

En el número 2 de ACTA (Acta Gastroenterol Latinoam 2009;39:146-153) publicamos los resúmenes de los trabajos realizados en la Argentina, aceptados para su presentación en la Digestive Disease Week 2009 y presentados en la reunión pre-AGA realizada por la SAGE. No publicamos los trabajos que fueron aceptados pero no presentados en dicha reunión. Así nos lo hizo notar uno de sus autores y, considerando justo el reclamo, procedemos a hacerlo.

SMALL POLYPS OF THE COLON: THE WOLF IN SHEEP'S CLOTHING

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Introduction: The importance of the small colonic polyps has become a controversial issue due to the implementation of new screening methods for colorectal cancer that could overlook these lesions. The prevalence of advanced histological features (AHF) (villous component, high grade dysplasia) in this type of polyps is not precisely known.

Aim: To determine the prevalence of AHF in small and tiny colonic polyps.

Methods: Those patients who had undergone a videocolonoscopy and presented small (<9mm) or tiny (<6mm) polyps were identified. Each polyp was analyzed, and the outcomes were expressed in percentages with their corresponding confidence intervals 95%. A multi-variate analysis of logistic regression was carried out to search for independent endoscopic predictors of AHF.

Results: In 650 analyzed patients, 1212 polyps were found, 330 \geq than 1 cm, 661 tiny polyps, and 214 small polyps. The media age of the patients with tiny polyps was 63 years old, 51% were men, and the most frequent polyps were hyperplastic (HP) (45%), tubular adenomas (TA) (38%), tubulovillous adenomas (TVA) (11.5%), and serrated polyps (SP) (3%). The AHF pre-

valence in this group was 3.5%, from which 21% were resected with a snare loop, and 8% were elevated with saline and stained with Indian ink. Resection was completed in only 25% of the cases. The media age of the patients with small polyps was 63 years old, 54% were men, and the most frequent polyps were TVA (35%), HP (28%), TA (25%), and SP (6%). The prevalence of AHF polyps was 14%, 90% had been resected with a snare loop, 40% elevated with saline and stained with Indian ink. Resection was completed in half of the cases. In the univariate analysis, the following factors were AHF predictors: endoscopist's presumption, (OR 3.8 IC 2.2-6.6), and the presence of 3 or more polyps in the rectosigmoid area, with an absence of other polyps bigger than 1 cm in the rest of the colon (OR 0.012, IC 0.009-0.8). In the multi-variate analysis, the following factors were independent predictors of AHF: the presence of more than 5 polyps (OR 8, IC 3-25) and the sessile morphology (OR 0.20, IC 0.10-0.38).

Conclusion: There is a significant percentage of AHF in small polyps and a lower one in tiny polyps. The resection margin could not be established in most of the polypectomies. The polyps' detection and resection strategies can still be optimized.

RISK OF COLORECTAL POLYPS IN PATIENTS WITH GASTRIC FUNDIC GLAND POLYPS

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Introduction: The risk of gastric and duodenal polyps is higher in several syndromes of polyposis coli. The risk of colonic polyps and adenomas in patients with gastric polyps, especially the fundic glandular type, is not well established.

Aim: To assess the risk of presenting colonic polyps, adenomas and advanced neoplastic lesions (ANL) in patients with fundic gland gastric polyps.

Materials and methods: The clinical records of patients who had performed a high and a low digestive endoscopy between September 2007 and August 2008 were retrospectively analyzed. Those with previous digestive endoscopies, an inadequate colonic cleansing, an incomplete colonoscopy, gastric or colonic surgeries, and intestinal inflammatory disease were excluded. A case-control study was carried out, defining patients with gastric polyps as "cases", and patients without gastric polyps as "controls". The risk was assessed, measured in odds ratio (OR) and its corresponding confidence intervals 95% (CI) of presenting colonic polyps, adenomas and ANL (villous component > 75%, size \geq 10 mm, or high grade dysplasia).

Results: 247 patients were analyzed: 70 with gastric polyps (cases) and 177 without gastric polyps (controls). In the cases, the media age was 60 \pm 13 years old, 71% women; the most fre-

quent types of gastric polyps were fundic glandular (74%, CI 62-84) and hiperplastic (24%, CI 14-36); 72% had inactive or superficial gastritis; and 13%, active or severe gastritis; the *Helicobacter pylori* had a presence of 16%; 22% had colonic polyps (25% hyperplastic and 68% adenomas, from which 45% were ANL). In the controls, the media age was 61 \pm 13 years old, 61% women; 52% had inactive or superficial gastritis and 30%, active or severe gastritis; the *Helicobacter pylori* had a presence of 27%; 20% had colonic polyps (31% hyperplastic and 63% adenomas, from which 41% were ANL). The presence of gastric polyps showed an OR of 1.20 (CI 0.62-2.3) for colonic polyps, an OR of 1.65 (CI 0.44-5.82) for adenomas, and an OR of 1.44 (CI 0.41-5.20) for ANL. The presence of fundic gland polyps showed an OR of 0.80 (CI 0.22-2.8) for colonic polyps, an OR of 0.78 (CI 0.08-8.7) for colonic adenomas, and an OR of 0.08 (CI 0.007-1.02) for ANL.

Conclusion: The results of this work did not show a higher risk of colorectal adenomas or ANL in patients with fundic gland polyps. On the contrary, there seems to be a tendency to a reduction of such risk before the presence of this type of gastric polyps.

RANDOMIZED STUDY ON THE EFFICACY OF POLYETHYLENGLICOL AND SODIUM PHOSPHATE ALONE OR ASSOCIATED WITH BISACODYL IN THE COLONIC PREPARATION FOR A VIDEOCOLONOSCOPY

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Introduction: An optimal colonic cleansing prior to a videocolonoscopy (VCC) reduces the possible failures in the detection of mucosa lesions and the need to repeat the treatment. Although a number of papers have been published that assess the safety and efficacy of polyethylenglicol (PEG) and sodium phosphate (NaP), they don't allow us to draw definitive conclusions on which is the best agent.

Aim: To compare the tolerance and efficacy of NaP and PEG alone and associated with bisacodyl for colonic cleansing.

Method: 353 patients, older than 18 years old, were randomized to receive one of the following preparations: 90 ml of NaP (group A); 45 ml of NaP + 20 mg of bisacodyl (group B); 4 liters of PEG (group C) or 2 liters of PEG + 20 mg of bisacodyl (group D). The allocation of the randomization was masked. The patients, the doctors who carried out the VCC, the nurses who conducted surveys on tolerance, the secretary who handed out the boxes to the patients and the ones in charge of the statistical analysis were blinded to the allocated preparation. The primary outcome was the necessity to repeat the VCC due to an inadequate preparation. The secondary outcomes were: quality of preparation (measured with a validated scale), tolerance to the preparation and adverse effects.

Results: From the 353 patients, 3 were excluded post randomization for not complying with the inclusion criteria, 7 were unable to finish the study due to a sigmoid colon stenosis or fixed angulation, and 19 did not undergo the VCC. Information about the primary outcome was obtained from 323 patients (92%). The primary outcome (necessity to repeat the study due to an inadequate preparation) was similar in all the groups: A 3.5%, B 4.9%, C 7.1%, D 8.1% ($p>0.05$). There were no significant differences regarding the quality of the preparation either. The compliance was significantly higher in the NaP preparations (A vs C+D $p=0.05$, B vs C+D $p<0.01$) being even higher in the association with bisacodyl (B vs A+C+D $p<0.01$). Patients who received preparations with bisacodyl presented abdominal pain with more frequency, although this was not a significant observation ($p>0.05$). The combination of NaP and bisacodyl was associated with insomnia ($p=0.039$).

Conclusion: 90 ml of NaP is more easily completed and equally effective as the rest of the preparations. The combination with bisacodyl was associated with a higher number of adverse effects.

EPIDEMIOLOGY OF BARRETT ESOPHAGUS IN A UNIVERSITY HOSPITAL HEALTH MAINTENANCE ORGANIZATION

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Introduction: Barrett esophagus (BE) is a complication of gastro-esophageal reflux disease (GERD) and substantially increases the risk of esophageal adenocarcinoma. There are no direct data supporting screening among the general population or even in patients with chronic reflux symptoms but surveillance programmes for the detection of dysplasia and neoplasia are accepted. Issues related to clinical manifestations, diagnosis and malignant transformations have not been well established in our country.

Aims: To assess the prevalence of endoscopic diagnosis, epidemiology and progress of BE in a population belonging to a health maintenance organization (HMO).

Methods: Adult patients diagnosed with BE from January 2004 to August 2008 in a HMO were included. Age at onset, sex, symptoms, previous diagnosis of BE, endoscopic findings, histopathological results and surveillance were reviewed from their electronic medical records.

Results: Among 147.109 individuals enrolled in the HMO, 110 patients were diagnosed as Barrett (estimated prevalence 74.8/100.000). Mean age at time of diagnosis was 67 years (30-90). The male:female ratio was 1.5:1. Patients were initially referred because of symptoms associated with GERD (66%), dyspepsia (8%), others (13%) or because of BE control (13%). According to Prague criteria 37 patients had circumferential

extent, 19 (51%) of them had long-segment BE (more than 3 cm) and 18 (49%) short-segment BE (less than 3 cm). On the other hand, 67 patients only had tongue like extent, of which 52 (78%) had long-segment BE and 15 (22%) short-segment BE. Four patients had both circumferential and tongue like extents (1 short-segment BE and 3 long-segment BE) and 2 had esophageal stenosis. Most patients had concomitant endoscopic lesions: hiatus hernia (47%), erosive esophagitis (7%), both of them (24%), others (11%) and only 11% had no other finding but BE. At their first endoscopy 79 patients (72%) did not have dysplasia, 28 (25%) had low grade dysplasia (LGD), 1 (1%) had high grade dysplasia (HGD) and 2 (2%) had adenocarcinoma. Fifty seven patients underwent endoscopic surveillance with a total of 88 endoscopic procedures with biopsies: in 65 dysplasia remained stable, in 14 dysplasia presented some kind of regression and in 9 metaplasia progressed (7 to LGD, 1 to HGD and 1 to adenocarcinoma).

Conclusions: Prevalence of endoscopic diagnosis of BE in a HMO population from Argentina is lower than previous reports from other countries. The same occurs with male:female ratio although mean age is higher. We found more dysplasia than that reported in other series. However we should initiate a prospective study in order to corroborate these findings.

NON ACID GASTROESOPHAGEAL REFLUX IN CHILDREN WITH ESOPHAGITISOrsi M, Sabban JC, Donato Bertoldi G, Busoni V, Olleta L, D'Agostino DE, Christiansen SB
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Introduction: The possible mechanisms involved in the development of esophagitis is still controversial. It has been postulated that non acid reflux could exert a more deleterious effect on the esophagus. This mechanism could be important in Barrett's occurrence. The Multichannel Intraluminal Impedance -pH monitoring (MII-pH) is able to detect acid or non acid gastroesophageal reflux (GER) as well as the bolus clearance and thus determine the different impacts of these on the mucosa.

Aim: To evaluate esophagitis in relation to the presence of acid or non acid exposure, bolus clearance and height of the column in children with gastroesophageal reflux.

Materials and Methods: Since May 2005 to November 2008, a prospective study was conducted in forty eight children (32 boys /16 girls) with 8.5 years median age (r 1-18 yrs) suspected of GER. All of them were evaluated at the Gastroenterology Unit of Hospital Italiano-Buenos Aires. First, an upper endoscopy with biopsies was performed and subsequently a 24 hr MII-pH study with a Sleuth Monitoring Recorder using catheters (ZIN or ZPN S61CO1E) with 7 impedance sensors and one pH probe at the distal end. The biopsies were informed by two different pathologists in a blinded manner. Patients with congenital anomalies, mental retardation or on medications were excluded.

Results: There was no significant difference in: number of acid episodes nor with clearance bolus in children with or without esophagitis. In this group of patients, the esophageal damage seems to be more related with non acid reflux than with acid exposure.

	Normal (n=9)	Esophagitis (n=39)	P value
Non acid episodes	X 8.78 + 6	X 30.46 + 27.82	0.026
Acid episodes	X 19.89 + 27.20	X 26.36 + 21.36	0.439
pH only Episodes	X 19.82 + 22.38	X 33.87 + 26.72	0.151
Clearance bolus	X 15.22 + 4.82	X 16.41 + 4.23	0.463
Full column	X 14.33 + 12.44	X 27.38 + 17.17	0.037

Conclusion: In this study esophagitis was more related to the presence of an increased non acid to acid pattern, instead poor correlation was seen with the number of episodes or with bolus clearance. It is the quality of the reflux material and not the time of exposure which appears to be more harmful to the esophagus. Further studies are necessary to confirm or not these observations and thus help prevent dangerous mechanisms in longstanding disease. The combination of impedance with endoscopy may improve our knowledge on this frequent and complex entity.

EOSINOPHILIC ENTEROPATHY IN CHILDREN. CASE SERIES OF 5 PATIENTSBusoni V, Orsi M, Donato Bertoldi G, Gallo J, D'Avila MT
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Introduction: Eosinophilic enteropathy is a rare condition characterized by digestive symptoms with increased eosinophils in the intestinal mucosa. There are few cases reported in the literature with this complex clinical entity and insufficient well designed studies to define the best treatment.

Aim: To describe the clinical course, diagnostic process and medical management of 5 pediatric patients with eosinophilic enteropathy.

Material and methods: Retrospective analysis of 5 male patients with a median age of 1.2 ys (r 2 months-10 ys), diagnosed from March 2000 until 2008 as eosinophilic gastroenterocolitis, with a median follow-up of 2.2 ys (0.66-8 ys).

Results: We hereby report 5 patients, who presented with protein losing enteropathy (4/5) and atopic dermatitis (1/5) related to gastroenteritis (5/5) and colitis (4/5), characterized by a prominent eosinophilic infiltration with a mucose subtype. There was a prompt clinical response to elemental diet in all cases (amino-acid based

formula), although 3/5 patients required steroid therapy with methylprednisone to induce remission, and maintenance treatment with budesonide capsules; 1/5 received ketotifen. The protein-losing enteropathy presentation started with a mean albumine of 1.7 g/dl and a1 anti-trypsin clearance of 37 mg/d, which improved after treatment to mean values of 3.7 g/dl and 15.5 mg/d respectively. The mean eosinophil blood count was 1233/mm³ (r 267-3600) and total gammaglobuline of 0.43 (r 0.28-0.7). None of the patients required hospitalization or had complications related to treatment.

Conclusion: Peripheral edema with severe hypoalbuminemia was the main clinical feature at onset. An amino-acid based formula (alone or in combination) resulted an excellent therapeutic option. Steroids were necessary to reduce protein loss in most cases at the beginning. Oral budesonide was used satisfactory as a maintenance drug for longstanding disease, with good compliance and tolerance in this age group.

THE DGP/TTG SCREEN ASSAY CAN DETECT CELIAC DISEASE AMONG ANTI-TISSUE TRANSGLUTAMINASE SERONEGATIVE GLUTEN-DEPENDENT PATIENTS

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Background: Despite that the specific serology results extremely helpful for screening and diagnostic support of celiac disease (CD), some patients with gluten-dependent enteropathy may result seronegatives for the commonly used IgA tissue transglutaminase 2 antibodies (a-tTG).

Aim: To explore the comparative performance of two newly developed single assays detecting blended conjugates of different antibodies in IgA a-tTG seronegative CD patients.

Materials: We assayed serum samples obtained at diagnosis from a series of patients grouped as follows: (1) a-tTG seronegative subjects with a glutendependent enteropathy (determined by response to the gluten-free diet and/or the presence of the characteristic HLA DQ) (n=11); (2) a consecutive series of skin biopsy proven dermatitis herpetiformis (DH) cases (n=25); and (3) IgA a-tTG positive CD patients (n=26) as disease controls. All cases enrolled had normal total IgA concentrations.

Methods: All patients underwent intestinal biopsy and sera were tested for: (1) the DGP/tTG Screen detecting four different antibodies (IgA and IgG a-tTG and IgA and IgG antibodies against synthetic gliadin-derived deamidated peptides [a-DGP]) and, (2) the a-DGP Dual detecting IgA and IgG a-DGP. Histology was classified

according to Marsh's modified categorization.

Results: While all a-tTG seropositive CD patients were positives for the DGP/tTG Screen assay, one was negative for the -DGP Dual. In the DH population, six cases were a-tTG negative and three of them had a microscopically normal intestinal ucosa (Marsh's type 0). Interestingly, three and two of these a-tTG seronegative patients were detected by the DGP/tTG creen and the a-DGP Dual, respectively. However, both assays did not improved detection of DH patients without nteropathy. Four of the 11 cases from the a-tTG seronegative population were positive for both, the DGP/tTG Screen and the a-DGP Dual. Overall, DGP/tTG Screen detected seven of the 17 (41.2%) a-tTG negative patients collected while he a-DGP Dual assays highlighted six (35.3%) of these cases. The specificity of both assays established in a biopsy proven ontrol population without enteropathy (n= 501) were 92.8% and 95.8%, respectively.

