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**PP-398****Severe iron deficiency anemia due to hookworm infection in a patient with liver cirrhosis: A case report**

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Iron deficiency anemia (IDA) is associated with several pathological gastrointestinal conditions and a common complication of chronic liver diseases. We report a case of a 45-yo woman with liver cirrhosis who suffered from severe chronic iron deficiency anemia due to *Ancylostoma duodenale* infection. Patient admitted to our hospital with chief complain of chronic fatigue, dizziness and shortness of breath. Six months prior to admission, she had been diagnosed with liver cirrhosis child-Pugh score B related to Hepatitis B, esophageal varices grade 1 and her fibroscan score was F4 (24.8 kPa). There is no history of nausea, burning pain in retrosternal region, coffee-ground vomit or black stool. Laboratory investigations revealed iron-deficiency anemia with microcytic hypochromic erythrocytes [RBC  $2.86 \times 10^9/\mu$ , hemoglobin 5.5 g/dL, hematocrit 24%, MCV 69.2%, MCH 20.5pg, MCHC 25.1 g/dL, Platelet count  $84 \times 10^3/\mu$ , serum iron 21  $\mu$ g/dL, TIBC 348 mg/dL, serum ferritin 12.50 ng/mL]. The differential count showed neutrophils 46.8%, lymphocytes 20.9%, monocytes 9.6% and eosinophil 22.7%. Other biochemistry examinations, including electrolytes, liver and renal functions were within normal limits. Stool routine examination showed presence of occult blood but no parasitic eggs. Endoscopic examination revealed live and motile worms less than 1 cm in length in duodenum. The gastric mucous was erythematous with and old ulcer in the antrum. Three live worms were individually easily lifted off the mucosa and sent for histopathologic examination which result was *A. duodenale*. The patient was treated with blood transfusion due to symptomatic severe anemia, albendazole 400 mg po once and iron supplementation. Overlapping cause of IDA in one patient is a rare case. In this patient intestinal parasitic infection were not consider first because the underlying disease of liver cirrhosis could also lead to IDA from other route of complications such as variceal rupture, gastropathy, gastric antral vascular ectasia (GAVE) or peptic ulcers.

**Keywords:** Iron deficiency anemia, hookworm infection, liver cirrhosis**PP-399****Relationships between lipid profile indicators and elastometry data in patients with nonalcoholic fatty liver disease**

Iuliia Shekhovtsova, Larisa Zhuravlyova

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**Background/Aims:** The aim of the present study was to investigate relationships between lipid profile indicators and elastometry data in patients with nonalcoholic fatty liver disease (NAFLD).**Materials and Methods:** The study was performed on 36 patients (17 males, aged  $52.1 \pm 2.8$ ) with NAFLD; control group (n=20). We excluded those with excess alcohol intake, liver stiffness measurement (LSM) failure or unreliable LSM values.  $LSM \geq 8.0$  kPa was used as a cutoff suggesting clinically relevant fibrosis. The survey plan included: anthropometric data, indices of carbohydrate exchange (IRI, glucose, HbA1C, HOMA-IR), lipid metabolism (TC, TG, LDL, HDL).**Results:** BMI was higher in study groups than in control group ( $33.2 \pm 3.7$  vs  $25.8 \pm 4.2$  kg/m<sup>2</sup>,  $p < 0.05$ ). Hypertriglyceridemia was detected more frequently in study group compared with control group (76.3% vs 38.4% respectively,  $p < 0.05$ ). The levels of total cholesterol, TG and LDL in study group were higher than in control group (on average 29% and 18%; 19% and 17%; 34% and 26% respectively,  $p < 0.05$ ). The level of HDL was lower in study group, than control group (on average 19% and 15% respectively,  $p < 0.05$ ). The level of TC in study group was increased proportion to BMI ( $r = 0.39$ ;  $p < 0.05$ ). The ratio of TG/

HDL in study group was higher than in control group (on average 38% and 22% respectively,  $p < 0.05$ ). The levels of LDL were correlated with total cholesterol levels ( $r = 0.67$ ;  $p < 0.001$ ), with BMI ( $r = 0.38$ ;  $p < 0.001$ ), with HOMA-IR ( $r = 0.18$ ;  $p < 0.001$ ). In patients study group the level of LSM was on average  $9.1 \pm 9.3$ . LSM were correlated with LDL ( $r = 0.55$ ;  $p < 0.001$ ), BMI ( $r = 0.52$ ;  $p < 0.001$ ), total cholesterol levels ( $r = 0.64$ ;  $p < 0.001$ ), HDL ( $r = -0.55$ ;  $p < 0.001$ ), TG ( $r = 0.55$ ;  $p < 0.001$ ).

**Conclusion:** Patients with NAFLD have a highest rate of atherosclerotic vascular lesions and the risk of developing fibrosis.

**Keywords:** Lipid profile, elastometry data, nonalcoholic fatty liver disease

#### PP-400

### Mesalamine monotherapy for maintenance of remission in ulcerative colitis patients in Turkish population

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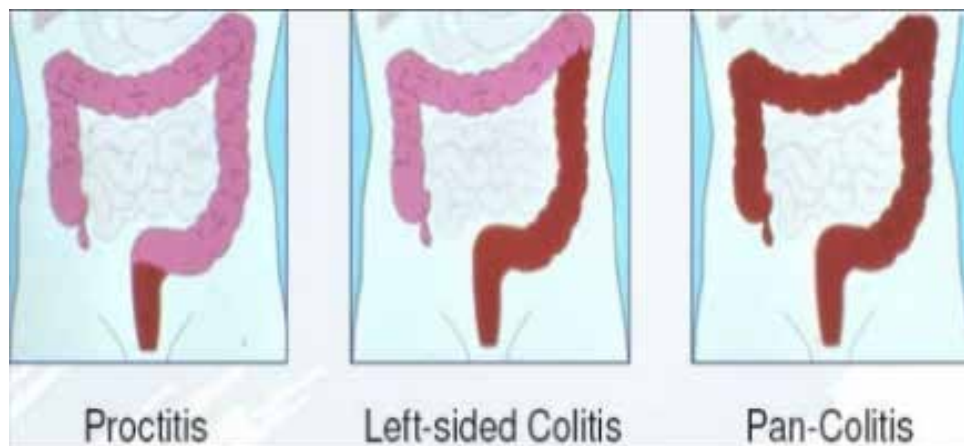
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**Background/Aims:** Newer formulations of salicylates based drugs have fewer side-effects and are free of the sulphur component. Mesalamine is one of them and it has been used for over 30 years in the treatment of inflammatory bowel disease (IBD). The aim of this study was to analyze the role of the mesalamine in the remission of ulcerative colitis (UC).

**Materials and Methods:** A total of 392 adult outpatients and inpatients with a previously confirmed diagnosis of UC were enrolled at the Departments of Gastroenterology of the Ankara University between 2010 and 2018. They were diagnosed on the basis of standard clinical, endoscopic, and histologic criteria. Disease activity was evaluated using the Rachmilewitz Endoscopic Index (REI) and the Mayo score. Remission is defined as  $\leq 1$  point by Mayo score and  $\leq 4$  points by REI.

**Results:** Just over half of the patients (58%) were male, and the median age of the study population was 44 year. 45.4% of patients had their UC disease limited to the left side of the colon while 42.8% had pancolitis. 93.3% of all the patients were treated with mesalamine as a first line agent. Mesalamine has been shown to be effective in the maintenance of remission in 45% of patients with UC who were under monotherapy with mesalamine. 16.3% of patients receiving corticosteroids and mesalamine achieved remission compared to %23.4 of patients receiving azathioprine and mesalazine. %11 of all the patients who failed to maintain remission with mesalamine and azathioprine received anti TNF therapy. This study presented that %71 of all the patients on mesalamine maintained remission.



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