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Magyar Gasztroenterológiai Társaság 63. Nagygyűlés

2021. június 4–5.

ONLINE KONGRESSZUS
Program és előadáskivonatok

Hungarian Society of Gastroenterology
63rd Annual Meeting
4–5 June, 2021. Hungary

ONLINE CONGRESS
Program / Abstracts

A Magyar Gasztroenterológiai Társaság hivatalos folyóirata
Official journal of the Hungarian Society of Gastroenterology

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Bővebb információért olvassa el a gyógyszer alkalmazási előírását! „A hatályos alkalmazási előírás" teljes szövegét megtalálja az Országos Gyógyszerészeti és Élelmezés-egészségügyi Intézet (www.ogyei.gov.hu/gyogyszer-adatbazis/) honlapján. Elérési útvonal: www.ogyei.gov.hu; Információ; Gyógyszer-adatbázis; Gyógyszer neve (gyógyszercsalád keresés esetén: szabadszavas keresésben a termékbrand megadása és az ATC-kód mező kitöltése), a keresés indítása.

Az aktuális árakat a www.neak.gov.hu oldalon hozzáférhető adatok alapján közöltük.
Az anyaglezárás dátuma: 2021. március 1.

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Pentasa® 4g retard granulátum 30x tasakban	25 445	6 361	19 084	22 901	2 544
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e-mail: ferring@ferring.hu

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Magyar Gasztroenterológiai Társaság 63. Nagygyűlése

Program / Előadáskivonatok 2021. június 4 – 5.

Szerkeszti a Magyar Gasztroenterológiai Társaság

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TARTALOM

MAGYAR GASZTROENTEROLÓGIAI TÁRSASÁG 63. NAGYGYŰLÉSE 2021 ~ ON-LINE KONGRESSZUS

2021 JÚNIUS 4. PÉNTEK

7.00-7.15 **TV Stúdió** ①

7.30-8.00 **TEVA szimpózium** ①

8.00-9.00 ①
Tiszteletbeli tag előadása (E. J. Despott), Plenáris előadások (HBP, MISC)

9.00-9.40 **Plenáris előadások (UGT, LGT)** ①

9.40-10.00 **Magyar Imre emlékelőadás (Lovász B.)** ①

10.15-10.30 **SUPREMEX szimpózium** ①

10.30-11.30 ① **Vastagbélpolip - le vele!**	10.30-11.30 ② **Bejelentett előadások (felső gasztrointesztinális traktus)**
11.30-12.30 ① **Meddig mehetünk sebész nélkül felső GI vérzésben?**	11.30-12.30 ② **Bejelentett előadások (alsó gasztrointesztinális traktus)**

12.30-12.40 **TV Studió** ①

12.40-13.10 **MICROMEDICAL szimpózium** ①

13.10-14.00 **JANSSEN szimpózium** ①

14.00-15.00 ① **Ételallergia, ételintolerancia - káosz a belekben vagy a fejekben?**	14.00-15.10 ② **COVID (Richter Gedeon támogatásával)**
15.10-16.10 ① **CRC szűrés Magyarországon - sikertörténet?**	15.15-16.15 (esetek) ② **Ritka esetek a gasztroenterológiában**
16.20-17.20 ① **Hitek és tévhitek az IBD kezelésében**	16.20-17.20 ② **Új irányelvek a korai felsőtápcsatornai rákmegelőző állapotok kezelésében**
17.30-18.30 ① **Folyadékdiagnosztika: Amikor a szabad DNS segít a klinikusnak**	17.30-18.30 ② **Bejelentett előadások (HBP)**

18.30-19.00 **GOODWILL szimpózium** ①

19.00-19.15 **EGIS szimpózium** ①

19.15-19.30 **TV Stúdió - Napi összefoglaló** ①

2021. JÚNIUS 5. SZOMBAT

7.00-7.15 **TV Stúdió** ①

7.30-8.00 **PROGASTRO szimpózium** ①

8.00-9.00 ①
Experience in colorectal sreening in Central and Eastern Europe

9.00-9.20 **Hetényi Géza emlékelőadás (Czakó L.)** ①

9.30-10.30 ① **Nehéz epeúti kanülálás**	09.30-10.30 ② **Bejelentett előadások (MISC)**
10.40-11.40 ① **GI tumorok – nyerünk a réven, veszítünk a vámon?**	09.30-10.30 ② **Bejelentett előadások (HBP)**

11.40-11.55 **TV Stúdió** ①

Ebédidő

12.15-13.15 **FERRING szimpózium** ①

13.15-14.15 ① **Bejelentett előadások**	13.15-14.15 ② **Bejelentett előadások (BS)**
14.25-15.25 ① **Decompensált májcirrhosis EASL Guideline hazai adaptációja: konszenzus megbeszélés**	14.25-15.15 ② **Robot vagy sebész? Innovációk a sebészetben**
15.35-16.35 ① **A biológiai terápia Janus-arca, az infekció**	15.35-16.35 ① **A szakmai kollégium és a finanszírozási munkacsoport éves munkája, aktualitások**

16.35-17.05 **KRKA szimpózium** ①

17.05-17.20 **KÖZGYŰLÉS 1** ①
17.25-17.40 **KÖZGYŰLÉS 2** ①

17.40-18.00 ①
TV Stúdió - Napi összefoglaló - Zárszó

szünet: logó, banner, videó reklámok

A körökbe írt számok az előadótermeket jelzik, ① Terem 1., ② Terem 2

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Az alkalmazási előírás elérhető az Országos Gyógyszerészeti és Élelmezés- egészségügyi Intézet Gyógyszer adatbázisában.
https://ogyei.gov.hu/gyogyszeradatbazis&action=show_details&item=33196

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ACI-HU-00018

Hivatkozások:
1: Rabeprazole: a second-generation proton pump inhibitor in the treatment of acid-related disease Stefano Pallotta, Fabio Pace & Silvia Marelli Expert Review of Gastroenterology & Hepatology ISSN: 1747-4124 (Print) 1747-4132 (Online) Journal homepage: https://www.tandfonline.com/loi/ierh20
2: 2017 ESC focused update on dual antiplatelet therapy in coronary artery disease developed in collaboration with EACTS European Heart Journal (2018) 39, 213–254
3: Acilesol alkalmazási előírás

Teva Gyógyszergyár Zrt.
4042 Debrecen, Pallagi út 13.
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Telefon: (1) 288 6400 | Fax: (1) 288-6410
További információk: www.teva.hu

2021. június 4. péntek Terem 1.

7.00 – 7.15 **TV STÚDIÓ**

7.15 – 7.30 SZÜNET - REKLÁMOK

7.30 – 8.00

GERD TÖBB SZEMSZÖGBŐL – A GASZTROENTEROLÓGUS ÉS A FÜL-ORR-GÉGÉSZ EGYÜTTMŰKÖDÉSE

TEVA SZIMPÓZIUM

Üléselnök: **Tulassay Zsolt**, Budapest
Előadók: **Herszényi László**, Budapest **Hellferich Frigyes**, Budapest

8.00 – 9.00 PLENÁRIS ÜLÉS

Üléselnökök: **Gyökeres Tibor**, Budapest **Altorjay István**, Debrecen

8.00 **Celebrating 20-years of device-assisted enteroscopy: What have we learnt?**
Edward John Despott, London. Lecture of the new honorary member of HSG

8.20 **Nemzeti hepatitis eliminációs program**
Hunyady Béla, Kaposvár

8.40 **Hogyan győzzük le a szepszist?**
Molnár Zsolt, Pécs

9.00 – 10.00 PLENÁRIS ÜLÉS

Üléselnökök / Chair: **Hunyady Béla**, Kaposvár **Bor Renáta**, Szeged

9.00 **TOP8 (UGT): INCIDENCE, PREDICTIVE FACTORS AND OUTCOMES OF NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING – A PROSPECTIVE MULTICENTER POPULATION-BASED STUDY FROM HUNGARY**
Lakatos L.[1], Gonczi L.[2], Izbeki F.[3], Patai A.[4], Racz I.[5], Gasztonyi B.[6], Varga-Szabo L.[7], Rozsa F.[2], Lovasz B.[2], Ilias A.[2], Lakatos P.[2,8]
1. 1st Dept. of Internal Medicine, Csolnoky F. County Teaching Hospital, Veszprem; 2. 1st Dept. of Medicine, Semmelweis University, Budapest; 3. 1st Dept. of Internal Medicine, St. Georg Teaching Hospital, Szekesfehervar; 4. 2nd Dept. of Internal Medicine, Markusovszky F. Teaching Hospital, Szombathely; 5. 1st Dept. of Internal Medicine, Petz A Teaching Hospital, Gyor; 6. 2nd Dept. of Internal Medicine, St. Rafael Teaching Hospital, Zalaegerszeg; 7. Dept. of Gastroenterology, St. Pantaleon Hospital, Dunaujvaros; 8. McGill University Health Center, Montreal General Hospital, Canada

9.10 **TOP8 (UGT): FLEXIBLE ENDOSCOPIC TREATMENT FOR ZENKER'S DIVERTICULUM: RESULTS OF OUR 44 CONVENTIONAL INTERVENTIONS.**
Orbán-Szilágyi Á.[1], Bakucz T.[1], Gyökeres T.[1]
1. MH EK Honvédkórház

9.20 **TOP8 (LGT): QUALITY INDICATORS AND RESULTS OF COLONOSCOPY EXAMINATIONS IN THE FIRST YEAR OF HUNGARIAN POPULATION-BASED COLORECTAL CANCER SCREENING PROGRAM – A NATIONWIDE COHORT STUDY**

Bor R.[1], Fábián A.[1], Vasas B.[2], Tóth T.[1], Szántó K.[1], Farkas K.[1], Molnár T.[1], Kardos V.[1], Rutka M.[1], Milassin A.[1], Bálint A.[1], Szepes Z.[1]
1. First Department of Medicine, University of Szeged; 2. Department of Pathology, University of Szeged

9.30 **TOP8 (LGT): CHANGE IN MUCOSAL SERPIN E1 EXPRESSION REFLECTS THERAPEUTIC RESPONSE IN INFLAMMATORY BOWEL DISEASE PATIENTS**

Jójárt B.[1,3,4], Szabó V.[1,3,4], Varga A.[1,3,4], Szántó K.[1], Kata D.[5], Földesi I.[5], Molnár T.[1], Maléth J.[1,2,3,4], Farkas K.[1]
1. First Department of Medicine, Faculty of Medicine, University of Szeged; 2. Department of Public Health, Faculty of Medicine, University of Szeged; 3. Hungarian Academy of Science - University of Szeged Momentum Epithelial Cell Signaling and Secretion Research Group; 4. Hungarian Centre of Excellence of Molecular Medicine – University of Szeged Molecular Gastroenterology Research Group; 5. Institute of Laboratory Medicine, Faculty of Medicine, University of Szeged

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9.40 **MAGYAR IMRE EMLÉKELŐADÁS**
Neoplasztikus és nem-neoplasztikus polypok valós idejű optikai diagnózisa vastagbéltükrözés során mesterséges intelligencia alapú döntéstámogató rendszer (Polypbrain®) segítségével
Lovász Barbara Dorottya, Budapest

10.00 – 10.15 SZÜNET - REKLÁMOK

Terem1

10.15 – 10.30

A CHOLESTYRAMIN:ÚJRA ITT VAN
SUPRAMEX SZIMPÓZIUM

Előadó: **Schäfer Eszter**, Budapest

10.30 – 11.20 SZAKMAI SZIMPÓZIUM (SYMP4)

VASTAGBÉLPOLIP - LE VELE!

Üléselnökök: **Herszényi László,** Budapest **Gurzó Zoltán** Gyula

10.30 **Polypectomia - A döntés alapjai az endoszkópos szemével**
Dubravcsik Zsolt, Kecskemét

10.40 **Polypectomia - A döntés alapjai a sebész szemével**
Bánki Balázs, Tatabánya

10.50 **Polyp, de milyen? - Patológia nomenklatúra**
Micsik Tamás, Budapest

11.00 **Amikor a kórszövettan meghatározza a beteg sorsát - CRC**
Karádi Oszkár, Pécs

11.10 **FIRST-YEAR ADHERENCE TO THE HUNGARIAN POPULATION-BASED COLORECTAL SCREENING PROGRAM AND POTENTIAL INFLUENCING DEMOGRAPHIC FACTORS**
Fábián A.[1], Bor R.[1], Vasas B.[2], Tóth T.[1], Móczár B.[1], Kardos V.[1], Szántó K.[1], Farkas K.[1], Molnár T.[1], Rutka M.[1], Milassin A.[1], Bálint A.[1], Szepes Z.[1]
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11.20 – 11.30 SZÜNET - REKLÁMOK

11.30 – 12.30 SZAKMAI SZIMPÓZIUM (SYMP2)

MEDDIG MEHETÜNK SEBÉSZ NÉLKÜL FELSŐ GI VÉRZÉSBEN?

Üléselnökök: **Papp András,** Pécs **Vitális Zsuzsanna,** Debrecen

11.30 **Refrakter vérzések: varix eredetű**
Gyökeres Tibor, Budapest

11.50 **Refrakter vérzések: nem varix eredetű**
Rácz István, Győr

12.10 **Foltozzuk be belülről! Embolizáció és TIPS**
Doros Attila, Budapest

12.30 – 12.40 SZÜNET - REKLÁMOK

2021. június 4. péntek Terem 2.

10.30 – 11.30 SZABAD TÉMÁJÚ BEJELENTETT ELŐADÁSOK
FELSŐ GI TRAKTUS (FREE7)

Üléselnökök: **Schäfer Eszter**, Budapest **Róka Richárd**, Szeged

10.30 **INCIDENCE, PREDICTIVE FACTORS AND OUTCOMES OF VARICEAL UPPER GASTROINTESTINAL BLEEDING – A PROSPECTIVE MULTICENTER POPULATION-BASED STUDY FROM HUNGARY**
Lakatos L.[1], Gonczi L.[2], Izbeki F.[3], Patai A.[4], Racz I.[5], Gasztonyi B.[6], Varga-Szabo L.[7], Rozsa F.[2], Lovasz B.[2], Ilias A.[2], Lakatos P.[2,8]
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10.40 **COMPARISON OF ORAL VERSUS INTRAVENOUS PROTON PUMP INHIBITORS FOR BLEEDING PEPTIC ULCERS: A SYSTEMATIC REVIEW AND META-ANALYSIS**

Csiki E.[1], Hanna S.[3], Bálint E.[2], Hanák L.[2], Szakács Z.[2], Szabolcs K.[2], Vörhendi N.[2], Pécsi D.[4], Hegyi E.[2], Hegyi P.[2]

1. Pécsi Tudományegyetem, Transzlációs Medicina Intézet; MOGYE, Maros Megyei Klinikai Kórház; 2. Pécsi Tudományegyetem, Transzlációs Medicina Intézet; 3. MOGYE; 4. Pécsi Tudományegyetem, Klinikai Központ I.sz. Belgyógyászati Klinika, Gasztroenterológiai Tanszék

10.50 **BISPHOSPHONATE TREATMENT OF OSTEOPOROSIS DOES NOT INCREASE THE RISK OF SEVERE GASTROINTESTINAL SIDE EFFECTS: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS**

Dömötör R.[1], Vörhendi N.[2], Hanák L.[2], Hegyi P.[2], Kiss S.[3], Csiki E.[2], Szakó L.[2], Párniczky A.[2], Erőss B.[2]

1. University of Medicine, Pharmacy, Science and Technology of Targu Mures; 2. Institute for Translational Medicine, University of Pécs Medical School; 3. Doctoral School of Clinical Medicine, University of Szeged

11.00 **UTILITY OF MULTIPLE RAPID SWALLOWING TEST IN EVALUATION OF PATIENTS WITH GERD**

Izbéki F.[1], Joó I.[1], Wágner I.[1], Józsa A.[1], Boros E.[1], Kapitány D.[1], Minárik A.[1], Jurenka Z.[1], Altorjay Á.[2]

1. 1st Department of Medicine, Gastroenterology and Hepatology, Szent György Teaching Hospital of County Fejér; 2. Department of Surgery, Szent György County Hospital of County Fejér

11.10 **PARODONTOPATHY SEEMS TO PREDICT BETTER THE PRESENCE OF GASTROESOPHAGEAL REFLUX DISEASE (GERD), THAN DENTAL EROSION IN PATIENTS WITH HEARTBURN**

Helle K.[1], Ollé G.[1], Bálint L.[1], Antal M.[2], Árok A.[2], Inczefi O.[1], Róka R.[1], Rosztóczy A.[1]

1. SZTE SZAKK I. sz. Belgyógyászati Klinika; 2. SZTE FOK Konzerváló és Esztétikai Fogászati Tanszék

11.20 **A HIGH MORTALITY OF 21% IN 2 MONTHS IN THE HUNGARIAN GASTROINTESTINAL BLEEDING REGISTRY- ANALYSIS OF THE FIRST 100 CASES**

Hágendorn R.[2], Vörhendi N.[1], Berki D.[1], Csontos A.[1], Frim L.[1], Vincze A.[2], Szabó I.[2], Hegyi P.[1], Erőss B.[1]

1. Institute for Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 2. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary

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11.30 – 12.30 SZABAD TÉMÁJÚ BEJELENTETT ELŐADÁSOK ALSÓ GI TRAKTUS (FREE9)

Üléselnökök: **Varga Márta**, Békéscsaba **Müllner Katalin**, Budapest

11.30 **AZ USTEKINUMAB KLINIKAI HATÁSOSSÁGÁNAK FELMÉRÉSE MAGYARORSZÁGI GYULLADÁSOS BÉLBETEGEK KEZELÉSE SORÁN MULTICENTRIKUS, PROSPEKTÍV KLINIKAI VIZSGÁLAT KERETÉBEN – 1 ÉVES EREDMÉNYEK**

Gönczi L.[1], Szántó K.[2], Farkas K.[2], Molnár T.[2], Schafer E.[3], Szamosi T.[3], Golovics P.[3], Lovász B.[1], Juhász M.[4], Patai A.[5], Vincze A.[6], Sarlós P.[6], Palatka K.[7], Farkas A.[8], Dubrovcsik Z.[8], Tóth G. T.[9], Lakatos P.[1,10], Iliás A.[1], Miheller P.[11], Bacsur P.[2], Zsigmond F.[3]

1. Semmmelweis Egyetem, Belgyógyászati és Onkológiai Klinika, Budapest; 2. Szegedi Orvostudományi Egyetem, I. sz. Belgyógyászati Klinika, Szeged; 3. MH Egészségügyi Központ, Gastroenterológia, Budapest; 4. Szent Margit Kórház, Általános Belgyógyászati Osztály, Budapest; 5. Markusovszky Egyetemi Oktatókórház, Gastroenterológia,

Szombathely; 6. Pécsi Tudományegyetem, I. sz. Belgyógyászati Klinika, Pécs; 7. Debreceni Egyetem, II. sz. Belgyógyászati Klinika, Debrecen; 8. Bács-Kiskun Megyei Kórház, Gastroenterológia, Kecskemét; 9. Szent János Kórház, I. Belgyógyászat, Budapest; 10. McGill University Health Center, Montreal General Hospital, Canada; 11. Semmelweis Egyetem, I. sz. Sebészeti Klinika, Budapest

11.40 **PATIENT REPORTED OUTCOMES, PARTIAL MAYO SCORE AND SCCAI ARE EQUALLY ACCURATE IN PREDICTING MUCOSAL HEALING IN UC: PRELIMINARY RESULTS FORM A PROSPECTIVE STUDY**

Golovics P.[1], Gönczi L.[2], Reinglass J.[3], Verdon C.[3], Afif W.[3], Wild G.[3], Bitton A.[3], Seidman E.[3], Herszényi L.[1], Bessissow T.[3], Lakatos P.[2,3]

1. Division of Gastroenterology, Medical Centre, Hungarian Defence Forces, Budapest, Hungary; 2. 1st Department of Medicine, Semmelweis University, Budapest, Hungary; 3. Division of Gastroenterology, McGill University Health Centre, Montreal, Canada

11.50 **COMPARISON OF THE EFFECTIVENESS AND SAFETY OF THE VEDOLIZUMAB THERAPY USING IN COMBINATION WITH OR WITHOUT CYCLOSPORINE IN ULCERATIVE COLITIS**

Resál T.[1], Szántó K.[1], Rutka M.[1], Bor R.[1], Fábián A.[1], Nagy F.[1], Szepes Z.[1], Farkas K.[1], Molnár T.[1]

1. 1st Department of Internal Medicine, University of Szeged

12.00 **GRANULOCYTE AND MONOCYTE APHERESIS IS AN EXCELLENT CHOICE AS AN ADJUNCTIVE THERAPY TO INDUCE AND MAINTAIN REMISSION IN ULCERATIVE COLITIS: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS**

Kiss S.[1,2,3], Németh D.[3], Hegyi P.[2,3,4], Földi M.[1,2,3], Szakács Z.[3], Erőss B.[3,4], Tinusz B.[6], Sarlós P.[5], Alizadeh H.[7], Hegyi P.[3]

1. Doctoral School of Clinical Medicine, University of Szeged; 2. First Department of Internal Medicine, University of Szeged; 3. Institute for Translational Medicine, University of Pécs Medical School; 4. Division of Translational Medicine, First Department of Medicine, University of Pécs Medical School; 5. Division of Gastroenterology, First Department of Medicine, University of Pécs Medical School; 6. First Department of Medicine, University of Pécs Medical School; 7. Division of Haematology, First Department of Medicine, University of Pécs Medical School

12.10 **USTEKINUMAB THERAPY IN BIOLOGIC-REFRACTORY CROHN'S DISEASE PATIENTS: CLINICAL RESPONSE AND THERAPEUTIC DRUG MONITORING**

Molnár T.[1], Rutka M.[1], Bacsur P.[1], Kata D.[2], Földesi I.[2], Szántó K.[1], Bálint A.[1], Milassin A.[1], Bor R.[1], Fábián A.[1], Szepes Z.[1], Farkas K.[1]

1. First Department of Medicine, University of Szeged; 2. Institute of Laboratory Medicine, University of Szeged

12.20 **PERIANAL CROHN'S DISEASE SURGICAL AND MEDICAL TREATMENT IN CLOSE COLLABORATION**

Golovics P.[1], Takács T.[2], Pálinkás D.[1], Hajdú H.[1], Schafer E.[1], Iványi A.[2], Zsigmond F.[1], Gyökeres T.[1], Lestár B.[2], Szamosi T.[1], Herszényi L.[1]

1. Gastroenterology Department, Medical Centre, Hungarian Defence Forces; 2. Surgery Department, Medical Centre, Hungarian Defence Forces

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2021. június 4. péntek Terem 1.

12.30 – 12.40 **TV STÚDIÓ -** SZÜNET - REKLÁMOK

12.40-13.10 Terem 1.

PURASTAT VÉRZÉSCSILLAPÍTÓ - HAZAI TAPASZTALATOK

MICROMEDICAL SZIMPÓZIUM

Előadók:

Pradeep Bhandari – Portsmouth, Egyesült Királyság

Posfai Gábor – Budapest, Magyarország

Kovács Attila - Szombathely, Magyarország

13.10-14.00 Terem 1.

AZ IBD KEZELÉS AKTUALITÁSAI - KEREKASZTAL BESZÉLGETÉS A TANULMÁNYOK, A VALÓS ADATOK ÉS A BETEGTAPASZTALATOK ALAPJÁN

JANSSEN-CILAG SZIMPÓZIUM

Üléselnök: **Molnár Tamás**, Szeged

Kerekasztal megbeszélés

Résztvevők: Molnár Tamás, Szeged, Vincze Áron, Pécs, Palatka Károly, Debrecen Miheller Pál, Budapest,

14.00 – 15.00 Terem 1.

PANEL SZEKCIÓ (HS4)

ÉTELALLERGIA, ÉTELINTOLERANCIA - KÁOSZ A BELEKBEN VAGY A FEJEKBEN?

Üléselnök: **Izbéki Ferenc,** Székesfehérvár

14.00 **Bevezető**
Izbéki Ferenc, Székesfehérvár

14.05 **Elhiggyük-e a tesztek eredményét?**
Schwab Richárd, Budapest

14.10 **Mi a különbség az allergia és az intolerancia között?**
Hidvégi Edit, Budapest

14.20 **Enni vagy nem enni?**
Dakó Sarolta, Budapest

14.25 **Új élelmiszeripari technológiák**
Tömösközi Sándor, Budapest

14.30 Vita

15.00 – 15.10 SZÜNET - REKLÁMOK

Terem 1. Terem 1.

15.10 – 16.10 PANEL SZEKCIÓ (HS2)

CRC SZŰRÉS MAGYARORSZÁGON. - SIKERTÖRTÉNET?

Üléselnök: **Szepes Zoltán,** Szeged

15.10 **Bevezető**
Szepes Zoltán, Szeged

15.15 **Működik**
Vincze Áron, Pécs

15.20 **Milyen nehézségekkel kell megküzdeni a program működése érdekében**
Németh Csaba, Szekszárd

15.25 **Munkaidőben vagy utána?**
Szabó Ágnes, Szeged

15.30 **Altatva vagy ébren?**
Miheller Pál, Budapest

15.35 **Megoldott-e a finanszírozás?**
NEAK felkért előadója

15.40 Vita

16.10 – 16.20 SZÜNET - REKLÁMOK

16.20 – 17.20 SZAKMAI SZIMPÓZIUM (SYMP6) Terem 1.

HITEK ÉS TÉVHITEK AZ IBD KEZELÉSÉBEN

Üléselnökök: **Lázár György,** Szeged **Palatka Károly**, Debrecen

16.20 **Sztenotizáló Crohn-betegség kezelése - gyógyszer és endoszkópia**
Miheller Pál, Budapest

16.30 **Sztenotizáló Crohn-betegség kezelése - szike**
Ferreira Gábor, Budapest

16.40 **Gyulladás kezelése - új biológia szerek és kismolekulák**
Farkas Klaudia, Szeged

16.55 **Gyulladás kezelése - alternatív módszerek**
Fábián Anna, Szeged

17.10 **PROACTIVE MEASUREMENT OF FAECAL INFLIXIMAB IN ULCERATIVE COLITIS POTENTIALLY INCREASES THE ACCURACY OF DISEASE MONITORING AND HELPS TO ACHIEVE THERAPEUTIC TARGET**
Szántó K.[1], Kata D.[2], Földesi I.[2], Matuz M.[3], Rutka M.[1], Bor R.[1], Fábián A.[1], Resál T.[1], Bacsur P.[1], Jójárt B.[1,4,5], Maléth J.[1,4,5], Bálint A.[1], Milassin Á.[1], Nagy F.[1], Szepes Z.[1], Molnár T.[1], Farkas K.[1]
1. Department of Medicine, University of Szeged; 2. Institute of Laboratory Medicine, University of Szeged; 3. Department of Clinical Pharmacy, University of Szeged; 4. HCEMM-SZTE Molecular Gastroenterology Research Group, University of Szeged; 5. HAS-USZ Momentum Epithelial Cell Signalling and Secretion Research Group, University of Szeged

Terem 1 Terem 1.

