oral O-18

CONTROL ID: 1434702

PRESENTER: Rona Levy

PRESENTER (INSTITUTION ONLY): University of Washington

AUTH DESIG: ACG Membership Status *:

Michael Crowell : ACG Member

Rona Levy : ACG Member

Meghan Senso : ACG Non-Member

Shelby Langer : ACG Non-Member

Shara Feld : ACG Non-Member

Nancy Sherwood : ACG Non-Member

TITLE: Evaluation of Eating Behaviors and Quality of Life in Pre-Adolescents at Risk for Obesity with and without Abdominal Pain

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 2.67

ACG Research Grant Support: No

Purpose (Abstract Submission): The obesity epidemic affects both pediatric and adult populations. Previous studies have shown obesity and disordered eating behaviors to be linked to common functional gastrointestinal disorders in children. However, there has been limited research on overweight pre-adolescent children and GI disorders.

Aim: To evaluate eating behaviors and quality of life in pre-adolescent children at risk for obesity with and without abdominal pain (AP)

Methods (Abstract Submission): Children at risk for obesity (70th-95th%ile of BMI for age and gender; n=297) between the ages of 5 and 11 yrs were recruited to participate in a randomized, controlled obesity prevention study. At the baseline visit, children and their parents completed the following validated scales: Child feeding practices-Child feeding questionnaire, Child Eating Behavior Questionnaire (CEBQ, Disordered Eating Scale), Pediatric Quality of Life- PedsQL Short Form (ages 5-8, Parent Report form), Parent Depression Status- Patient Health Questionnaire (PHQ-9) and Rome III questions on abdominal pain and bowel function. Univariate and multivariable statistics were used to evaluate the association between MS and pelvic floor dysfunction. The criterion for significance (alpha) was set at 0.050, 2-tailed.

Results (Abstract Submission): Children reported to have AP > 2/mos (n=73) were compared to children having AP < 1/mos (n=224). In univariate analyses (Table 1), age and BMI did not differ between groups, but AP was more prevalent in females. The Emotional Overeating scale on the CEBQ and the PHQ-9 Parent Depression Status were statistically different between groups. AP was also associated with decreased Emotional and Social domain scores on the PedsQL. In multivariable logistic regression female gender (OR 2.18; 95% CI 1.20 – 3.97; P=0.011), CEBQ Emotional Overeating (OR 2.28; 95% CI 1.37 – 3.81; P=0.002), and the PHQ-9 Parental Depression score (OR 1.23; 95% CI 1.12 – 1.35; P<0.001) were associated with more frequent AP. Higher scores on the CFQ - Concern about child's weight scale were associated with less frequent AP (OR .72; 95% CI 0.53 – 0.95; P=0.02).

Conclusion (Abstract Submission): In a large group of pre-adolescent children at risk for obesity, more frequent abdominal pain was associated with female gender, emotional overeating, and parental depression. Increased parental concern with their child's weight was associated with less frequent abdominal pain.

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

S20
521

CONTROL ID: 1438982

PRESENTER: Hernando Lyons

PRESENTER (INSTITUTION ONLY): St. John Hospital and Medical Center

AUTH DESIG: ACG Membership Status *:

Zulfiqar Ali : ACG Non-Member

Karen Hagglund : ACG Non-Member

Alexander Lyons : ACG Non-Member

Umer Sheikh : ACG Non-Member

Hernando Lyons : ACG Non-Member

TITLE: Is Small Intestinal Biopsy Always Necessary to Diagnose Celiac Disease in Children?

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 2

ACG Research Grant Support: No

Purpose (Abstract Submission): To assess the diagnostic accuracy of tissue transglutaminase antibody(tTGAab) for celiac disease (CD) in children.

Methods (Abstract Submission): A retrospective chart review of children suspected to have celiac disease from January 2007 to December 2011 was conducted. Patients with Immunoglobulin A (Ig A) deficiency or an autoimmune disorder, or those on a gluten-free diet, were excluded. Age, gender, age at the time of small bowel biopsy, chief complaint, family history of celiac disease, serum Ig A, and tTGAab were recorded. Sensitivity, specificity, positive and negative predictive values (PPV, NPV) of tTGAab compared to biopsy result were calculated, using three different cut-off values of tTGAab : >100 u/mL, >200 u/mL, and>300 u/mL.

Results (Abstract Submission): 174 patients were included, 51% were male, and the mean ± SD age was 9.8 ± 5.0 years. 22 (13%) had a positive biopsy, and 52 (29%) had an abnormal tTGAab level, with 17 patients >100 u/mL, 13 patients >200 u/mL, and 10 patients > 300 u/mL. Statistics for each cut-off are shown in the Table. Chief complaints included abdominal pain (63.8%), diarrhea (14.9%), failure to thrive (14.4%), and vomiting (12.1%). 11.5% had a family history of CD.

