

Magyar Gasztroenterológiai Társaság 65. Nagygyűlés

Siófok, Hotel Azúr, 2023. június 01-04.

PROGRAM ÉS ELŐADÁSKIVONATOK

Hungarian Society of Gastroenterology

65th Annual Meeting

Siófok, Hotel Azúr, June 01-04. 2023. Hungary

PROGRAM / ABSTRACTS



11.00 ANTI-TUMOR NEKRÓZIS FAKTOR-A ÉS HAGYOMÁNYOS GYULLADÁSGÁTLÓ SZEREK HATÁSA A VÉNÁS THROMBOEMBÓLIÁS ESEMÉNYEKRE GYULLADÁSOS BÉLBETEGSÉGBEN

Székely H.^{1,2}, Tóth L.², Rancz A.², Erőss B.², Hegyi P.², Szijártó A.¹, Miheller P.¹

1. Semmelweis Egyetem Sebészeti, Transzplantációs és Gasztroenterológiai Klinika, Budapest; 2. Semmelweis Egyetem, Transzlációs Medicina Központ, Budapest

11.10 DEVELOPMENT OF IN VITRO FIBROSIS MODEL FOR THE EVALUATION OF POTENTIAL ANTI-FIBROTIC DRUG CANDIDATES

Csicse S.^{1,2}, Jórárt B.^{1,2,3}, Szabó V.^{1,2,3}, Maléth J.^{1,2,3}

1. Department of Medicine, Szent-Györgyi Albert Medical School, University of Szeged; 2. HAS-USz Momentum Epithelial Cell Signaling and Secretion Research Group, Szeged, Hungary; 3. HCEMM-USz Molecular Gastroenterology Research Group, Szeged, Hungary

11.20 PLASMINOGEN ACTIVATOR INHIBITOR 1 - A NOVEL POTENTIAL BIOMARKER IN INFLAMMATORY BOWEL DISEASES

Jórárt B.^{1,2,3,5}, Resál T.¹, Kata D.⁴, Molnár T.^{1,2}, Bacsur P.¹, Szabó V.^{1,2,3}, Varga Á.^{1,2,3}, Szántó K.¹, Földesi I.⁴, Molnár T.¹, Maléth J.^{1,2,3,5}, Farkas K.¹

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11.30 – 12.30

Marbella terem

Pancreatitis ellátása

SZABAD TÉMÁJÚ BEJELENTETT ELŐADÁSOK (FREE2)

Ülésezők: **Erős Bálint,** Pécs **Pécsi Dániel,** Pécs

11.30 INEFFECTUAL PROCESS CONCERNING THE INITIATION OF ENTERAL TUBE FEEDING IN ACUTE PANCREATITIS. A PROSPECTIVE, INTERNATIONAL, MULTICENTER COHORT ANALYSIS OF 1088 CASES.

Bosnyák I.^{1,2}, Sipos Z.^{1,3}, Gede N.¹, Szentesi A.¹, Vincze Á.^{1,4}, Erőss B.^{1,2,5}, Hegyi P.^{1,2,5,6}, Márta K.^{2,5}

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use of a larger diameter FNA needle is recommended increasing possibility of conclusive cytology.

13. QUALITY INDICATORS AND RESULTS OF COLONOSCOPY EXAMINATIONS IN INITIAL FOUR-YEAR PERIOD OF HUNGARIAN POPULATION-BASED COLORECTAL CANCER SCREENING PROGRAM

Bor R.¹, Fábíán A.¹, Vasas B.², Bősze Z.¹, Tóth T.¹, Farkas K.¹, Molnár T.¹, Resál T.¹, Bacsur P.¹, Rutka M.¹, Bálint A.¹, Szepes Z.¹

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Introduction: The Hungarian population-based colorectal cancer (CRC) screening program (EFOP-1.8.1-VEKOP-15-2016-00001) was launched in 2019 among asymptomatic individuals between the ages of 50 and 70 with average risk of CRC.

Aims: To retrospectively assess the quality indicators and results of screening colonoscopies performed during the initial four-year period of screening program (from 2019 to 2022).

Methods: Our non-interventional, observational cohort study retrospectively analyzed clinical records of screening colonoscopies which were prospectively collected in the registry of National Public Health Institute. The quality indicators and results of examinations was determined based on cecal intubation rate, polyp, adenoma and cancer detection rates (PDR, ADR, and CDR), proportion of photo-documentation and sedation.