17.20 – 17.30 SZÜNET - REKLÁMOK

17.30 – 18.30 Terem 1.

TRANSZLÁCIÓS SZEKCIÓ (TM2)

FOLYADÉKDIAGNOSZTIKA: AMIKOR A SZABAD DNS SEGÍT A KLINIKUSNAK

Moderátorok: **Molnár Béla,** Budapest **Nagy Bálint,** Debrecen

17.30 **Daganatszűrés és tumormarker-vizsgálatok ma**
Schwab Richárd, Budapest

17.40 **A keringő szabad DNS felismerésének 50 éve**
Molnár Béla, Budapest

17.50 **Technikai kihívások és perspektívák**
Barták Barbara, Budapest

18.00 **Szűrési markerek és módszerek**
Tóth Kinga, Budapest

18.10 **Terápiás válasz előrejelzése és kontrollja**
Nagy Bálint, Budapest

18.20 **A folyadék biopszia évtizede: 2020-**
Spisák Sándor, Budapest

2021. június 4. péntek Terem 2.

14.00 – 15.10 **COVID ÉS A GASZTROENTEROLÓGIA**

Richter Gedeon támogatásával

Üléselnökök: **Altorjay István**, Debrecen **Molnár Tamás**, Szeged

14.00 **A savcsökkentés indikációi COVID-19 alatt**
Altorjay István, Debrecen

14.10 **FREQUENCY AND OUTCOME OF SARS-COV2 INFECTION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE ON DIFFERENT BIOLOGICAL THERAPY**
Molnár T.[1], Resál T.[1], Farkas K.[1]
1. Szegedi Tudományegyetem, Belgyógyászati Klinika

14.20 **INVESTIGATION OF ANTIBODY RESPONSE AND SAFETY OF SARS-COV-2 VACCINATIONS IN INFLAMMATORY BOWEL DISEASE PATIENTS TREATED WITH IMMUNOMODULATOR AND/OR BIOLOGICAL THERAPY - PRELIMINARY RESULTS**
Farkas K.[1], Földesi I.[2], Resál T.[1], Bacsúr P.[1], Rutka M.[1], Milassin Á.[1], Bor R.[1], Fábián A.[1], Bálint A.[1], Szepes Z.[1], Molnár T.[1]
1. Department of Medicine, University of Szeged; 2. Institute of Laboratory Medicine, University of Szeged

14.30 **EFFECT OF COVID-19 PANDEMIC ON THE WORKFLOW OF ENDOSCOPIC UNITS – AN INTERNATIONAL SURVEY**
Resál T.[1], Bor R.[1], Szántó K.[1], Fábián A.[1], Farkas K.[1], Szepes Z.[1], Molnár T.[1]
1. Szegedi Tudományegyetem, Belgyógyászati Klinika

14.40 **INFLAMMATORY BOWEL DISEASE AND SARS-COV-2 PANDEMIC – THE PATIENT'S PERSPECTIVE**
Horvath M.[1], Szalai R.[1], Keczer B.[1], Hritz I.[1], Farkas K.[2], Resal T.[2], Szántó K.[2], Palatka K.[3], Molnár T.[2], Szijártó A.[1], Miheller P.[1]
1. First Department of Surgery and Interventional Gastroenterology, Semmelweis University, Budapest, Hungary; 2. First Department of Internal Medicine, University of Szeged, Szeged, Hungary; 3. Second Department of Medicine, University of Debrecen, Debrecen, Hungary

14.50 **PSYCHOLOGICAL CHARACTERISTICS OF HUNGARIAN IBD PATIENTS DURING THE FIRST WAVE OF COVID-19**
Sánta A.[1], Szántó K.[1], Fábián A.[1], Farkas K.[1], Miheller P.[3], Sarlós P.[4], Hallgató E.[2], Rafael B.[2], Molnár T.[1]
1. Department of Medicine, University of Szeged; 2. Institute of Psychology, University of Szeged; 3. 1st Department of Surgery, Semmelweis University; 4. 1st Department of Medicine, University of Pécs

15.00 **ENDOSZKÓPOS ELJÁRÁSOKKAL ÖSSZEFÜGGŐ INFEKCIÓS KOCKÁZAT A SARS-COV-2 JÁRVÁNY IDEJÉN – ORSZÁGOS SZINTŰ, KERESZTMETSZETI KÉRDŐÍVES VIZSGÁLAT EREDMÉNYEI**
Fábián A.[1], Bor R.[1], Tóth T.[1], Bálint A.[1], Farkas K.[1], Kovalcsik Z.[2], Milassin Á.[1], Molnár T.[1], Rácz I.[4], Resál T.[1], Rutka M.[1], Vincze Á.[3], Szepes Z.[1]
1. SZTE ÁOK Belgyógyászati Klinika, Szeged; 2. Tolna Megyei Balassa János Kórház, Gasztroenterológia Osztály, Szekszárd; 3. PTE I. sz. Belgyógyászati Klinika, Gasztroenterológiai Tanszék, Pécs; 4. Petz Aladár Egyetemi Oktató Kórház, Győr

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15.10 – 15.15 SZÜNET - REKLÁMOK

15.15 – 16.15 ESETBEMUTATÁSOK (CASE4) Terem 2.

RITKA ESETEK A GASZTROENTEROLÓGIÁBAN

Üléselnökök: **Gasztonyi Beáta**, Zalaegerszeg **Weninger Csaba,** Pécs
Tiszlavicz László, Szeged

15.15 **Invaginációó**
Izsák Vera, Budapest

15.35 **Mesenterális panniculitis**
Balla Edit, Békéscsaba

15.55 **Melanoma a GI traktusban**
Völgyi Zoltán, Zalaegerszeg

16.15 – 16.20 SZÜNET - REKLÁMOK

16.20 – 17.20 Terem 2.

BIZONYÍTÉKON ALAPULÓ ÚTMUTATÓK (EBM2)

ÚJ IRÁNYELVEK A KORAI FELSŐTÁPCSATORNAI RÁKMEGELŐZŐ ÁLLAPOTOK KEZELÉSÉBEN

Üléselnökök: **Erőss Bálint,** Pécs **Müllner Katalin,** Budapest

16.20 **ESGE 2017: Rákmegelőző állapotok a nyelőcsőben - patológiai szempontok**
Kiss András, Budapest

16.35 **ESGE 2017: Rákmegelőző állapotok a nyelőcsőben - a gasztroenterológus feladatai**
Rosztóczy András, Szeged

16.50 **ESGE 2019: Rákmegelőző állapotok a gyomorban – patológiai szempontok**
Bogner Barna, Pécs

17.05 **ESGE 2019 Rákmegelőző állapotok a gyomorban - a gasztroenterológus feladatai**
Herszényi László, Budapest

Terem 2. Terem 2.

17.20 – 17.30 SZÜNET - REKLÁMOK

17.30 – 18.30 SZABAD TÉMÁJÚ BEJELENTETT ELŐADÁSOK

Máj, epe, pancreas (HBP,FREE6)

Üléselnökök: **Hamvas József**, Budapest **Völgyi Zoltán**, Zalaegerszeg

17.30 **EARLY RESULTS OF A PROSPECTIVE COHORT ANALYSIS- ASSOCIATION OF LOW ALBUMIN LEVELS AND MORTALITY IN ACUTE PANCREATITIS**

Ocskay K.[1], Bajor J.[3], Gódi S.[4], Sarlós P.[3], Czakó L.[5], Izbéki F.[6], Hamvas J.[7], Papp M.[8], Varga M.[9], Török I.[10], Mickevicius A.[11,12], Sallinen V.[13], Ramirez Maldonado E.[14], Galeev S.[15], Mikó A.[1], Erőss B.[1], Szakács Z.[1], Hegyi P.[1], Faluhelyi N.[16], Farkas O.[16], Kanizsai P.[17], Miseta A.[18], Nagy T.[18], Hágendorn R.[19], Márton Z.[19], Szentesi A.[1,5], Hegyi P.[1,4,5], Párniczky A.[1,2]

1. Institute for Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 2. Heim Pál National Institute of Pediatrics, Budapest, Hungary; 3. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary; 4. Division of Translational Medicine, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary; 5. First Department of Medicine, University of Szeged, Szeged, Hungary; 6. Szent György University Teaching Hospital of Fejér County, Székesfehérvár, Hungary; 7. Bajcsy-Zsilinszky Hospital, Budapest, Hungary; 8. Department of Internal Medicine, Division of Gastroenterology, University of Debrecen, Debrecen, Hungary; 9. Dr. Réthy Pál Hospital, Békéscsaba, Hungary; 10. County Emergency Clinical Hospital - Gastroenterology and University of Medicine, Pharmacy, Sciences and Technology, Targu Mures, Romania; 11. Vilnius University Hospital Santaros Clinics, Vilnius, Lithuania; 12. Clinics of Abdominal Surgery, Nephrourology and Gastroenterology, Faculty of Medicine, Vilnius University, Vilnius, Lithuania; 13. Department of Transplantation and Liver Surgery, Helsinki University Hospital and University of Helsinki, Helsinki, Finland; 14. General Surgery, Consorci Sanitari del Garrof, Sant Pere de Ribes, Spain; 15. Saint Luke Clinical Hospital, St. Petersburg, Russia; 16. Department of Radiology, Medical School, University of Pécs, Hungary; 17. Department of Emergency Medicine, Medical School, University of Pécs, Hungary; 18. Department of Laboratory Medicine, Medical School, University of Pécs, Hungary; 19. First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary

17.40 **PREDICTIVE SCORE DEVELOPMENT FOR A CLINICAL TRIAL ON THE PRE-EMPTIVE USE OF EXTRACORPOREAL CYTOKINE REMOVAL WITH CYTOSORB THERAPY IN ACUTE NECROTIZING PANCREATITIS**

Pazmany P.[1], Szakacs Z.[1], Farkas N.[2], Molnar Z.[1], Huber W.[3], Hegyi P.[1]

1. University of Pécs, Medical School, Institute for Translational Medicine; 2. University of Pécs, Institute for Bioanalysis; 3. Technische Universitat Munchen, Klinikum rechts der Isar, Medizinische Klinik und Poliklinik II, Munchen, Germany

17.50 **RISK PREDICTION MODEL FOR DEVELOPING PANCREATIC NECROSIS**

Kiss S.[1,2,3], Farkas N.[3], Fehérvári P.[3], Pecze L.[3], Földi M.[1,2,3], Vincze Á.[4], Gódi S.[5], Bajor J.[4], Czimmer J.[4], Sarlós P.[4], Hágendorn R.[6], Takács T.[1], Izbéki F.[7], Halász A.[7], Hamvas J.[8], Varga M.[9], Crai S.[10], Mickevicius A.[11], Patai Á.[12], Ihász M.[12], Varjú P.[3], Faluhelyi N.[13], Farkas O.[13], Miseta A.[14], Kelemen D.[15], Papp R.[15], Hegyi P.[3], Szentesi A.[1,3], Párniczky A.[16], Hegyi P.[1,3,5]

1. First Department of Internal Medicine, University of Szeged, Szeged, Hungary; 2. Doctoral School of Clinical Medicine, University of Szeged, Szeged, Hungary; 3. Institute for Translational Medicine, University of Pécs Medical School, Pécs, Hungary; 4. Division of Gastroenterology, First Department of Medicine, University of Pécs Medical School, Pécs, Hungary; 5. Division of Translational Medicine, First Department of Medicine, University of Pécs Medical School, Pécs, Hungary; 6. First Department of Medicine, University of Pécs Medical School, Pécs, Hungary; 7. Szent György University Teaching Hospital of Fejér County, Székesfehérvár, Hungary; 8. Péterfy Hospital, Budapest, Hungary; 9. Dr. Réthy Pál Hospital, Békéscsaba, Hungary; 10. Pándy Kálmán Hospital of Békés County, Gyula, Hungary; 11. Vilnius University Hospital Santaros Clinics, Vilnius, Lithuania; 12. Markusovszky University Teaching Hospital, Szombathely, Hungary; 13. Department of Radiology, University of Pécs Medical School, Pécs, Hungary; 14. Department of Laboratory Medicine, University of Pécs Medical School, Pécs, Hungary; 15. Department of Surgery, University of Pécs Medical School, Pécs, Hungary; 16. Heim Pál National Institute of Pediatrics, Budapest, Hungary

18.00 **DISTURBANCE OF CONSCIOUSNESS DETERIORATES THE SEVERITY OF ACUTE PANCREATITIS. AN INTERNATIONAL MULTICENTRE COHORT ANALYSES OF 1220 PROSPECTIVELY COLLECTED PATIENTS**

Lillik V.[1], Vincze Á.[2], Izbéki F.[3], Gajdán L.[3], Gódi S.[2], Illés A.[2], Sarlós P.[2], Farkas N.[1,4], Erőss B.[1], Hágendorn R.[1,11], Illés D.[5], Varjú P.[1], Márta K.[1], Török I.[6], Papp M.[7], Vitális Z.[7], Bod B.[8], Hamvas J.[9], Szepes Z.[5], Takács T.[5], Czakó L.[5], Szentesi A.[1,5], Párniczky A.[1,10,11], Hegyi P.[1,12,13,14], Mikó A.[1,2,11]

1. Institute for Translational Medicine, Szentágothai Research Centre, Medical School, University of Pécs, Hungary; 2. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary; 3. Szent György University Teaching Hospital of Fejér County, Székesfehérvár, Hungary; 4. Institute of Bioanalysis, Medical School, University of Pécs, Pécs, Hungary; 5. 1st Department of Medicine, University of Szeged, Szeged, Hungary; 6. County Emergency Clinical Hospital Târgu Mures; George Emil Palade University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș, Romania; 7. Department of Internal Medicine, Division of Gastroenterology, University of Debrecen, Debrecen, Hungary; 8. Dr. Bugyi István Hospital, Szentes, Hungary; 9. Bajcsy-Zsilinszky Hospital, Budapest, Hungary; 10. Heim Pál National Institute for Pediatrics, Budapest, Hungary; 11. Centre for Translational Medicine, 1st Department of Medicine, University of Szeged, Szeged, Hungary; 12. Division of Translational Medicine, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary; 13. Hungarian Academy of Sciences - University of Szeged, Momentum Gastroenterology Multidisciplinary Research Group, Szeged, Hungary; 14. on behalf of the Hungarian Pancreatic Study Group

18.10 **SYNERGIZING EFFECT OF ALCOHOL CONSUMPTION AND SMOKING ON SEVERITY AND COMPLICATIONS IN ACUTE PANCREATITIS**

Szentesi A.[1,2], Gede N.[1], Gyömbér Z.[2], Vincze Á.[3], Gódi S.[4], Bajor J.[3], Németh B.[2], Takács T.[2], Czakó L.[2], Izbéki F.[5], Hamvas J.[6], Varga M.[7], Sallinen V.[8], Macarie M.[9], Török I.[9], Mickevicius A.[10,11], Ramirez Maldonado E.[12], Miseta A.[13], Nagy T.[13], Faluhelyi N.[14], Kanizsai P.[15], Pécsi D.[1], Varjú P.[1], Zádori N.[1], Hegyi P.[1], Párniczky A.[1,16], Hegyi P.[1,2,4]

1. Institute for Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 2. First Department of Medicine, University of Szeged, Szeged, Hungary; 3. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary; 4. Division of Translational Medicine, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary; 5. Szent György University Teaching Hospital of Fejér County, Székesfehérvár, Hungary; 6. Péterfy Hospital, Budapest, Hungary; 7. BMKK Dr. Réthy Pál Hospital, Békéscsaba, Hungary; 8. Department of Transplantation and Liver Surgery, Helsinki University Hospital and University of Helsinki, Helsinki, Finland; 9. County Emergency Clinical Hospital - Gastroenterology and University of Medicine, Pharmacy, Sciences and Technology, Targu Mures, Romania; 10. Vilnius University Hospital Santaros Clinics, Vilnius, Lithuania; 11. Clinics of Abdominal Surgery, Nephrourology and Gastroenterology, Faculty of Medicine, Vilnius University, Vilnius, Lithuania; 12. General Surgery, Consorci Sanitari del Garraf, Sant Pere de Ribes, Barcelona, Spain; 13. Department of Laboratory Medicine, Medical School, University of Pécs, Pécs, Hungary; 14. Department of Radiology, Medical School, University of Pécs, Pécs, Hungary; 15. Department of Emergency Medicine, Medical School, University of Pécs, Pécs, Hungary; 16. Heim Pál National Institute of Pediatrics, Budapest, Hungary

18.20 **ENDOSCOPIC STEP-UP APPROACH OF SYMPTOMATIC PANCREATIC NECROTIC COLLECTIONS – A NEED FOR FINE-TUNING OF THE GUIDELINES**

Keczer B.[1], Miheller P.[1], Horváth M.[1], Marjai T.[1], Harsányi L.[1], Szücs Á.[1], Szijártó A.[1], Hritz I.[1]

1. Center for Therapeutic Endoscopy, 1st Department of Surgery, Semmelweis University

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2021. június 4. péntek Terem 1.

18.30 – 19.00

GOODWILL SZIMPÓZIUM

Üléselnök: **Palatka Károly,** Debrecen

Fokozott permeabilitás és dysbiosis: kettőt egy csapásra?
Inczefi Orsolya, Szeged

Rifaximin-α, az eubiosis szemszögéből
Schäfer Eszter, Budapest

Gyulladásos bélbetegség- fő a biztonság!
Molnár Tamás, Szeged

19.00 – 19.15

VAN-E ÖSSZEFÜGGÉS A PPI-KEZELÉS ÉS A COVID-19-FERTŐZÉS SÚLYOSSÁGA KÖZÖTT: VALÓSÁG VAGY FIKCIÓ?”

EGIS SZIMPÓZIUM

Előadó: **Herszényi László,** Budapest

19.00-19.20

TV STÚDIÓ - NAPI ÖSSZEFOGLALÓ

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&action=show_details&item=27149
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Termékeink árváltozásával és rendelhetőségével kapcsolatos információkért forduljon orvoslátogató kollégáinkhoz, illetve ezekről tájékozódhat a Nemzeti Egészségbiztosítási Alapkezelő honlapján: www. neak.gov.hu.

Amennyiben termékeink alkalmazása során „Nemkívánatos eseményt" észlel, kérjük, 24 órán belül jelentse a pharmacovigilance@egis.hu e-mail címen vagy a +36-1-803-22-22-es telefonszámon.

NOA165

További információk:
Egis Gyógyszergyár Zrt. Kardiometabolikus Üzletág, 1134 Budapest, Lehel u. 15.
tel.: 06-1-803-2222, e-mail: marketing@egis.hu, honlap: hu.egis.health
Lezárás dátuma: 2021. 05. 11.

MAGYAR GYÓGYSZER
KÖZÖS A MÚLTUNK, KÖZÖS A JÖVŐNK.

EGIS

A TÁRSASÁG **TISZTELETBELI TAGJAI**, AKIK **HETÉNYI GÉZA EMLÉKÉREM** KITÜNTETÉSBEN RÉSZESÜLTEK
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A MAGYAR GASZTROENTEROLÓGIAI TÁRSASÁG
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Dr. BENE LÁSZLÓ	2017
Dr. KOVÁCS ÁGOTA	2018
Dr. GÓGL ÁRPÁD	2019
Dr. SOLT JENŐ	2020
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2018.	Dr. PATAI ÁRPÁD V.
2019.	Dr. NÉMETH BALÁZS
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2021.	**Dr. LOVÁSZ BARBARA**

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Az árakkal és rendelhetőséggel kapcsolatos információkat a Nemzeti Egészségbiztosítási Alapkezelő honlapján talál: www.neak.gov.hu

Az információ lezárásának időpontja: 2021.05.05.

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e-mail:central@medicons.hu
www.medicons.hu

2021. június 5. szombat Terem 1.

7.00 – 7.15 **TV STÚDIÓ**

7.15 – 7.30 REKLÁMOK

7.30 – 8.00 **AZ EMBERI MIKROBIOM, MINT EPIGENETIKAI TÉNYEZŐ**
PROGASTRO SZIMPÓZIUM

Üléselnök: **Gasztonyi Beáta**, Zalaegerszeg

Előadó: **Schwab Richárd**, Budapest

8.00 – 9.00 Terem 1.

EURÓPAI ÉLMEZŐNY- UEG BESZÁMOLÓK (UEG2)

EXPERIENCES IN COLORECTAL SCREENING IN CENTRAL AND EASTERN EUROPE

Üléselnökök: **Molnár Tamás,** Szeged **Vincze Áron,** Pécs

8.00 **Jaroslaw Regula**, Poland

8.20 **Boyan Tepes**, Slovénia

8.40 **Monica Fleitscher**, Austria

9.00 Terem 1.

HETÉNYI GÉZA EMLÉKELŐADÁS
Üléselnökök:
Molnár Tamás, Szeged, Vincze Áron, Pécs, Herszényi László, Budapest Gyökeres Tibor, Budapest, Palatka Károly, Debrecen

A patkányfaroktól az intervenciós endoszkópiáig
From rat's tail to interventional endoscopy

Előadó: **Czakó László**, Szeged

9.20 – 9.30 SZÜNET - REKLÁMOK

9.30 – 10.30 SZAKMAI SZIMPÓZIUM (SYMP8) Terem 1.

NEHÉZ EPEÚTI KANÜLÁLÁS
Üléselnökök: **Vincze Áron,** Pécs **Gyökeres Tibor**, Budapest

9.30 **Kit és hogyan kanüláljunk?**
Madácsy László, Székesfehérvár

9.45 **Mikor küldjük a beteget centrumba?**
Völgyi Zoltán, Zalaegerszeg

10.00 **Mikor EUH?**
Czakó László, Szeged

10.10 **Mikor PTD?**
Doros Attila, Budapest

10.20 **ADVANCED BILIARY CANNULATION STRATEGIES IN TERTIARY CENTERS – ANALYSIS OF 1871 NATIVE PAPILLA CASES FROM THE HUNGARIAN ERCP REGISTRY**
Pécsi D.[1,2], Gódi S.[2], Hegyi P.[1,2], Altorjay I.[3], Bakucz T.[4], Czakó L.[5], Kovács G.[3], Orbán-Szilágyi Á.[4], Pakodi F.[2], Patai Á.[6], Szepes Z.[5], Gyökeres T.[4], Fejes R.[7], Dubravcsik Z.[8], Vincze Á.[2]
1. Institute for Translational Medicine, Szentágothai Research Center, Medical School, University of Pécs, Pécs, Hungary; 2. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary; 3. Second Department of Medicine, University of Debrecen, Debrecen, Hungary; 4. Department of Gastroenterology, Medical Centre Hungarian Defence Forces, Budapest, Hungary; 5. First Department of Medicine, University of Szeged, Szeged, Hungary; 6. First Department of Gastroenterology and Medicine, Markusovszky University Teaching Hospital, Szombathely, Hungary; 7. First Department of Medicine, Szent György University Teaching Hospital of County Fejér, Székesfehérvár, Hungary; 8. Bács-Kiskun County University Teaching Hospital, Kecskemét, Hungary

Terem 1. Terem 1.

10.30 – 10.40 SZÜNET - REKLÁMOK

10.40 – 11.40 SZAKMAI SZIMPÓZIUM (SYMP10)
GI TUMOROK - NYERÜNK A RÉVEN, VESZÍTÜNK A VÁMON?

Üléselnökök: **Bodoky György,** Budapest **Herszényi László,** Budapest

10.40 **GI tumorok precíziós terápiája**
Lakatos Gábor, Budapest

11.00 **GI tumorok immunterápiája**
Torday László, Szeged

11.20 **Immunterápiák GI mellékhatásai**
András Csilla, Debrecen

2021. június 5. szombat Terem 2.
9.30 – 10.20

SZABAD, VEGYES TÉMÁJÚ BEJELENTETT ELŐADÁSOK (FREE8)

Üléselnökök: **Varga Márta,** Békéscsaba **Novák János,** Gyula

9.30 **USE OF EVIDENCE-BASED MANAGEMENT GUIDELINES IMPROVE THE OUTCOME OF ACUTE PEDIATRIC PANCREATITIS**

Lasztity N.[1], Mosztbacher D.[2,3,4], Juhász F.[2,3], Tokodi I.[5], Tészás A.[6], Vass I.[6], Gárdos L.[7], Szentesi A.[2,11], Demcsák A.[8], Tóth A.[8], Tél B.[3], Csoszánszki N.[9], Tomsits E.[9], Hegyi P.[2,10,11,12], Párniczky A.[2,4,13]

1. Szent János's Hospital and North Buda Unified Hospitals, Budapest; 2. Institute for Translational Medicine, Medical School, University of Pécs, Pécs; 3. First Department of Pediatrics, Semmelweis University, Budapest; 4. Clinical Medicine Doctoral School, University of Szeged, Szeged; 5. St. György University Teaching Hospital of Fejér County, Székesfehérvár; 6. Department of Pediatrics, Medical School, University of Pécs,; 7. Department of Pediatrics, Zala County Hospital Szent Rafael, Zalaegerszeg; 8. Department of Pediatrics, University of Szeged, Szeged; 9. Second Department of Pediatrics, Semmelweis University, Budapest; 10. Division of Translational Medicine, First Department of Medicine, Medical School, University of Pécs; 11. First Department of Medicine, University of Szeged, Szeged; 12. Hungarian Academy of Sciences-University of Szeged, Momentum Gastroenterology Multidisciplinary Research Group; 13. Heim Pál National Insitute of Pediatric, Budapest

9.40 **FIRST COMMON BILE DUCT STONE REMOVAL BY SPYGLASS GUIDED ELECTROHYDRAULIC LITHOTRIPSY (EHL) IN HUNGARY**

Liebe R.[1], Molnár E.[1], Czakó L.[2], Tari K.[1], Bíró P.[1], Mészáros B.[1], Ácsné Tóth A.[1], Kovács I.[1], Rácz S.[1], Sahin P.[1]

1. Department of Gastroenterology, Jahn Ferenc Dél-pesti Hospital, Budapest, Hungary; 2. 1st Department of Internal Medicine, University of Szeged, Szeged, Hungary

9.50 **MINIMALLY INVASIVE ESOPHAGECTOMIES ARE MORE BENEFICIAL IN THE TREATMENT OF ESOPHAGEAL CANCER THAN OPEN SURGICAL TECHNIQUES- A NETWORK META-ANALYSIS.**

Szakó L.[1], Németh D.[1], Farkas N.[1], Kiss S.[3], Dömötör R.[1], Engh M.[1], Hegyi P.[1], Papp A.[2], Erőss B.[1]

1. Institute for Translational Medicina, Medical School, University of Pécs; 2. Department of Surgery, Medical School, University of Pécs; 3. Doctoral School of Clinical Medicine, University of Szeged

10.00 **TUMOROS BETEGEK IDEÁLIS BETEGÚTJA A GASTROENTEROLÓGIAI KIVIZSGÁLÁSTÓL A SEBÉSZETEN ÁT AZ ONKOLÓGIAI KEZELÉSIG**

Lukovich P.[1], Nagy Á.[1], Barok B.[1], Csiba B.[1], Ram R.[1], Pőcze B.[1]

1. Szent János Kórház, Sebészeti Osztály

10.10 **IMPORTANCE OF BILE ACIDS IN THE PROGRESSION OF PANCREATIC CANCER**

Gál E.[1], Veréb Z.[2], Rakk D.[4], Szekeres A.[4], Becskeházi E.[1], Kemény L.[2], Tiszlavicz L.[3], Czakó L.[5], Takács T.[5], Hegyi P.[5,6,7], Venglovecz V.[1]

1. University of Szeged, Department of Pharmacology and Pharmacoterapy; 2. Regenerative Medicine and CellularPharmacology Research Laboratory, Department of Dermatology and Allergology,University of Szeged; 3. Department of Pathology, University of Szeged; 4. Department of Microbiology, University of Szeged; 5. First Department of Medicine, University of Szeged; 6. Institute for Translational Medicine, Medical School, Szentágothai Research Centre,University of Pécs; 7. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs

Terem 2. Terem 2.