Conclusion (Abstract Submission): Low sensitivity precludes the use of tTGAab as a screening test, although tTGAab > 300 u/ml has a very high specificity, PPV and NPV for celiac disease. In patients with clinical features suggestive of celiac disease, a tTGAab of > 300 u/mL may be used to diagnose CD, avoiding duodenal biopsy.

Commercial Products or Services: No

Financial Relationships: No

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: Yes

Study Results: Yes

Secondary Analyses: Not Applicable

Supported by Industry Grant: No

S22

pres. poster

CONTROL ID: 1419462

PRESENTER: Anshu Srivastava

PRESENTER (INSTITUTION ONLY): Sanjay Gandhi PGIMS

AUTH DESIG: ACG Membership Status *:

Anshu Srivastava : ACG Member

Rachana Kathuria : ACG Non-Member

Surender Yachha : ACG Non-Member

Ujjal Poddar : ACG Non-Member

Sanjay Baijal : ACG Non-Member

TITLE: Budd Chiari Syndrome in Children: Clinical Features, Radiological Intervention and Outcome

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 2

ACG Research Grant Support: No

Purpose (Abstract Submission): "Radiological intervention" is now the first line of therapy in adults with Budd-Chiari syndrome (BCS). Published literature on pediatric BCS is scarce. We evaluated the clinical profile and role of therapeutic radiological intervention in children with BCS.

Methods (Abstract Submission): 46 children (29 boys, median age 10.5 [2-16] y) diagnosed as BCS were evaluated. Standard medical therapy was given to all patients. Radiological intervention {angioplasty (hepatic vein [HV]-3), stenting (HV-18, inferior vena cava [IVC]-5), transjugular intrahepatic portosystemic shunt [TIPS] (n-3)} was done in 25 cases. All patients subjected to radiological intervention were started on long-term anticoagulation. Clinical, biochemical and radiological follow-up was done.

Results (Abstract Submission): Doppler ultrasonography was diagnostic in 96% cases. All patients had chronic BCS,
with hepatomegaly in 84.8%, ascites in 82.6%, splenomegaly in 69.6%, prominent abdominal veins in 69.6%, variceal bleed in 34.8% and jaundice in 19.6% cases. Hepatic vein (all three) was the commonest site of block (n=33, 72%) followed by combined HV and IVC block (n=11, 24%) and isolated IVC block (n=2, 4%). 8/12 (75%) cases had abnormal procoagulant workup. There was no difference in the clinical presentation and liver functions of the patients given only medical therapy as compared to those who underwent radiological intervention except for higher bilirubin in the non-intervention group. Radiological intervention was technically successful in 100%. Clinical and biochemical improvement was seen in the intervention group. Complications included neck hematoma and haemorrhagic ascites in 1 patient each. One child in the intervention group (post TIPS sudden cardiac event) and 2 in non-intervention group (end stage liver disease-1, head injury-1) died. Stent was patent in 15/20 (75%) children in follow-up [median 6.5mo (15days to 7.2y)]. Two of the 5 cases with re-stenosis have undergone repeat radiological procedures succesfully. Only 2/21 (10%) patients in the non-intervention group showed improvement.

Conclusion (Abstract Submission): Hepatic vein block is the commonest site of block seen in 72% cases. Therapeutic radiological intervention is a technically feasible, safe and effective therapeutic modality for children with BCS.

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: Yes

Study Results: Yes

523

pres. poster

CONTROL ID: 1438649

PRESENTER: Kanika Puri

PRESENTER (INSTITUTION ONLY): Pediatric Gastroenterology, Cleveland Clinic

AUTH DESIG: ACG Membership Status *:

Kanika Puri : ACG Non-Member

Katherine Melville : ACG Non-Member

Rocio Lopez : ACG Non-Member

Valerio Nobili : ACG Non-Member

Naim Alkhouri : ACG Non-Member

TITLE: Serum bilirubin level is inversely associated with non alcoholic steatohepatitis in children

AWARDS: Naomi Nakao Gender Based Research Award|Radhika Srinivasan Gender Based Research Award|ACG Obesity Award

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 2.5

ACG Research Grant Support: No

Purpose (Abstract Submission): Oxidative stress has been implicated in the development of non alcoholic fatty liver disease (NAFLD) and progression to the more severe form non alcoholic steatohepatitis (NASH) in children. We aimed to study the clinical correlation between bilirubin, a potent endogenous antioxidant with cytoprotective properties, and histopathological findings in pediatric NAFLD patients.

