1-Clinical Practice, MSO42
Opium Addiction As a New Risk Factor of Sphincter Oddi Dysfunction
Mousavi Sh*, Toussy J, Zahmatkesh M
Semnan University of Medical Sciences
Introduction: Sphincter of Oddi dysfunction (SOD) refers to an abnormality of SO contractility. It is a benign, non-calculus obstruction to flow of bile or pancreatic juice through the pancreaticobiliary junction. Although morphine can cause excitatory effect on the SO motility, but there is no comprehensive data about opium as a risk factor in inducing SOD in chronic opium abusers. The aim of the study was to assess the potential risk factors especially opium addiction (OA) in patients with SOD.
Aims & Methods: Opium addiction, cigarette smoker, cholecystectomy, and periampullary diverticulum in patients with SOD were recorded and compared with healthy subjects in a case control study. The diagnosis of SOD was based on a Geenen-Hogan classification (type I & II).
Results: OA (p=0.001) and cholecystectomy (p<0.001) were two independently risk factors in patients with SOD.
Conclusion: This study showed that chronic use of morphine derivatives as oral or inhalational rout may induce SOD, but whether the chronic uses of other morphine derivatives or i.v. drug abuses induce this disease, need further evaluation. It must be remembered that in HIV patients the effect of opium on dilatation of CBD or inducing SOD must be included in differential diagnosis of AIDS cholangiopathy.

Clinical Practice, MSO45
Evaluation of Opium Effect on Common Bile Duct Diameter in Patients with Opium Addiction
Mousavi Sh*, Beheshti A, Ghanad S, Toussy J, Babaei M, Zahmatkesh M
Semnan University of Medical Sciences
Introduction: Narcotic addiction is one of the most important problems in human communities that unfortunately its prevalence has been increased in our country inconveniently. Opium has various effects on the parts of body. Many Studies has been performed about these effects; but opium effect on common bile duct has allocated only small quantity.
Aims & Methods: This study is a cross-sectional study which carried out during 9 months (2004-2005). 50 opium addicts were selected from patients with non-ulcer dyspepsia who referred to Fatemiyeh hospital with opium addiction. Opium addiction was defined as daily use for at least 2 years. Common bile duct diameter was measured by a sonographist and a sonography apparatus. Finally, mean of common bile duct diameter in both groups was calculated and the effect of opium consumption, duration and type of opiate on common bile duct was analyzed.
Results: Mean of common bile duct diameter was obtained 4.17±0.83 mm in opium addicted group and 2.88±0.65 mm in control group. By considering p<0.001 in Hest and p=0.003 in Mann-Whitney test. There was significant difference between the common bile duct diameters in two groups. There is no difference between oral or inhalation rout and type of opium in common bile duct
diameter but by using the linear regression model the diameter increases 0.177 mm per 1 yr consumption (p<0.0001).

Conclusion: The opium addicted persons have more dilated common bile duct than the normal population.

Clinical Practice, MSO47
Azithromycin in One Week Quadruple Therapy for H. Pylori
Mousavi Sh, Toussy J*, Yaghmaie S, Zahmatkesh M
Semnan University of Medical Sciences
Introduction: To investigate eradication rates, patient compliance and tolerability of a 1-wk Azithromycin-based quadruple therapy versus the 2-wks conventional therapy.

Aims & Methods: A total of 129 H. pylori-positive patients were randomized to either Omeprazole 20 mg, Bismuth subcitrate 240 mg, Azithromycin 250 mg, and Metronidazole 500 mg, all twice daily for 1-wk (B-OAzM) or Omeprazole 20 mg, Bismuth subcitrate 240 mg, Amoxicillin 19, and Metronidazole 500 mg all twice daily for 2-wks (B-OAM). H. pylori infection was defined at entry by histology and rapid urease test and cure of infection was determined by negative urea breath test.

Results: A total of 129 H. pylori-positive patients were randomized to either Omeprazole 20 mg, Bismuth subcitrate 240 mg, Azithromycin 250 mg, and Metronidazole 500 mg, all twice daily for 1-wk (B-OAzM) or Omeprazole 20 mg, Bismuth subcitrate 240 mg, Amoxicillin 19, and Metronidazole 500 mg all twice daily for 2-wks (B-OAM). H. pylori infection was defined at entry by histology and rapid

Clinical Practice, MSO49
Role of Clinical Presentation in Diagnosing Reflux-related Non-Cardiac Chest Pain
Mousavi Sh*, Toussy J, Eskandarian R, Zahmatkesh M.
Semnan University of Medical Sciences
Introduction: Non-cardiac chest pain (NCCP) presents as a frequent diagnostic challenge, with patients tending to use a disproportionate level of health-care resources. Gastroesophageal reflux disease (GERD) is the most frequent cause of NCCP. Thus the typical symptoms of reflux, such as heartburn and regurgitation, when present as predominant symptoms are quite specific for diagnosing GERD but in patients with NCCP the clinical diagnosis of reflux is difficult, and invasive methods or the Omeprazole test are required for its detection. The aim of the present study was to evaluate the role of clinical presentation when diagnosing GERD among patients with NCCP.

Aims & Methods: Patients with NCCP underwent upper endoscopy, Bemstein and Omeprazole tests. The patients were divided into two groups based on GER- or non-GER-related chest pain, and clinical presentation was compared between these two groups. Gastroesophageal reflux
disease was considered positive when at least two methods were positive.

Results: From 78 NCCP patients (41 males; mean age 50.4±2.3 years), the chest pain was related to GERD in 35 patients (44.8%). The two groups were the same based on sex and age. The chest pain severity, site, radiation and relation to food, exercise, and sleep were equal in the two groups, except for two symptoms: pain that was relieved by antacid (p<0.031) and presence of classical reflux symptoms (p<0.009), seen in the GERD patients. With regard to recent patient history, heartburn and regurgitation symptoms were seen more frequently in GERD patients (p<0.036 and p<0.002, respectively).

Conclusion: Clinical presentation is important in diagnosing GERD in NCCP. Although the chest pain is the same in reflux- and nonreflux- related NCCP, the symptoms of heartburn or regurgitation in the present or recent patient history are diagnostic for GERD-related chest pain.

Clinical Practice, MSO51

The Severity and Outcome of Peptic Ulcer Bleeding: Comparison between Recent Users and Nonusers of Nonsteroidal Anti-Inflammatory Drugs

Mousavi Sh*, Toussy J, Zahmatkesh M Semnan University of Medical Sciences

Introduction: Non-steroidal anti-inflammatory drugs (NSAIDs) constitute one of the most widely used drugs, which although are generally well tolerated, but can accompanied by minor adverse gastrointestinal effects and in some patients, resulting in death. The relative risk of serious gastrointestinal complications while taking NSAIDs has been estimated to range reported to be fatal in about 10-15% of hospitalized patients. NSAIDs are one of the main causes of upper gastrointestinal bleeding (UGIB) and second cause of ulcer induction. The aims of this survey are assessment of severity and outcome of peptic ulcer bleeding and helicobacter pylori status (HP) in NSAIDs users.

Aims & Methods: The cases were selected among peptic ulcer patients who refer to our clinic (1999-2003) with UGIB. They were divided in two groups; NSAIDs users (NU) and non-NSAIDs users (NNU). The ulcer location and HP prevalence was assessed and the bleeding severity and prognosis were compared in users and non-users groups.

Results: 105 patients (73 men; 62.3±4.7yrs) in NNU group and 92 patients (56 men; 66.1±3.1YTs) in NU group had included in the study. There is no significant differences in two groups for severity, outcome and mortality, except the patients in NU were older than NNU group (p<0.0001). In both groups, male prevalence and duodenal ulcer (DU) were higher than the rest. HP Prevalence was statistically equal in users, non-users ulcers.

Conclusion: Taking NSAIDs have not any role in prognosis and mortality in patients with peptic ulcer bleeding.

Clinical Practice, MS209

Prospective Evaluation of A New "Paper Urease Test"
Mousavi Sh1*, Moghadas F, Semnani V, Babaei M, Toussy J, Malek F'
1 GILRC, Gastroentrology
2 Pathology, Fatemieh Hospital

Introduction: The purpose of this study was to determine the sensitivity, specificity, and positive and negative predictive values of a newly developed paper urease test (PUT) for ultra-rapid detection of Helicobacter pylori (HP) in gastric mucosa.

Aims & Methods: 100 patients (43 men) with a mean age of 7.6 years participated. Patients presenting for upper endoscopy with no recent exposure to HP-altering drugs were enrolled. Gastric biopsy specimens were tested by the PUT and histology methods, and then the patients underwent [13C] urea breath tests (UBT). HP was considered positive when either UBT or histology demonstrated it, and negative if HP was not detected in either UBT or histology. The PUT was reported at 15 minutes.

Results: 87 of 100 patients tested positive for HP. The PUT correctly identified 74 of 87 HP-positive and 13 of 13 HP-negative patients, yielding sensitivity, specificity, and positive and negative predictive values of 87%, 100%, 100% and 53.5%, respectively, in this population.

Conclusion: Rapidly available and reliable results from the PUT facilitate clinical decision prior to patient discharge from the endoscopy site. We recommend PUT for screening of HP in endoscopy candidates, due to high specificity, rapid reaction, simplicity and low cost. A positive result shows a definite diagnosis, although a negative result needs further diagnostic methods.

1.4-outcome Studies, MSO44

Evaluation of Change in Etiology and Epidemiology of Upper GI Bleeding in a Population Study

Mousavi Sh*, Toussy J, Zahmatkesh M, Fatemi R, Babaei M, Rabizadeh MA
Semnan University of Medical Sciences

Introduction: Acute upper GI bleeding (UGIB) is a common medical emergency situation. In the past years, many important changes have taken place that might have influenced the incidence, etiology, and outcome for patients with acute UGIB. The aim of this study was to determine current time trends in the incidence, etiology, and prognosis of patients with UGIB in a 14 years period in a region in centre of Iran.

Aims & Methods: All of the patients with UGIB who hospitalized in three hospitals between 1991-2004 in Semnan city were evaluated in a retrospective study. The patients with permanent residency in this area and age more than 15 years enrolled in the study. The patients were divided in two sub groups based on endoscopic diagnosis; peptic ulcer (PU) and non-peptic ulcer (Non-PU) and acid pepsin disorders (APDs) and non-acid pepsin disorders (Non-APDs).

Results: 873 patients [617 males (70.7%), Mean ± SD (46.9±21.2)] enrolled in the study. The incidence rate of UGIB has decreased from 98.4 to 40.1 in 100,000 person in yr in this period (p<0.001). The incidence rates of overall PU and Non-PU have decreased (48/100000 vs. 25.3/100000 & 50.4/100000 vs. 14.8/100000 respectively). Total male & female UGIB incidence has decreased
(73.2/100000 vs. 31.4/100000, \( p=0.001 \) & 25.2/100000 vs. 8.7/100000, \( p=0.002 \) respectively). The incidence rate of DU has decreased from 36 to 18.3 per 100000 persons in yr, but the incidence rate of GU hasn't change (12-6.9/100000/yr). The rate of PU to total UGIB has increased from 48% to 63% (\( p<0.007 \)). Prognosis; the rates of endoscopic therapy, surgery and mortality haven't any significant changes in this period.

**Conclusion:** The overall incidence of UGIB, PU, APDs, DU declined in recent years that may be due to better therapeutic approach to peptic ulcers and suppression of helicobacter pylori and widespread use of PPls and H2 blockers in gastric APDs.