10.20 – 10.40 SZÜNET - REKLÁMOK

10.40 – 11.40

SZABAD, VEGYES TÉMÁJÚ BEJELENTETT ELŐADÁSOK (FREE10)

Üléselnökök: **Gasztonyi Beáta**, Zalaegerszeg **Madácsy László**, Székesfehérvár

10.40 **DIFFERENTIATION BETWEEN PANCREATIC CYSTIC LESIONS USING IMAGE PROCESSING SOFTWARE (FIJI) BY ANALYZING ENDOSCOPIC ULTRASONOGRAPHIC (EUS) IMAGES**

Keczer B.[1], Miheller P.[1], Horváth M.[1], Marjai T.[1], Harsányi L.[1], Szücs Á.[1], Szijártó A.[1], Hritz I.[1]
1. 1st Department of Surgery, Semmelweis University

10.50 **INDICATIONS FOR A BIOPSY WHILE DOING AN ENDOSCOPIC ULTRASOUND EXAMINATION**

Sahin P.[1], Vajda K.[2], Tari K.[1], Biró P.[1], Mészáros B.[1], Tóthné Á.[1], Kovács I.[1], Rácz S.[1]
1. Department of Gastroenterology, Jahn Ferenc Hospital, Budapest; 2. Department of Pathology Jahn Ferenc Hospital, Budapest

11.00 **ENDOSCOPIC ULTRASONOGRAPHY-GUIDED LIVER BIOPSY – SINGLE CENTER EXPERIENCES**

Iványi E.[1], Illés D.[1], Kui B.[1], Lemes K.[1], Tajti M.[1], Bor R.[1], Fábián A.[1], Szepes Z.[1], Czakó L.[1]
1. First Department of Internal Medicine, University of Szeged

11.10 **ERCP BEYOND THE AGE OF 80**

Zsóri G.[1], Vágó A.[1], Netye Z.[1], Crai S.[1], Bordás L.[1], Rácz B.[1], Ilyés S.[1], Szalai L.[1], Fazekas I.[1], Gurzó Z.[2], Novák J.[1]
1. Department of Gastroenterology, Kálmán Pándy Hospital, Békés County Central Hospital, Gyula; 2. Endoscopic Laboratory, Kálmán Pándy Hospital, Békés County Central Hospital, Gyula

11.10 **THE ORGANOSULFUR DIMETHYL TRISULFIDE MAY ACT AS AN ANTIOXIDANT TO REDUCE THE SEVERITY OF EXPERIMENTAL ACUTE PANCREATITIS**

Kormányos E.[1], Balla Z.[1], Fűr G.[1], Bálint E.[1], Totonji A.[1], Bátai Z.[2], Pozsgai G.[2], Börzsönyi Á.[2], Hegyi P.[3], Pintér E.[2], Rakonczay Jr Z.[1], Kiss L.[1]
1. Department of Pathophysiology, University of Szeged, Szeged, Hungary; 2. Department of Pharmacology and Pharmacotherapy, University of Pécs, Pécs, Hungary; 3. Institute for Translational Medicine, University of Pécs, Pécs, Hungary

11.20 **POST-ERCP COMPLICATIONS IN OUR DEPARTMENT AFTER 500 EXAMINATIONS. EFFECTIVENESS OF RECTAL INDOMETHACIN IN PROFILAXIS OF POST-ERCP PANCREATITIS.**

Pécsi D.[1], Tóth L.[1], Magyarosi D.[1], Sepsi B.[1], Balog I.[1], Kokas M.[1], Pécsi G.[1]
1. Karolina Kórház - Rendelőintézet, Mosonmagyaróvár

11.30 **EARLY EXPERIENCES WITH THE SPYGLASS- CHOLEDOCHOSCOPY IN OUR GASTROENTEROLOGY DEPARTMENT**

Molnár E.[1], Liebe R.[1], Tari K.[1], Mészáros B.[1], Bíró P.[1], Ácsné Tóth A.[1], Kovács I.[1], Czakó L.[2], Sahin P.[1]
1. Gastroenterology Department, Ferenc Jahn South Hospital; 2. 1st Deparment of Medicine, University of Szeged

2021. június 5. szombat Terem 1.
11.40 – 11.55 **TV STÚDIÓ**

11.55 – 12.15 SZÜNET - REKLÁMOK

12.15-13.15 Terem 1.

A COVID-19 HATÁSA AZ IBD ELLÁTÁSRA ITTHON ÉS KÜLFÖLDÖN

FERRING SZIMPÓZIUM

Üléselnök: **Molnár Tamás**, Szeged

Az IBD-s betegek gyógyszeres terápiájának változása a koronavírus-járvány alatt
Előadó: Molnár Márk Péter, Budapest

Kerekasztal megbeszélés
Moderátor, üléselnök: Molnár Tamás
Résztvevők:
Gecse Krisztina (Hollandia), Lakatos Péter (Kanada), Virányi Zsolt (Svájc)
Molnár Márk Péter (Magyarország)

13.15 – 14.15 Terem 1.

SZABAD, VEGYES TÉMÁJÚ BEJELENTETT ELŐADÁSOK

Üléselnökök: **Miheller Pál**, Budapest **Hritz István**, Budapest

13.15 **QUALITY ASSESSMENT OF META-ANALYSES: PROBIOTICS AND ERADICATION OF HELICOBACTER PYLORI INFECTION**
Buzás G.[1], Józan J.[1]
1. Ferencváros Health Centre, Department of Gastroenterology

13.25 **A FOGAZOTT POLIPOK HISZTOPATOLÓGIAI REKLASSZIFIKÁCIÓJA ÉS ENNEK KLINIKAI JELENTŐSÉGE A VASTAGBÉLRÁK PREVENCIÓJÁBAN**
dr. Drácz B.[1], dr. Házman G.[1,2], dr. Jakab A.[1,4], Dr. Micsik T.[1,3,4], Dr. Patai Á.[1,5]
1. Semmelweis Egyetem, Interdiszciplináris Gasztroenterológiai Munkacsoport; 2. Tolna Megyei Balassa János Kórház, Gasztroenterológiai Osztály, Szekszárd; 3. Fejér Megyei Szent György Egyetemi Oktató Kórház, Patológiai Osztály, Székesfehérvár; 4. Semmelweis Egyetem I. Sz. Patológiai és Kísérleti Rákkutató Intézet; 5. Semmelweis Egyetem, Belgyógyászati és Hematológiai Klinika

13.35 **SAFE AND EFFECTIVE PROTOCOL TO DISCHARGE PATIENTS IN ACUTE PANCREATITIS**
Nagy R.[1,2], Hanák L.[1], Ocskay K.[1], Mikó A.[1], Hegyi P.[1], Farkas N.[1], Németh D.[1], Szentesi A.[1], Párniczky A.[1,2], Hegyi P.[1]
1. Institute for Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 2. Heim Pál National Pediatric Institute, Budapest, Hungary

13.45 **PANCREATIC FAMILY HISTORY, RECURRENT AND CHRONIC PANCREATITIS: ANALYSIS OF AN INTERNATIONAL COHORT OF 2345 ACUTE PANCREATITIS PATIENTS.**
Juhász M.[1], Farkas N.[1], Szentesi A.[1,2], Hegyi P.[1,2], Párniczky A.[1,3]
1. Institute for Translational Medicine, Medical School, University of Pécs, Pécs; 2. Centre for Translational Medicine, Department of Medicine, University of Szeged, Szeged; 3. Heim Pál National Pediatric Institute, Budapest

13.55 **MINŐSÉG KONTROLL ÉS IBD CENTRUM DEFINIÁLÁSÁNAK IGÉNYE ÚJONNAN ALAKULT MULTIDISZCIPLINÁRIS GYULLADÁSOS BÉLBETEGSÉG ELLÁTÓHELYEN**
Miheller P.[1], Zsirka-Klein A.[1], Müllner K.[1], Ferreira G.[1], Horváth M.[1], Bencze V.[1], Székely H.[1], Dániel Á.[1], Csontos Á.[1], Zaránd A.[1], Szijártó A.[1]
1. Semmelweis Egyetem, I. sz. Sebészeti és Intervenciós Gasztroenterológiai Klinika

14.05 **DIABETES MELLITUS IS ASSOCIATED WITH HIGHER RISK OF HEPATOCELLULAR CARCINOMA IN DIRECT ACTING ANTIVIRAL TREATED HEPATITIS C INFECTED PATIENTS: A SYSTEMATIC REVIEW WITH META-ANALYSIS**
Váncsa S.[1,2], Németh D.[1], Hegyi P.[1,2], Szakács Z.[1,2], Farkas Á.[1], Kiss S.[1,2], Hegyi P.[1], Kanjo A.[1,3], Sarlós P.[4], Erőss B.[1], Pár G.[4]
1. Institute for Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 2. János Szentágothai Research Centre, University of Pécs, Pécs, Hungary; 3. Heim Pál National Pediatric Institute, Budapest, Hungary; 4. Division of Gastroenterology, First Department of Medicine, Medical School, University of Pécs, Pécs, Hungary

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14.15 – 14.25 SZÜNET - REKLÁMOK

14.25 – 15.25 SPECIÁLIS MUNKACSOPORT (SIG4) Terem 1.

DECOMPENSÁLT MÁJCIRRHOSIS EASL GUIDELINE HAZAI ADAPTÁCIÓJA: KONSZENZUS MEGBESZÉLÉS

Üléselnökök: **Papp Mária**, Debrecen **Péter Zoltán**, Budapest

14.25 **Albuminpótlás indikációja, módja**
Varga Márta, Békéscsaba

14.35 **Antibiotikum profilaxis kérdései**
Vitális Zsuzsanna, Debrecen

14.45 **Vasopressorok**
Tornai István, Debrecen

14.55 **Betegutak (ITO, gasztroenterológia, belgyógyászat?)**
Papp Mária, Debrecen

15.05 **Konszenzus szavazás**

15.25 – 15.35 SZÜNET - REKLÁMOK

15.35 – 16.35 SPECIÁLIS MUNKACSOPORT (SIG6) Terem 1.

A BIOLÓGIAI TERÁPIA JANUS-ARCA, AZ INFEKCIÓ

Üléselnök: **Rákóczi Éva**, Debrecen **Péterfi Zoltán**, Pécs

15.35 **Biológiai terápia és infekciók: IBD**
Péterfi Zoltán, Pécs

15.50 **Clostridium difficile, IBD és biológiai terápia: kell-e aggódnunk?**
Fried Katalin, Budapest

16.05 **CMV fertőzés és biológiai terápia: diagnosztikai és terápiás buktatók**
Molnár Tamás, Szeged

16.20 **Vakcináció IBD-s betegekben: kit, mikor és hogyan?**
Rákóczi Éva, Debrecen

13.15 – 14.15 KUTATÓI FÓRUM / BASIC SCIENCE (BS2) Terem 2

Üléselnökök: **Zsemberi Ákos**, Budapest **Rakonczay Zoltán,** Szeged

13.15 **INTERPLAY OF ORAI1 CA 2+ CHANNEL AND CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) IN EPITHELIAL PHYSIOLOGY**

Varga Á.[1,2,3] , Görög M.[1,2] , Madácsy T.[1,2,3] , Pallagi P.[1,2,3] , Szabó V.[1,2,3] Kiss A.[1,2] , Jójárt B.[1,2,3] , Tél B.[1,2,4] , Balázs A.[5] , Farkas Jr Gy.[6] , Szederkényi E.[6] , Lázár Gy.[6] , Maléth J.[1,2,3]

1. First Department of Internal Medicine, University of Szeged, Hungary, 2. HAS-USZ Momentum Epithelial Cell Signaling and Secretion Research Group, University of Szeged, Hungary, 3. HCEMM-SZTE Molecular Gastroenterology Research Group, University of Szeged, Hungary, 4. First Department of Pediatrics, Semmelweis University, Budapest, Hungary, 5. Department of Pediatric Pulmonology, Immunology and Intensive Care Medicine, Charité, Universitätsmedizin Berlin, Germany, 6. Department of Surgery, University of Szeged, Szeged, Hungary

13.25 **COMMON CASR VARIANTS IN HUNGARIAN CHRONIC PANCREATITIS PATIENTS**

Takáts A.[1], Berke G.[1], Szentesi A.[1,2], Farkas Jr G.[3], Izbéki F.[4], Erőss B.[1], Czakó L.[2], Vincze Á.[5], Hegyi P.[1,2,6,7], Sahin-Tóth M.[8], Hegyi E.[1]

1. Institute for Translational Medicine, Medical School, University of Pécs; 2. First Department of Medicine, University of Szeged; 3. Department of Surgery, University of Szeged; 4. Szent György University Teaching Hospital of Fejér County; 5. Division of Gastroenterology, First Department of Medicine, University of Pécs; 6. Division of Translational Medicine, First Department of Medicine, Medical School, University of Pécs; 7. Hungarian Academy of Sciences-University of Szeged, Momentum Gastroenterology Multidisciplinary Research Group; 8. Department of Surgery, University of California Los Angeles

13.35 **ESOPHAGEAL ORGANOID CULTURE IS A NOVEL MODEL TO STUDY EPITHELIAL ION TRANSPORT MECHANISMS**

Korsós M.[1], Bellák T.[2], Becskeházi E.[1], Venglovecz V.[1]

1. Department of Pharmacology and Pharmacotherapy, University of Szeged; 2. Department of Anatomy, Histology and Embryology, University of Szeged

13.45 **SMOKING CHANGES IONTRANSPORT MECHANISMS OF GUINEA PIG ESOPHAGEAL EPITHELIAL CELLS AND HUMAN ESOPHAGEAL CELL LINES**

Becskeházi E.[1], Gál E.[1], Korsós M.[1], Venglovecz V.[1]

1. Department of Pharmacology and Pharmacotherapy, University of Szeged, Szeged, Hungary

13.55 **THERAPEUTIC APPROACH OF CHRONIC PSEUDOMONAS AERUGINOSA INFECTION IN CYSTIC FIBROSIS PATIENTS**

Varannai O.[1,2], Gede N.[1], Juhász M.[1], Szakács Z.[1], Dembrovszky F.[1], Németh D.[1], Hegyi P.[1,3,4], Párniczky A.[2]

1. Institute for Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 2. Heim Pál National Institute of Pediatrics, Budapest, Hungary; 3. Division of Translational Medicine, First Department of Translational Medicine, Medical School, University of Pécs, Pécs, Hungary; 4. First Department of Medicine, University of Szeged, Szeged, Hungary

14.05 **THE CFTR CORRECTOR VX-661 AS A THERAPEUTIC OPTION IN EXPERIMENTAL ACUTE PANCREATITIS**

Fűr G.[1], Kiss L.[1], Bálint E.[1], Kormányos E.[1], Balla Z.[1], Czira B.[1], Venglovecz V.[2], Pallagi P.[3], Maléth J.[3], Hegyi P.[4,5], Rakonczay Z.[1]

1. Department of Pathophysiology, University of Szeged, Szeged, Hungary; 2. Department of Pharmacology and Pharmacotherapy, University of Szeged, Szeged, Hungary; 3. First Department of Medicine, University of Szeged, Szeged, Hungary; 4. MTA-SZTE Momentum Translational Gastroenterology Research Group, University of Szeged, Szeged, Hungary; 5. Institute for Translational Medicine, University of Pécs, Pécs, Hungary

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14.15 – 14.25 SZÜNET - REKLÁMOK

14.25 – 15.15 SPECIÁLIS MUNKACSOPORT (SIG5) Terem 2.

ROBOT VAGY SEBÉSZ? - INNOVÁCIÓK A SEBÉSZETBEN

Üléselnökök: **Szűcs Ákos**, Budapest **Papp András**, Pécs

14.25 **NOTES - viszlát hegek?**
Lukovich Péter, Budapest

14.40 **Kukkantsunk be! - mindent laparoszkóppal**
Bezsilla János, Miskolc

14.50 **Kinyitni! - még él a nyitott műtét**
Hahn Oszkár, Budapest

15.00 **Jobb a robot?**
Papp András, Pécs

15.15 – 15.35 SZÜNET - REKLÁMOK

15.35 – 16.35 SPECIÁLIS MUNKACSOPORT (SIG1) Terem 2.

A SZAKMAI KOLLÉGIUM ÉS A FINANSZÍROZÁSI MUNKACSOPORT ÉVES MUNKÁJA, AKTUALITÁSOK

Üléselnökök: **Wittmann Tibor**, Szeged **Gurzó Zoltán**, Gyula

15.35 **A szakmai kollégium döntései és annak háttere az elmúlt egy évben**
Taller András, Budapest

15.50 **Tételesen finanszírozott GAE gyógyszerek - nehézségek**
Bidló Judit, Budapest

16.05 **Alulfinanszírozott GAE beavatkozások korrekciója, új eljárások finanszírozása**
Gurzó Zoltán, Gyula

16.20 **Diszkusszió**

16.35 – 17.05 KRKA SZIMPÓZIUM

GASZTROENTEROLÓGIAI-REUMATOLÓGIAI KONSZENZUS A HATÉKONY GASTROPROTECTIO SZÜKSÉGESSÉGÉRŐL NEM SZTEROID GYULLADÁSCSÖKKENTŐK ALKALMAZÁSAKOR

Előadók:
Herszényi László, Budapest **Szekanecz Zoltán**, Debrecen

17.05 – 17.20 KÖZGYŰLÉS 1.

17.25 - 17.40 KÖZGYŰLÉS 2.

1

17.40 -18.00

TV STÚDIÓ - ÖSSZEFOGLALÓ – ZÁRSZÓ

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- Szabadalommal védett gyógyszerforma - kapszula pelletekkel [1, 2]

Ütős csapás a gyomorsav ellen

Az anyag lezárásának dátuma: 2021. május 3. - HUEMOHCP2021133

	Bruttó fogyasztói ár (Ft)	Normatív támogatási összeg (Ft)	**Térítési díj normatív támogatás esetén (Ft)**	Közgyógyon kiváltható-e
Emozul 20 mg gy.nedv-ellenálló kemény kapszula 28x	1 064	264	**800**	✓
Emozul 40 mg gy.nedv-ellenálló kemény kapszula 28x	1 899	528	**1 371**	✓

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Bővebb információért olvassa el a gyógyszer alkalmazási előírását! A hatályos alkalmazási előírás:
https://ogyei.gov.hu/gyogyszeradatbazis&action=show_details&item=32940; https://ogyei.gov.hu/gyogyszeradatbazis&action=show_details&item=32941

Irodalom:
1. Emozul alkalmazási előírás; OGYI-T-21181 (A szöveg ellenőrzésének dátuma: 2017. április 12) **2.** Krka ezomeprazol hatóanyag és a gyógyszerforma (pelletek) innovatív szintézise szabadalmi védettséggel bír az Európai Szabadalmi Hivatalnál. European Patent Office (EPO), Munich. Granted 25.6.2014, published in bulletin 2014/26 (EP 2376476 B1). Available from [http://www.epo.org]

Krka Magyarország Kereskedelmi Kft. 1138 Budapest, Dunavirág utca 2-6., 3. torony 6. emelet;
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A GYÓGYSZER NEVE Enterol 250 mg kemény kapszula
MINŐSÉGI ÉS MENNYISÉGI ÖSSZETÉTEL
250 mg liofilizált Saccharomyces boulardii CNCM I-745 sejtek kapszulánként. Ismert hatású segédanyagok: 32,5 mg laktóz-monohidrátot tartalmaz kapszulánként **Terápiás javallatok** Felnőttek és gyermekek heveny hasmenésének kiegészítő kezelése. Kiegészítő kezelésként a bélflóra egyensúlyának helyreállítására antibiotikum kezelés mellett. Utazással összefüggő hasmenés megelőző kezelése. Kiegészítő kezelésként irritábilis bél szindróma (IBS) esetén. **Adagolás és alkalmazás** Szokásos adagja: Gyermekek és felnőttek (az adagolás felnőtt- és gyermekkorban azonos) Akut hasmenésben (diarrhoe) naponta 1-2-szer 1 kapszula. Felnőtteknek: IBS esetén: 2 kapszula naponta, utazással összefüggő hasmenés megelőzése és kezelése esetén: 1-4 kapszula naponta. A kezelést 5 nappal az utazást megelőzően kell megkezdeni és az utazás teljes időtartama alatt folytatni kell. A kezelést a hasmenés megszűnését követően még néhány napig folytatni kell. A kapszulát kevés vízzel kell lenyelni, vagy kinyitni és tartalmát beleönteni kevés édesített italba vagy ételbe. 6 év alatti gyermekek esetében: a kapszulát fel kell nyitni, és tartalmát italba vagy ételbe kell önteni.A levegőn át történő terjedés kockázata miatt a tasakokat vagy kapszulákat nem szabad a kórteremben kinyitni. Az egészségügyi szakembereknek az alkalmazáshoz való előkészítéskor közben kesztyűt kell viselniük, amelyet azonnal meg kell semmisíteni és alaposan kezet kell mosni. **Ellenjavallatok** A készítmény hatóanyagával vagy bármely segédanyagával szembeni túlérzékenység; Élesztőallergia, különösen a Saccharomyces boulardii-allergia; Beültetett centrális vénás katéter; Kritikus állapotú vagy megváltozott immunrendszerű betegek a fungaemia kockázata miatt. **Különleges figyelmeztetések és az alkalmazással kapcsolatos óvintézkedések** Az Enterol 250 mg kemény kapszula élő sejteket tartalmaz. Ezért ezt a gyógyszert nem szabad belekeverni nagyon forró (50 °C feletti), jeges vagy alkoholos italokba vagy ételekbe. A kezelés nem helyettesíti a folyadékpótlást, amikor az utóbbi szükséges. A folyadékpótlás mennyiségét és alkalmazási módját (per os, illetve. iv.) a hasmenés súlyossága és a beteg életkora és állapota szerint kell meghatározni.A Saccharomyces boulardii egy élő szervezet, ami a gyomor-bél rendszerből való átkerülés vagy kézzel történő szennyezés útján szisztémás gombafertőzés kockázatát hordozza. Hospitalizált - leggyakrabban gyomor-bélbetegség miatt, és centrális vénás katéterrel ellátott súlyos betegeknél ritka esetekben beszámoltak fungaemiáról. Ha Saccharomyces boulardii kezelés alatt széklettenyésztés válik szükségessé, akkor a bakteriológiai laboratóriumot erről tájékoztatni kell az álpozitív leletek elkerülése végett. A generalizált Saccharomyces cerevisiae fertőzés mostanáig ismeretlen rizikója miatt a készítmény alkalmazása megváltozott immunrendszerű betegeknél (pl. HIV fertőzés, kemoterápia vagy sugárkezelés) csak orvosi felügyelet mellett lehetséges. A készítmény 32,5 mg laktóz-monhidrátot is tartalmaz kapszulánként. Ritkán előforduló, öröklétes galaktóz-intoleranciában, laktóz-intoleranciban vagy glükóz-galaktóz malabszorpcióban a készítmény nem szedhető. Gomba jellege miatt az Enterol 250 mg kemény kapszula készítményt nem szabad egyidejűleg alkalmazni szisztémás vagy orális gombaellenes szerekkel. **Termékenység, terhesség és szoptatás** A liofilizált Saccharomyces boulardii CNCM I-745 sejtekkel kapcsolatban nincsenek terhességre vonatkozó klinikai adatok. Az állatkísérletek nem utalnak a terhességet, az embrionális/magzati fejlődést közvetlenül vagy közvetett módon károsan befolyásoló hatásra (lásd 5.3 pont).**Osztályozás: I. csoport.** Orvosi rendelvény nélkül is kiadható gyógyszer (VN). **A FORGALOMBA HOZATALI ENGEDÉLY JOGOSULTJA** BIOCODEX 7, avenue Galliéni 94250 Gentilly, Franciaország **A FORGALOMBA HOZATALI ENGEDÉLY SZÁMAI** OGYI-T-9659/04 (20 db buborékcsomagolásban) **A FORGALOMBA HOZATALI ENGEDÉLY ELSŐ KIADÁSÁNAK/ MEGÚJÍTÁSÁNAK DÁTUMA** A forgalomba hozatali engedély legutóbbi megújításának dátuma: 2009. július 16. **A SZÖVEG ELLENŐRZÉSÉNEK DÁTUMA** 2021. február 22. **OGYÉI/3236/2021**

Ez az anyag egészségügyi szakemberek részére készült!

* hivatkozás: 1. McFarland, LV. 2006. Meta-analysis of probiotics or the prevention of antibiotic-associated dirrhea and the treatment of Clostridium difficile disease. 2. Szajewska H, Kolodziej M., et al. 2015. Systemic review with meta-analysis: Saccharomyes boulardii in the prevention of antibiotic-associated diarrhea.