Methods (Abstract Submission): Children with biopsy-proven NAFLD were included. Demographic, clinical, histopathological data were obtained from review of medical records. Logistic regression analysis was done to assess the clinical factors associated with worse histology features (NASH or Fibrosis)

Results (Abstract Submission): 302 children with biopsy proven NAFLD were included (mean age 12.3 ± 3.1 years, males 36.4%). 67% (203) had evidence of NASH while 64.2% had some degree of fibrosis (stage 1 in 51%, stage 2 in 6.3% and stage 3 in 6.6%). Mean total bilirubin was significantly lower in NASH group as compared to non NASH group (0.65±0.24 mg/dl vs. 0.73±0.22 mg/dl, p = 0.007). Higher total bilirubin level had negative correlation with the NAFLD activity score ($p < 0.05$), while a trend was observed for the presence of fibrosis (p=0.051). On multivariable analysis, higher bilirubin level was significantly associated with lower likelihood of NASH (OR 0.29, 95% CI 0.10-0.85, p= 0.024), but not with fibrosis (OR 0.65, 95% CI 0.19- 2.3, p=0.50) on biopsy (Table 1).

Conclusion (Abstract Submission): Our study shows an inverse relationship between serum bilirubin levels and the presence of NASH on biopsy in children with NAFLD. This may be secondary to antioxidant effect of bilirubin.

Commercial Products or Services: No

Financial Relationships: No

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: Yes

Study Results: Yes

Secondary Analyses: No

Supported by Industry Grant: No

523
524

CONTROL ID: 1408724

PRESENTER: Rona Levy

PRESENTER (INSTITUTION ONLY): University of Washington

AUTH DESIG: ACG Membership Status *:

Rona Levy : ACG Member

Shelby Langer : ACG Non-Member

Jennifer Labus : ACG Non-Member

Melissa DuPen : ACG Non-Member

Sheri Ballard : ACG Non-Member

Joan Romano : ACG Non-Member

TITLE: Changes in pain cognitions mediate effects of cognitive-behavioral treatment on reductions in symptoms and disability in children with unexplained abdominal pain

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 3

ACG Research Grant Support: No

Purpose (Abstract Submission): A recent study by our group (Levy et al., 2010) demonstrated the effectiveness of a cognitive behavioral intervention for parents and children aimed at reducing abdominal pain and disability in children with functional abdominal pain. However, the factors that mediated this change were unknown. The present study sought to determine whether the cognitive variables targeted by our intervention mediated intended outcomes.

Methods (Abstract Submission): 200 children with persistent functional abdominal pain and their parents were randomly assigned to one of two conditions – a 3-session cognitive-behavioral (CBT) intervention targeting parents' reactions to their children's pain complaints and children's coping with symptoms, or a 3-session educational intervention that controlled for time and attention. Pain was assessed using the "current pain" item from the Faces Pain Scale-Revised (Hicks et al, 2001); GI Symptoms were assessed using the GI Symptom subscale of the Children's Somatization Inventory (Garber et al, 1991); and health-related disability was measured with the Functional Disability Inventory (Walker & Greene, 1991). Mediators included child catastrophizing as measured by the Pain Response Inventory and parents' perceived threat regarding their child's pain as measured by the Pain Beliefs Questionnaire (Walker et al, 2005).

Results (Abstract Submission): Reductions in parents' perceptions of the threat of their child's pain mediated effects of the CBT intervention on reductions in both child- and parent-reported child pain, GI symptom severity, and disability. Similarly, reductions in children's catastrophic cognitions about their pain mediated effects of the CBT intervention on child- and parent-reported child pain, and child-reported GI symptom severity and disability.

Conclusion (Abstract Submission): Changes in the way parents and children think about the child's pain, specifically reductions in concerns about its seriousness, appear to mediate reductions in symptoms and disability. This information should be incorporated into the clinical evaluation and medical treatment of these patients.

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: No

Study Results: No

Secondary Analyses: Yes

S24
S25

CONTROL ID: 1439131

PRESENTER: Barbara Bizzarri

PRESENTER (INSTITUTION ONLY): Gastroenterology and Endoscopy Unit

AUTH DESIG: ACG Membership Status *:

Barbara Bizzarri : ACG Non-Member

Osvaldo Borrelli : ACG Non-Member

Nicola de'Angelis : ACG Non-Member

Alessia Ghiselli : ACG Non-Member

Giorgio Nervi : ACG Non-Member

Gian Luigi de'Angelis : ACG Non-Member

TITLE: SMALL BOWEL EVALUATION WITH SINGLE BALLOON ENTEROSCOPY IN CHILDREN WITH PEUTZ JEGHERS SYNDROME

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 3

ACG Research Grant Support: No

Purpose (Abstract Submission): Patients with Peutz-Jeghers syndrome (PJS) have increased risk of polyp-related complications and emergency laparotomies, even in paediatric age. The aim of this study was to evaluate the safety and the efficacy of single balloon enteroscopy (SBE) in the evaluation and management of small bowel polyps in children affected by PJS

Methods (Abstract Submission): In the period of time between January 2010 and December 2011, 6 prospectively consecutive PJS children with actively bleeding polyps or large polyps (> 15 mm) showed by wireless capsule endoscopy or MRI underwent therapeutic SBE. All examinations were carried out with patients under general anesthesia with endotracheal intubation. The starting insertion route (anal or oral) of SBE was chosen according to the estimated location of the suspected lesions based on the previous VCE and MRI findings.

