

Gastroenterology 2017



13th International Conference on

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November 13-14, 2017 | Las Vegas, USA

Poster Presentations

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Adalimumab usage in ankylosing spondylitis-related inflammatory bowel disease manifestation: A monocentric experience in Han Chinese patients

Chrong-Reen Wang, Chia-Tse Weng, Chung-Ta Lee, Kuo-Yuan Huang, Sheng-Min Hsu and Yen-Cheng Chiu
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Objectives: Despite a high prevalence of ankylosing spondylitis (AS) in Han Chinese, the clinical experience is still very limited in the extra-articular presentation of inflammatory bowel disease (IBD). A monocentric retrospective review was performed in Han Chinese patients, particularly in the usage of adalimumab (ADA).

Methods: This study analyzed AS patients fulfilling the 1984 revised New York diagnostic criteria, excluding those who had the onset of IBD before or concurrently with the AS diagnosis, for their clinical and pathological data and medication profiles.

Results: Among 988 AS patients with 19.8% female, 4 (0.4%) had the overt IBD presentation, one female and 3 male aged 28 to 47 years (38.8±4.6), all ulcerative colitis with the characteristic histopathological findings. At the onset of colitis, all had a long-term disease duration 10 to 25 year (17.5±6.5) and high BASDAI 7.5 to 8.8 (8.2±0.5) with the hip joint involvement. There were recurrent flares of colitis despite the treatment with corticosteroids and messalazopyrin/salazopyrin, and no relapses of IBD were observed for 6.0±1.1 years after the ADA therapy.

Conclusion: In this monocentric study, we demonstrate the rarity of AS-associated IBD manifestation in Han Chinese with a beneficent effect from the ADA therapy.

Biography

Chrong-Reen Wang is a Rheumatologist at the National Cheng Kung University Hospital. He has received his MD degree from National Taiwan University in 1987, acquired the Lecture position at National Taiwan University Medical College in 1993. He has obtained his PhD degree from University of Tokyo (Basic Medical Sciences III) in 1999 and joined in American College of Rheumatology as a Fellow since 2008. He was promoted to the professor position at National Cheng Kung University Medical College in 2010.

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Pseudotumor coli: An unusual case of large bowel obstruction**Karolina Siniakowicz**

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Large bowel obstruction secondary to malignancy occurs in 15% of patients diagnosed with colorectal cancer. While evidence of a lesion on CT may be pathognomonic of malignancy, it frequently has highly overlapping features on CT with diverticulitis. Acute diverticulitis, although associated with numerous complications, rarely causes large bowel obstruction. However, several case reports implicate chronic inflammation playing a larger role. In acute diverticulitis, inflammatory cells breach the integrity of the wall to cause perforation, fistulization and rarely obstruction. Although fistulization is not uncommon, there are few reports describing organ adherence due to chronic inflammation without CT evidence of a fistula. In chronic diverticulitis, fibrosis of the muscularis could be a predisposing factor to obstruction, as it causes bowel stenosis. This report describes a 67-year-old female, presenting with large bowel obstruction, and a sigmoid lesion reported on CT. Initial sigmoidoscopy revealed significant narrowing of the lumen, without evidence of a mass or inflammation. Patient underwent decompression and surgical resection of the lesion. Pathology revealed a focal area with acute and chronic diverticulitis and abscess with ovarian tissue and fallopian tube adherent to the serosal surface. This case suggests the cause of above presentation to be dual: chronic inflammation causing muscularis fibrosis and nearby organ adherence as well as acute inflammation with abscess formation causing bowel edema and further decrease in luminal diameter. Therefore, in a patient with chronic constipation and diverticular disease such constellation of events could significantly predispose them to obstruction and increase in mortality.

Biography

Karolina Siniakowicz has obtained her Medical degree from Touro College of Osteopathic Medicine in New York City. She has extensive research experience, ranging from topics of diabetes mellitus to neurodegenerative disease, and has co-authored many publications prior to entering the field of Medicine. She is currently pursuing her Residency in Internal Medicine, and aspires to enter Gastroenterology Fellowship in 2018.