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Előadások és poszterek összefoglalói

1. SMOKING CHANGES IONTRANSPORT MECHANISMS OF GUINEA PIG ESOPHAGEAL EPITHELIAL CELLS AND HUMAN ESOPHAGEAL CELL LINES

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Introduction: Several clinical studies indicate that smoking predisposes the consumers to esophageal inflammatory and malignant diseases, but the cellular mechanism is not completely clear. Ion transporters play an important protective role in the oesophageal epithelial cells (EECs), however the effect of smoking on them is not understood.
Aims: Our aim in this study was to examine the effect of smoking on the esophageal epithelial ion transport mechanisms, especially focusing on the activity of Na^+/H^+ exchanger (NHE), which has the biggest impact on pH_i homeostasis of the cells.
Methods: EECs were isolated from guinea pig after an enzymatic digestion. Changes in pH_i were measured using a fluorescent dye, BCECF-AM. The effect of cigarette smoke extract (CSE) (1, 10, 100 µg/ml) on NHE activity was estimated by the NH_4Cl pulse technique. Guinea pigs were exposed to tobacco smoke three times a day, 5 times a week for 1, 2 and 4 months and NHE activity was measured. CP-A (metaplastic), CP-D (dysplastic) and OE-33 (esophageal adenocarcinoma) cell lines were treated with the above mentioned concentrations of CSE for 6 and 24 hours and the mRNA and protein expression of NHE1 was investigated by qPCR and immunocytochemistry, respectively. Viability and rate of proliferation were estimated using LDH and CCK8 kit, respectively.
Results: We have improved an EEC isolation technique, which allows the functional characterization of these cells. Incubation with CSE increased the NHE activity in normal EECs, CP-A and OE-33 cells, but decreased it in the CP-D cell line. NHE activity significantly elevated after 2 and 4 months-long smoking of guinea pigs. 6-hour incubation of OE33 cells with CSE increased, whereas 24-hour incubation decreased the mRNA expression of NHE1. CSE decreased the viability of the cells both dose-and time-dependently in all cell lines, except cancerous cells.
Conclusion: We optimized an EEC isolation technique by which the ion transporter activity of EECs can be investigated. Our results have shown that administration of CSE increases of NHE activity, which can be a compensatory reaction for this toxic agent.
This study was supported by the National Research, Development and Innovation Office (FK123982), the Economic Development and Innovation Operative Programme Grants (GINOP-2.3.2-15-2016-00015) and the National Research, Development and Innovation Office, by the Ministry of Human Capacities (EFOP 3.6.2-16-2017-00006).

2. BICARBONATE DEFECTIVE CFTR VARIANTS IN CHRONIC PANCREATITIS: A META-ANALYSIS.

Berke G.[1], Gede N.[1], Szadai L.[2], Ocskay K.[1], Kiss S.[1], Párniczky A.[1,4], Mikó A.[1], Hegyi P.[1,3,5,6], Hegyi E.[1]
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Introduction: Cystic fibrosis transmembrane conductance regulator (CFTR) plays a central role in the pancreatic ductal secretory functions by carrying Cl^- and HCO_3^- ions across the apical membrane. Two CFTR mutations that eliminate effective chloride conductance cause cystic fibrosis. It has been hypothesized, that a group of mutations that cause a selective, bicarbonate defect in CFTR channel function ($CFTR^{BD}$) may play a role in the development of chronic pancreatitis (CP). Although functional studies support this notion, large genetic association studies are lacking to confirm this association.
Aims: To investigate the role of $CFTR^{BD}$ variants in CP.
Methods: A systematic search was conducted in 4 databases (Pubmed, Embase, Scopus and Cochrane Library) to identify the previously reported nine $CFTR^{BD}$ variants (p.R74Q, p.R75Q, p.R117H, p.R170H, p.L967S, p.L997F, p.D1152H, p.S1235R, p.D1270N) in pancreatitis patients and controls. Only case-control studies were analyzed.
Results: Twenty-one studies were eligible for quantitative synthesis. Variants p.R117H and p.L967S were significantly overrepresented in cases relative to controls (OR=3.16, 95% CI=1.94-5.14 and OR=3.88, 95% CI=1.32-11.47). There was no enrichment of the relatively frequent p.R75Q mutation in patients compared to controls (OR=1.12, 95% CI=0.89-1.40). As all other variants gave inconclusive results, mostly due to their rarity, we performed their cumulative analysis (OR=2.08, 95% CI=1.38-3.13).
Conclusion: Despite their similar functional effect on bicarbonate permeability and conductance, $CFTR^{BD}$ variants affect chronic pancreatitis risk heterogeneously. While there is no relation between p.R75Q and CP, variants p.R117H and p.L967S increase CP risk more than 3-fold and should be considered as risk factors for CP.

3. QUALITY INDICATORS AND RESULTS OF COLONOSCOPY EXAMINATIONS IN THE FIRST YEAR OF HUNGARIAN POPULATION-BASED COLORECTAL CANCER SCREENING PROGRAM – A NATIONWIDE COHORT STUDY

Bor R.[1], Fábián A.[1], Vasas B.[2], Tóth T.[1], Szántó K.[1], Farkas K.[1], Molnár T.[1], Kardos V.[1], Rutka M.[1], Milassin A.[1], Bálint A.[1], Szepes Z.[1]
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Introduction: Hungarian population-based colorectal cancer (CRC) screening program was launched in 2019 among asymptomatic individuals between the ages of 50 and 70 with average risk of CRC.
Aims: To assess the quality indicators and results of colonoscopies performed during the first year of screening program.
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.
Results: Total of 6407 colonoscopies were performed during the first year of screening program (6318 first and 88 second examination). Cecal intubation rate was 93.48% (range: 88.67-98.21%), from which 67.19% (range: 1.81-98.21%) of cases were confirmed by cecal image documentations. The reasons for incomplete colonoscopies were inadequate bowel cleansing (18.60%), anatomical reasons (26.60%), malignant colonic obstruction (10.60%) and discontinued

examination due to patient intolerance (7.60%). 65.88% (range: 1.31-96.99%) of participants received sedation. The result of colonoscopy was non-negative in 84.27% (range: 76.92-94.89%) of cases. At least one polyp was found in 64.13% of participants (average 2 polyps, range 2-50) among which the largest polyp was in the left colon in 74.88% of cases and the polyp size was >1 cm in 39.16% of cases. Polypectomy has been reported in 3574 cases with 86.98% histological examination rate. Adenoma detection rate was 38.80%. CRC was found in 6.82% of participants.
Conclusion: Cecal intubation, polyp and adenoma detection rates of screening colonoscopies are satisfactory according to the guideline of ESGE; however, the description of polyp morphology, polyp retrieval rate and the image documentation are inappropriate yet. Differences between counties could be influenced by the quality of colonoscopic reports.

4. QUALITY ASSESSMENT OF META-ANALYSES: PROBIOTICS AND ERADICATION OF HELICOBACTER PYLORI INFECTION

Buzás G.[1], Józan J.[1]
1. Ferencváros Health Centre, Depasrtment of Gastroenterology

Introduction:
Meta-analyses are believed to represent the highest level of medical evidence (Grade A).
Aims: To assess the quality of meta-analyses published on the effect of adding probiotics to eradication regimens for *Helicobacter pylori* infection.
Methods:
The full text of meta-analyses regarding the effect of probiotics on the eradication rates of regimens given for *Helicobacter pylori* infection were retrieved from MEDLINE and Google Scholar databases. The methodological and reporting quality were determined using the Assessment of Multiple Systematic Reviews-2 (AMSTAR 2) questionnaire. The correlation between the AMSTAR score as a dependent variable and the number of authors, number of databases used, impact factor and citation rate as independent variables was calculated. The rate of using the PRISMA checklist, PROSPERO registration and evidence grading was also noted.
Results: The literature search produced 20 meta-analyses published between 2007 and 2019. The mean AMSTAR score was 15.7±0.74 (95% CI: 14.1-17.3), corresponding to a moderate quality. There was no correlation between number of authors (r= 0.20, p=0.39), impact factor (r=0.18, p=0.47), number of databases searched (r=0.02, p=0.91), number of studies included (r=0.03, p= 0,89), number of cases studied (r=0.04, p=0.86) and the AMSTAR score. The PRISMA checklist was used in 5 studies (25%), and no research protocol was registered in PROSPERO. The grading of evidence was explicitly stated only in 8 (40%) publications.
Conclusion: Meta-analyses published so far on the proposed topic are of rather moderate quality. Meta-analysis methodology must be improved to obtain more conclusive data on use of probiotics.

5. ERADICATION OF HELICOBACTER PYLORI: META-ANALYSIS-BASED OR REGISTRY-BASED? A PERSONAL VIEW.

Buzás G.[1]
1. Ferencváros Health Centre, Department of Gastroenterology, Budapest, Hungary

Introduction: Registries have recently emerged as valuable databases reflecting the actual results and time-trends of therapeutic methods.
Aim: Comparison of the results of first-line regimens used for the eradication of *H.pylori* as published in the European Registry on *H. pylori* management[1] with the results of recent meta-analyses.
Method: The results of empirical first-line treatments used between 2013 and 2020 in Europe were extracted from the Registry and from the meta-analyses performed between 2015 and 2020. Results of the most-used triple, sequential, concomitant and bismuth-based quadruple regimens on an ITT and PP basis were extracted. Only high-quality meta-analyses as judged by the Assessment of Multiple Systematic Reviews-2 questionnaire were considered. Differences between the registry and meta-analytic data were calculated with a chi-square test.
Results of eradication: registry-based and meta-analysis-based data

Regimen	Registry No.of cases	Eradication ITT/PP (%)	Meta-analysis No.of cases	Eradication ITT /PP (%)	p ITT/PP
PPI+A+C	8478	68.0/84.6	2451	74.8/81.3	0.07/0.28
PPI+C+A+M conc	4176	86.2/90.4	1136	86.0/92.5	0.50/0.15
PPI+C+A+T seq	1228	76.5/92.1	1564	82.9/90.1	0.03/0.22
PPI+C+A+B	1756	82.8/90.6	1560	84.6/92.4	0.35/0.39
PPI+single capsule	1351	81.6/95.5	4432	90.0/95.0.	0.01/0.36

A: amoxicillin; B: bismuth compound C: clarithromycin; conc: concomitant; ITT/: intention-to-treat; PPI: proton pump inhibitor; M: metronidazole, PP: per protocol; seq: sequential; T: tinidazole
Conclusion: The head-to-head analysis of registry and meta-analytic data showed that standard triple therapy achieved suboptimal results. Concomitant, bismuth based quadruple and single capsule regimens all obtained over 90% rates on PP basis, with no difference between the databases. The implementation of registry data into the guidelines should be welcomed: the grade of evidence remains to be determined.
1 Nyssen OP et al. Gut 2021; 70 (1): 40-54, doi:10.1136/butjnl-2020-321372

6. COMPARISON OF ORAL VERSUS INTRAVENOUS PROTON PUMP INHIBITORS FOR BLEEDING PEPTIC ULCERS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Csiki E.[1], Hanna S.[3], Bálint E.[2], Hanák L.[2], Szakács Z.[2], Szabolcs K.[2], Vörhendi N.[2], Pécsi D.[4], Hegyi E.[2], Hegyi P.[2]
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Introduction: Current guidelines recommend intravenous proton pump inhibitor therapy in peptic ulcer bleeding.

Aims: We aimed to compare the efficacy of oral to intravenous administration of proton pump inhibitors (PPI) in peptic ulcer bleeding.
Methods: We performed a systematic search in PubMed, Cochrane, Embase, Scopus databases for randomized controlled trials which compared the outcomes of oral PPI therapy to that of intravenous PPI therapy for bleeding peptic ulcers. The primary outcome was 30-day mortality. Odds ratios (OR) with 95% confidence intervals (CI) were calculated for dichotomous outcomes, while weighted mean differences (WMD) with CI were calculated for continuous outcomes in meta-analysis. The protocol of the study was registered a priori onto PROSPERO.
Results: A total of 13 RCT reported 1751 peptic ulcer patients, 881 and 870 of which were in the control and intervention groups, respectively. There were no statistically significant differences between treatments regarding 30-day mortality (OR=0.72, CI, 0.29–1.76); 30-day rebleeding rate (OR, 0.91, CI, 0.59–1.38); length of hospital stay (WMD = -0.34 days, CI: -1.17–0.49); transfusion requirements (WMD = -0.05 PRBC unit, CI: -0.28–0.18); need for surgery (OR = 0.91, CI: 0.40–2.07); further endoscopic therapy (OR = 1.04, CI: 0.56–1.93); and need for re-endoscopy (OR = 0.83, CI: 0.51–1.33). Heterogeneity was negligible in all analysis, except for that on the length of hospitalization (I^2=81.2%, p<0.001).
Conclusion: Recent evidence suggests that the oral administration of PPIs is not worse than the currently recommended intravenous PPI treatment in bleeding peptic ulcers after endoscopic assessment, warranting guideline revision.

7. BISPHOSPHONATE TREATMENT OF OSTEOPOROSIS DOES NOT INCREASE THE RISK OF SEVERE GASTROINTESTINAL SIDE EFFECTS: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Dömötör R.[1], Vörhendi N.[2], Hanák L.[2], Hegyi P.[2], Kiss S.[3], Csiki E.[2], Szakó L.[2], Párniczky A.[2], Erőss B.[2]
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Introduction: Bisphosphonates (BPs) are first-line therapy for severe osteoporosis. BPs-related gastrointestinal (GI) adverse events are primarily responsible for low adherence. Bisphosphonates appear to be effective, however this topic remained conflicting because of the inconsistent results from the studies available so far.
Aims: Our meta-analysis aims to objectify the risk of severe GI adverse events due to BP therapy in osteoporotic patients.
Methods: A systematic search was conducted in three databases up to July 2019 for randomized controlled trials (RCTs) detailing gastrointestinal adverse events in adult patients with osteoporosis on the BP and placebo arms. Risk ratios (RRs) 95% with confidence intervals (CI) were calculated for non-severe and severe adverse events with the random-effects model. Statistical heterogeneity was assessed using chi^2 and I^2 statistics.
Results: Forty RCTs with 39,047 patients with 9,916 non-severe and 1,531 severe GI adverse events were included. There was no difference between BP and placebo groups in terms of the risk of non-severe or severe side effects: RR=1.05, (CI: 0.98—1.12), I^2=46.7%, and RR=1.00 (CI: 0.90—1.10), I^2=0.0%, respectively. Subgroup analysis of the most commonly used BP, alendronate 70 mg/week, revealed an increased risk of non-severe GI adverse events [RR=1.18 (CI: 1.01—1.38), I^2=38.7%], while the risk of severe GI side effects was not increased in this subgroup [RR=1.21 (CI: 0.84—1.74, I^2=0.0%].
Conclusion: Our results show that bisphosphonates do not increase the risk of severe GI adverse events, requiring specialist care or endoscopy. However, alendronate is associated with an 18% increased risk of non-severe GI side effects.

8. A FOGAZOTT POLIPOK HISZTOPATOLÓGIAI REKLASSZIFIKÁCIÓJA ÉS ENNEK KLINIKAI JELENTŐSÉGE A VASTAGBÉLRÁK PREVENCIÓJÁBAN

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Introduction: Az elmúlt két évtizedben világossá vált, hogy a vastagbélrákban (CRC) jól ismert adenoma-carcinoma szekvencián kívül egy attól eltérő, fogazott útvonalon is kialakulhat daganat. Ezen útvonal prekurzorai az úgynevezett fogazott polipok (serrated polipok, SP) a kolonoszkópiával detektált esetek kb. 40%-át teszik ki. Három szövettani altípusba sorolhatók, amelyből a legnagyobb prevalenciájú hiperplasztikus polipok (HP, 83-96%) nem rendelkeznek malignus potenciállal, míg a hagyományos fogazott adenomákból (TSA, 1-7%) és a szesszilis fogazott léziókból (SSL, 3-11%) alakul ki a vastagbélrákok 15-30%-a. Az SSL diagnosztizálása kihívást jelent mind a patológusok, mind az endoszkóposok számára az egységes patológiai kritériumrendszer hiánya, illetve az endoszkópos detektálási nehézség miatt. A szorosabb utánkövetés és a fokozott posztkolonoszkópiás carcinoma rizikója miatt epidemiológiai szempontból is rendkívül fontos adekvát klinikopatológiai diagnosztikájuk.
Aims: A SE I. Sz. Patológiai és Kísérleti Rákkutató Intézetben 2008-2017 között diagnosztizált SP-k epidemiológiai vizsgálatának elvégzése. Ezenkívül egy kiválasztott teljes évben (2014.01.01-2014.12.31.) diagnosztizált összes fogazott polip hisztopatológiai reklasszifikálása szakértő patológus segítségével.
Methods: A vizsgált 10 éves időtartamban összesen diagnosztizált 3204 fogazott polipból 99 db SSL és 32 db TSA diagnózis született. Endoszkópos leletek alapján regisztráltuk a polipokat méret, lokalizáció, diszplázia jelenléte, illetve rezekció szerint, és azután utánkövettük őket. Egy év SP-jeinek mikroszkópos újratekintése során a HP-kból reklasszifikált SSL-ket összehasonlítottuk az összes SSL adataival.
Results: A 2012-2017 közötti időszakban az SP-k gyakorisága a következők szerint alakult: HP 95,7%, SSL 3%, TSA 1,7%. Az SSL-ek 49,5%-a jobb colonfélben, a TSA-k 78%-a bal colonfélben helyezkedett el. 2014-ben diagnosztizált 253 beteg 274 polipja közül 215 HP (78,6%), 10 SSL (3,6%), 6 TSA (2,2%) és HP-ból reklasszifikálás után 8 SSL (2,9%) született, így az SSL prevalenciája 6,5%-ra (18/274) nőtt. 35 polip nem volt biztonsággal kategorizálható a felszínes, vagy orientálatlan mintavétel miatt, ami téves HP-SSL klasszifikációt eredményezhet. Az SSL-ek felét, míg a reklasszifikált SSL-ek negyedét a jobb colonfélben találtuk, átlagos méretükben csupán 2 mm különbség volt, emiatt szignifikáns különbséget nem találtunk közöttük: valóban SSL-ket reklasszifikáltunk. A diszpláziás SSL-ek kétharmada

10 mm alatti volt. Az összes SSL beteg harmadában CRC is szerepelt az anamnézisben. A betegek csupán 25%-nál valósult meg a korábban ajánlott 3 éves utánkövetés.
Conclusion: A szesszilis fogazott léziók aluldiagnosztizáltak anyagunkban, azonban prevalenciájuk adekvát reklasszifikáció útján növelhető. Ennek egyik oka, hogy a szövettani differenciáldiagnózis nehéz. Minden hatodik esetben hiányzott a kripták basalis felszíne metszeteinkben, emiatt törekednünk kell ezen polipok teljes rezekciójára, amennyiben ez nem kivitelezhető, akkor többszörös és kellően mély biopsziás mintavétel szükséges.

9. ENDOSZKÓPOS ELJÁRÁSOKKAL ÖSSZEFÜGGŐ INFEKCIÓS KOCKÁZAT A SARS-COV-2 JÁRVÁNY IDEJÉN – ORSZÁGOS SZINTŰ, KERESZTMETSZETI KÉRDŐÍVES VIZSGÁLAT EREDMÉNYEI

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Bevezetés: A SARS-CoV-2 vírus által okozott COVID-19 pandémia jelentős hatást gyakorolt az endoszkópos laboratóriumok működésére. A fertőzés vonatkozásában az endoszkópos vizsgálatok vírusátvitel szempontjából magas rizikójúnak számítanak.
Célkitűzés: Tanulmányunk célja a koronavírus járványnak a magyarországi endoszkópos laborok működésére kifejtett hatásának, valamint az endoszkópos személyzet SARS-CoV-2 fertőzésben való érintettségének felmérése volt a 2020-as évben.
Módszerek: Országos szintű, keresztmetszeti, kérdőíves tanulmányunk során magyarországi endoszkópos laboratóriumok vezetőit kerestük meg online formában. A 2020-as évben elvégzett felső és alsó tápcsatornai endoszkópos vizsgálatok számát vizsgáltuk egy korábbi referenciaévhez (2019) viszonyítva, továbbá a SARS-CoV-2 fertőzéssel érintett orvosok és asszisztensek számát, illetve a fertőződés potenciális forrását.
Eredmények: A 111 megkeresett intézmény közül 24-ből érkeztek válaszok (válaszadási arány: 22%). Sem a felső (1726 ± 363 vs 1174 ± 239; p=0.211), sem az alsó tápcsatornai endoszkópos vizsgálatok száma (1256 ± 211 vs 918 ± 167; p=0,217) nem csökkent szignifikánsan a referenciaévhez viszonyítva, bár az év folyamán mindkét vizsgálattípus esetén 80%-ot meghaladó vizsgálatszámesés volt tapasztalható a két vírushullámnak megfelelően.
Összesen 225 betegnél történt felső, 83 betegnél alsó tápcsatornai endoszkópia laboratóriumi vizsgálattal igazolt SARS-CoV-2 fertőzött betegnél. Dedikált, fertőző betegek ellátására kialakított endoszkópos helyiség az intézetek 25%-ában állt rendelkezésre. A védőfelszerelések az első hullám alatt 75%-ban, a második hullám alatt 87%-ban mind mennyiségileg, mind minőségileg megfelelőek voltak. A vonatkozó MGT ajánlást minden laboratóriumban alkalmazták; a vizsgálat előtt fertőzöttségirizikó-stratifikáció az intézetek 95%-ában, míg PCR vizsgálat csupán egyharmaduknál történik minden esetben.
Az első és második járványhullám alatt az endoszkópos laborokban dolgozó orvosok létszáma 31%-kal, illetve 21%-kal, az asszisztenseké 19%-kal, illetve 16%-kal csökkent, elsősorban életkori korlátozás, illetve a dolgozók COVID-ellátásba való áthelyezése miatt. A vizsgált időszakban 77-ből 24 asszisztens, illetve 87-ből 35 orvos esett át COVID-fertőzésen. A fertőzés az asszisztensek esetén 5, az orvosoknál 8 esetben volt összefüggésbe hozható nem megfelelő védőfelszerelés-használattal.
Következtetés: A válaszadási hajlandóság alacsony volta limitálja eredményeinket. A vonatkozó protokollok alkalmazása és a rendelkezésre álló védőfelszerelések ellenére az endoszkópos laborok dolgozóit érintő COVID-fertőzéseknek mintegy 20%-a nem megfelelő védőfelszerelés-használattal volt összefüggésbe hozható.

10. FIRST-YEAR ADHERENCE TO THE HUNGARIAN POPULATION-BASED COLORECTAL SCREENING PROGRAM AND POTENTIAL INFLUENCING DEMOGRAPHIC FACTORS

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Introduction: Participation in colorectal cancer (CRC) screening programs significantly vary with 36–71% fecal occult blood test (FOBT) uptake rates, and compliance with referral for colonoscopy ranging 64–92% in Europe.
Aims: To assess first-year adherence to Hungarian population-based CRC screening program (EFOP-1.8.1-VEKOP-15-2016-00001), and to determine influencing demographic factors.
Methods: This observational cohort study retrospectively analyzed participation data of the Hungarian population-based CRC screening program as of 31st December 2019, prospectively collected in National Public Health Institute's registry. Demographic data were retrieved from Hungarian Central Statistical Office database. Associations were assessed by Pearson's correlation coefficient.
Results: Of 528,745 invited individuals (20% coverage of target population), 186,916 (35%) picked up and 156,491 returned the screening kit, resulting in 30% adherence to FOBT [range between counties: 26–37%]. 14,628 individuals (9.3%) had non-negative results. 66% [53–82%] of the 9,340 persons referred to colonoscopy by the time of data acquisition, 6,154 individuals underwent screening colonoscopy. Considering additional 770 persons with non-negative FOBT who underwent colonoscopy outside the screening program (e.g. private sector), total adherence to colonoscopy as a screening method was 74% [59–98%]. Female gender, higher educational status and average monthly wage, lower number of inhabitants per GP slightly, while higher GDP per capita moderately correlated with adherence to screening colonoscopy.
Conclusion: Adherence rates to Hungarian CRC screening program comply with other European countries. Uptake of screening kits is low, but once picked up, kits are likely to be returned. Socio-economic factors may influence adherence to screening colonoscopy.

11. INVESTIGATION OF ANTIBODY RESPONSE AND SAFETY OF SARS-COV-2 VACCINATIONS IN INFLAMMATORY BOWEL DISEASE PATIENTS TREATED WITH IMMUNOMODULATOR AND/OR BIOLOGICAL THERAPY - PRELIMINARY RESULTS

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Introduction: Multiple vaccines became available to prevent the ongoing pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Vaccination of inflammatory bowel disease (IBD) patients is recommended regardless of immune-modifying therapies. However, it is unknown, whether the efficacy and safety of these vaccines in IBD patients are comparable with the general population and whether treatment with immunosuppressive drugs affects response to vaccination or disease activity.
Aims: The aim of this study is to assess the safety and antibody response after different types of COVID-19 vaccines in IBD patients treated with immunomodulator and/or biological therapy. We also aim to determine the rate and dynamic of seroconversion in these patient groups compared to healthy controls.
Methods: This is a prospective, observational study. All consecutive IBD patients treated at the Dept. of Medicine, University of Szeged willing to vaccinate and agree to participate in this study will be enrolled. The vaccines will be administered to the patients according to the times and modalities established by the national vaccination strategy. After the last dose of the vaccine, each patient will enter a 12-months follow-up period. IBD patients aged 18 and over according to treatment groups such as immunomodulator (thiopurine), biological therapy (infliximab, adalimumab, vedolizumab, ustekinumab) and JAK inhibitor (tofacitinib) will be enrolled. At baseline, all enrolled patients will undergo a detailed demographic and clinical assessment. Disease activity, current medications, laboratory parameters, fecal calprotectin and reported adverse events will be documented at each appointment. Patients will be tested for the quantitative detection of IgG antibodies against SARS-CoV-2 spike protein and nucleocapsid protein before the first and second dose of COVID-19 vaccine, and 1 and 4 weeks and 2, 5, 8 and 12 months after the second vaccine. Serum samples will be stored at -20 °C. Antibody measurements will be performed at the Institute of Laboratory Medicine, University of Szeged. Statistical analysis will be performed using normality tests, t-tests, Chi2 tests, Yates correlation and logistic regression. Study protocol and prelimimary results are planned to be presented.