Results (Abstract Submission): A total of 15 SBE procedures were performed. Four patients were male; the age ranges between 5.6-15.7 years with a median age of 13.8 years. Two patients had a history of previous abdominal surgery. 82% of polyps were found in the jejunum. The mean procedure time was 75±25 minutes. A total of 34 polyps were removed, and 13 of them were larger than 15 mm, with a maximum size of 6 cm. Mild abdominal pain was reported after 3 procedures, but no patients required therapy. One major complication (post-polipectomy perforation) occurred in one patient.

Conclusion (Abstract Submission): SBE is effective for treating small bowel polyps in children with PJS, and it is useful to avoid polyp-related complications and subsequently emergency laparotomy. But since few data are reported in literature, expecially in pediatric population, further larger multicenter studies are necessary.

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: No

Study Results: Yes

Secondary Analyses: Not Applicable

Supported by Industry Grant: No

525
526

CONTROL ID: 1439002

PRESENTER: Lea Ann Chen

PRESENTER (INSTITUTION ONLY): Johns Hopkins

AUTH DESIG: ACG Membership Status *:

Lea Ann Chen : ACG Member

Shervin Rabizadeh : ACG Non-Member

Sankar Chirumamilla : ACG Non-Member

Shehzad Saeed : ACG Non-Member

Andrew Goodwin : ACG Non-Member

Ruchi Badani : ACG Non-Member

Emilia Albesiano : ACG Non-Member

Shaoguang Wu : ACG Non-Member

Charles Elson : ACG Non-Member

Maria Oliva-Hemker : ACG Non-Member

Cynthia Sears : ACG Non-Member

AUTH DESIG: Fellow-in-training:

Lea Ann Chen : Selected

TITLE: Prevalence of Enterotoxigenic *Bacteroides fragilis* Detected in Stool Samples from Pediatric Inflammatory Bowel Disease Patients

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 3

ACG Research Grant Support: Yes

Purpose (Abstract Submission): Enterotoxigenic *Bacteroides fragilis* (ETBF) are anaerobic enteric bacteria known to cause an acute, inflammatory diarrhea in both children and adults via its primary virulence factor the *B. fragilis* toxin (BFT). In murine models, ETBF causes asymptomatic, chronic colitis in C57BL/6 mice and increases colon tumorigenesis in multiple intestinal neoplasia (Min Apc+/-) mice. Prior human studies suggest an association between ETBF infection and active inflammatory bowel disease (IBD), though these studies are small in sample size. Our study aims to characterize the prevalence of ETBF colonization among pediatric control and IBD patients using combined anaerobic culture and fecal PCR diagnostic approaches.

Methods (Abstract Submission): We obtained stool samples (n=259) and correlating clinical data from 105 prospectively enrolled pediatric patients with ulcerative colitis or Crohn's disease from two academic IBD centers. A single fecal sample was similarly collected from each of 105 confirmed non-IBD patients presenting to the same pediatric GI clinics. Frozen fecal samples were anaerobically cultured on Bacteroides Bile Esculin (BBE) agar to help promote *Bacteroides* spp. growth. Samples that did not grow on BBE or that grew poorly were plated on less selective Brucella anaerobic blood plates and/or LKV (Brucella Laked Blood Agar with Kanamycin and Vancomycin) plates in attempt to coax growth of *Bacteroides* spp. that may have been "stunned" by storage conditions. Any growth on Brucella blood agar or LKV plates was then transferred onto BBE. For all samples that grew on BBE, 16 single colonies were isolated and tested by touchdown PCR for the *bft* gene.

Results (Abstract Submission): To date, 22 IBD samples have been tested. 17 grew on BBE, of which 10 samples contained isolates positive for *bft* by touchdown PCR (range of positive isolates per sample 1-8, average number of positive isolates per sample 3.6). In comparison, of the 14 control samples that were tested, 12 grew on BBE and 3 of these contained *bft*+ isolates (range 1-6, average 2.67).

Conclusion (Abstract Submission): Our current data suggests that fecal carriage of ETBF is approximately twice as common in IBD patients compared to controls (45% vs. 21%, p=0.175). Analysis of our fecal bank is ongoing; updated microbiology results will be presented. We further plan to analyze the associated clinical data to determine

526
527

CONTROL ID: 1439436

PRESENTER: Lucia Diani

PRESENTER (INSTITUTION ONLY): Med School of Bologna

AUTH DESIG: ACG Membership Status *:

M Luisa Forchielli : ACG Member

Lucia Diani : ACG Non-Member

Paola Fernicola : ACG Non-Member

Elisa Ballarini : ACG Non-Member

Andrea Pession : ACG Non-Member

TITLE: Gluten free diet and lipid profile in children with celiac disease: a preliminary report

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 3.33

ACG Research Grant Support: No

Purpose (Abstract Submission): Gluten free diet (GFD) is the only effective treatment for celiac disease (CD). However, many gluten-free commercial products carry high energy and fat load to result more palatable and to improve bread-making. We aim to verify whether a GFD regimen may affect the lipid profile of children with CD.

