PS 0256  Gastroenterology

The Effect of BMI on Severity of Acute Pancreatitis in Hospitalized Patients

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Background: Acute pancreatitis is a common gastrointestinal disease often seen in daily practice. Obesity defined as body mass index (BMI)>30kg/m2 has been shown to be a risk factor and a prognostic factor in many populations. The aim of this study was to examine the effect of obesity on the severity of acute pancreatitis.

Methods: A total of 135 patients with the diagnosis of acute pancreatitis were included in this retrospective study. Clinical data was collected. Our primary studied variable was overweight and obesity defined by BMI>25kg/m2 and >30 kg/m2 respectively by WHO criteria. Severe pancreatitis was defined as a Ranson score at any time=3.

Results: The cohort consisted of 58% (78 of 135) men with a mean (SD) age of 50(18) years. Of the 135 patients, 4(2.96%) had gallstone pancreatitis, 4 (2.96%) had alcoholic pancreatitis, and 127 (94.07%) had pancreatitis of unknown etiology. Median (interquartile range) Ranson score on admission and 48 hours afterwards were 2 (1, 3) and 1 (0, 2), respectively. There were 43 patients (32%) on admission day and 19 patients (14%) at 48 hours after admission in higher severity group. Obesity or overweight had no statistically significant difference in severity of acute pancreatitis at admission. At 48 hours after admission, obesity or overweight was not statistically different either (p=0.18 and 0.384 respectively) between the two severity groups as shown on Table 2.

Conclusions: This pilot study demonstrates that obesity or overweight has no effect on severity of acute pancreatitis. Female gender was associated with a higher severity of acute pancreatitis in the first 48 hours after admission.

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Gastric Xanthelasma an Incidental and Benign Lesion of Stomach: A Case Presentation

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Background: Gastric Xanthelasma are rare benign incidental yellow-white lesions between 0.5-10 mm in size. They are detected more frequently in female patients and the frequency of these lesions increases with age. Although the etiology of these lesions is unclear, chronic gastritis, gastrointestinal anastomosis, intestinal metaplasia, and H. pylori infection are found to be associated with GI xanthelasma. They are usually located in antrum of the stomach in gastrointestinal tract, especially along the lesser curvature. In contrast to cutaneous xanthelasma there is no evident association between GI xanthelasma and hyperlipidemia.

Methods: Here we present endoscopic and histological features of gastric xanthelasma in a 65 year old man with a history of chronic gastritis and iron deficiency anemia.

Results: Patient presented with iron deficiency anemia. Upper GI endoscopy and colonoscopy has been done for investigation of the etiology. Colonoscopy showed diverticular disease of the colon. Upper GI endoscopy of the patient showed a 4mm foamy yellowish lipomatous lesion at the lesser curvature of the stomach (Image). Multiple biopsies are obtained from the lesion. The histology showed large foamy histiocytes containing a mixture of lipids in the mucosa and the submucosa. The multiple biopsies obtained from the antrum showed intestinal metaplasia and chronic gastritis with H pylori positivity.

Conclusion: Gastric xanthelasma are asymptomatic benign and incidental endoscopic findings. Even though they can be found in every part of Gastrointestinal tract from esophagus to colon, they are frequently observed in stomach. They are usually associated with chronic gastritis, Helicobacter pylori infection and intestinal metaplasia. Although the clinical significance is unclear, gastric xanthelasma are important lesions and biopsies should always be performed because they are frequently confused with malignant lesions.

PS 0258  Gastroenterology

Initial Experience with Intragastric Balloon Lexbal (Domestic Industry) in the Treatment of Patients with Mild to Moderate Obesity (type I-II)

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Background: Objective: To evaluate the effectiveness and response Gastric balloon (Lexbal) in the treatment of mild to moderate obesity Observational and retrospective: Experimental design

Methods: Intervention: We conducted in two clinics (Our Lady of Pilar and Clinica B et S ) an observational, retrospective study. We have compiled the results of 10 follow intragastric balloons (Lexbal Luxb) in obese patients with mild to moderate type I- II (BMI between 28 and 34.9 kg/m2) placed in 2012 and 2013 losses have been achieved. Over 70% of excess weight. Furthermore, it has been observed satisfaction of our patients

Measurements: Descriptive observational study in which the sample is made up of the 10 patients treated with balloon Lexbal in our midst. The variables studied were age, sex, weight, BMI, percentage of weight lost, fill volume, tolerance, satisfaction and dietary monitoring by patients

Results: Over 80% degree of patient satisfaction, 70% decrease in weight above the average (over 12 kilos) better response in those presenting adherence to nutritional treatment and no differences were observed in the volume of filling the balloon.

Conclusions: Treatment with intragastric balloon, along with a nutritional monitoring allows us to re-educate the patient, and change their eating habits. Just for gradual diet, and to adapt each phase as tolerated by the patient, helps us to improve dietary behavior and facilitates greater weight loss. The intragastric balloon is a safe, well tolerated, with few adverse effects and relatively simple in the hands accustomed to endoscopic practice. We believe it can be considered an effective adjunctive therapy in selected cases of mild / moderate obesity (type I-II). Keywords: Balon intragastric nutritional monitoring, treatment safe, well tolerated, with few adverse effects.

PS 0259  Gastroenterology

Treatment Patients with Neuromuscular Electrical Stimulation (VocaSTIM®) in Neurologic Swallowing Disorders

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Neurologic swallowing disorders are more frequently in rehabilitation medicine most other medical specialties. Stroke is the leading cause of neurologic dysphagia.

Objective: To evaluate effectiveness of the neuroreeducationstimulation (NMES) with use of VocaSTIM in the correction of swallowing disorders. MI et ms From March 2011 until May of 2013 were 40 treatments, only 28 completed all of the treatment 28 Patients were included (18 men, 10 women) average age between 32 to 78 years. Neurological sequelae: other causes were esophageal bolus. We average between 8-10 sessions of 20 minutes average 2 times a week, was conducted all (VFSS); initial and control as well as a home electrophysiagnosis (ED) to objectively assess degree of denervation in some cases esophageal manometry and (FEES),

Methods: To establish comparisons all held you a (VFSS) initial and control as well as an electro-Diagnostics of home and its completion to objectively assess the degree of denervation and x-ray of thorax and VEDA and nasal fiberendoscopic evaluation of swallowing (FEES), in the majority of cases esophageal manometry and in 2 cases Impedanciometry in 6 cases pH 24/44.

Results: Response was assessed according to degree of clinical and scale as well as the corresponding (ED)/dysphagia. Patient satisfaction /Values of ED (finals) Score of speech (degree of dysphagia evaluation) It was noted a degree of positive response (degree of satisfaction) in more of the 80% patients as well as a superior response to the 90% (ED), speech evaluation is considered good to very good in more of the 80% of the patients. High degree of response in diseases with neurological lesions (was observed in diseases neurodegenerative (ALS, Parkinson,) the response was considered poor (regular/good)

Conclusions: VocaSTIM® can produce a different degree of satisfaction functional response in the majority of patients with dysphagia