12. THE CFTR CORRECTOR VX-661 AS A THERAPEUTIC OPTION IN EXPERIMENTAL ACUTE PANCREATITIS

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Introduction: Cystic fibrosis transmembrane conductance regulator (CFTR) and SLC26A6 anion exchanger have essential roles in pancreatic ductal bicarbonate secretion. Loss of CFTR function can trigger acute pancreatitis (AP) and can also exacerbate disease severity. However, it is unclear how AP affects ductal transporters.
Aims: To investigate the expression and activities of CFTR and SLC26A6 during AP and the effect of CFTR corrector VX-661 on the severity of AP.
Methods: FVB/n mice were administered 6-10 intraperitoneal injections of 50μg/kg caerulein to induce AP. Animals were sacrificed 0-72h after the first injection. A group of mice were pre-treated with 5 daily intraperitoneal injections of 2mg/kg VX-661. AP severity was evaluated by laboratory and histological parameters. CFTR mRNA expression was measured by RT-qPCR. CFTR, SLC26A6 and cytokeratin-19 protein expressions were identified by immunohistochemistry. Apical bicarbonate secretion was examined by intracellular pH measurement on microdissected interlobular ducts.
Results: AP was the most severe between 12-24h. CFTR mRNA expression was significantly increased at 24-48h. Staining morphology of CFTR protein was disturbed between 6-24h and started to recover from 48h. Intracellular pH measurements revealed decreased bicarbonate secretion at 12h compared to the control. Pre-treatment with VX-661 significantly reduced the extent of pancreatic necrosis, oedema, and vacuolisation.
Conclusion: Caerulein-treatment markedly increased AP severity and pancreatic CFTR mRNA expression, disturbed the morphology of CFTR staining and decreased bicarbonate secretion (ie. activity of transporters) at early time points. Importantly, treatment with ductal CFTR corrector decreased AP severity.
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13. IMPORTANCE OF BILE ACIDS IN THE PROGRESSION OF PANCREATIC CANCER

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Introduction: Pancreatic cancer (PC) is usually associated with obstructive jaundice (OJ), although the effect of bile acids (BAs) on tumour progression is less studied. MUC4 is an oncogenic mucin that upregulated in PC however, it's interaction with BAs is not completely clear.
Aims: Therefore, our aim was to characterize the effect of BAs on tumour progression and to study the possible role of mucins in it.
Methods: The serum concentrations of BAs were measured with high-performance liquid chromatography. The effects of BAs on tumour progression were investigated using different assays. Mucin expressions were studied in normal and pancreatic ductal adenocarcinoma cell lines (PDAC) and in human samples, using real-time PCR and immunostainings. Silencing of MUC4 was performed using specific siRNA.
Results: The levels of BAs were significantly higher in the PDAC+OJ group compare to the healthy, control group. Most of the BAs enhanced the rate of proliferation, migration, adhesion, colony forming and MUC4 expression in PDAC, whereas decreased the viability of normal cells. In patients, where PC is associated with OJ, strong MUC4 staining was detected. Silencing of MUC4 decreased carcinogenic processes in PDACs.
Conclusion: Normal cells respond by cell death to BAs treatment, that probably a protective mechanism inorder to avoid malignant transformation. In PDAC, BAs promote

tumour progression, in which the increased expression of MUC4 probably plays an important role. Our data indicate that in PC patients with OJ, the early treatment of biliary obstruction may improve life expectancy.

14. PATIENT REPORTED OUTCOMES, PARTIAL MAYO SCORE AND SCCAI ARE EQUALLY ACCURATE IN PREDICTING MUCOSAL HEALING IN UC: PRELIMINARY RESULTS FORM A PROSPECTIVE STUDY

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Introduction: Optimal management of patients with ulcerative colitis (UC) requires the accurate assessment of disease activity. Endoscopic evaluation is considered the gold standard approach, but it is invasive.

Aims: We aimed to determine how strong patient reported outcomes, clinical scores and symptoms correlate with endoscopy for assessment of disease activity in UC patients.

Methods: 136 patients were included prospectively and consecutively (age: 48 (IQR: 38-61) years, duration 12 (4-19) years, 63 females, 53.7% extensive disease, 40.4% on biologicals) at the time of the colonoscopy. The 2 item patient reported outcome (PRO), partial MAYO, Simple Clinical Colitis Activity Index (SCCAI), Mayo endoscopic subscore (MES), Baron and Ulcerative Colitis Endoscopic Index of Severity (UCEIS) scores were calculated. C reactive Protein (CRP) and fecal calprotectin (FCAL) was available in 58.1 and 33.8% of patients. 20.7% had clinical flare, treatment was escalated in 17.8% of patients. Sensitivity, specificity, PPV and NPV values were calculated, ROC analysis and K-statistics were performed.

Results: Rectal bleeding (RBS), stool frequency (SF) subscore of 0, or total PRO2 remission (RBS 0 and SF ≤1), partial MAYO (≤2) and SCCAI (≤2.5) remission were similarly associated to mucosal healing defined by MES (0 or ≤1) or Baron (0 or ≤1) scores (Table 1). PRO2 remission ($AUC_{MES0/Baron0}$:0.747/0.715, $AUC_{MES0-1/Baron0-1}$:0.867/0.863), SF ($AUC_{MES0/Baron0}$:0.731/0.703, $AUC_{MES0-1/Baron0-1}$:0851/0.839), RBS ($AUC_{MES0/Baron0}$:0.708/0.685, $AUC_{MES0-1/Baron0-1}$:0.828/0.835) partial Mayo ($AUC_{MES0/Baron0}$:0.792/0.755, $AUC_{MES0-1/Baron0-1}$:0.917/0.903) and SCCAI ($AUC_{MES0/Baron0}$:0.738/0.724, $AUC_{MES0-1/Baron0-1}$:0.908/0.880) were similarly associated with mucosal healing in a ROC analysis. There was a string association between MES and Baron (k=0.798), while moderate agreement between UCEIS and MES (K=0.451) or Baron (K=0.499) scores. Agreement between CRP and clinical remission or endoscopic healing (MES/Baron) was poor (K~0.2), while agreement between FCAL (>100 or >250) and RBS-PRO2 remission ($K_{>250}$:0.56-0.61) or MES/Baron 0 was moderate to good ($K_{>100}$:0.54-0.53 and $K_{>250}$:0.50-0.54)

	Sensitivity	Specificity	PPV	NPV
PRO RBS 0 vs MES 0	97.5%	43.3%	72.2%	92%
PRO RBS 0 vs MES ≤1	96.1%	67.7%	90.7%	84%
PRO RBS 0 vs Baron 0	97.3%	39%	66.7%	92%
PRO RBS 0 vs Baron ≤1	92.7%	70.8%	93.5%	68%
PRO SF 0 vs MES 0	93.8%	50.9%	74.3%	84.4%
PRO SF 0 vs MES ≤1	91.2%	74.2%	92.1%	71.9%
PRO SF 0 vs Baron 0	93.2%	45.8%	68.3%	84.4%
PRO SF 0 vs Baron ≤1	87.2%	75%	94.1%	56.2%
PRO2 remission vs MES 0	96.2%	47.2%	73.3%	89.3%
PRO2 remission vs MES ≤1	95.1%	74.2%	92.4%	82.1%
PRO2 remission vs Baron 0	95.9%	42.4%	67.6%	89.3%
PRO2 remission vs Baron ≤1	90.8%	75%	94.3%	64.3%
partial MAYO vs MES 0	98.8%	43.4%	72.5%	95.8%
partial MAYO vs MES ≤1	99%	74.2%	92.7%	95.8%
partial MAYO vs Baron 0	98.6%	39%	67%	95.8%
partial MAYO Baron ≤1	94.5%	75%	94.5%	75%
SCCAI vs MES 0	96.2%	45.3%	72.6%	88.9%
SCCAI vs MES ≤1	96.1%	74.2%	92.5%	85.2%
SCCAI vs Baron 0	95.9%	40.7%	67%	88.9%
SCCAI vs Baron ≤1	91.7%	75%	94.3%	66.7%

Conclusion: We found no difference across accuracy of RBS, SF, PRO2, partial Mayo and SCCAI in predicting endoscopic healing. A strong association was found with high PPV for MES/Baron ≤1 and high NPV for MES/Baron 0. FCAL, but CRP was not associated to clinical and endoscopic remission.

15. PERIANAL CROHN'S DISEASE SURGICAL AND MEDICAL TREATMENT IN CLOSE COLLABORATION

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Introduction: Perianal Crohn's disease affects a significant number of patients with Crohn's disease (CD) and is associated with poor quality of life. The incidence of perianal Crohn's disease (pCD) ranges from 17% to 43% of CD

cases. The surgical and medical management of the fistulizing perianal Crohn's disease is challenging.
Aims: Our aim was to analyse the prevalence, the predictors and the outcome of the perianal interventions in the biological era in a tertial referral centre between 2018 August and 2019 August.
Methods: Data of 33 consecutive patients were collected and analysed between 2018.08.01 and 2019.08.01 from the surgery department. Both in- and outpatient records were collected and comprehensively reviewed.
Results:33 perianal Crohn's disease patients (18 male, 15 female) were operated and performed totally 44 surgical interventions. Almost the complete population was managed by the gastroenterology department of the same institute. Predominantly biological therapy was administered in the majority of the patients (N=29), in 6 cases biological therapy change, in further 6 cases dose escalation were necessary. Only 7 simplex cases were in this period. Complex fistulas (N=26) are treated with seton drainage, carefully selected patients have been treated with darvadstrocel within the confines of a study (N=3). Abscesses were evacuated (N=21), the underlying fistula was drained. In one case urgent stoma formation was needed because of the septic condition despite the seton drainage (N=1). Rectovaginal fistulae (N = 5) were managed predominantly with seton placement. After the surgical procedure complete or near-complete fistula closure was achieved in 6 cases, partial remission occurred in 5 cases and in 17 cases there was no worsening of symptoms.
Conclusion: Surgical interventions are indicated in selective perianal Crohn's disease patients. The indications are well described in international guidelines, but in some aspects the lack of evidence make the guidelines shallow. The timing, the removal of the setons and the follow up were analysed in our samples. Interventions often complicated by recurrences and loss of response. The surgeon plays a pivotal role in caring for these patients, but the collaboration of the surgery and gastroenterology department is even more necessary to achieve better quality of life and prevent social, sexual and environment disabilities.

16. AZ USTEKINUMAB KLINIKAI HATÁSOSSÁGÁNAK FELMÉRÉSE MAGYARORSZÁGI GYULLADÁSOS BÉLBETEGEK KEZELÉSE SORÁN MULTICENTRIKUS, PROSPEKTÍV KLINIKAI VIZSGÁLAT KERETÉBEN – 1 ÉVES EREDMÉNYEK

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Introduction: Az ustekinumab humán monoklonális antitest a gyulladásos bélbetegségek kezelésében alkalmazott biológiai terápiák egyik legfrissebb tagja, mely az IL-12 és IL-23 gátlásán keresztül fejti ki anti-inflammatorikus hatását. Bár az ustekinumab hatékonysága és biztonságossága randomizált klinikai vizsgálatok által meggyőzően igazolt, „real-life" prospektív követések hasznos adatot szolgáltatnak ezen új szer használatáról a klinikai gyakorlatban.
Aims: Vizsgálatunk célja az ustekinumab klinikai hatékonyságának felmérése magyarországi multicentrikus adatgyűjtés során, illetve a klinikai hatékonyságot befolyásoló tényezők vizsgálata.
Methods: Prospektív, országos adatgyűjtésünk során 10 centrum adatait dolgoztuk fel. Demográfiai adatok, betegségfenotípus, megelőző gyógyszeres kezelés (immunszuppresszív szerek, megelőző biológiai kezelések) és sebészeti anamnézis kerültek rögzítésre. A klinikai hatékonyság megítélése a Crohn's Disease Activity Index (CDAI), valamint Harvey-Bradshaw Index (HBI) használatával történt az indukciós fázis végén (w8), a második fenntartó kezelés (w16-20), valamint fél év (w32-36) és 1 év (w54-56) elteltével. Laboratóriumi értékek, továbbá a populáció egy részében széklet calprotectin értékek, valamint gyógyszerszint meghatározáshoz szérum minták kerültek gyűjtésre.
Results: Előzetes eredményeink alapján 114 beteg adatai kerültek feldolgozásra (61,4% nő; átlagéletkor 37,2±13,2 év; betegségfennállás medián 11 év, IQR: 7-17 év). Montreal-klasszifikáció alapján a betegségviselkedés megoszlása B1:60,4%/ B2:18,9%/ B3:20,7% volt, míg lokalizáció alapján L1:20,8%/ L2:29,2%/ L3:47,9%/ L4(+L1-3):2%. Perianális manifesztáció a betegek 42,5%-át érintette. A megelőző anti-TNF expozíció 98,2% (mindkét anti-TNF: 61,6%), a megelőző vedolizumab expozíció pedig 28,6% volt. Az indukciót követő klinikai válasz és remisszió aránya a kezelés megindításakor közepes- és súlyos betegségaktivitással rendelkező betegek körében 83,8% és 54,1% CDAI alapján, valamint 85,7% és 36,5% HBI score alapján becsülve. A 32-36. kezelési héten a klinikai remisszió aránya 44,9% és 45,5% volt CDAI és HBI alapján. Kompozit klinikai és biomarker remissziót (CDAI<150 és CRP<10mg/L) a beteg 33,3%-a mutatott a 8. kezelési héten, valamint 42,2%-a fél évnél. A kezelés diszkontinuációjának valószínűsége Kaplan-Meier analízis alapján 8,3%(±2,8), míg a dózisintenzifikációé 46,8%(±5) volt fél év elteltével.
Conclusion: Előzetes eredményeink alapján az ustekinumab megfelelő klinikai hatékonyságot mutat korábbi biológiai expozíción jelentős részben átesett Crohn-beteg populációnkban. A diszkontinuáció rátája alacsony, míg a dózisintenzifikáció aránya magas és a kezelés során korán bevezetett. További betegkövetés és az 1 éves betegségkimeneteli adatok feldolgozásra jelenleg folyamatban van.

17. CORRECTION AND/OR ACTIVATION OF CFTR DECREASE THE SEVERITY OF ACUTE PANCREATITIS

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Introduction: Acute pancreatitis (AP) is a severe disorder with no specific treatment. Recent years, the cystic fibrosis transmembrane conductance regulator (CFTR) has been shown to be a possible drug target in AP. We hypothesized that restoration of CFTR expression and/or function can decrease the severity of AP.
Aims: We aimed to investigate the effects of Ivacaftor (VX-770) and Lumacaftor (VX-809) in guinea pigs.
Methods: Pancreatic ducts (PDs) were isolated from guinea pigs. CFTR damage was induced by different concentration of EtOH (30, 50 and 100mM) for 12hours. In order to understand the dose and time dependency, both drugs were administered in different, ascending concentrations (1, 3, 5, 10μM) for different period of times (3, 7, 9 hours). The expression of CFTR was visualized by immunohistochemistry and confocal microscopy. To study the effects of VX-770 and VX-809 inflammation was induced by 10-times hourly intraperitoneal injections of 50μg/kg cerulein. After the third injection animals were treated by *per os* 7,143mg/kg VX-770 and 8,929mg/kg VX-809.
Results: Administration of EtOH dose dependently decreased the plasma membrane expression of CFTR. VX-770 dose dependently restored the membrane localization of CFTR damaged by 12h treatment of 30mM EtOH. The same beneficial effect was seen by VX-809. Combination of the two drugs did not synergize each other effects significantly. 3h-administration of both drugs already provided the maximum effect. *In vivo* experiments revealed that oral administration of VX-770 and VX-809 have a beneficial effect in AP by reducing oedema, necrosis, leukocyte infiltration and serum amylase activity.
Conclusion: Correction of CFTR expression in AP decreases disease severity.

18. A HIGH MORTALITY OF 21% IN 2 MONTHS IN THE HUNGARIAN GASTROINTESTINAL BLEEDING REGISTRY- ANALYSIS OF THE FIRST 100 CASES

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Introduction: Gastrointestinal bleeding (GIB), one of the most common causes of hospital admission in gastroenterology, has a reported 30 days mortality around 10 percent.
Aims: To evaluate the mortality rate and describe the cause of death of the study population.
Methods: The Hungarian Gastrointestinal Bleeding Registry had received the ethical and biobank permission in August 2019. Between 07/10/2019 and 07/02/2020, 100 patients were enrolled. We analyzed the mortality rates in our cohort during hospitalization and after gastroenterological emission.
Results: 11 deaths (11%) occurred during hospitalization. Of these, 2 (2%) were directly associated with haemorrhage (variceal bleeding: 1, duodenal ulcer: 1). In 9 cases (9%), after successful treatment of the bleeding, deterioration from various comorbidities was reported as cause of death (pneumonia: 2 (2 %), end stage of lung cancer: 1 (1%), sepsis: 3 (3%), liver failure: 1 (1%) , heart failure: 1 (1%), end-stage colon cancer: 1 (1%). Following discharge from gastroenterology, 10 deaths (10%) occured during follow-up. Of these, 2 (2%) was caused direct by GIB (variceal bleeding: 1 (1%), gastric cancer: 1 (1%)). In 8 cases (8%) other causes of death were found (tumor 3 (3%), pneumonia 1 (1%), unknown 2 (2%), sepsis 2 (2%)). Within 30 days, mortality was seen in 15 patients (15%). Deaths between 30 and 60 days were observed in 6 patients (6%). The mean age of our patients at death was 73.1 years.
Conclusion:
The observed mortality data are consistent with international indicators. By extending the registry, making it nationwide, we will be able to provide comprehensive results.

19. PARODONTOPATHY SEEMS TO PREDICT BETTER THE PRESENCE OF GASTROESOPHAGEAL REFLUX DISEASE (GERD), THAN DENTAL EROSION IN PATIENTS WITH HEARTBURN

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Introduction: Dental erosion is an established extraesophageal complication of GERD according to the Montreal definition. In contrast, a little is known about other significant oral disorders such as parodontopathies which play an even more significant role in dental loss.
Therefore, we **aimed** to collect data on the prevalence of different oral manifestations.
Patients, methods: One-hundred and eight patients (M/F: 48/60, mean age: 53 (17-80) years) with heartburn were enrolled after detailed esophageal function testing including upper gastrointestinal endoscopy, esophageal manometry and 24 hour intraesophageal pH-impedance monitoring. Esophageal and extraesophageal symptoms as well as dental habits assessed by means of a standardized questionnaire. Oral examinations were carried out in all patients. Based on presence of dental erosions (DER) and parodontopathies (PAOP) subgroups were formed.
Results: Of the studied population 8/108 (7%) had DER alone, 64/108 (59%) had PAOP alone, 22/108 (21%) had both and 14/108 (13%) had neither. While patients with DER alone had not more pathologic reflux, than patients with intact teeth (25% vs. 24%), patients with PAOP and both lesions pathologic reflux was significantly more prevalent (47% and 82%; $p<0.001$). Furthermore, they had more proximal reflux (28% and 55% vs. 13% and 0%; $p<0.01$) and higher esophagitis scores (1.14 and 1.96 vs. 0.75 and 0.71; $p<0.01$), and less teeth as well.
Conclusions: In patients with heartburn, DER alone appeared to be a poor predictor of GERD. In contrast, the presence of PAOP and especially its association with DER seems to be a good indicator of pathologic gastroesophageal reflux.

20. INFLAMMATORY BOWEL DISEASE AND SARS-COV-2 PANDEMIC – THE PATIENT'S PERSPECTIVE

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Background: Huge resources has been put into getting over COVID-19 pandemic by vaccination and social distancing challenged by misinformations of social media.
Aims The goal of the questionnaire survey conducted by us during the first wave of pandemic was to highlight misconcenptions and needs of Hungarian IBD patients

related to infectious diseases in general and to COVID-19 particular.
Methods: A 58-question anonymous web-survey was conducted for hungarian adult IBD patients between 22 March and 3 April 2020. Topics specific questions included relation to infectious diseases, COVID-19 and vaccinations in general, sources and credibility of information, changes in medical and social activities. Responses were classified according to patients' gender, age, disease duration, education, class of medication used, and disease activity. Continuous variables were evaluated on a five-point scale.
Results: Average anxiety level was higher regarding COVID-19 compared to infections in general and statistically significant higher anxiety level was related to female gender, older age, lower educational level, immunomodulatory and biologic therapy. The same groups used personal protective equipment more frequently and maintained social protection measures. Compared to this 93% of patients never visited a vaccination center and 16.8% were entirely sure no vaccination is allowed due to their disease. 93% of patients gained information from internet, 35% visited portals of patients association (PPA) and 16% interviewed a gastroenterologist. Data from the PPA and the gastroenterologist were evaluated as the most reliable. Minority of patients changed their medications.
Conclusion: Altough hungarian IBD patients are very concerned about COVID-19 that was conspiciuous in different groups who also used personal protective equipment more often, vaccinations in general are obviously ignored that can have a huge impact on willingness to be vaccinated against SARS-CoV-2. As patient associations' portals are the most reliable and at the same time the most widely available source of authentic information it can be used to counterbalance misconceptions.

21. ENDOSCOPIC ULTRASONOGRAPHY-GUIDED LIVER BIOPSY – SINGLE CENTER EXPERIENCES

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Introduction: Liver biopsy is an important method in the diagnosis of hepatic diseases. It can be performed percutaneously without image guidance or an ultrasound- or CT-guided manner. Nowadays endoscopic ultrasound-guided (EUS-guided) sampling technique is a spreading option.

Aims: To collect retrospective data about EUS-guided liver biopsy experiences at the University of Szeged.
Methods: Patients undergoing EUS examations were collected from 2016 until nowadays when liver biopsy was performed. An Olympus GF-UCT-140 endoscope was used in our center. Midazolam, lidocaine and hyoscine buthilbromide were administered as premedication. Fine needle aspiration was done from the stomach using different sizes of EZ Shot aspiration needles. Smears for cytological evaluation and histological samples were also obtained. The quality of collected samples and thee diagnostic accuracy of live EUS-FNA were analysed.
Results: In the examined period EUS-guided liver biopsy was done in 51 cases. The average age of the 30 male and 21 female patients was 66.3±11.5 years. In every case the indication was to examine pancreatic or hepatic lesions diagnosed with another imaging technique. Mostly 22 G needle was applied (35 cases). The biopsy was done through the stomach. The avarage size of the sampled lesions was 29.1±19.6 mm. Most lesions were metastases, mostly pancreatic origin, but neuroendocrine, metastase of breast or lung cancer was also identified. No complication appeared during or after the procedure.
Conclusion: The EUS-guided liver biopsy is a safe procedure with good diagnostic accuracy.

22. UTILITY OF MULTIPLE RAPID SWALLOWING TEST IN EVALUATION OF PATIENTS WITH GERD

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Introduction: Multiple rapid swallowing test (MRST) is used to assess oesophageal peristaltic reserve during high-resolution manometry (HRM). **Aims:** Our aim was to evaluate the relationship between MRST response and parameters of 24-hour pH impedance monitoring (MII) in patients evaluated for PPI refractory reflux disease. **Methods:** MRST have been performed in our laboratory for 2 years as part of routine HRM by administering 5 swallows of water at 2-3 second intervals at the end of the study. Peristaltic reserve was considered normal if the ratio of post MRS distal contractile integral (DCI) and the mean DCI of 10 wet swallows was greater than 1. We retrospectively evaluated the HRM and MII recordings in 57 patients evaluated for PPI refractory reflux disease. MII recordings were done off-PPI. **Results:** There were 25 patients with normal (nMRST) and 32 patients with an abnormal one (aMRST). DCI was significantly lower in patients with aMRST than in patients with nMRST. The number of reflux events and the acid exposure time were also significantly higher in patients with aMRST. The proximal extent of reflux was also significantly more frequent in patients with aMRST. **Conclusion:** MRST could be a useful additional marker to improve the ability of HRM to detect clinically relevant oesophageal dysfunction in patients with abnormal oesophageal acid exposure.

23. CHANGE IN MUCOSAL SERPIN E1 EXPRESSION REFLECTS THERAPEUTIC RESPONSE IN INFLAMMATORY BOWEL DISEASE PATIENTS

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Introduction: Inflammatory bowel diseases are chronic gastrointestinal disorders. Biologic therapies are primary treatment options in IBD, but in 40-60% of cases the patients don't respond or lose response over time. Imbalance homeaostasis of cytokines alter inflammatory response and determine response to therapy. Thus, patient-specific determination of individual cytokine profiles could improve the prediction of therapeutic response.
Aims: Our aim was to determine cytokine profile of IBD patients and characterize expression of promising cytokines.
Methods: Biopsies were obtained from inflamed part of colon of IBD patients and controls. Total protein and mRNA

were isolated from biopsy samples. Cytokine Array was used to analyse cytokine expression. SerpinE1 levels were measured by ELISA.
Results: We defined cytokine profile of 36 biopsy samples. In samples of IBD we identified the expression of MIP1-α/β, IL-1β, IL-8, IL-18 and SerpinE1. SerpinE1/PAI-1 activates coagulation, whereas the risk to develop deep venous thrombosis is 6 times higher in IBD patients than healthy people. Therefore we compared the expression of SerpinE1 in patients before and after therapy. Mucosal expression of SerpinE1 differed significantly in healthy subjects compared to IBD patients with active disease (0 vs. 24.06pg/mg, p=0.02). Mucosal expression of SerpinE1 showed a remarkable decrease in patients who responded to the therapy (p=0.06) compared to non-responders (p=0.15). Moreover, mean value of mucosal SerpinE1 concentration did not differ significantly in healthy subjects compared to responders (5.7 vs. 0 pg/mg, p=0.12).
Conclusion: Our results suggest that mucosal SeprinE1 expression reflects endoscopic activity of IBD, which could be a promising marker of disease activity and therapeutic response.

24. INVALIDITY OF TOKYO CRITERIA FOR CHOLANGITIS AND CHOLECYSTITIS IN ACUTE BILIARY PANCREATITIS: PRELIMINARY DATA OF AN INTERNATIONAL COHORT ANALYSIS

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Introduction: Acute pancreatitis (AP) guidelines are incomplete regarding the indications and initiation of antibiotic therapy. Adequate reasons for antibiosis in AP include cholangitis (CA) and cholecystitis (CC). The picture seen in biliary AP shows significant overlap with the diagnostic criteria (Tokyo criteria) for CA and CC. Their validity, together with the antibiotic practice in biliary AP are questionable.
Aims: To examine the fulfilment of Tokyo criteria in biliary AP, antibiotic practice, and evaluate associations with patient-important outcomes.
Methods: We conducted a secondary analysis of the Hungarian Pancreatic Study Group's (HPSG) multicenter, international, prospectively collected registry of AP patients. We evaluated abdominal imaging results to determine Tokyo guideline fulfilment and severity, together with data already collected in the registry. Chi-square and Fisher exact tests were used.
Results: Out of 944 biliary AP patients, 77.3% received antibiotics (mostly ceftriaxone and metronidazole). 31.1% of patients fulfilled the diagnostic criteria for both CA and CC, 24.8% for CC only and 17.5% for CA only. While mortality in severe cases that seemingly fulfilled the Tokyo guidelines for CC or CA was 20.8% and 12.8% respectively, it was below 1% in moderate and mild cases.
Conclusion: Around 75% of biliary AP patients fulfilled the diagnostic criteria for CA/CC, leading to a high rate of antibiotic use. As cohort studies are ill-suited to answer interventional questions, a randomized controlled trial should be performed to evaluate the need for antibiotics in questionable CA cases.

25. PANCREATIC FAMILY HISTORY, RECURRENT AND CHRONIC PANCREATITIS: ANALYSIS OF AN INTERNATIONAL COHORT OF 2345 ACUTE PANCREATITIS PATIENTS.