Methods (Abstract Submission): Any consecutive child on a GFD for at least 6 months was evaluated for lipid profile [total cholesterol, triglycerides, and high-density lipoprotein (HDL)], anthropometric data (weight, height and body mass index), and a 24-hour food diary during the standard follow-up visit.

Results (Abstract Submission): Out of 60 children (age range 3-20 years), total cholesterol reached a level above 200 mg/dL in 6.7%, between 150-200 mg/dL in 55%, and below 150 mg/dL in the remaining 38%. The 24-hour food diary showed a cholesterol assumption above 300 mg/die in 13.3% of the children, between 200-300 mg/die in 13.3%, and below 200 mg/die in the remaining 73.4%. The ingested cholesterol and the saturated fat were not significantly correlated with cholesterol level and its fractions. Likewise, quantity of ingested fiber and blood cholesterol levels showed no significant correlation. Similar results were reached after correlating the amount of saturated and unsaturated fats present in the diet with HDL level, or after correlating simple sugar with triglycerides. After stratifying patients based on age, the 7-10 year-old children seemed to have the highest assumption of cholesterol, while the highest blood cholesterol levels were found in the age range 14-20.

Conclusion (Abstract Submission): In conclusion, GFD does not seem to lead to an excessive intake of cholesterol although the effects of longer exposure should be specifically analyzed.

Commercial Products or Services: No

Financial Relationships: No

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: No

Study Results: Yes

Secondary Analyses: Not Applicable

Supported by Industry Grant: No

S27
S28

CONTROL ID: 1436182

PRESENTER: Maridine Co

PRESENTER (INSTITUTION ONLY): Children's Hospital of Michigan

AUTH DESIG: ACG Membership Status *:

Maridine Co : ACG Member

AUTH DESIG: Fellow-in-training:

Maridine Co : Selected

TITLE: Comparison of Solid Food and Milk/Soy- Food Protein Induced Enterocolitis Syndrome (FPIES): A Systematic Review of Literature

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 3.33

ACG Research Grant Support: No

Purpose (Abstract Submission): FPIES is a rare non-IgE mediated food hypersensitivity and is diagnosed using the Sicherer criteria and a standard oral challenge protocol. Cow's milk (CM) and soy proteins are thought to be the most common proteins causing FPIES. Solid food (SF) proteins are increasingly recognized as cause of FPIES. Common causative solid food proteins include grains, vegetables, poultry, and fish. The aim of this study is to summarize the features of SF-FPIES as compared to CM/soy FPIES based on published literature.

Methods (Abstract Submission): A systematic search was performed in PubMed, Scopus and Embase from inception to June 2012, using the search terms: "food protein induced enterocolitis syndrome", "food allergy", "protein-induced", and "enterocolitis". There were 26 articles deemed relevant for full text review. One article did not mention the causative food and was excluded. Two articles did not provide patient demographics and were excluded. References of included articles were also evaluated. There were 28 unique reports that were included in this review.

Results (Abstract Submission): In this systematic review, the mean age of presentation was 7.59 months for SF-FPIES and 7.44 months for CM/soy FPIES. There were 55% (66) males for SF-FPIES and 59% (90) males for CM/soy FPIES. Almost all patients presented with vomiting for both SF and CM/soy FPIES (99% and 98% respectively). Diarrhea, the second most common symptom, was present in 45% and 57% of SF and CM/soy FPIES, respectively. Other symptoms present in both groups were hypotension, methemoglobinemia, metabolic acidosis, and blood in stool. There were 108 (81%) ER/hospital admissions in SF FPIES compared to 25 (14%) in CM/soy FPIES. There were 7 ICU admissions, 11 surgical consultations, 15 sepsis work-ups, and 5 metabolic work-ups in the SF-FPIES group. There were 2 ICU admissions, 9 surgical consultations, 10 sepsis work-ups, and 2 metabolic work-ups in the CM/soy FPIES group. All work-ups were negative. Age at resolution of symptoms was 51.75 months and 23.14 months for SF-FPIES and CM/soy FPIES, respectively.

Conclusion (Abstract Submission): Solid food and CM/soy FPIES had similar ages of presentation and similar gender distributions. The most common symptoms for both groups were vomiting and diarrhea. There were more hospitalizations and ICU admission in SF-FPIES compared to CM/soy FPIES. There was slightly more surgical consultations (11 versus 9), sepsis work-up (15 versus 10), and metabolic work-up (5 versus 2) in the SF-FPIES group. Solid food FPIES resolves at an older age. In an infant with vomiting and diarrhea severe enough to require hospitalization with unrevealing sepsis and metabolic work-up, FPIES may be considered as an underlying cause. Further studies are needed to design tests to confirm the diagnosis FPIES.