Conclusions: This is the first study emonstrating a high sensitivity of single ELISA assays assessing simultaneously different antibodies in the detection of CD among non IgA deficient a-tTG seronegative subjects with gluten-dependent enteropathy. The DGP/tTG Screen is an efficient and inexpensive way to screen for CD.

N-2-BUTYL-CYANOACRILATE: AN EFFECTIVE OPTION FOR THE TREATMENT OF GASTRIC VARICES

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Aim: To evaluate the efficacy of hystoacryl in primary hemostasis, rebleeding and eradication of gastric varices.

Patients and methods: Since January 1999 to January 2007, 65 patients with bleeding for gastric varices were treated in our unit with n-2-butyl-cyanoacrylate. A mixture of 0.5 ml of hystoacryl and 0.5 ml of lypiodol was used with a maximum of two ml. per session. Sclerotherapy needles of 21 g , Olympus endoscopes (145 series) and sedation with midazolam were used in all patients. Data was analyzed by chi-square test.

Results: We included 65 patients, 42 males and 23 females with a mean age of 53.8 years, range 18-77. The patients were classified as Child A 28, Child B 24 and Child C 6; seven patients were not classified. According to Sarin classification 17 patients presented GOV 1 varices, 32 GOV 2, 8 GOV 1 y 2 and 8 IGV 1. Fifty six patients (86.1%) had active bleeding or recent bleeding stigmata at the moment of the endoscopy. Primary hemostasis was achieved in 89.28 % (50 patients) in

agreement with Baveno IV. Eleven patients with rebleeding were retreated with hystoacryl. Definitive hemostasis was successful in 8 of them, 2 were sent to surgical treatment and 1 to endovascular therapy. After the definitive hemostasis the patients were discharged on propranolol . After one year of follow up, 7 patients re-bled (12.5 %) and they were all successfully treated endoscopically . The gastric varices were eradicated in 21 of 63 patients (33.87%) with recurrence in 6 patients (28.57 %) without any complication.

Conclusion: in our series, primary hemostasis was achieved in 89.28% and definitive hemostasis in 95.38 % of the patients studied. Complete eradication of gastric varices was obtained in 33.87 %. During the follow up 28.57% of these patients had a recurrence. We conclude that n-2-butyl-cyanoacrilate is an effective method for acute bleeding from gastric varices but it is not recommended for their eradication.

DIAGNOSTIC YIELD OF UPPER ENDOSCOPY IN YOUNG PATIENTS WITH DISPHAGIA

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Introduction: Dysphagia is considered an alarm symptom, indicating the need for upper endoscopy. However, the cost of upper endoscopy is high and the procedure is not well tolerated especially by young patients. Moreover, the diagnostic yield of upper endoscopy in young patients with dysphagia remains uncertain.

Aim: To assess the diagnostic yield of upper endoscopy in patients under 50 years of age with dysphagia.

Material and methods: Upper endoscopy was performed in all consecutive patients with dysphagia referred to our center over a 4 year period. We assessed the prevalence of upper endoscopy findings in young patients (aged = 50 years) and in older patients (> 50 years). We defined as positive findings those that could potentially cause dysphagia and required specific treatment: neoplastic lesions of esophagus or gastroesophageal junction, strictures, rings or webs, esophageal diverticula, esophagitis (erosive esophagitis grade C or D, eosinophilic esophagitis, infectious esophagitis) and ulcer of esophagus or gastroesophageal junction.

Results: Five hundred patients with dysphagia (male 219 (44%), median age 67, range 18-97) were included. Sixty nine patients (male 40 (58%), median age 41) were = 50 years of age, and 431 patients (male 182 (42%), median age 71) were > 50 years of age. There was a preponderance in male gender in patients = 50 years ($p = 0.018$). Positive findings were found in 17/69 (25%) patients aged = 50 years and in 136/431 (32%) patients aged >50 years ($p = 0.31$). Esophageal cancer was found in 2/69 (3%) patients aged = 50 years and in 30/431 (7%) patients aged >50 years ($p = 0.29$). Other positive findings in under 50-year-old patients were: erosive esophagitis grade C or D (8 patients), strictures (3 patients), candida esophagitis (2 patients), rings (1 patient), esophagus ulcer (1 patient).

Conclusion: In this study, a quarter of the young patients presenting with dysphagia had a lesion detected by upper endoscopy that could be treated. Therefore, these results agree with the need of performing upper endoscopy in young patients presenting with dysphagia.