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Introduction: In pediatric acute pancreatitis (AP) a family history of pancreatic diseases is a well-established prognostic factor for earlier onset of recurrent AP (ARP) and chronic pancreatitis (CP). There is no evidence supporting the same association in cases of adulthood onset pancreatitis. Age-specific reasons of familiar aggregation are also unclear.
Aims: To examine the prognostic role of pancreatic family history for ARP/CP and observe possible underlying mechanisms.
Methods:
We conducted a secondary analysis of the Hungarian Pancreatic Study Group's (HPSG) multicenter, international, prospectively collected registry of AP patients, both children and adults. We compared those with a positive family history of pancreatic diseases to those without, in different age groups, and analysed trends of accompanying factors. Chi-square and Fisher exact tests were used.
Results: We found a higher rate of ARP/CP in the positive pancreatic family history group (33.7% vs 25.9%, p=0.018), peaking at 6-17 years. Idiopathic AP peaked in childhood in the positive group (75% 0-5 years, 60% 6-11 years) and was consistently 20-35% in the negative group. A significantly higher rate of alcohol consumption / smoking was found in the positive groups at 12-17 years (62.5% vs 15.8%, p=0.013) and 18-29 years (90.9% vs 58.1%, p=0.049). The prevalence of diabetes and hyperlipidemia steadily rose with age in both groups, only being significantly different above 66 years (43.5% vs 29.4%, p=0.044).
Conclusion: Positive family history most likely signifies genetic background in early childhood. During adolescence and early adulthood, alcohol consumption and smoking emerges – clinicians should be aware and turn to intervention in such cases. Contrary to current viewpoints positive pancreatic family history is not a prognostic factor for ARP and CP in adults, so it should not be used as such.

26. DIFFERENTIATION BETWEEN PANCREATIC CYSTIC LESIONS USING IMAGE PROCESSING SOFTWARE (FIJI) BY ANALYZING ENDOSCOPIC ULTRASONOGRAPHIC (EUS) IMAGES

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Aims: EUS is the most accurate imaging modality for evaluation of different types of pancreatic cystic lesions; however, distinguishing between malignant and benign lesions remains challenging. Our aim was to analyze EUS images of pancreatic cystic lesions using an image processing software (FIJI).
Methods: We specified echogenicity of the lesions by measuring the gray value of pixels inside the selected areas. Besides the entire lesion, its cystic and solid parts were also

separately selected for assessment. Following the software analyzing process images were divided into groups (serous cystic neoplasm /SCN/, non-SCN and pseudocyst) according to the cytology results of the lesions. Intraductal papillary mucinous neoplasms (IPMNs) and mucinous cystic neoplasms (MCNs) were classified as non-SCN category.
Results: EUS images of 33 patients (21 females, 12 males; mean age of 60.9±10.1 and 66.3±11.6 years, respectively) were assessed. Overall 73 images were processed by the software: 36 in non-SCN, 13 in SCN and 24 in the pseudocyst group. The mean gray value of the entire lesion in non-SCN group was significantly higher than in SCN group (31.7 vs 25.5; p=0.022). The area ratio (area of cystic part/entire lesion) in non-SCN, SCN and pseudocyst group was 42%, 55% and 70%, respectively; significantly lower in non-SCN group than in SCN and pseudocyst group (p=0.0058 and p<0.0005, respectively). The lesion density (sum of the gray values/area of the lesion) was also significantly higher in non-SCN group compared to the SCN- and pseudocyst group (4802.48/mm^2 vs 3865.87/mm^2 vs 3192.27/mm^2; p=0.022 and p=0.004, respectively). No correlation was found between the intracystic CEA levels and the analyzed cystic gray values.
Conclusion: The computer-aided diagnosis decision is being used increasingly due to the rapid development of the information technology. The EUS image analysis process may have a potential to be a diagnostic tool for the evaluation and differentiation of pancreatic cystic lesions.

27. ENDOSCOPIC STEP-UP APPROACH OF SYMPTOMATIC PANCREATIC NECROTIC COLLECTIONS – A NEED FOR FINE-TUNING OF THE GUIDELINES

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Introduction: Step-up approach is recommended in the management of pancreatic necrosis. Application of a lumen-apposing metal stent (LAMS) with cautery-enhanced delivery system (Hot Axios, Boston Scientific Corporation) facilitates the transmural endoscopic ultrasound (EUS)-guided drainage of symptomatic pancreatic necrotic collections (PNCs). Subsequent debridement of necrotic material can be performed in a form of irrigation by a naso-cavital drain and/or direct endoscopic necrosectomy (DEN). Whether to apply irrigation or DEN is unclear. Furthermore, when and scheduled or “on-demand” DEN should be carried out is also unknown. Timing of removal of LAMS is also in evolution.
Aims: Our aim was to fine-tune the recommendations in a form of a local protocol to improve the safety and clinical efficacy of the step-up approach.
Methods: 11 patients with symptomatic PNC who underwent EUS-guided drainage with LAMS followed by debridement were assessed. First group of patients (n=8) after LAMS placement were treated routinely only with irrigation drain and released; DEN was performed only if septic complications occurred. In second group of patients (n=3) irrigation and subsequent scheduled DEN was accomplished. Clinical outcome was evaluated.
Results: In the first group in 5 patients PNC resolved with no need for DEN and the LAMS was removed after 6 weeks. In 3 patients after discharge septic complications occurred and required readmission and DEN for debridement. In the second group in all 3 patients PNCs resolved without septic complications and LAMS were removed within 5 weeks.
Conclusion: Fine-tuning of the guidelines improves safety and clinical efficacy of the step-up approach.

28. RISK PREDICTION MODEL FOR DEVELOPING PANCREATIC NECROSIS

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Introduction: Necrosis is a major local complication in acute pancreatitis which affects its outcome.
Aims: Our aim was to evaluate the clinical characteristics of acute necrotizing pancreatitis (ANP) and to design a predictive model for that.
Methods: The Hungarian Pancreatic Study group has prospectively collected multicenter clinical data of 1435 adult patients between 2012 and 2017. 1429 of them contained valuable data on pancreatic necrosis and were enrolled. Statistical analyses compared pancreatitis with (ANP) and without necrosis (AP). Predictive models were built by the Random Forest approach.
Results: 9.31% (n=133) of the patients had ANP. As expected ANP was associated with higher mortality (8.27% vs 1.93%; p<0.0001), more severe disease (mild: 0.00% vs 75.69%, moderate: 73.68% vs 20.91%, severe: 26.32% vs 3.40%), longer hospitalization (22.95±19.23 days vs 10.18±7.22 days; p<0.0001), and higher rate of complications (pseudocyst: 30.83% vs 6.34%, p<0.0001; diabetes: 13.53% vs 3.24%, p<0.0001; respiratory failure: 20.45% vs 3.27%, p<0.0001); heart failure: 8.33% vs 1.17%, p<0.0001); renal failure: 15.19% vs 1.71% , p<0.0001). Several risk factors were identified among on admission parameters. After combining these parameters, we created a predictive model with the Random Forest approach that does not include false negative cases.
Conclusion: Pancreatic necrosis markedly influences the outcome of acute pancreatitis. Without the presence of false negative cases, our model is able to rule out development of ANP in this derivation cohort. After the validation of our result, we will translate it into a predictive bioinformatics tool to help physicians in assessing risk of this severe complication.

29. GRANULOCYTE AND MONOCYTE APHERESIS IS AN EXCELLENT CHOICE AS AN ADJUNCTIVE THERAPY TO INDUCE AND MAINTAIN REMISSION IN ULCERATIVE COLITIS: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Introduction: The goal of treatment in ulcerative colitis (UC) is to induce and maintain remission. The addition of granulocyte and monocyte apheresis (GMA) to conventional therapy may be a promising therapeutic alternative.
Aims: In this meta-analysis, we aimed to assess the efficacy and safety profile of GMA.
Methods: We searched four databases for randomized or minimized controlled trials which discussed the impact of additional GMA therapy on clinical remission induction and clinical remission maintenance compared to conventional therapy alone. Odds ratios (OR) with 95% confidence intervals were calculated. The random-effects model was used to pool effect sizes. Heterogeneity was tested by calculating Higgins' I^2 indicator.
Results: A total of eleven studies were eligible for meta-analysis. GMA was clearly demonstrated to induce and maintain clinical remission more effectively than conventional therapy alone (598 patients: OR: 1.93, CI: 1.28–2.91, p=0.002, I^2=0.0% for induction; 71 patients: OR: 8.34, CI: 2.64–26.32, p<0.001, I^2=0.0% for maintenance). Although reporting was diverse across studies, the frequency of adverse events did not differ between groups.
Conclusion: GMA appears to be more effective as an adjunctive treatment in inducing and maintaining remission in UC patients than conventional therapy.

30. ESOPHAGEAL ORGANOID CULTURE IS A NOVEL MODEL TO STUDY EPITHELIAL ION TRANSPORT MECHANISMS

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Introduction: Esophageal epithelial cells (EECs) protect the lower layers during esophageal reflux. One of the major components of the epithelial defensive mechanisms is the ion transport processes, however their role under pyhsiological and pathophysiological conditions is not completely clear. One of the reason for this is the lack of good experimental models on which the functional changes of EECs can be investigated.
Aims: Therefore, our aim in this study was to generate esophageal organoid cultures (EOCs) from epithelial tissue of mice and to investigate the presence of ion transporters on them.
Methods: EOCs were isolated from 8-20 weeks old mice, using three different mice strains (CD1, C57/Bl6 and FVB/N). Changes in intracellular pH (pHi) was measured using microfluorometry and the pH-sensitive fluorescence dye, BCECF-AM. For determining the resting pH_i, the high K^+/nigericin technique was used whereas buffering capacity was measured by the ammonium prepulse technique. For immunostaining, EOCs were fixed in 4% PFA and dehydrated in 30% saccharose for 3 days before embedding in Cryomatrix™ and the presence of stem cells and the differentiated epithelial cells in the organoids was proved by Lgr5 and cytokeratin 14 (CK14) immunofluorescent staining.
Results: For the generation of EOCs esophagus was removed and digested with dispase II (1 mg/ml) for 40 min. The mucosa was peeled from the submucosa, then incubated with 0,25% trypsin in order to obtain individual cells. Cells were then suspended in Matrigel® matrix and cultured for 10-14 days. In each mice, organoids had a three-dimensional, approx. spheroidal structure, growing in the extracellular matrix. The average size Of EOCs were between 50-150- micrometer. Their maximum size was about 200 µm at the end of the second week, although differences in morphology and size have been observed. The resting pH_i of CD1 mice was 7.47 ± 0.027. Microfluorometric measurement showed the presence of functionally active Na^+/H^+ exchanger (NHE) and Cl^-/HCO_3^- (CBE) transporters on the EOCs. We have detected Lgr5 expressions in all cells of the organoids; whereas CK14 staining showed granular arrangement.
Conclusion: We have successfully set up the culturing of mice esophageal organoids and our preliminary results showed that EOCs express both alkalizing and acidifying transporters. We strongly belive that EOCs are a suitable, *in vitro* experimental model to study esophageal epithelial function and can also be used to investigate the pathomechanism of reflux-induced esophageal diseases.
This study was supported by the National Research, Development and Innovation Office (FK123982) and the Economic Development and Innovation Operative Programme Grants (GINOP-2.3.2-15-2016-00015) and by the National Research, Development and Innovation Office, by the Ministry of Human Capacities (EFOP 3.6.2-16-2017-00006).

31. INCIDENCE, PREDICTIVE FACTORS AND OUTCOMES OF VARICEAL UPPER GASTROINTESTINAL BLEEDING – A PROSPECTIVE MULTICENTER POPULATION-BASED STUDY FROM HUNGARY

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Introduction: Acute variceal gastrointestinal (GI) bleeding is associated with significant morbidity and mortality.

Aims: Our aim was to evaluate characteristics and prognostic factors in the management of acute upper GI bleeding in a large multi-center study from Hungary.
Methods: The present prospective one–year study involving six major community hospitals in Western Hungary covering a population of 1,263,365 persons in 2016. Data collection included demographic characteristics, vital signs at admission, comorbidities, medications, time to hospital admission and endoscopy, laboratory results, endoscopic management, including endoscopic therapy and second look endoscopy, risk assessment using Glasgow-Blatchford Score (GBS), Rockall Score (RS) and the American Society of Anesthesiologists (ASA) Physical Status Score, transfusion requirements, length of hospital stay and mortality.
Results: 108 cases (male: 69.4%) of acute variceal GI bleeding were registered during the 1-year study period, providing an estimated incidence rate of 8.54 (CI95% 7.08-10.32) per 100,000 population per year in Western Hungary. Time from symptom onset to presentation at Emergency Department (ER) was <6 hours in 41.4%, and <12 hours in 64.6% (n=99). Time from hospitalization to endoscopy was < 6 hours in 66.7%, and <12h in 81.5%. Endoscopy revealed grade 3-4 varices in 63% of patients according to the Paquet's classification of varices. Endoscopic therapeutic intervention was performed in 57.4%, and 38.0% of patients required second look endoscopy. On initial endoscopy, 39.8% of patients were treated with sclerotherapy, 18.5% had ligation and 5.6% balloon tamponade. 76.9% of the patients required blood transfusion. Hospitalization length exceeded 7 days in 45.4% of the patients. Mortality was 18.2% among patients with bleeding episode presenting outside the hospital, while the overall mortality rate (including in-hospital bleedings) reached 24.1%. There was no significant difference in mortality or transfusion requirements based on prehospital time or weekend management (p=NS). Presentation of vegetative symptoms at admission (i.e. tachycardia, hypotension or syncope) was associated with increased rates of transfusion (p=0.003). The Paquet's grade of varices was correlated with the transfusion needs (p=0.036), endoscopic therapy (p<0.001), and showed similar trend for mortality (p=NS). The increased international normalized ratio (INR) and creatinin levels were associated with mortality (p=0.001 and p=0.002). The GBS best predicted transfusion requirements (AUC: 0.793; cut-off: GBS >8 points; sensitivity: 72.3% specificity: 76%). The frequency of known ETOH dependency and systemic comorbidity was 84.3% and 98.1% in this population. The patients' ASA stage was associated with transfusion requirements (ASA 1-2 vs. ASA 3-4: OR 7.6, CI95% 2.7-21.6; p<0.001), endoscopic intervention (OR 12.6, CI95% 3.4-46.5; p=0.033), and showed similar trend with mortality (OR 3.6, CI95% 0.8-16.7; p<0.095).
Conclusion: Incidence rates of acute variceal GI bleeding in Western Hungary are high. The ASA-score, GBS predicted outcomes and transfusion requirements. Although comorbidities are very high in this population, the observed high mortality rates, coupled with relatively low rates of endoscopic ligation warrant optimization of management strategies in acute variceal GI bleeding.

32. INCIDENCE, PREDICTIVE FACTORS AND OUTCOMES OF NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING – A PROSPECTIVE MULTICENTER POPULATION-BASED STUDY FROM HUNGARY

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Introduction: Acute upper gastrointestinal (GI) bleeding is associated with significant morbidity and mortality.
Aims: Our aim was to evaluate characteristics and prognostic factors in the management of acute upper GI bleeding in a large multi-center study from Hungary.
Methods: The present prospective one–year study involved six major community hospitals in Western Hungary covering a population of 1,263,365 persons in 2016. Data collection included demographic characteristics, vital signs at admission, comorbidities, medications, time to hospital admission and endoscopy, laboratory results, endoscopic management, including endoscopic therapy and second look endoscopy, risk assessment using Glasgow-Blatchford Score (GBS), Rockall Score (RS) and the American Society of Anesthesiologists (ASA) Physical Status Score, transfusion requirements, length of hospital stay and mortality.
Results: 688 cases (incl. 117 in-hospital cases) of acute upper non-variceal GI bleeding were registered in the 1-year study period, resulting an estimated incidence rate of 54.42 (CI95% 50.5-58.6) per 100,000 population per year in Western Hungary. Time from symptom onset to presentation at the Emergency Department (ER) was <6 hours in 35.9% and <12 hours in 52.7% of the cases (n=571). Time from hospitalization to endoscopy was < 6 hours in 55.7% and <12h in 71.8% (n=678). Top 5 diagnoses were duodenal ulcer (20.6%), gastric ulcer (19.0%), gastroesophageal reflux disease (GERD) (11.1%), erosive gastritis/duodenitis (9.9%) and Mallory-Weiss syndrome (8.2%), while malignancy in the upper GI track and arteriovenous malformation (AVM) were present in 4.0% and 3.8%. Forrest stage was Ia-b, IIA-b-c in 7.1%, 17.6%, 15.7%, 13.0% and 13.6% of the cases (n=323). Helicobcter pylori positivity was observed in 30.6% (71/232) of the tested cases. Therapeutic intervention on initial endoscopy was performed in 37.1%, while 35.9% of patients required second look endoscopy. Intravenous proton-pump inhibitor (PPI) was the initial medical therapy in 78.8% of patients (16.4% received 72h iv PPI perfusor therapy). Blood transfusion was given to 65.7% of the patients. Hospitalization stay exceeded 7 days in 50.3, while 5.3% of the patients required surgical treatment. Mortality was 11.6% among patients with bleeding episode presenting outside the hospital, while the overall mortality rate (including in-hospital bleedings) was 13.5%. Longer time to presentation at the ER predicted transfusion requirements (p=0.038), while weekend presentation was associated with transfusion (p=0.047), surgery (p=0.016) and mortality (p=0.021). Presentation with vegetative symptoms at admission (i.e. tachycardia, hypotension or syncope) was associated with increased transfusion needs (p<0.001), longer in-hospital stay (p<0.001) and mortality (p=0.017). Patients on anticoagulant, antithrombotic or non-steroidal anti-inflammatory drug (NSAID) medications had higher

transfusion needs (p<0.001) and longer in-hospital stay (p=0.004), but no increased mortality (p=0.571). The GBS was predictive of transfusion (AUC: 0.82; cut-off: GBS >7points; sensitivity: 71.9% specificity: 78%), while mortality was strongly associated with the post-endoscopic RS (AUC: 0.75; cut-off: RS >5points; sensitivity: 68.8% specificity: 68.9%). Presence of comorbidities and ASA stage correlated with transfusion requirements (ASA 1-2 vs. ASA 3-4: OR 2.9, CI95% 2.1-4.1; p<0.001), endoscopic intervention (OR 1.4, CI95% 1.1-1.9; p=0.033), mortality (OR 9.0, CI95% 4.7-17.2; p<0.001) and hospitalization length (p<0.001).
Conclusion: Incidence rates of acute upper GI bleeding in Western Hungary are in line with international trends. The ASA-score, GBS and RS predicted outcomes and transfusion requirements. We observed higher mortality rates, which can partially be explained by the high comorbidity rates in this population, but warrant optimization of the management of acute non-variceal upper GI bleeding.

33. USE OF EVIDENCE-BASED MANAGEMENT GUIDELINES IMPROVE THE OUTCOME OF ACUTE PEDIATRIC PANCREATITIS

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Introduction: The incidence of pediatric acute pancreatitis (APP) is rising and have a significant effect on the life of the children and parents. Pediatric pancreatitis (PP) requires up-to-date and evidence-based treatment approaches. The EPC/HPSG evidence-based guidelines provides the current state of the art of the diagnosis and management of PP.
Aims: The aim of this study was to analyze the clinical characteristics of APP in a prospectively collected, multicentric cohort and to compare the management to the major recommendations of the EPC/HPSG evidence-based guidelines for PP.
Methods: Hungarian Pancreatic Study Group launched an international, multicentric, observational trial (APPLE-Analysis of Pediatric Pancreatitis, ISRCTN89664974) with the aim of collecting prospective clinical data and biological samples from children with PP.46 children suffering from APP have been enrolled from 14 centers. Conservative treatment of APP in the first 24-48 hours were analyzed on the outcome parameters by dividing the cohort into two groups. 1. guideline group: the EPC/HPSG evidence-based guidelines for PP served as a gold standard 2. non-guideline: other, individual therapeutic strategy (mostly based on local experience) for the therapy of APP.
Results: In the first 24-48 hours of the treatment the guideline's recommended intravenous fluid (IVF) replacement (1.5-2 times of the maintenance) was administered in 17/46(37%) cases. Majority of the patients (29/46, 63%) received the maintenance IVF or less. There was no significant difference in the severity of APP between the guideline and non-guideline groups(p=0.45). Nil per os diet was used in 18 patients (72.2%), while 20 patients with mild APP were fed per os. Enteral tube feeding was started for 8/46(17.4%) patients. Deviation from guidelines in both IVF therapy and feeding recommendations did not deteriorate the course of APP (p=0.297), but significantly increased the length of hospitalization (LOH) (14.8±5.6 days vs 26.2±4.4 days, p=0.034). Half of the patients received antibiotic therapy (AB). There were no difference in severity between patients who received AB for prevention (14/23, 30%) and either those who were treated with AB for infection (9/23, 39.1%, p=0.64) or those who did not get AB (23/46, 50%, p=0.65). Preventive AB treatment was associated with significantly longer LOH.
Conclusion: The results highlight that the evidence-based EPC/HPSG guidelines should be followed strictly in order to reduce the length of hospitalization in APP.

34. FIRST COMMON BILE DUCT STONE REMOVAL BY SPYGLASS GUIDED ELECTROHYDRAULIC LITHOTRIPSY (EHL) IN HUNGARY

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Introduction: SpyGlass Direct Visualization System is a single-operator peroral cholangioscopy technique that provides direct visualization of biliary ducts. SpyGlass can be used for both diagnostic and therapeutic purposes in biliopancreatic diseases. Treatment of difficult bile duct stones by SpyGlass guided EHL has not been attempted in Hungary before.
Aims: Our aim is to present the first case of SpyGlass guided EHL in Hungary (with video demonstration) and to draw attention to its relevance in the treatment of bile duct stones.
Case description: We present the case of an 83-year-old female patient who had previously undergone five ERCP procedures due to multiple bile duct stones. Unfortunately, the stones could not have been removed by conventional endoscopic techniques due to moderate benign distal common bile duct stenosis. Therefore, we decided to remove the stones by SpyGlass guided EHL for the first time in Hungary. During the initial cholangiography, 5 stones (10-14mm) were detected in the common bile duct. After extracting some of the stones by mechanical lithotripsy, we achieved direct visualization of the remaining biliary stones by SpyGlass system. We managed to target and break them by EHL, then stone fragments and smaller stones were removed by balloon and Dormia basket. Post-procedural acute cholangitis was detected which is the most common adverse event related to SpyGlass examinations. The patient fully recovered.
Conclusion: SpyGlass guided EHL is an effective treatment of difficult bile duct stones refractory to conventional therapy. The first procedure in Hungary was successful, however, further experience is needed.

35. DISTURBANCE OF CONSCIOUSNESS DETERIORATES THE SEVERITY OF ACUTE PANCREATITIS. AN INTERNATIONAL MULTICENTRE

COHORT ANALYSES OF 1220 PROSPECTIVELY COLLECTED PATIENTS

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Introduction: Disturbance of consciousness (DOC) may develop in acute pancreatitis (AP). In clinical practice, it is known that DOC may worsen the patient's condition.
Aims: There is no exact data on how DOC affects the outcome of AP, our aim was to show associations between DOC and AP.
Methods: From the Hungarian Pancreatic Study Groups' AP registry, 1220 cases contained the exact data on DOC. Patients were separated to Non-DOC and DOC, whereas DOC was further divided into non-alcohol related DOC (Non-ALC DOC) and ALC-DOC groups. Statistical analysis was performed by SPSS 24 Software Package.
Results: From the 1220 patients, 47 (3.85%) developed DOC, 23 (48.9%) cases were ALC DOC vs. 24 (51.1%) Non-ALC DOC. The incidence of severe AP was higher in the DOC compared to the Non-DOC group (19.15% vs. 5.29%, $p<0.001$). The mortality was higher in the DOC vs. Non-DOC group (14.89% vs. 1.71%, $p<0.001$). Length of hospitalization (LOH) was longer in the DOC vs. non-DOC group (Me:11; IQR:8-17 days vs. Me:9; IQR:6-13 days, $p=0.049$). Patients with ALC DOC developed more frequently moderately-severe AP vs. Non-ALC DOC (43.48% vs. 12.5%), while the incidence of severe AP was significantly higher in Non-ALC vs. ALC DOC group (33.33% vs. 4.35%) ($p<0.001$). LOH showed tendency to be longer in Non-ALC DOC compared to ALC DOC respectively (Me:13; IQR:7-20 days vs. Me:9.5; IQR:8-15.5 days, $p=0.119$).
Conclusion: DOC during AP is associated with a higher rate of moderate and severe AP and increases the risk of mortality; therefore, the DOC should be closely monitored and prevented in AP

36. PROSPECTIVE REAL-LIFE PREDICTION OF FINAL HISTOLOGY AND REAL-TIME OPTICAL DIAGNOSIS OF NEOPLASTIC AND NON-NEOPLASTIC POLYPS DURING COLONOSCOPY USING A NEW ARTIFICIAL INTELLIGENCE DECISION SUPPORT SYSTEM (POLYPBRAIN®)

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Introduction: Precise differentiation between non-neoplastic and neoplastic polyps with high/low-grade dysplasia is important to assist optimal endoscopic therapy. New artificial intelligence-based decision support systems(AI-DSS) can help to support resect&discard strategy.
Aims: Our aim was to prospectively evaluate the precision of our recently developed Polypbrain® software and to compare final histology and real-time optical diagnosis of subcentimetric polyps in our everyday colonoscopy practice.
Methods: Polypbrain® is an AI-DSS using deep learning neural network trained on our anonymous electronic database from a total of 1800 histologically identified sub-centimetric colorectal polyps and 26000 HD, electronic chromo-endoscopic images(malignant,juvenile,inflammatory and sessile serrated polyps were excluded).For this on-going prospective study, in every consecutive patients with 5-10 mm polyp, HD images were captured and histological diagnosis prediction(probability of hyperplasia or adenoma,LGD/HGD)was done real-time with Polypbrain® during colonoscopy.All polyps were removed and finally,results were compared to histological diagnosis.
Results: 16 HD-BLI polyp images (hyperplastic/adenoma:4/12 (dysplasia LG/HG:8/4) of 16 patients (male/female:11/5, mean age: 58.98 years) were included into this preliminary analysis. Mean count of subimages from each polyps were 160.31(5-452). Feasibility of the predicted diagnosis was 96.48% for all polyps(adenoma: 96.42%, hyperplasia: 95.65%). Confidence in categorizing adenomas according to dysplasia grade was 69.94% and 69.69% in LGD and HGD group. Concordance between predicted and final histological diagnosis for hyperplasia or adenoma was 93.75%.
Conclusion: Polypbrain® could provide a highly accurate tool for real-time optical diagnosis of polyps and to predict HGD. AI-DSS could not only support resect&discard strategy but might improve efficacy of endoscopic therapy to reduce polyp recurrence.