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

528
529

CONTROL ID: 1426090

PRESENTER: Kimberly Harris

PRESENTER (INSTITUTION ONLY): University of Pittsburgh Medical Center

AUTH DESIG: ACG Membership Status *:

Kimberly Harris : ACG Non-Member

David Binion : ACG Member

Alka Goyal : ACG Non-Member

TITLE: No Show Clinic Visits in Pediatric GI: Impact of Wait Time, Insurance Status, and Rising Gasoline Prices

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 4

ACG Research Grant Support: No

Purpose (Abstract Submission): Missed outpatient appointments cause significant burden on healthcare due to decreased productivity, wasted clinic slots, and lost healthcare dollars. These "no show" visits have averaged 12% of total appointments in the primary care setting, but there is limited data on this topic in relation to subspecialty care. We characterized patterns of non-attendance behavior at two pediatric gastroenterology (GI) clinics.

Methods (Abstract Submission): Comprehensive computer appointment data was collected from two university-affiliated pediatric GI clinics. A total of 5,047 appointments in April and May of both 2010 and 2011 were studied. Independent variables examined included patient age, appointment type (new or return), day of the week on which the appointment occurred, average distance of travel to the appointment, type of insurance coverage, and length of time between appointment scheduling and the actual clinic visit (wait time). Data from both a hospital-based clinic and a community practice clinic was compared. Distance of travel was cross-analyzed with statistics on average gasoline prices (U.S. Energy Information Administration) during ths study period to estimate additional costs incurred by patients. This study was IRB approved.

Results (Abstract Submission): The overall no show rate was 11% (561 appointments), with a higher default rate at the hospital-based clinic (12.5%) compared to the community practice clinic (9.1%; $p<0.001$). Patient age, type of insurance coverage, and wait time were most strongly associated with no show behavior. Patients aged 0-2 years old were more likely to complete their scheduled appointment, while those aged 3-5 years old (toddlers) were more likely to default ($p<0.001$). No show patients were more likely to be self-pay or have medical assistance and had an average wait time that was approximately 9 days longer than those who completed their appointment. Of all patients studied at the community practice site with a required distance of travel that was over 100 miles, a higher proportion missed their appointment in 2011 compared to 2010, when the average price per gallon of regular gasoline was approximately $1 lower.

Conclusion (Abstract Submission): Over 10% of pediatric GI clinic visits in this study were no shows. Higher no show rates among toddler-aged patients may be related to compounding variables inherent to this age group (i.e. parents' lost wages, use of daycare, etc.). Increasing gas prices can cause additional burden on self-pay patients or those with medical assistance and may lead to more no show visits. Longer wait times may result in more forgotten appointments, added emergency room visits, and possibly higher rates of hospitalization. Societal factors appear to play a critical role in no show behavior in pediatric GI.

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: No

Study Results: Yes

530

CONTROL ID: 1431860

PRESENTER: Ahmet Aybar

PRESENTER (INSTITUTION ONLY): Anne Arundel Gastroenterology Associates

AUTH DESIG: ACG Membership Status *:

Joan Woodward : ACG Non-Member

Ahmet Aybar : ACG Member

TITLE: Unusual Presentation of Epstein Barr Virus Infection in an Otherwise Healthy Teenager

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 4

ACG Research Grant Support: No

Purpose (Abstract Submission): Infectious esophagitis stemming from opportunistic infections such as candida, cytomegalovirus, Mycobacterium avium-intracellulare, Pneumocystis, Herpes virus especially in the setting of HIV/AIDS has been described. In post-transplant population, Epstein-Barr virus may also cause dysphagia due to esophagitis.

We are reporting a 17-year old otherwise healthy teenager with acute, rapidly progressing dysphagia due to acute EBV infection. He presented with worsening epigastric pain, sore throat and difficulty swallowing both liquids and solids. His mono-spot was positive. Laboratory evaluation showed mild leukocytosis, transaminitis and radiologic evidence of mild splenomegaly. HHSV 6 antibody titer was negative. EBV capsid AB IgM was positive. Immunoglobulin panel was normal. His dysphagia persisted despite supportive care and parenteral corticosteroids and he underwent an esophagogastroduodenoscopy revealing gastric and esophageal erosions and white exudates in the distal esophagus. His fungal stain was negative. There were histologic features of erosions within the stomach and esophagus with predominantly increased lymphocytic infiltration and Epstein–Barr virus (EBV)-encoded small RNAs (EBERs) was positive in the esophageal and gastric biopsies.

He was treated with proton pump inhibitors and sucralfate and symptoms improved over the course of 4 days. The transaminitis has also improved.