Results: Total of 20,112 colonoscopies were performed during the initial four-year period of CRC screening program. Cecal intubation rate was 92.55%, from which 66.45% of cases were confirmed by cecal image documentations. The causes of incomplete colonoscopies were inadequate bowel cleansing (n=127, 8.48%), anatomical reasons (n=295, 19.69%) and malignant colonic obstruction (n=144, 9.61%), and only in 132 cases (8.81%), the examination had discontinued due to patients' intolerance. Total of 13,284 patients (66.05%) of participants received some kind of sedation. The result of colonoscopy was non-negative in 81.40% of cases. At least one polyp was found (PDR) in 57.81% (n=11,626) of participants among which the largest polyp was located in rectosigmoid colon in 63.48% of cases and the polyp size was higher than 1 cm in 35.28% of cases. Morphological features of polyps could not be assessed due to inappropriate colonoscopy reports in registry. A total of 28671 polyps were found, of which 23343 were removed during the registered examinations, becoming polyp-free 81.56% of patients (polypectomy per colonoscopy 1,16). The ADR was 35.46%, where the most relevant lesion histological types were tubular, tubulovillous, villous and serrated in 67.21%, 22.70%, 3.83% and 2.97% respectively. CRC was found in 5.94% of participants from which the most cancers were located in the sigmoid colon (n=463, 38,74%) and rectum (n=359, 30,04%). The data of registry to description of polyp morphology, usage of advanced imaging assessment, polyp retrieval rate and the image documentation were often missing or inappropriate.

Conclusion: Cecal intubation, polyp and adenoma detection rates of screening colonoscopies of Hungarian

CRC screening program are satisfactory according to guideline of European Society of Gastrointestinal Endoscopy, however, the description of polyp morphology, usage of advanced imaging assessment, polyp retrieval rate and the image documentation are inappropriate yet, therefore the evaluation was not possible. The aim for the future is to improve the quality of data input to the register.

14. INEFFECTUAL PROCESS CONCERNING THE INITIATION OF ENTERAL TUBE FEEDING IN ACUTE PANCREATITIS. A PROSPECTIVE, INTERNATIONAL, MULTICENTER COHORT ANALYSIS OF 1088 CASES.

Bosnyák I.^{1,2}, Sipos Z.^{1,3}, Gede N.¹, Szentesi A.¹, Vincze Á.^{1,4}, Erőss B.^{1,2,5}, Hegyi P.^{1,2,5,6}, Márta K.^{2,5}

1. Institute for Translational Medicine, Medical School, University of Pécs;; 2. Institute of Pancreatic Diseases, Semmelweis University; 3. Institute of Bioanalysis, Medical School, University of Pécs; 4. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs; 5. Centre for Translational Medicine, Semmelweis University; 6. Translational Pancreatology Research Group, Interdisciplinary Centre of Excellence for Research Development and Innovation University of Szeged

Introduction: Enteral feeding (EF) is recommended in the severe or predicted severe forms of acute pancreatitis (AP) to reduce mortality.

Aims: We aimed to investigate the factors leading to initiating EF in the acute phase (first three days of hospitalization) and the associations between EF and the outcome of the disease.

Methods: 1429 prospectively collected cases from 31 centers and 12 countries were included in the analysis. EF and Non-EF patient groups were formed concerning tube feeding in the first three days of the hospital stay. We investigated the associations between pancreatic and inflammatory laboratory parameters (amylase, lipase, CRP, WBC, LDH), imaging alterations (necrosis, fluid collections etc.), and clinical symptoms influencing the initiation of EF (abdominal pain, vomiting etc.).

Results: Enteral feeding was applied during hospitalization in 30%, 41%, and 55% of mild, moderately severe, and severe cases, respectively. Significantly higher WBC (p=0.042 p=0.019, p=0.002 on D1, D2 and D3), CRP (p<0.001 on D3), and LDH (p=0.004, p=0.036 on D1 and D3) were detected in the EF group before nutritional support compared to the non-EF cases. The frequency of necrosis, pseudocyst, abdominal fluid collection (all with p<0.004) and the intensity of abdominal pain (p<0.001) were also significantly higher in the EF group before nutrition initiation. The overall mortality in this cohort was 2.8%. Importantly, the mortality in the non-EF severe group was 10% higher than in the EF severe group (38% vs 28%, p=0.384).

Conclusion: All parameters influencing the EF initiation here are not part of the current guidelines. In a conclusion, decision mechanisms for initiating EF rely on personal preferences; therefore, there is still a substantial proportion of patients with severe AP without EF (45%). Since EF is cost-effective and has a very low complication rate if applied correctly, it should be introduced to all AP cases regardless of laboratory parameters and imaging findings.