37. TUMOROS BETEGEK IDEÁLIS BETEGÚTJA A GASTROENTEROLÓGIAI KIVIZSGÁLÁSTÓL A SEBÉSZETEN ÁT AZ ONKOLÓGIAI KEZELÉSIG

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1. Szent János Kórház, Sebészeti Osztály

Introduction: A malnutrició - különösen a sarcopenia - egyértelműen növeli a sebészeti szövődmények és mortalitás esélyét.
Methods: Prospektiven két év során malignus tumorral operált betegek adatait (életkor, nem, testsúly, testmagasság, BMI, fogyás, MUST kérdőív, triceps és comb bőrredő vastagság, felkar és comb körfogat) vettük fel. A testösszetételt OMRON BF511 készülékkel határoztuk meg. Az izomfunkció vizsgálatára kézszorító erőt mértünk, illetve funkcionalis teszteket (pl. 6 perces járás teszt) végeztünk.

Results:231 tumoros (133 férfi/98 nő) operált beteg átlagéletkora 68,9 év (min:18/max:98). 74 beteg (32%) számolt be fogyásról, mely átlag 7 kg volt. (min:3kg/max:15kg). Antropometriai vizsgálatok során az átlag felkarkerület 27,4 cm (min:14,3cm/max:38,1cm), míg az átlag combizomkerület 44,7 cm (min:19,3/max:60,1). Az átlagos BMI érték: 26,0, mely minden tumor (gyomor 22/25,3; hasnyálmirigy 11/28,7; máj 29/29.1; jobb colonfél 48/26,1; bal colonfél 121/26,7) és minden életkorban a normálértéknél magasabb volt. Testösszetétel vizsgálatot 75 betegnél (44 férfi/31 nő) végeztünk, átlagéletkoruk 68 év (min:37;max:88) volt Az átlag BMI értékük 25,7 volt, míg az átlag MUST pontszámuk 2. Az összzsír 29,5%, az összizom 30,1%, visceralis zsír 10% volt. A sarcopeniásnak bizonyult 30 beteg (40%) BMI értéke 28,7 volt, a zsírtömeg 34,2%, a visceralis zsír 11% az izomtömeg 27,1% volt, átlagos MUST értékük 3 volt.
Conclusion: a tumoros betegek BMI értéke a normálisnál magasabb, függetlenül az életkortól, a tumor típusától. A preoperativ táplálás mellett a betegek 40%-ánál jelenlevő sarcopenia miatt elengedhetetlen a fizioterápia, amivel két hét alatt is több 10%-os javulás érhető el. Ideális betegút tervezéssel, a gastroenterológiai kivizsgálás szervezésével a kórházi éhezés elkerülhető, a szövődmények esélye csökkenthető.

38. MINŐSÉG KONTROLL ÉS IBD CENTRUM DEFINIÁLÁSÁNAK IGÉNYE ÚJONNAN ALAKULT MULTIDISZCIPLINÁRIS GYULLADÁSOS BÉLBETEGSÉG ELLÁTÓHELYEN

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Bevezető: A gyulladásos bélbetegségek (IBD) kezelése és gondozása a lehetséges emésztőrendszeren kívüli tünetek, társbetegségek és szövődmények kialakulása miatt multidiszciplináris (MDT) szemléletet igényel. Az „IBD centrum" definiáláshoz minden bizonnyal hozzá járulna, ha megfelelő minőségi indikátorok megvalósulásához kötnénk a megnevezést, illetve a diagnosztikus és terápiás jogosítványokat is. A Semmelweis Egyetemen az utóbbi egy évben a sebészet és intervenciós gasztroenterológia egybeolvadásával új ellátási forma indult, mely számos új elemet épített be mindkét diszciplína mindenapjaiba.
Célok: A jelen munkában egy naptári év adatait áttekintve a közös munka néhány mérőszámát mutatjuk be, illetve az adatok és a nemzetközi ajánlások alapján teszünk javaslatot az IBD centrumokkal szemben támasztott elvárások kialakítására.
Módszer: A kórházi Medsol adatbázis elmúlt 1-3 éveinek adatainak elemzésével munkánk mennyiségi mutatóinak meghatározása illetve a nemzetközileg elismert minőségi mutatók vizsgálata.
Eredmények: A gasztroenterológiai ambulancián az elmúlt 3 évben 1807 (1175 CD, 632UC), az elmúlt 1 évben 1275 (840 CD, 435 UC) beteg jelent meg. Egy év alatt 4687 vizit történt (75,4% CD, 24.5% UC). 613 sebészeti járóbeteg ellátás (550 CD, 63 UC), és 134 műtét történt (120 CD és 14 UC). 233 betegnél történt 254 colonoscopos vizsgálat (176 CD, 78 UC). A klinikán 323 beteg összesen 1367 alkalommal kapott biológiai kezelést. A coloproctologiai és IBD-MDT team 107 IBD esetet konzultált, az egyetem gyermek gasztroenterolóiai centrumaiból szervezett tranzícióval 47 beteg került felnőtt gondozásba. Munkánkat IBD nővér, OPT centrum, dietetikai szolgálat és pszichológus segíti.
A minőségi mutatók tekintetében az adatbázis hiányosabb. Akut colitises betegekben minden esetben történik C. difficile vizsgálat, rectum biopszia, LMWH kezelés. Biológiai kezelés előtt minden esteben tbc és hepatitis szűrést végzünk. Hiányosságaink a csontanyagcsere vizsgálatokban, az oltási programok szervezésében és a dohányzásról való leszoktatásban vannak. Jelenleg még nem mérjük az egy éven át szteroid mentes remisszióban lévő betegek arányát, a munkából/iskolából távol töltött napok számát.
Következtetés: A szimultán gasztroenterológiai és sebészi ellátást biztosító struktúra mellett az IBD centrumoktól elvárható összes diszciplína jelen van a klinikán, mennyiségi mutatóink nemzetközi összehasonlításban is megfelelnek az IBD centrum kritériumainak. Minőségi mutatóink pontosabb mérésével, elemzésével, majd adaptációjával és validálásával lehetőség nyílhat az IBD centrum hazai definiálására, majd a centrumsághoz kötött lehetőségek és kötelezettségek újragondolására.

39. EARLY EXPERIENCES WITH THE SPYGLASS-CHOLEDOCHOSCOPY IN OUR GASTROENTEROLOGY DEPARTMENT

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Introduction: The SpyGlass system was developed to the direct visualization and biopsy for the diagnosis of indeterminate biliary and pancreatic strictures and therapy for difficult stones. In our department, we use SpyGlass™ DS I System.
Aims: aim was to assess the utility and efficacy of this system.
Methods: Since 2018 eleven diagnostic and five therapeutic Spyglass procedures have been performed. Among the diagnostic examinations the average age was 61,36 years. Previously all patients had CT and ERCP, six of them had EUS, as well. Three proximal and eight distal indeterminate stenosis were identified, The target site could have been visualised succesfully all the time, six biopsy were attempted, five of them were adequate for histologic examination. The indication of the therapeutic procedure was „failed conventional therapy", the average age was 76,8 years.
Results: All macroscopically benign strictures were benign at the time of the final diagnosis. However, only in two cases were the final diagnosis malignant among the macroscopically malignant lesions (accuracy 54%). The Spybite biopsy corresponded to the final diagnosis five times (accuracy 83%). The stone clearance was completed in two cases. Except for the first therapeutic examination electrohydraulic lithotripsy was performed and once a balloon was used. We had two cholangitis as adverse event.
Conclusion: Applying SpyGlass system enhance the precise evaluation of indeterminate bile duct lesions and tissue acquisition is easier to perform. However, diagnostic sensitivity and specificity require further improvement. The Spyglass guided lithotripsy with EHL is an alternative for difficult stones which failed conventional therapy.

40. USTEKINUMAB THERAPY IN BIOLOGIC-REFRACTORY CROHN'S DISEASE PATIENTS: CLINICAL RESPONSE AND THERAPEUTIC DRUG MONITORING

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Introduction: Ustekinumab (UST), a fully humanised IgG1 monoclonal antibody targeting IL12/23p40, was recently approved for the treatment of moderate to severe cases of Crohn's disease (CD). In our department we have been using the UST therapy from March 2018.
Aims: Our aim is to report short-, and long-term efficacy data in a Hungarian cohort with prior exposure to both anti-TNF and vedolizumab.
Methods: This single-centre prospective study included patients with endoscopic inflammation who were started on UST. Patients received intravenous UST (induction), then 90 mg subcutaneous injection from week 8 as a maintenance therapy. Our primary endpoint was clinical response/remission at week 16/20 and 32, defined as a reduction of ≥70 in Crohn Disease Activity Index (CDAI) and/or a CDAI which is 150 or lower. The secondary endpoint was to correlate serum UST and anti-UST concentrations with clinical and biochemical activity.
Results: Sixty-one patients receive UST in our Department [mean age: 40.2 years, SD: 13.5 years, male/female ratio: 23/38]. Twelve, ten, twenty-five and eleven patients completed week 8, 16, 32 and 52, respectively. UST was stopped in four patients due to loss of response, in one patient due to pregnancy. Fifty-two point four% of the patients required dose-escalation, 34.4% receive UST in every 8 weeks, 18% receive it in every 4 weeks. CRP decreased significantly at week 16/20, however no difference was observed in CRP values at week 32 ($p < 0.05$ and $p = 0.13$, respectively). Clinical response was observed in 2 and 1 patients at week 16/20 and 32. Remission was observed in 32 and 25 patients at week 16/20 and 32. Ten and 9 patients had active disease at week 16/20 and 32. Sixteen patients received systemic corticosteroid at the time of UST induction, during the maintenance therapy 6 and 4 patients received systemic corticosteroid at week 16/20 and 32. None of the patients reported side effects or serious infection. Serum UST and anti-UST antibody determination is in progress at the time of abstract submission.
Conclusion: UST may effective in inducing clinical response and remission in patients with moderately to severely active Crohn's disease who gave inadequate response to conventional therapy or to treatments with other biological agents. Results of serum UST and anti-UST concentrations will be discussed at the conference.

41. FREQUENCY AND OUTCOME OF SARS-COV2 INFECTION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE ON DIFFERENT BIOLOGICAL THERAPY

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Introduction: Since almost its 1 year outbreak declared by the World Health Organization on 11th March 2020, COVID-19 pandemic still cannot be controlled successfully. Inflammatory bowel disease potentially elevates the risk of infections, independently from the age, while disease activity and medical treatment(s) can increase the risk as well. Based on international data, in total, 4% receives the infection. Furthermore, 1.8% of the patients on biologic therapy needs intensive therapeutic care and 1% passes away.
Aims: Our aim was to determine the frequency and outcome of SARS-CoV2 infection in patients with inflammatory bowel disease on different biological therapy.
Methods: This was an observational, questionnaire based study, carried out in Hungary, between February and March 2021. Our questionnaire consisted of 45 questions, that surveyed the impact of the pandemic among IBD patients, and the severity and outcome of the infection. Participants were on biologic therapy.
Results: In total, 387 respondents completed the questionnaire, and 47 participants (12%) developed COVID-19 infection. 66.9% of them were receiving anti-TNF inhibitor, 16.8% vedolizumab, 12.1% ustekinumab, and 4.1% tofacitinib. Based on our cohort, different biologic therapies didn't elevate the risk of infection (p=0.3486), nor the hospitalization rate (p=0.277). No one was in ICU or ventilator, and nobody passed away. Furthermore, 40.4% suspended the current biologic therapy, but it didn't decrease the rate of hospitalization (p=0.533), however, it didn't cause flare-ups either in the primary disease (p=0.415). Based on our cohort, neither vitamin supplementations meant protection against the infection (p=0.117), only regular mask wearing seems to protect patients with IBD (p=0.009).
Conclusion: Based on our cohort, more IBD patients develop the infection in Hungary, compared to international data, however, the outcome of the infection is more favourable. It seems, that the different biological treatments don't affect the infection rate, and neither elevates the hospitalization rate. In general, there is no need to suspend the current biologic therapy, however, it should be a matter of individual judgment. After all, we claim that mask-wearing still seems to be the most effective form of prevention.

42. HIGHER BODY MASS INDEX IS ASSOCIATED WITH BETTER CLINICAL OUTCOMES IN PATIENTS WITH CYSTIC FIBROSIS: A SYSTEMATIC REVIEW AND META-ANALYSIS OF 3100 PATIENTS

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Introduction: Cystic fibrosis (CF) is an often lethal inherited disorder caused by recessive mutations in the cystic fibrosis transmembrane conductance regulator gene resulting in diminished function of ion transport. Among CF patients malnutrition is a commonly seen phenomenon, however in the last decades a new tendency can be observed. The prevalence of overweight and obesity are increasing due to the early care and new therapeutic options.
Aims: Our study's aim was to evaluate the effects of altered body mass index (BMI) or body composition on certain clinical outcomes.
Methods: The protocol was registered on Prospero (CRD42021227467). The search was conducted at 2nd of November in three databases: MEDLINE (via PubMed), Embase, and Cochrane Central Register of Controlled Trials (CENTRAL). Odds ratios (OR) or weighted mean differences (WMD) with 95% confidence interval (CI) were calculated. The QUIPS tool was used for risk of bias assessment.
Results: Our systematic review contains 61 records and 17 papers have been included in the quantitative analysis. Based on our results higher BMI is associated with better clinical outcomes. Overweight and obese patients have better pulmonary function compared to normal weight ones (WMD= -8.36, CI: -12.74 to -3.97; WMD= -12.06, CI: -23.91 to -0.22, respectively), while normal weight individuals have better pulmonary function compared to normal weight

patients (WMD= 14.61, CI: 10.39 to 18.83). The risk for CF-related diabetes and exocrine insufficiency is also higher in normal weight patients compared to overweight ones (OR=1.49, CI: 1.10 to 2.00; OR= 4.40, CI: 3.00 to 6.45, respectively). However, we found higher cholesterol and triglycerides levels in patients with higher BMI compared to normal weight subjects (WMD= -0.80; CI: -1.10 to -0.51; WMD= -0.2. CI: -0.37 to -0.02, respectively).
Conclusion and implications: Studies with long-term follow up is necessary to assess the possible adverse effects of higher BMI or higher fat mass. According to our analysis the currently recommended target BMI in patient care in CF is suggested to be reconsidered.

43. SAFE AND EFFECTIVE PROTOCOL TO DISCHARGE PATIENTS IN ACUTE PANCREATITIS

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Introduction and Aims: International guidelines do not provide clear suggestions concerning patient discharge in acute pancreatitis (AP). Our aim was to develop a protocol which allows physicians to discharge patients safely and as early as possible.
Methods: 691 cases were enrolled with AP between 2016 and 2019. According to our protocol oral feeding (OF) was immediately commenced in patients with no abdominal pain when C-reactive protein (CRP) level began to decrease. If pain did not recur and the CRP was below 50 mg/l, patients were discharged 24 hours after the OF was started (group A). In patients whose CRP was above 50mg/l we continued the OF and discharged patients 48 hours after commencement of OF irrespectively of the absolute level of CRP (group B). Patients were followed up to 30 days after discharge.
Results: 62.52% of the cases (432/691) have been discharged 24h after the OF was commenced. Mean CRP levels were 20.54±14.42 (group A) and 94.77±44.34 (group B) at discharge and 9.17±26.46 vs 17.88±46.34 at 30 days post discharge. Importantly, CRP elevation was observed only in 7.64%(33/432) and 5.02%(13/259) of the cases from discharge until the control visit. Only 3.7%(16/432) and 4.2%(11/259) of the cases needed readmission within the month. The most common reasons of readmission or CRP elevation were biliary origin and recurrent acute exacerbation. Average hospital stay was 3 days less compared to a relevant Hungarian control group with no discharge protocol.
Conclusion: Our AP discharge protocol proved to be safe and effective.

44. EARLY RESULTS OF A PROSPECTIVE COHORT ANALYSIS- ASSOCIATION OF LOW ALBUMIN LEVELS AND MORTALITY IN ACUTE PANCREATITIS

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Introduction: Acute pancreatitis (AP) is still associated with significant morbidity and mortality worldwide. Thus, the early identification of high-risk patients is critical. Hypoalbuminemia was shown to be independently associated with persistent organ failure and death in retrospective AP cohorts.
Aims: Our aim was to validate the correlation between on-admission serum albumin levels and clinical outcomes of AP in a large prospective multicenter cohort.
Methods: The Hungarian Pancreatic Study Group (HPSG) has prospectively enrolled patients with diagnosis of AP from 12 countries and 26 centers from 2012 to 2018. Patients were divided into low and normal albumin groups, the cutoff being 35 g/L. We used Chi-square test, Mann-Whitney-U test and receiver operating characteristic curve analysis.
Results: From the validated cases, 822 patients had on-admission albumin levels. With 58% males, mean age of 55.7 years, 20% severe and 6% moderately severe cases, 2.6% mortality rate this cohort proved to be representative of the general characteristics of the disease. Older age, alcoholic etiology and more comorbidities were characteristic of the low albumin group. Mortality was significantly higher in this group (4.7% and 1.9%, p=0.045). Also, a tendency of more severe and moderately severe cases was seen in the low albumin group (p=0.056). From on-admission laboratory parameters, patients had significantly lower eGFR and calcium and higher CRP values (p<0.001 in all cases). ROC analysis for mortality resulted in an AUC of 0.71 (95% CI: 0,619-0,801).
Conclusion: The overall predictive value of albumin for mortality in our cohort was acceptable, but not as strong as previously reported.

45. FLEXIBLE ENDOSCOPIC TREATMENT FOR ZENKER'S DIVERTICULUM: RESULTS OF OUR 44 CONVENTIONAL INTERVENTIONS.

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Flexible endoscopic myotomy (FEM) of the cricopharyngeal muscle is a widely used technique in the treatment of symptomatic Zenker's diverticulum. It is considered to be safe and effective. Nowadays a new endoscopic technique using submucosal tunneling method (Z-POEM) has been introduced. Until now, no clear advantage of this new technique has been confirmed. We retrospectively analyzed our experiences with conventional FEM. 35 patients with symptomatic Zenker's diverticulum were treated with FEM and 44 myotomies were performed from September 2012 until November 2019. 34 patients were followed (mean 15 months), 1 patient was lost to follow-up. Clinical success at 1 month was 91.1% (31/34). 3 patients remained symptomatic, one of them was treated with re-myotomy and became symptom-free, another two patients refused further interventions. Over the long term period, 25/31 patients remained symptom-free after one myotomy. 5/31 patients required one further myotomy and 1 patient had to undergo 2 more sessions of myotomies due to recurrence of symptoms. The overall clinical success was 91.1% (31/34).
We observed pneumomediastinum in one patient that was treated conservatively successfully. Intraprocedural bleeding has occurred in (5/44) cases, in all of them the bleeding was successfully stopped during intervention. In one of them, early recurrent massive bleeding required surgery. The overall rate of significant complications was 4.5% (2/44), and there was no procedure-related mortality.

46. PREDICTIVE SCORE DEVELOPMENT FOR A CLINICAL TRIAL ON THE PRE-EMPTIVE USE OF EXTRACORPOREAL CYTOKINE REMOVAL WITH CYTOSORB THERAPY IN ACUTE NECROTIZING PANCREATITIS

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Introduction: In severe acute pancreatitis (SAP) dysregulated hyperinflammation can rapidly progress into multiple organ failure (MOF) with high mortality. CytoSorb is a promising treatment to attenuate hyperinflammation and improve outcomes.
Aims: To design a prospective randomized controlled trial to assess the effects of early CytoSorb treatment on the prevention of disease progression. In the first phase, we developed a predictive score to identify SAP patients at risk of developing MOF.
Methods: For risk assessment, the recently developed Cytoscore by Kogelman et al. 2019. was modified. The Procytoscore (PCS) includes oxygen requirement, lactate levels, procalcitonin levels, vasopressor dosage and changes within 6 hours. For the development we used the retrospective data of 40 SAP patients admitted to intensive care unit (ICU) of Medical School, University of Pécs from 2018-2019.
Results: Patients were 66 ± 16 years old, 57.5 % required mechanical ventilation, 70% needed vasopressor support. Mortality was 55 % and length of ICU stay was 10 (range: 1-72) days. PCS in the whole cohort was; median: 4.5 range: 0-14. Using Mann-Whitney U test, non survivors had higher PCS than survivors: median (range): 3 (0-8) vs. 7 (1-14) p=0,0002). The PCS for other outcomes did not differ significantly.
Conclusion: PCS significantly differentiated survivors from non survivors, therefore it may have potential to be used as a new and easy tool for patient selection for the planned trial. The next step is the validation of PCS on a larger dataset to determine the best cut-off values to predict progression to MOF.

47. ADVANCED BILIARY CANNULATION STRATEGIES IN TERTIARY CENTERS – ANALYSIS OF 1871 NATIVE PAPILLA CASES FROM THE HUNGARIAN ERCP REGISTRY

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Introduction: The use of advanced biliary cannulation methods carries a higher risk of post-ERCP pancreatitis in a setting of difficult biliary access. Cannulation technique choice and the application of PEP prevention strategies are key to avoid complications.
Aims: Data from the Hungarian ERCP Registry was analyzed to show the real-world practice in 7 Hungarian tertiary centers.
Methods: 1871 native papilla cases were identified with biliary indications. In 756 cases, advanced cannulation methods were applied. Successful biliary cannulation rate, PEP and bleeding rate, PEP prophylaxis method use and cannulation times were compared.
Results: Successful cannulation in all native papilla cases with biliary indications were achieved in 1709/1871 (91.3%) cases. The success rate was 85.9% (650/756) if advanced cannulation cases were considered. In 207 cases pancreatic guidewire and in 549 cases a precut method was used primarily. The most used double guidewire and transpancreatic sphincterotomy techniques achieved a high and comparable success rate with the use of salvage methods (53/56, 96.6% vs. 71/72, 98.6%, without: 41/56, 73.2% vs. 60/72, 83.3%) low PEP rate (0/56, 0% vs. 3/72, 4.17%), bleeding rate (1/56, 1.8% vs. 1/72, 1.4%) and cannulation time (639 vs. 443 s). While in the primary precut group, needle knife fistulotomy had higher success rate compared to traditional needle knife precut (74/82, 90.2% vs. 353/427, 82.7%, without salvage methods: 74/82, 90.2% vs. 347/427, 81.3%), similar PEP (3/82, 3.7% vs. 13/427, 3.0%), bleeding rates (0/82, 0% vs. 7/427, 1.6%), and cannulation time (512 vs. 412 s). PEP developed in 2 TPS and 4 NKPP cases where no pancreatic stent and indomethacin suppositories were used and could have been prevented.
Conclusion: Generally good outcomes in terms of biliary cannulation success, low PEP and bleeding rates were

achieved even in the difficult cannulation setting according to our data. However, not all opportunities to prevent PEP were utilized, highlighting the potential need for improvement.

48. POST-ERCP COMPLICATIONS IN OUR DEPARTMENT AFTER 500 EXAMINATIONS. EFFECTIVENESS OF RECTAL INDOMETHACIN IN PROFILAXIS OF POST-ERCP PANCREATITIS.

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Introduction: The benefits of ERCP are well known, however is some cases we must reckon with complications.
Aim: Review of post-ERCP complications in our department and measure the effectiveness of rectal indomethacin in profilaxis of post-ERCP pancreatitis (PEP).
Methods: A retrospective study was condunted in our department by patients had ERCP between 2012 and 2017.We investigated the applied technique, the discovered diagnose and the possibly appeared complications. We analysed separately the group of patients where we used 100mg rectal indomethacin before the examination(Group I.) and the group of patients who did not get profilaxis(Group II.).
Results: We performed 508 ERCP.Eight people were excluded because the papilla was not accessible with endoscopy. The results of 500 examinations were evaluated:244 examinations in the group I. and 256 examinations in group II.In the group I. PEP developed in 7 patients(2,88%).All of them was mild,severe PEP was not appeared.In the group II. we found 18 PEP(7,00%),17 patients(6,64%) with mild and 1 patient(2,88%) with severe PEP.
In course of our examinations we found 5 cases (1,00%) where second endoscopy and endoscopic haemostasis was needed. From these cases there was only 1(0,20%) where transfusion was needed.Besides these complications we found 1 case(0,20%) with other complication(subcutaneous emphysema).
From our results we highlight our 98,8% papilla canullation rate, our 87% EST rate, and our needle-knife papillotomy rate with4,6 %.
Conclusion: Indomethacin administered before ERCP did prove in preventing PEP.We have found significant difference between the two groups. Comparing our complications rate to international data we found that our rates fit to the international complication range and settle down in the beneficial segment.

49. COMPARISON OF THE EFFECTIVENESS AND SAFETY OF THE VEDOLIZUMAB THERAPY USING IN COMBINATION WITH OR WITHOUT CYCLOSPORINE IN ULCERATIVE COLITIS

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Introduction: Vedolizumab (VDZ) is indicated for the treatment of patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response with, lost response to, or were intolerant to either conventional therapy or a tumour necrosis factor-alpha (TNFα) antagonist. However, because of the slower onset of action of VDZ, monotherapy does not seem to be effective in more severe cases of IBD, when rapid onset of action is mandatory. Cyclosporine is an effective “rescue therapy” which may serve as a rapidly acting “bridge” to maintenance therapy with the slowly acting agents such as thiopurines in patients with severe UC. Long-term use of cyclosporine is limited because of the common occurrence of drug-related side effects.
Aims: Our aim was to investigate the safety and efficacy of the combination of cyclosporine and VDZ compared to VDZ monotherapy.
Methods: In our retrospective study we analysed data of UC patients, who received VDZ therapy between January 2016 and March 2020. Patients were divided into two groups, first, who received VDZ in combination with cyclosporine induction and second, who did not take cyclosporine at the time of VDZ initiation. Therapeutic effects and safety profile were assessed from the initiation of VDZ. We compared the baseline levels of partial Mayo score, C-reactive protein (CRP), serum albumin, and hemoglobin with the values of week 14 and week 52. Moreover, we also measured the difference of these parameters between week 14 and 52.
Results: Thirty-six UC patients (42 % male) received VDZ in our institution between the study period, 13 of them concomitantly with cyclosporine (combination group). The median follow-up time was 57.4 weeks. In the combination group, 10 patients (77 %) received corticosteroid at the time of VDZ and cyclosporine induction, compared to 8 patients (35%) in the VDZ monotherapy group. There were no significant differences between the two groups in comparison of the partial Mayo score at week 0, 14 and 52, however, reduction of CRP levels was significantly higher in VDZ monotherapy group at week 14 ($p<0.05$). Steroid could be stopped in 66% of the cyclosporine and VDZ group compared to 40% of VDZ monotherapy ($p=0.269$). After 1-year period 89% of the patients maintained receiving VDZ (100% in the cyclosporine group), and 44% still received cyclosporine. During our follow-up two patients required surgical intervention - both received VDZ monotherapy. Adverse events were observed in five cases, all of them was associated with cyclosporine use in the combination group. Side effects were mild and reversible, all of them ceased after stopping cyclosporine.
Conclusion: Our pilot study suggests that cyclosporine and VDZ can be used in combination safely with only mild side effects. This combination might reduce the need of colectomy in UC, however comparison of the effectiveness VDZ mono or combo therapy warrants further investigations with higher number of patients.

50. EFFECT OF COVID-19 PANDEMIC ON THE WORKFLOW OF ENDOSCOPIC UNITS – AN INTERNATIONAL SURVEY

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Introduction: COVID-19 pandemic poses a challenge to health care. Staff and patients are at increased risks during an examination or intervention, so certain restrictions are ought to be introduced.
Aims: We aimed to measure the effect of the pandemic on endoscopic units in real-life settings.
Methods: This was an observational, cross-sectional, questionnaire-based study, carried out between 7 April and 15 June 2020. Responds came from all over the world. The survey contained 40 questions, which evaluated the effect of COVID-19 pandemic on the endoscopic units’ and assessed the infection-control.
Results: Total of 312 questionnaires were filled, 120 from Hungary, and 192 internationally, and 54 questionnaires (17.3%) were sent from high-risk country. 84.9% of the gastroenterologists declared that they read the ESGE

statement, while only 32.1% participated in any advanced training at their workplace. Overall, 92,1% of gastroenterologists realized risk stratification, and 72.1% claimed to have enough protective equipment. In 52.6% of the endoscopic units, at least one endoscopist had to discontinue the work due to any risk factor, while 40.6% reported that the reduced staff did not affect the workflow. Gastroenterologists considered that the five most important examinations both in low- and high-risk patients are the following: lower/upper GI bleeding with hemodynamic instability, ERCP in obstructive jaundice, foreign body in the oesophagus, ERCP in acute biliary pancreatitis, and iron deficiency anaemia with hemodynamic instability, which correlates well with the ESGE recommendation. Significant correlation was found in the usage of the necessary protective equipment in a high-risk patient depending on the countries ($p<0.001$).
Conclusion: Survey found weak correlation in preliminary trainings depending on the countries, nevertheless, apparently in Hungary during the examined period, endoscopists considered the recommendations more strictly than in other countries. Although, that many physician left the endoscopic lab, the workflow wasn't affected, which can be due to the reduced number of examinations.

51. INDICATIONS FOR A BIOPSY WHILE DOING AN ENDOSCOPIC ULTRASOUND EXAMINATION

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Objective: Using endoscopic ultrasound (EUS) examination data collected in our endoscopy lab over a period of one year we demonstrate the importance and results of biopsies.
Method: This is a retrospective study. In 2019 EUS examinations were performed on 116 patients. In 25 cases simultaneous cytological and biopsy samples were also collected for purposes of a differentiated diagnosis. FNB 22-G needles: Micromedical, Acquire 22-G, HunMed Micro-Tech Europe (Trident) 22-G, MTW Puncture Biopsy Forceps. Patients: Average age: 63.3 years, 13 male, 12 female. FNB was performed in cases requiring obligatory biopsy: proper oncological treatment of inoperable tumors (mainly tumors of the pancreas), suspicion of GIST, if the focus was on preoperative cytoreduction, in cases of pancreatic cancerous/chronic pancreatitis, conglomerate lymph node masses, suspicions of neuroendocrine tumors, primary tumors/metastases, and suspicions of lymphoproliferative disorders or of a malign cystic process.
Patients: 25 cases, 23 solid and 2 cystic lesions. Indications: 2 cystic lesions, 2 GIST cytoreductions, 2 neuroendocrine tumor recurrences, 3 conglomerate lymph node masses (neuroendocrine tumors), 7 inoperable tumors of the pancreas, 1 metastatic primary tumor of the pancreas, 4 tumor/chronic pancreatitis, 2 metastatic recurrences (primary HCC and tumor of the colon), 2 operable tumors of the pancreas (1 infiltrated the choledochus, the other had an unclear MRCP), 1 IPMN recurrence. 2 cystic lesions: 1st: benign cytology and biopsy results with high amylase value and negative CEA (indication: neuroendocrine tumor in the medical history) and 2nd: cystic configuration: cytology + histology: cystic adenoma and CEA pathognomonic. 23 solid lesions: 7 cytology + histology tumor negative, 14 cytology and histology positive. 2 false negative.
Results: For 25 patients, cytology and histology samples were taken. Specificity: 100 per cent, sensitivity: 88 per cent. Compared to our earlier results calculated for solid pancreatic lesions sensitivity was 87 per cent.
Explanation: In view of the mixed patient sample without Rapid On-Site Examination (ROSE) a sensitivity of 88 per cent is an excellent result. I stress the importance of simultaneous collection of cytological and histological samples because it could increases sensitivity and is cost-effective.

52. PSYCHOLOGICAL CHARACTERISTICS OF HUNGARIAN IBD PATIENTS DURING THE FIRST WAVE OF COVID-19

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Introduction: Inflammatory bowel diseases (IBD) are immune-mediated chronic illnesses of the gastrointestinal tract. There are two main manifestations: Crohn's disease (CD) and ulcerative colitis (UC). Patients with chronic diseases like IBD may have an elevated risk for COVID-19 infection.
Aims: Our goal was to investigate the impact of the current pandemic situation on IBD patients' psychological status and to determine factors that mediate the level of depression, anxiety, and health-related quality of life.
Methods: 206 participants (male: 34% female 66%) were involved. The survey consisted of eight different psychological measures (depression, anxiety, coronavirus distress, health-related quality of life, perceived social support, perceived stress, illness intrusiveness, hopelessness) and other therapy-specific and sociodemographic factors.
Results: 28.2% of respondents showed depressive symptoms and 11.2% indicated moderate to severe anxiety. As well as 27.7% revealed mild to moderate or severe distress regarding the coronavirus situation. According to regression analysis, anxiety and coronavirus distress are mostly influenced by psychological factors. The main explanatory factors are coronavirus distress, hopelessness, and quality of life in case of anxiety, and depression and anxiety in case of coronavirus distress. In contrast, the quality of life and depression can be explained by disease-specific and psychological factors as well. The main explanatory factors for depression were: biological therapy, coronavirus distress, illness intrusiveness, hopelessness, living in the capital, and age. The main explanatory factors for quality of life were: coronavirus distress, illness intrusiveness, hopelessness, disease activity, extraintestinal manifestations, stoma, hospitalization. Coronavirus distress and hopelessness also appear to be significant explanatory factors for depression, anxiety, and quality of life.
Conclusion: Patients need more attention during this period to help them cope with psychological factors and prevent their IBD from getting worse.

53. MINIMALLY INVASIVE ESOPHAGECTOMIES ARE MORE BENEFICIAL IN THE TREATMENT OF ESOPHAGEAL CANCER THAN OPEN SURGICAL TECHNIQUES- A NETWORK META-ANALYSIS.

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Introduction: Minimally invasive surgical techniques are becoming predominant in all fields of surgery, including oesophageal surgery. Several meta-analyses tried to compare minimally invasive modalities with open techniques, including all types of comparative studies with significant limitations.
Aims: Our goal is to compare all surgical modalities to each other from results of randomized controlled trials, thus providing objective evidence and a ranking of the different techniques regarding survival, complication rate, operation time, hospital stay, and blood loss.
Methods: We conducted a systematic search of the PubMed, Embase, and Cochrane databases to identify relevant studies and performed a network meta-analysis (NMA). We used the random effect model. To ensure the interpretability of the NMA results, we will present the geometry of the network, the results with probabilistic statements, and estimates of interventions' effects along with their corresponding 95 % credible interval (CI), as well as forest plots. For ranking the interventions, we chose to use the surface under the cumulative ranking (SUCRA) curve, which provides a numerical summary of the rank distribution of each treatment.
Results: We included 12 studies in our analysis. A significant difference was found considering pulmonary infection, which favored the laparoscopic intervention compared to transthoracic surgery (risk ratio 0.49, 95% credible interval 0.23 to 0.99). Operation time was significantly shorter for transhiatal approach compared to transthoracic surgery (mean difference -85 minutes, 95% credible interval -150 to -29), hybrid intervention (mean difference -98 minutes, 95% credible interval -190 to -9.4), laparoscopic technique (mean difference -130 minutes, 95% credible interval -210 to -50), and robot-assisted esophagectomy (mean difference -150 minutes, 95% credible interval -240 to -53). Other comparisons did not yield significant differences.
Conclusion: While individual studies suggest the superiority of the minimally invasive techniques regarding multiple outcomes, the summarized evidence is only conclusive considering the complication rate and operation time. Although the tendency suggests that minimally invasive techniques have better results, more randomized controlled trials are needed to achieve statistical significance and more definite evidence.

54. PROACTIVE MEASUREMENT OF FAECAL INFLIXIMAB IN ULCERATIVE COLITIS POTENTIALLY INCREASES THE ACCURACY OF DISEASE MONITORING AND HELPS TO ACHIEVE THERAPEUTIC TARGET

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Introduction: Faecal drug concentration is not routinely measured as per therapeutic drug monitoring strategies in IBD patients receiving anti-TNF therapy. However, our previous research work suggested the potential role of monitoring faecal infliximab (IFX) concentration.
Aims: The aim of the present study was to evaluate the cut-off value of faecal IFX concentration in correlation with faecal calprotectin level in patients treated with maintenance IFX therapy.
Methods: Consecutive patients with IBD receiving maintenance IFX therapy at University of Szeged were enrolled. Demographic data, clinical and laboratory parameters were recorded. Faecal samples were obtained before the subsequent IFX infusion. Faecal calprotectin and IFX concentrations were determined with ELISA. The correlations of faecal IFX concentration with demographic parameters, concomitant steroid and immunomodulator therapy, CRP and faecal calprotectin were statistically assessed.
Results: Eighty-three IBD patients were enrolled (55 CD, 28 UC). Mean disease duration was 14.7 years; mean duration of IFX therapy was 39 months. Faecal IFX concentration was significantly higher in UC patients who presented with a faecal calprotectin level higher than 250 µg/g ($p \leq 0.001$). Cut-off value of faecal IFX was 0.62 ng/ml at faecal calprotectin concentration of 250 µg/g (AUC 85%). No association was shown between faecal IFX levels and gender, disease type, disease duration, disease extent or location, IFX dosage and concomitant steroid or azathioprine use.
Conclusion: IFX concentration in the faeces proved to be significantly higher in patients with active UC defined by faecal calprotectin. Determination of faecal IFX concentration is supposed to have additional benefit in the evaluation of response to IFX therapy.

55. SYNERGIZING EFFECT OF ALCOHOL CONSUMPTION AND SMOKING ON SEVERITY AND COMPLICATIONS IN ACUTE PANCREATITIS

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Introduction: Alcohol consumption and smoking have been found to be harmful to the pancreas and these addictions often go together.
Aims: Our aim is to evaluate the independent and joint clinical effects of smoking and alcohol consumption habits in acute pancreatitis (AP).
Methods: 2536 adult AP patients from 30 centers were enrolled by the Hungarian Pancreatic Study Group. Four groups of patients were retrospectively formed: non-smoker-non-drinker (NS-ND), smoker-non-drinker (S-ND), non-smoker-drinker (NS-D) and smoker-drinker (S-D).
Results: 1094 (43.1%) of the patients were NS-ND, 206 (8.1%) S-ND, 653 (25.7%) NS-D and 561 (22.1%) were S-D. The average age at the first episode of AP was lower in the S-ND, NS-D and S-D groups as compared to the NS-ND group (50.6±14.9, 58.1±15.6 and 47.6±12.7 years respectively vs. 62.0±17.9, p<0.001). The male ratio was 34%, 51%, 74%, 85% in the NS-ND, S-ND, NS-D, S-D groups respectively.
Drinking and smoking together are associated with higher rate of moderately severe cases (S-D: 27.8%, NS-D: 23.1%, vs. NS-ND: 21.1%), local complications (S-D: 32.6%, NS-D: 29.1%, vs. ND-NS: 24.4%) and recurrent AP (S-D: 27.1%, NS-D: 22.9% vs. NS-ND: 17.0%).
Heavy drinking alone is associated with higher rate of moderately severe AP, fluid collection, necrosis and pseudocyst as it is compared to no drinking.
Conclusion: Drinking and smoking together is associated with the first AP episode 15 years earlier, elevate the risk of recurrent AP and increase the rate of moderately severe AP and local complications. Education of patients on drinking and smoking cessation is extremely important.

56. COMMON CASR VARIANTS IN HUNGARIAN CHRONIC PANCREATITIS PATIENTS

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Introduction: The calcium sensing receptor (CASR) has a pivotal role in maintaining mineral ion homeostasis and is also expressed in human pancreatic acinar and ductal cells. Over the past years, the possible involvement of common *CASR* variants in chronic pancreatitis (CP) has emerged, however, their role in the pathogenesis of CP remains controversial due to the lack of large case-control studies.
Aims: We aimed to analyze the clinically frequent *CASR* variants located in exon 7 in an ethnically homogenous group of Hungarian CP patients and healthy controls.
Methods: To identify the common *CASR* polymorphisms in CP patients (cases) and controls with no pancreatic disease we used PCR amplification and sequencing of the exon 7 with its flanking intronic regions. To further determine the role of two polymorphisms (p.A986S, p.R990G) we expanded our cohort and used the TaqMan™ SNP Genotyping Assays. Altogether, 261 cases and 364 controls were analyzed.
Results: We identified three common exon 7 variants in our cohort: c.2956G>T (p.A986S), c.2968A>G (p.R990G) and c.3031C>G (p.Q1011E). No significant differences were found in allele frequencies of these variants in cases compared to the control group: p.A986S (19.4% vs 18.5%, OR=1.05, p=0.7), p.R990G (7.9% vs 6%, OR=1.33, p=0.2) and p.Q1011E (3.6% vs 4.5%, OR=0.80, p=0.5). However, genotype distribution analysis revealed, that the p.A986S variant in homozygous state was overrepresented in patients relative to controls (3.5% vs 1.4%, OR=2.6, p=0.09).
Conclusion: The homozygous c.2956G>T (p.A986S) variant is overrepresented in the Hungarian cohort of chronic pancreatitis patients relative to the control group. Our results strengthen the previous findings in a French cohort (Masson E, 2015) and support the possible pathogenic role of the homozygous p.A986S variant in chronic pancreatitis.

57. DIABETES MELLITUS IS ASSOCIATED WITH HIGHER RISK OF HEPATOCELLULAR CARCINOMA IN DIRECT ACTING ANTIVIRAL TREATED HEPATITIS C INFECTED PATIENTS: A SYSTEMATIC REVIEW WITH META-ANALYSIS

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Introduction: Hepatitis C virus (HCV)-infected patients treated with direct-acting antivirals (DAAs) are still at risk of developing hepatocellular carcinoma (HCC) after sustained virologic response (SVR).
Aims: This study aimed to investigate the role of diabetes mellitus (DM), as a potential predictive risk factor, in the development of de-novo HCC in HCV-infected patients after DAA treatment.
Methods: This study was registered on PROSPERO under registration number CRD42021230457. We performed a systematic search in three medical databases. Studies were eligible if they reported on HCV-infected patients treated with DAAs, and reported the frequency of *de-novo* HCC in patients with and without DM. We calculated pooled unadjusted (UHR) and adjusted hazard ratios (AHR) with 95% confidence intervals (CIs) in meta-analysis.
Results: We included 30 articles in our systematic review and meta-analysis. Thirteen studies reported on unadjusted, and nine on adjusted risk of HCC. DM proved to be a significant risk factor of HCC in HCV patients in unadjusted (UHR=1.44, CI=1.15-1.79), and adjusted analyses (AHR=1.31, CI=1.06-1.62). In the subgroup of patients achieving SVR, the risk was similar in unadjusted (AHR=1.32, CI=1.12-1.56) analysis; however, in adjusted results the risk was non-significant (AHR=1.07, CI: 0.89-1.28). The risk of HCC in patient with DM and advanced liver fibrosis was higher in adjusted (AHR=1.36, CI=1.03-1.8), but not in unadjusted analysis (UHR=1.34, CI: 0.98-1.84).
Conclusion: DM is an independent risk factor of *de-novo* HCC after DAA treatment in HCV-infected patients, but not in the subgroup with SVR and advanced liver fibrosis.

58. METABOLIC ASSOCIATED FATTY LIVER DISEASE IS ASSOCIATED WITH A MORE SEVERE ACUTE

PANCREATITIS: A PROSPECTIVE COHORT ANALYSIS OF 2053 CASES

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Introduction: We have shown in a meta-analysis that fatty liver disease (FLD) influences the outcomes of acute pancreatitis (AP).
Aims: The aim of this study was to further analyze the prognostic role of metabolic associated fatty liver disease (MAFLD) in AP in a prospective cohort.
Methods: We identified our cohort from the multicentric prospective International Acute Pancreatitis Registry run by the Hungarian Pancreatic Study Group. AP was diagnosed by the revised Atlanta criteria. For the diagnosis of MAFLD, the presence of liver steatosis on abdominal imaging was mandatory, in addition to obesity, type 2 diabetes mellitus or metabolic dysregulation. Outcomes of interest were in-hospital mortality, AP severity, length of hospital stay, local, and systemic complications of AP.
Results: Out of the 2053 AP cases analyzed, 801 (39%) were diagnosed with MAFLD. Compared to the non-MAFLD group, MAFLD patients were more likely man (65.5 vs 50%, p=0.001), to have alcohol (28.2 vs 16.5%, p=0.001) and hypertriglyceridemia (13.5 vs 2.6%, p=0.001) induced AP. Regarding severity, MAFLD patients were more likely to develop moderately severe (28.1 vs 20.4%, p=0.001) and severe AP (7 vs 4.1%, p=0.001). Similarly, the proportion of local and systemic complications were higher in the MAFLD group. Length of hospitalization was significantly longer in cases with MAFLD (11.5±11.2 vs 10±8.9 days, p=0.001). In-hospital mortality rate in the MAFLD group was similar to the non-MAFLD group (3 vs 2.9%, p=0.874).
Conclusion: MAFLD increases the severity and causes longer length of hospitalization in AP.

59. INTERPLAY OF ORAI1 CA2+ CHANNEL AND CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) IN EPITHELIAL PHYSIOLOGY

Varga Á.[1,2,3], Görög M.[1,2], Madácsy T.[1,2,3], Pallagi P.[1,2,3], Szabó V.[1,2,3], Kiss A.[1,2], Jójárt B.[1,2,3], Tél B.[1,2,4], Balázs A.[5], Farkas G.[6], Szederkényi E.[6], Lázár G.[6], Maléth J.[1,2,3]

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Introduction: In non-excitable cells, Ca^{2+} signaling is one of the major signaling pathways determining crucial cell functions. Orai1 channel mediates extracellular Ca^{2+} influx upon depletion of the endoplasmic reticulum, which maintains signal transduction. Although likely, the role of Orai1 in the regulation of epithelial functions, such as fluid and ion secretion was not investigated yet.
We aimed to clarify the physiological relevance of Orai1 in polarized epithelial cells.
Method: Epithelial organoid cultures derived from FVB/N mice and human tissues (pancreas, liver, lung) were used for RNA-seq and immunostaining. Fluorescent Cl^-, Ca^{2+} and pH measurements were performed with specific Orai1 inhibition. Protein-protein interactions were investigated by direct stochastic optical reconstruction microscopy (dSTORM).
Results: Orai1 is expressed on the apical membrane of primary epithelial cells from liver, lung and pancreas and unexpectedly mediates extracellular Ca^{2+} influx independently from endoplasmic reticulum Ca^{2+} depletion in mice and humans. Secretory Pathway Ca^{2+}-ATPase (SPCA2)-Orai1 complex facilitates constitutive, store independent influx of extracellular Ca^{2+}, which promotes CFTR activity. This membrane nanodomain incorporates Orai1, CFTR and the Ca^{2+}/Calmodulin activated adenylyl cyclase 1, 3 and 8, which translates local Ca^{2+} increase to cAMP elevation.
Conclusion: Our results suggest that the SPCA2 regulated, store-independent extracellular Ca^{2+} influx via Orai1 determines the activity CFTR in polarized epithelia, which is a novel form of regulation and have major physiological relevance.

60. LACTATED RINGER'S SOLUTION DOES NOT REDUCE INFLAMMATION IN ACUTE PANCREATITIS – A META-ANALYSIS

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Introduction: Early fluid resuscitation is essential in the treatment of acute pancreatitis (AP). The quantity and quality of the administered fluid have long been studied, but the benefits of lactated Ringer's (LR) solution are not yet clear.
Aims: To assess the benefits of LR compared to normal saline (NS) in AP.
Methods: The protocol was registered on Prospero (CRD42021224542). The search was conducted on the 20th of November 2020 in MEDLINE (via PubMed), EMBASE,

Scopus, Web of Science and CENTRAL to identify randomized controlled trials comparing LR and NS fluid therapy in AP patients. Risk ratios (RR) or mean differences (MD) with 95% confidence intervals (CI) were calculated. Leave-one-out sensitivity analysis and trial sequential analysis (TSA) were conducted. The RoB2 tool and GRADE approach were used for risk of bias and quality of evidence (QoE) assessment.
Results: From 798 records, seven studies were included. LR significantly reduced the need for intensive care (RR 0.50, CI 0.30 to 0.85, low QoE). The risk for organ failure was not reduced (RR 0.82, CI 0.61 to 1.12, very low QoE) along with the risk for systemic inflammatory response syndrome (SIRS) at 24 and 48 hours (RR 0.68, CI 0.31-1.52; RR 0.79, CI 0.44-1.43, low QoE). The decrease of C-reactive protein levels at 48 hours (mean CRP change: - 54.14 mg/l, CI: -130.28 to 21.99, very low QoE) was not significant. To assess necrosis (RR 0.50; CI 0.26 to 0.96, very low QoE) and length of hospitalization (MD -1.32, CI -2.62 to -0.01, very low QoE) further studies are necessary. TSA demonstrated sample size reaching the required value for need for intensive care and organ failure only. The majority of the studies carried low risk of bias.
Conclusion: LR does not seem to prevent the development of SIRS and to reduce CRP levels compared to NS in AP. Furthermore, we showed that LR reduces the need for intensive care but not organ failure.

61. ERCP BEYOND THE AGE OF 80

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Introduction: Endoscopic retrograde cholangiopancreatography (ERCP) is an invasive procedure, which still has multiple complications (such as bleeding, perforation, and pancreatitis) in part due to endoscopy and in part due to endoscopic sphincterotomy, and interventions in the biliary tract – despite the ever-involving nature of the method, and even with the greatest care during the procedure.
Aims: The aim of our research was to examine the frequency of complications, and the efficacy of the ERCP procedure in the age group of patients 80 years and above. In comparison, we used the corresponding results published in the latest edition of the ESGE Guideline (December 2019).
Methods: We conducted our retrospective research on patients who have turned 80 between 2015 and 2019, and have at least had one ERCP done so far.
Results: We have involved 125 patients (30 male, mean age: 85.2 ± 3.2 years; 95 female, mean age: 85.3 ± 4.2 years) in our retrospective research. In total, we have conducted 165 ERCP examinations. Prior to the process, 35.2% have had cholecystectomy done (23.3% of all male, 38.9 of all female). The following was proven during ERCP: choledocholithiasis in 68.8% of the cases, neoplasia in 18.5% (pancreatic: 9.6%, biliary tract: 7.2%, stomach: 21.6%), biliary pancreatitis in 4%, Oddi-sphincter sclerosis, cholecystolithiasis and peripapillary diverticulum each in 2.4%, and cholangitis in 1.6% of the cases. 33.7% of the patients with choledocholithiasis had cholecystectomy done previously. 3.6% of the patients had post-ERCP pancreatitis, 1.2% had cholangitis, and 13.9% had bleeding as complications. Out of all the patients who experienced bleeding, only one had moderate bleeding which required transfusion in the process, and one had severe bleeding which required surgical intervention – perforation was found; the rest of the patients had experienced mild bleeding.
Conclusion: Comparing our results with those detailed in the ESGE Guideline, we can demonstrate that ERCP done on patients aged 80 and older – although an invasive procedure – does not result in more complications.

SZERZŐK NÉVSORA AZ ABSZTRAKT SORSZÁM MEGJELÖLÉSÉVEL / AUTHORS

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1: Rabeprazole: a second-generation proton pump inhibitor in the treatment of acid-related disease Stefano Pallotta, Fabio Pace & Silvia Marelli Expert Review of Gastroenterology & Hepatology ISSN: 1747-4124 (Print) 1747-4132 (Online) Journal homepage: https://www.tandfonline.com/loi/ierh20
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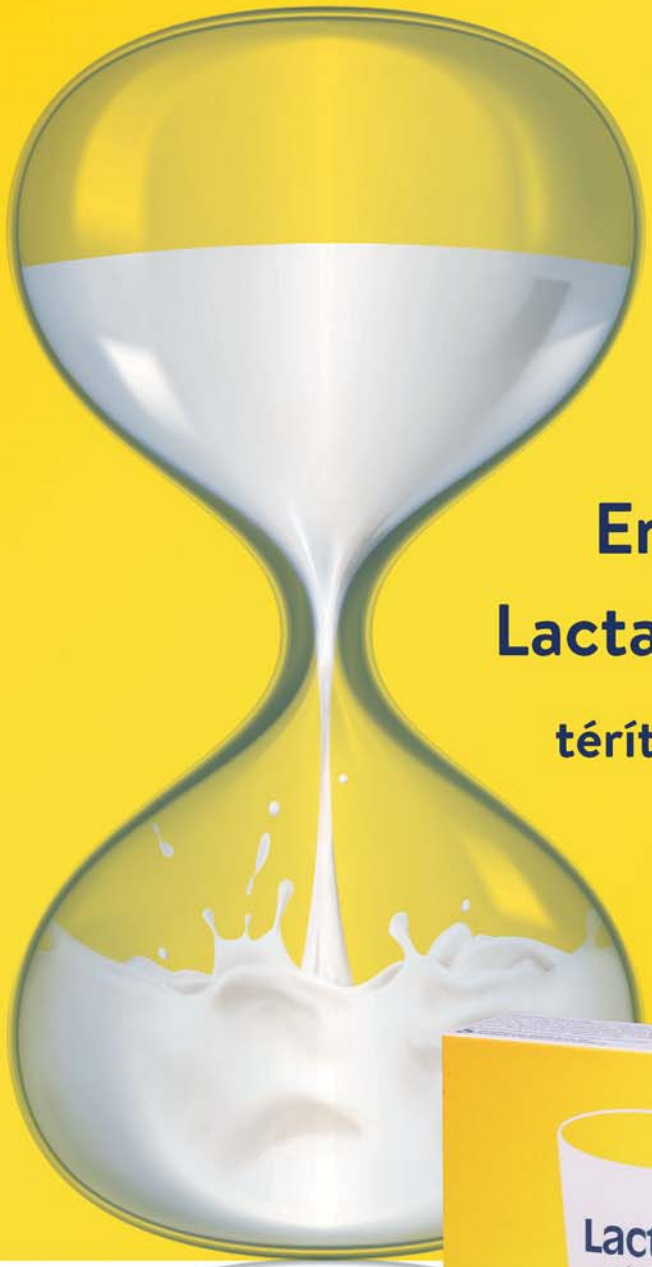

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