Epstein Barr virus is known to cause acute esophagitis in an immune-compromised host with rapidly progressive dysphagia. EBV-esophagitis is not reported in otherwise healthy children. In patients with established mononucleosis presenting with esophageal dysphagia, endoscopic evaluation is warranted. If there are mucosal erosions or ulcerations, then Epstein–Barr virus (EBV)-encoded small RNAs (EBERs) testing in these tissue samples should be considered. In such patients, further immunologic work up may be warranted to evaluate for virally induced immune disorders.

Methods (Abstract Submission): n/a

Results (Abstract Submission): n/a

Conclusion (Abstract Submission): n/a

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: Yes

Study Results: Yes

Secondary Analyses: Not Applicable

Supported by Industry Grant: No

531

CONTROL ID: 1439083

PRESENTER: Alessia Ghiselli

PRESENTER (INSTITUTION ONLY): Gastroenterology and Endoscopy Unit

AUTH DESIG: ACG Membership Status *:

Alessia Ghiselli : ACG Non-Member

Barbara Bizzarri : ACG Non-Member

Fabiola Fornaroli : ACG Non-Member

Francesca Vincenzi : ACG Non-Member

Patrizia Perazzo : ACG Non-Member

Giorgio Nervi : ACG Non-Member

Gian Luigi de'Angelis : ACG Non-Member

TITLE: Efficacy and safety of endoscopic management of esophageal strictures in children.

AWARDS:

CURRENT CATEGORY: L. Pediatrics

CURRENT SUB-CATEGORY: None

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 4.67

ACG Research Grant Support: No

Purpose (Abstract Submission): Esophageal strictures in children are a quite common problem that can present different etiology, like congenital, post-operative, post caustic ingestion and peptic. The aim of this retrospective study was to evaluate the efficacy and safety of Savary-Gillard bougies or pneumatic balloon dilations in these different kinds of strictures.

Methods (Abstract Submission): From May 2004 to May 2012, 10 patients, 5 male and 5 female (mean age at diagnosis 7 years, range 1 month to 17 years) were submitted to esophageal dilations. We considered 2 congenital, 5 post-operative (of which 4 after atresia operation and 1 after fundoplicatio), 2 post-caustic ingestion and 1 peptic strictures. A total of 41 dilations were performed, 26 with Savary-Gillard bougies and 15 with pneumatic balloons. All children underwent treatment in operating room, under general anesthesia and radiologic control.

Results (Abstract Submission): Savary-Gillard bougies were used in severe strictures (dilations from 5 to 9 mm) while pneumatic balloons were adopted only in a second time or for less severe dilations (from 10 to 15 mm). The post-surgical stenosis required more dilations per patient with a median number of 4.6±4.3 vs 4±2 of congenital strictures, 4±1 of caustic strictures and 2 of peptic one.
The interval free from dilations varied from 1 week to 5 months depending on the number of procedures or severity of strictures. Each patient was treated with protonic pomp inhibitor (PPI) or anti-H2, antibiotics and/or steroids after the procedure and no complications occurred. Actually 6 children are free from dilations from at least 6 month (range 6 months-4 years) and they continue their endoscopic follow up without clinical symptoms.

Conclusion (Abstract Submission): Endoscopic dilations are an effective and safe technique for esophageal strictures of different etiology even if post-surgical stenosis seem to require an increased number of dilations for a lasting result.

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: No

Study Results: Yes

Secondary Analyses: Not Applicable

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532

CONTROL ID: 1433080

PRESENTER: Hanh Vo

PRESENTER (INSTITUTION ONLY): Pediatrics, SUNY Downstate Medical Center

AUTH DESIG: ACG Membership Status *:

Hanh Vo : ACG Non-Member

David Lee : ACG Member

Larry Siu : ACG Member

Steven Schwarz : ACG Non-Member

Radha Nathan : ACG Non-Member

AUTH DESIG: Fellow-in-training:

Hanh Vo : Selected

Larry Siu : Selected

TITLE: Choledochoduodenal Fistula (CDF) in an Adolescent with Sickle Cell Disease (SS) and Choledocholithiasis

AWARDS:

CURRENT CATEGORY: G. Clinical Vignettes/Case Reports

CURRENT SUB-CATEGORY: L. Pediatrics

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 5.5

ACG Research Grant Support: No

Purpose (Abstract Submission): A 13 year-old African-American female with SS presented with vasoocclusive crisis of the left thigh and one episode of nonbilious emesis, but without fever or abdominal pain. Three weeks prior to presentation, she was discharged from another hospital with a diagnosis of cholelithiasis. Physical exam demonstrated jaundice, thigh tenderness, but no abdominal tenderness or hepatosplenomegaly. Laboratory findings included WBC 15,800, Hgb 9.0, Retic 11.3%, LDH 552 U/L, lipase 390 U/L, amylase 147 U/L, AST/ALT = 91/42 U/L, Total/Direct Bilirubin = 38.7 / > 10 mg/dL, Alk-P 250 U/L, GGT 55 U/L. MRCP showed cholelithiasis, choledocholithiasis, a dilated common bile duct (CBD = 1.3 cm), mild dilatation of the intrahepatic bile ducts, and a dilated pancreatic duct (4 mm). At ERCP, there was a black calculus above the ampulla consistent with a choledochoduodenal fistula (Figure 1). During sphinctertome advancement into the CBD, the calculus was spontaneously removed. Cholangiogram showed the CBD = 1.2 cm and a fistula in the distal CBD. A 1 cm sphincterotomy was performed up to the fistula with good drainage. The duct was swept and multiple small calculi were retrieved. At post-operative day 3, the patient developed fever and right upper abdominal pain. Repeat MRCP showed cholelithiasis with pericholecystic fluid, a small amount of perihepatic fluid, and a CBD = 4 mm. HIDA scan confirmed the diagnosis of acute cholecystitis. Intravenous antibiotics led to clinical and biochemical improvement.

Discussion: CDF is an uncommon complication of long standing choledocholithiasis. CDF in this patient likely arose from stone erosion through the CBD into the duodenum. This is the first pediatric CDF case report in a SS patient. Since cholelithiasis is often seen in SS, one should be aware of this complication in patients presenting with obstructive jaundice and a normal GGT.

Methods (Abstract Submission): N/A

Results (Abstract Submission): N/A

Conclusion (Abstract Submission): N/A

Commercial Products or Services: No

Financial Relationships: No

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

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533

CONTROL ID: 1436113
PRESENTER: Maridine Co
PRESENTER (INSTITUTION ONLY): Children's Hospital of Michigan
AUTH DESIG: ACG Membership Status *:
Maridine Co : ACG Member
AUTH DESIG: Fellow-in-training:
Maridine Co : Selected
TITLE: A Rare Case of Pyogenic Liver Abscess from Eikenella corrodens
AWARDS:
CURRENT CATEGORY: G. Clinical Vignettes/Case Reports
CURRENT SUB-CATEGORY: L. Pediatrics
PRESENTATION TYPE: Poster Only
AVERAGE SCORE: 5
ACG Research Grant Support: No

Purpose (Abstract Submission): Eikenella corrodens is a rare cause of liver abscess in children with only 2 reported cases in the literature. This is a case of E.corrodens isolated from the liver abscess of a 4 y.o. with cerebral palsy. E. corrodens is a fastidious gram-negative facultative anaerobic bacillus. In this case, the patient presented with a two-day history of fever, vomiting, diarrhea, and mild respiratory distress. She was treated for aspiration pneumonia after a chest X-ray showed right upper lobe opacities. Her respiratory status improved after 48 hours but continued to be febrile despite treatment with broad spectrum antibiotics.

CT scan of the abdomen (Figure 1) showed a hypoattenuating cystic structure within the right lateral hepatic lobe measuring 5.8 cm x 3.9 cm x 5 cm. Ultrasound guided percutaneous aspiration yielded 150 ml of thick foul-smelling pus. The culture grew E. corrodens, sensitive to meropenem. The patient improved clinically after drainage of abscess and treatment with meropenem.

A systematic search in PubMed from inception to June 2012 was conducted using the search terms: Eikenella corrodens, children, hepatic/liver, abscess. There were only 2 pediatric case reports of liver abscess due to E. corrodens. Chang et al (Acta Paediatr Sin, 1999) presented a 3 y.o. male with a right liver abscess following acute gastroenteritis. The culture grew E.corrodens, B fragilis, and other anaerobic gram positive bacilli. The patient was treated with amoxicillin/clavulanic acid. Arnon et al (Clin Pediatr, 1999) reported a 17 y.o. male with bilateral liver abscesses. E.corrodens was confirmed on the abscess aspirates and treated with ticarcillin disodium and metronidazole. Neither patient was severely immunocompromised. Both of them improved after treatment.

E.corrodens is a rare cause of liver abscess in children. It may be considered as a cause of liver abscess in patients unresponsive to treatment with empiric antibiotics. Abscess drainage coupled with sensitivity-based antibiotic treatment may provide optimal outcomes.

Methods (Abstract Submission): N/A
Results (Abstract Submission): N/A
Conclusion (Abstract Submission): N/A
Commercial Products or Services: No
Financial Relationships: Not Applicable
Initiated Research: Investigator
FDA Approval: No
Designed Study: Investigator
Performed Analysis: Investigator
Investigator Contribution: No
Study Results: Yes

533
534

CONTROL ID: 1429733

PRESENTER: Nidhi Rawal

PRESENTER (INSTITUTION ONLY): Univeristy of Maryland

AUTH DESIG: ACG Membership Status *:

Nidhi Rawal : ACG Member

Roger Voigt : ACG Non-Member

Shamila Zawahir : ACG Member

Samra Blanchard : ACG Member

AUTH DESIG: Fellow-in-training:

Nidhi Rawal : Selected

TITLE: Spontaneous Small Bowel Volvulus: Pediatric presentation

AWARDS:

CURRENT CATEGORY: G. