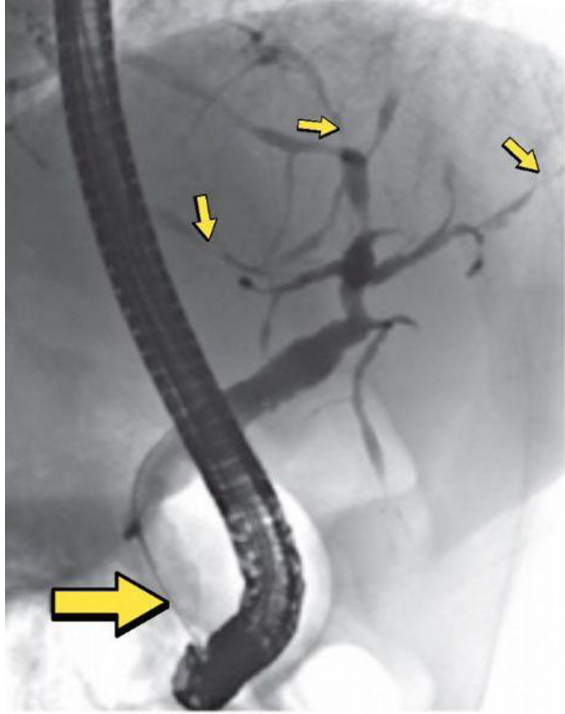


Figure 1. Cholangiographic appearance



Figure 2. MRCP image at 3 months after treatment

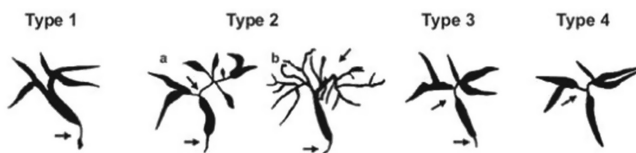


Figure 3. IgG4-SC types

[PS-215]

Ductal Cystadenocarcinoma Developing on the Basis of Choledochal Cyst

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Introduction: Cystic diseases of liver and choledochal cysts are rare. Since it does not show symptoms for a long time, it's mostly noticed incidentally. However, since malignancy may develop on the basis of cystic diseases, radical surgery and close follow-up recommended as treatment. We would like to present our choledochal cyst patient, referred to our clinic with the suspicion of hydatid cyst and diagnosis was confirmed with surgery.

Case presentation: 62-year-old male. Applied to an external center with complaints of abdominal pain and increasing abdominal distension, then referred for etiological evaluation when widespread ascites detected in the abdomen. Complaints had been increasing for last three months. Patient had microcytic anemia, other laboratory normal. During examination, there was tenderness in the abdomen and dullness with percussion. No systemic disease or medication in medical history. He'd similar pains in 2019, when cysts were detected in the liver, was referred to infectious diseases and then general surgery and operated for cysts. In family history, both his mother and father died of heart diseases. Samples were taken from patient's abdominal fluid for biochemistry and cytology. It was in the nature of an exudate. CT was performed. Multiple multiloculated lesions with cystic content observed at the level of the liver hilum. A solid and contrast-enhancing lesion of 2 cm in diameter seen in same area. EUS-guided biopsy planned. Since ductal cystadenocarcinoma detected in cytology, EUS was abandoned. The patient was considered inoperable due to peritoneal metastases and was referred to oncology.

It's very important to clarify the etiology in patients presenting with ascites. Since benign and malignant causes require different treatments and follow-ups, sampling the ascites fluid provides a significant contribution as an examination. It's possible to make a diagnosis in this way with simple medical interventions without the need for invasive and risky procedures.

[PS-216]

A Rare Cause of Bile Leakage After Cholecystectomy: Biliary Stent

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Introduction: Bile leaks can occur in 0.3-0.9% of cases after cholecystectomy. The treatment varies depending on the location of the

obstruction, but it generally involves the application of a biliary stent with sphincterotomy.

Case presentation: A 53-year-old male patient was referred due to bile leakage on the first postoperative day following laparoscopic cholecystectomy. It was learned that the patient underwent ERCP three months ago due to choledocholithiasis and that biliary stent was placed due to residual choledoch stones. He was taken for an ERCP procedure due to bile leakage. During the ERCP, when attempting to pull out the plastic stent that was hanging from the papilla using a snare, resistance was encountered and the stent could not be removed. The stent was left in place and the choledochus was cannulated. In the cholangiogram, it was observed that the stent was directed towards the cystic duct stump and was located within the staples applied during the cholecystectomy. There was a contrast leak in this area. Defect filling compatible with the stones was observed in the choledochus. Sphincterotomy was expanded. When the stent located inside the stapler was pulled with some resistance, a short section broke off and remained under the stapler. Due to the inability to remove the stones in the bile duct, two straight plastic stents (10 Fr, 8.5 cm) were placed in the bile duct. After the ERCP, the patient's leakage did not continue. The remaining residue stones were removed in the subsequent ERCP sessions.

Conclusion: In patients who are not suitable for surgery, the placement of a stent in the cystic duct can be used in the treatment of conditions such as acute cholecystitis, gallbladder empyema, and perforation of the gallbladder. However, stents that are accidentally placed in the cystic duct during ERCP can lead to postoperative bile leaks and migration, and their removal may be difficult or impossible.

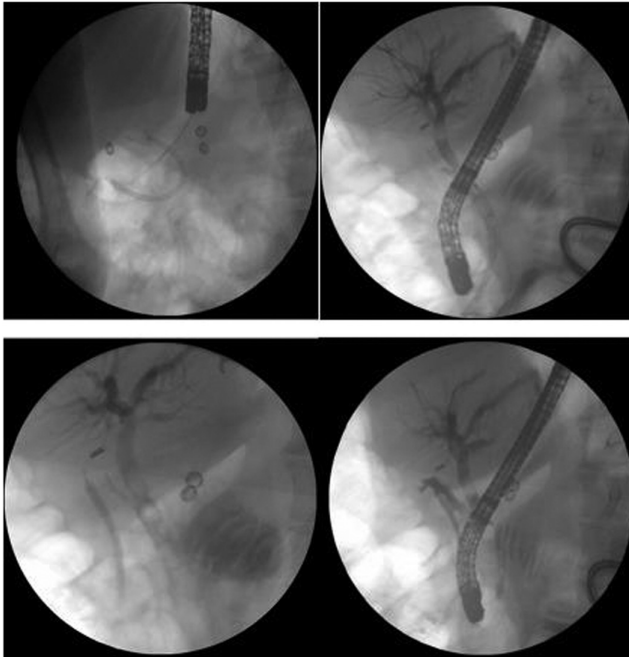


Figure 1. Fluoroscopy images and biliary leakage.

[PS-218]

Autoimmune Diseases Came to the Fore When A Type 1 Diabetes Mellitus (DM) Patient Presented with Cholangitis

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Introduction: Type 1 DM is mostly autoimmune. It is closely associated with other autoimmune diseases. We would like to present the clinical conditions of a patient who was referred to our clinic with a preliminary diagnosis of cholangitis.

Case presentation: 18-year-old male. He has type 1 DM since he was 15 years old. He applied to an external center with abdominal pain, jaundice, and fever. Cholestasis was seen in his tests, and he was referred considering cholangitis. It was learned from anamnesis that his complaints started three days ago. There was no feature other than abdominal tenderness in examination. There is no feature other than DM in past medical history. There is no feature in family history. His tests were performed in our clinic and confirmed that he had choledocholithiasis by seeing high levels of alkaline phosphatase, gamma glutamyl transferase, ast, alt, and direct bilirubin. Endoscopic retrograde cholangiopancreatography (ERCP) was performed. During ERCP, the patient's choledochus stones were cleaned, but when narrowings and dilations in the patient's intrahepatic bile ducts were observed in the cholangiogram, primary sclerosing cholangitis (PSC) was considered and liver biopsy was performed. Biopsy result was consistent with PSC. Treatment was started. The patient, who described dyspepsia and bloody stools during follow-ups, underwent gastroscopy-colonoscopy. Celiac disease was seen in gastroscopy, ulcerative colitis in the left colon was seen in colonoscopy, and biopsy confirmed it. When TSH values were checked in outpatient clinic controls, it was seen that they were generally high. The patient consulted with endocrinology, was diagnosed with autoimmune hypothyroidism. Systemic treatments were started for the patient, and being followed up in remission.

Conclusion: Autoimmune diseases mostly develop due to autoantibodies against cells or tissues. Type 1 DM is frequently seen together with hypothyroidism and celiac disease. In addition, PSC and ulcerative colitis can also frequently occur together.

[PS-219]

A case of "Fasciola Hepatica" Confused with Toxic Hepatitis

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Introduction: *Fasciola hepatica* is a zoonotic infestation of the liver that can cause multiple clinical entities. We wanted to report a case of *Fasciola hepatica* initially confused with toxic hepatitis.

Case presentation: 32-year-old man with intermittent abdominal pain was taking several painkillers for right upper quadrant abdominal pain. Two days later, he was admitted to the emergency department of a hospital due to recurrence of abdominal pain. Total bilirubin 6.6 mg/dL, d.bil 4.4 mg/dL, alt:575 U/L, ast:171 U/L INR:1.49, EOS:590 were found in the tests performed. No significant pathology was observed in mr-mrcp performed. The next day, the patient was discharged with toxic hepatitis in the foreground as the INR value decreased to 1.2 and the laboratory values decreased and the pain regressed. 3 days after discharge, the patient had abdominal pain and abdominal MR and MRCP were repeated in another center. MR revealed "there is an appearance around the choledochal area that does not show markedly increased contrast uptake and is evaluated in favor of edema. There is a linear hypointense appearance in the choledochal lumen. This appearance may be a parasite. Upon this, the patient applied to our hospital and EUS was planned. In the EUS performed in our hospital, "Isoechoic mobile appearance was observed in the lumen proximal to the stenosis of choledoc (MUD? PARASITE?). After the abdominal pain regressed and blood values were normal, the patient received anti-parasitic treatment and was followed as an outpatient. Five days later, the patient presented with abdominal pain. ERCP procedure was performed with a preliminary diagnosis of cholangitis as t.bil:6.3mg/dL, d.bil:4.8, alt:259, ast:157, ggt:567 and crp:43. After selective catheterization and sphincterotomy in ERCP procedure, the parasite was removed from the choledochus with a balloon. After the procedure, the values regressed and tricarabendazole treatment was planned and the patient was discharged.

Conclusion: "*Fasciola hepatica*" is one of the diagnoses to be considered in patients with toxic hepatitis if abdominal pain is present and recurrent for a long time.



Figure 1. ERCP image



Figure 2. EUS image

[PS-223]

Therapeutic Drug Level Monitoring in Inflammatory Bowel Disease

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Background/Aims: Approximately half (10-40%) of the Inflammatory Bowel Disease (IBD) patients using Infliximab (IFX) develop secondary loss of response due to sub-therapeutic drug levels.

Materials and Methods: The pre-infusion drug levels and associated laboratory parameters were evaluated in IBD patients on maintenance dose of IFX (5-15 mg/kg every 4-8 weeks) between November 2021-October 2024. Drug levels were measured using a bedside kit capable of quantitatively detecting values between .4-20µg/mL.

Results: In total, 931 single pre-infusion measurements from 415 different patients, and dual measurements at weeks 4 and 8 from 116 patients were evaluated. 82% of the patients in the single measurement group, and 84% in double measurement group had Crohn's disease. The most used doses were 5mg/8 weeks and 10mg/4 weeks.

In single measurement group, median albumin was 4.4 (IQR:3.5), and median CRP was 3.1 (IQR:6.4). Drug levels were below 5µg/mL in 33% of measurements. CRP showed a significant difference according to drug level groups, while no such difference was observed for albumin. In measurable IFX range (0.4-20µg/mL), correlation analysis revealed a weak negative correlation between CRP and drug levels ($r: -.09, P: .03$). Regression analysis showed that lower CRP, higher drug dose, and Crohn's disease diagnosis were independently associated with achieving >5µg/mL drug levels.

Median CRP levels of patients at weeks 4 and 8 were 2.1 (5.1) and 2.6 (6.2), respectively ($P > .05$). Among patients with IFX levels >20µg/

mL at week 4, 79% maintained levels >5 µg/mL at week 8, while this rate dropped to 71% for those with levels >10 µg/mL and only %67 of >5µg/mL (all P -values< .001).

Conclusion: As drug levels increase, significant reductions in CRP are observed. Therefore, low CRP and high albumin levels may predict the likelihood of achieving the therapeutic range. Dose adjustment should be considered in cases of high CRP levels. Achieving a high drug level(>20µg/mL) at 4th week is an important indicator of maintaining an adequate dose at the end of treatment (8th week).

Table 1.

Table 1	All	CD	UC	p	5mg/8w	5mg/4w	10mg/8w	!0mg/4w	15mg/4w	P
>5 µg/mL	67	79	52.8	<0.001	46	82	65	81	67	< .001
>10µg/mL	52	53.6	42.2	0.009	31	74	41	71	52	< .001
20µg/mL	25	26.3	21.7	0.23	6	43	16.8	42	33	< .001

Table 2.

Drug Level	CRP	Drug Level	CRP	Drug Level	CRP
<5 µg/mL	4.7 (11.1)	<10 µg/mL	4.1 (9.8)	<20 µg/mL	3.7(7.3)
>5 µg/ml	2.6 (5.3)	>10 µg/ml	2.5 (5.2)	>20 µg/ml	2.2 (3.9)
P	<0.001	P	<0.001	P	<0.001

Table 3.

Table 3	<5 µg/ml	>10 µg/ml	>20 µg/ml
4. week	%11	%82	%65
8. week	%40	%43	%12