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Rapid growing esophageal adenocarcinoma 1 case**Pyung hwa Park**

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Barrett's esophagus is the risk factor for esophageal cancer but the pathogenesis of Barrett's esophagus and the mechanism of transformation into adenocarcinoma is uncertain. The author sees the rapidly growing esophageal adenocarcinoma, look like Barrett's esophagus and report it. The case study begins with a 83-year-old male visited our hospital suffering from dysphagia and weight loss 9 months ago. The vital sign and lab data were normal range. Endoscopic examination demonstrated 3 cm sized tongue like mucosal projection at squamous columnar junction from incisor 34 cm. Endoscopic biopsy was done, the result of biopsy was confirmed as chronic inflammation with focal atypical cell and moderate squamous epithelial dysplasia. No definite mass formation along esophagus on CT. Three month later, follow up endoscopic biopsy was done, the result of biopsy was confirmed as epithelial hyperplasia and mild dysplasia. Esophageal stricture was noted but endoscopic passage was possible. Recently, he was admitted to our hospital due to vomiting. Endoscopic examination demonstrated submucosal tumor like bulging lesion with central ulcer from incisor 32 cm. Esophageal stricture was noted and endoscopic passage was impossible. Endoscopic biopsy was done, the result of biopsy was confirmed as adenocarcinoma, poorly differentiated. Patient performed cervical esophgogastrostomy with lymph node dissection and proximal gastrectomy and tubogastroplasty. Finally confirmed stage IIIa (T2, N2, M0)

Biography

Pyung hwa Park has completed her MD from Yonsei University School of Medicine. She is Gastroenterologist work at Catholic University of Korea. She has published more than 3 papers in reputed journal.

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Associations between metabolic syndrome and liver stiffness measured by magnetic resonance elastography in NAFLD patients

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Background: Metabolic syndrome (MS) and its components are associated with the development and the progression of nonalcoholic fatty liver disease (NAFLD). NAFLD includes a spectrum of liver damage ranging from simple steatosis to nonalcoholic steatohepatitis and advanced fibrosis. In this study, we aimed to evaluate the relationship between liver stiffness measured by magnetic resonance elastography (MRE) and MS components in patients with NAFLD.

Methods: A total 650 middle-aged nondiabetic NAFLD subjects with and without MS [male, n=540 (83.1%); female, n=110 subjects (16.9%); median age, 52 years; range, 31-79] quantified the liver stiffness by using MRE with a 3.0-T MR system. Based on the previous studies, we defined the cutoff value for liver stiffness as 2.87 kPa to differentiate between healthy and fibrous liver. We also examined how liver stiffness is related to individual component of the MS using multivariate logistic regression analysis.

Results: After adjustment for gender and age, liver stiffness was 2-fold higher in subjects with MS than in those without (aOR=2.11; 95% CI, 1.07-4.15). Liver stiffness was correlated significantly with number of MS components using WHO clinical criteria (aOR=1.35; 95%CI, 1.04-1.74), homeostatic model assessment of insulin resistance (aOR = 1.39; 95%CI, 1.18-1.62), body mass index (aOR=1.14; 95% CI, 1.02-1.26), and waist circumference (aOR=1.05; 95% CI, 1.01-1.10). Among MS components, the best correlation of liver stiffness was presence of hypertension. (aOR=2.16; 95% CI, 1.11-4.18).

Conclusions: The liver stiffness was significantly higher in middle-aged nondiabetic NAFLD patients with MS. High insulin resistance and the presence of hypertension were major determinants of increased liver stiffness in NAFLD.

Biography

Hyo Sun Lee is graduated from Chonbuk National University Medical School and completed intern and residency courses at Kangbuk Samsung Hospital. She is currently working as a fellow in gastroenterology and hepatology department at Kangbuk Samsung Hospital.

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Epidemiological and clinical evaluation of Hepatitis B, Hepatitis C, and Delta H viruses in Tajikistan Hepatitis

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The implication of genotypes is recognized increasingly in the clinical course of *Hepatitis B virus* (HBV) and in response to anti-viral drugs of *Hepatitis C virus* (HCV). Genotypic prevalence of both etiological agents varies geographically and no data are available for Tajikistan. To investigate the epidemiology and clinical significance of HBV and HCV genotypes in chronic hepatitis (group 1) and liver cirrhosis/hepatocellular carcinoma (HCC) (group 2) patients in Tajikistan, 124 patients with chronic liver disease (group 1=84 and group 2=40) were enrolled. Genotypes of HBV, HCV, and delta hepatitis virus (HDV) were determined by sequencing. The overall prevalence of anti-HCV, HCV core antigen (HCVcAg) and HBsAg was 46% (57/124) and 41.1% (51/124), respectively. Coinfection of HCV/HBV, HBV/HDV, and HCV/HBV/HDV was found in 4.8% (6/124), 11.2% (12/124), and 0.8% (1/124) of cases, respectively. HDV genotype 1 was found in 19.6% (10/51) of HBsAg-positive patients. The HBV/HDV coinfection was relatively high in group 2 compared to group 1 (15% vs. 7.1%). HCV/1b detected in 84.6% (44/52) of HCV RNA-positive patients, followed by 3a (7.6%), 2a (5.7%), and 2c (1.9%). HBV/D was detected in 94.1% (48/51) of HBsAg-positive patients, followed by HBV/A [5.8% (3/51)]. T1762/A1764 double mutation was associated with liver cirrhosis/HCC in HBV-infected patients ($P=0.0004$). This is the first study on the molecular epidemiology of Hepatitis viruses among chronic liver diseases patients in Tajikistan. Among HBV-infected patients, the T1762/A1764 mutation was associated with liver cirrhosis/HCC.

Biography

Khakimova Zebinniso at the age of 37 years graduated from Institute of Gastroenterology of the Republic of Tajikistan. She works at the Department of Virology, Institute of Gastroenterology of the Republic of Tajikistan. She has published more than 5 papers in reputed journals.

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Hepatitis E virus in patients with HIV infection**Turdieva Nigora**

Ministry of Health and Social Protection, Tajikistan

The aim of the study was to document the incidence of chronic HEV coinfection in patients with HIV infection and to determine the anti-HEV seroprevalence and compare it with that of a control population. Total of 246 patients with HIV infection and 94 control subjects were tested for HEV using an immunoassay for anti-HEV IgG and were tested for anti-HCV and HBsAg. Demographic, lifestyle and laboratory data were prospectively collected on each patient with HIV infection. The prevalence of HEV IgG seropositivity in the 246 HIV infection is shown that in the male group, 19.1% (27/141) were positive as against 29.5% (31/105) in the female group. In addition, subjects over 40 years of age had a higher prevalence of HEV IgG seropositivity than those aged >40 years (OR=2.780, P<0.01). There was no difference in anti-HEV IgG seroprevalence between the HIV-infected patients and controls. The only risk factor predictive of anti-HEV seropositivity was the consumption of raw/undercooked meat or liver; sexual risk factors were unrelated. We also examined the relationship between HEV infection and HBV or HCV coinfection in patients with HIV infection. The results showed no significant difference in HBsAg positive status (6.8% vs 7.4%) and HCV positive status (5.1% vs 6.3%) between HEV IgG positive and negative patients with HIV infection. No statistically significant association between HEV seropositivity and HBV and HCV infection was observed. So, Anti-HEV seroprevalence is similar in controls and patients with HIV infection. Risk factor analysis suggests that HEV is not transmitted sexually. No statistically significant association between HEV seropositivity and HBV and HCV infection was observed.

Biography

Turdieva Nigora at the age of 37 years graduated from Institute of Gastroenterology of the Republic of Tajikistan. She works at the Department of Virology, Institute of Gastroenterology of the Republic of Tajikistan. She has published more than 5 papers in reputed journals.

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Hemobilia and hepatobiliary fistula formation: An unusual complication of a pyogenic liver abscess

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Icahn School of Medicine at Mount Sinai, USA

Introduction: A liver abscess leading to the formation of a fistula between the hepatobiliary tree and duodenum is a unique complication. Further complication leading to hepatic artery rupture is extraordinary. Case study begins with a 68-year-old female with history of schizophrenia presented with altered mental status, weight loss and hyperglycemia. Patient was found to be septic and blood cultures grew ESBL *E. coli* and *Candida* requiring IV fluids, vasopressors, and IV antibiotics. CT abdomen with contrast revealed an intrabiliary abscess requiring IR drainage and pigtail catheter placement. MRI performed showing connection between intrahepatic bile duct and proximal duodenum confirmed by fistulogram. Subsequently the patient developed hematemesis and hemodynamic instability requiring fluid resuscitation and blood transfusions. Upper GI endoscopy revealed blood in the stomach but no active source of bleeding. CTA of abdomen was performed which showed extravasation from a branch of the right hepatic artery with leakage into the liver. No aneurysm or pseudoaneurysm was identified. IR guided embolization of the hepatic artery performed but due to fistula complexity surgery was not performed and nasogastric tube feeds started.

Discussion: Pyogenic liver abscesses are the most common cause of visceral abscesses accounting for approximately 48% of cases. Hemobilia is a rare complication of liver abscess but few cases where a complication of fistula formation was observed. Diagnostic modalities include angiography, endoscopy and surgical exploration. Hepatic artery embolization is the standard treatment for liver hemorrhage. In patients with liver abscesses and GI bleeding, hemobilia should be one of the differential diagnosis.

Biography

P Faybusovich has completed his DO degree in 2016 from NYIT College of Osteopathic Medicine. He is a Former Associate Researcher at the Icahn School of Medicine, Department of Allergy and Immunology. He is currently a second-year Internal Medicine Resident at Queens Hospital Center of Icahn School of Medicine at Mount Sinai.

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Extremely high levels of CA 19-9 levels detected in newly diagnosed patient with pancreatic adenocarcinoma**F Khemani and S Eswaran**

Rush University Medical Center, USA

Pancreatic cancer has one of the highest mortality rates of any cancer with a poor prognosis and a five-year survival rate of 6%. CA 19-9 is the most well studied pancreatic cancer marker and is an important tool for diagnosis, prognosis and monitoring disease activity. We report a case study of a patient diagnosed with metastatic pancreatic cancer with exceedingly high levels of CA 19-9 not previously seen, to the best of our knowledge. A 72-year-old Hispanic male with a past medical history of colonic tubular adenoma and *H. pylori*, was referred to the gastroenterology clinic for rapid weight loss over two months, loss of appetite and abdominal pain. The laboratory work-up was significant for elevated liver enzymes, ALP 601, CA 19-9 281431, CEA 6.2. A CT scan showed numerous hypodense hepatic lesions, a hypodense pancreatic mass, and scattered sclerotic lesion of the right pelvis. A liver biopsy revealed adenocarcinoma consistent with pancreatobiliary primary, positive for cytokeratin 7. Given the metastatic picture, chemotherapy was suggested, however the patient elected to transfer to a different institution. CA 19-9 is produced by human pancreatic and biliary ductular cells. There is growing evidence demonstrating that high levels of CA 19-9 are associated with the severity of pancreatic malignancy. The high levels detected in our patient indicated advanced disease and poor prognosis. However, no reported cases of CA 19-9 levels greater than 200,000 have been reported in patients with pancreatic cancer and the precise mechanism of enormous elevation of CA 19-9 remains unclear.

Biography

F Khemani has completed his MD from Medical University of the Americas and currently employed as Research Fellow at Rush University Medical Center in the Hepatology Department.

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Accepted Abstracts

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Evaluation of hepatoprotective activities of combination of *Tinospora cordifolia* and *Curcuma longa* in paracetamol induced hepatotoxicity in albino rats

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Objectives: The objective of this study was to evaluate the hepato-protective activities of combination of aqueous extract of (roots of *Tinospora cordifolia*, Tc +rhizomes of *Curcuma longa*, Cl) against paracetamol induced hepatic damage in rats.

Methods: The plant products (test drugs) were procured locally, shade dried, powdered and extracted with water. silymarin was used as standard hepatoprotective drugs and 2% gum acacia as a control (vehicle) against paracetamol (PCT) induced hepatotoxicity.

Experimental Procedure: The rats were divided into 5 groups of 6 rats in each group. Group A: 2% Gum Acacia solution; Group B: Paracetamol 3 g/kg. Group C: PCT+Silymarin 50 mg/kg; Group D: PCT+(Tc 200 mg/kg+Cl 100 mg/kg); Group E: (PCT+Tc 400 mg/kg+Cl 200 mg/kg). All the drugs were administered by oral gavage daily to the respective group rats for 7 consecutive days, on 8th day, paracetamol 3 g/kg was given to all except group A. On 9th day, blood samples were collected by retro-orbital method to estimate ALT, AST, ALP, GGT, TP, albumin, direct and total bilirubin (LFT). Following blood collection, rats were euthanized, and liver was harvested after hepatic perfusion was done for histopathological studies and to estimate antioxidants like SOD, MDA, Catalase, GPX and GSH.

Results & Discussion: Statistical analysis was done using one-way ANOVA, followed by Tukey test. Significant reduction ($p<0.01$) in serum levels of ALT, AST, ALP, GGT, DB, TB, MDA and significant improvement ($p<0.01$) in Albumin and TP were observed in Tc+Cl group compared to PCT treated group. Tissue antioxidants like SOD, Catalase, GPX and GSH also showed significant improvement ($p<0.01$) in the Tc+Cl group Vs PCT group. All Liver histopathology showed massive necrosis and degeneration, dilatation of sinusoids in PCT treated group vs control group. In the Tc+Cl group mild Grade 1 degenerative changes were seen, which was comparable to the Silymarin group. Preliminary phytochemical tests were done. Aqueous Tc and Cl extract showed presence of phenolic compound and flavonoids. Our findings suggested that (Tc+Cl) extract possessed hepatoprotective activity in a dose dependent manner.

Conclusions: The aqueous extract of (Tc+Cl) possess significant hepatoprotective and antioxidant activities, which prevents the hepatocellular damage caused by PCT.

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Spectrum of gastroenterology and liver disease a changing trends

Farheen Lubna Hashmi, Shahab Abid, Saeed Hamid, Wasim Jaffery, Faisal Waseem, Amna Subhan, Om Parkash, Rustam Khan and Faraz Siddiqui
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Background: The prevalence of GI and liver disease in the Pakistani population has increased remarkably over the recent years, reflecting an elevated burden on healthcare systems. Optimized health management and effective resource utilization in Health care facilities is based on timely documentation and reporting of disease patterns.

Aims: The aim of this study was to collect data from the GODD (gastroenterology outpatient discharge diagnosis) registry, comparing annual trends of GI and liver disease incidence among patients presenting to the Aga Khan University Hospital.

Methods: A review of electronic records was performed for all patients presenting to the Gastroenterology clinic, AKUH between 2013 and 2016. Collected information included patient characteristics and outpatient discharge diagnosis (primary and associated), based on a list of 72 approved diagnosis categories related to gastrointestinal and Liver diseases. Annual variation in this data is presented in this paper. A single visit is counted for specific year for each patient.

Result: A total of 28,493 new patients were seen in gastroenterology clinic. The mean age of the patients was 44.6+15.8 years with an overall higher representation of males (58%). The number of patients was seen to gradually increase during study period from 6410 in 2013 to 8138 in 2016. Overall, 15,956 (56%) patients presented with GI disease which comprised APD (78.4%), FGID (14.98%) and others (6.62%), while patients with liver diseases were 12,535 (44%) and included HCV (50.3%), HBV (20.3%), HDV (7%), Hepatitis A (0.79%), Hepatitis E (0.59), NBNC (4.22%), NASH (5%), Hepatoma (1.80%), Others (10%).

Conclusion: This report highlights annual trends in outpatient data from a major tertiary care center in Karachi, Pakistan. The analysis suggests a higher frequency of GI disorders, majority of which are comprise of APD, GERD and gastritis. Among liver disorder, HCV, HBV were highest in our setting. Further efforts should focus on prioritization and effective management of these most commonly observed ailments.

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Study of n-terminal - pro c-type natriuretic peptide and its relation to risk of bleeding from esophageal varices in hcv-related cirrhotic patients**Mohamed Asser**

University of Alexandria, Egypt.

The current guidelines recommend that all cirrhotic patients should undergo screening endoscopy at diagnosis to identify patients with risky varices who will benefit from primary prophylaxis. This leads to a heavy burden on endoscopy units and affects patient compliance. Noninvasive identification of risky patients would limit performing endoscopy to those most likely to benefit. Upper GIT endoscopy is the gold standard against which other tests are compared, but is not without its limitations. Some tests are clearly preferable to patients but are not as accurate as upper GIT endoscopy in the diagnosis of esophageal varices. The aim of this work is to study the relation of serum NT pro-CNP to severity of cirrhosis and the presence of esophageal varices and the risk of their bleeding. The study was carried-out on 80 subjects divided into 4 groups: 20 cirrhotic patients with esophageal varices which have previously bled, 20 cirrhotic patients with esophageal varices which have not yet bled, 20 cirrhotic patients without esophageal varices and 20 normal healthy control subjects. Serum NT pro-CNP level was significantly elevated in cirrhotic patients with esophageal varices compared to cirrhotic patients without esophageal varices, but not significantly elevated in bleeders than in nonbleeders. Also spleen and portal vein diameters, Child's score, Fib-4 score, serum bilirubin and AST levels and prothrombin activity were significantly elevated in the same group. Therefore, serum NT pro-CNP is a promising noninvasive marker for predicting severity of cirrhosis and presence of esophageal varices and not the risk of variceal bleeding in HCV-related liver cirrhosis patients.

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A case of incidentally discovered colonic extra-nodal marginal zone b-cell lymphoma of mucosa-associated lymphoid tissue**Raja Chandra Chakinala**

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Mucosa associated lymphoid tissue (MALT) lymphoma is a distinct entity that can develop in diverse anatomical locations such as stomach, salivary gland, lung, thyroid and breast, however, colorectal involvement is rare. We present a case of colonic MALT lymphoma in a 62-year-old woman diagnosed after a positive test for fecal occult blood. Her past medical history is significant for nephrolithiasis, Bell's palsy, and vulvar intraepithelial neoplasia grade 2. The patient was asymptomatic at the time of presentation, except for a drop in hematocrit noticed during a routine follow-up at our clinic. Colonoscopy revealed sigmoid diverticulosis and a 10 mm polyp in the sigmoid colon. Pathological examination, immunohistochemical staining, and molecular studies were consistent with MALT lymphoma. Upper endoscopy showed diffuse chronic active gastritis, which tested positive for *Helicobacter pylori* (*H.pylori*) by immunohistochemical staining. She was treated for *H. pylori* gastritis with triple therapy. She had ongoing follow-up at hematology and GI clinic. Repeat colonoscopy did not show tumor recurrence. There are reports of regression of the disease after treatment for *H. pylori* even when such infection is absent, suggesting the possible role of other micro-organisms in the pathogenesis of non-gastric MALT lymphoma. One case reported no lymphoma recurrence over a 3 year follow-up following a successful endoscopic resection of colonic MALT lymphoma without disseminated disease. Another case reported a complete resolution following 2 weeks of *H. pylori* eradication therapy and four cycles of rituximab. However, long-term follow-up data is lacking, and hence periodic clinical monitoring of these patients is recommended.

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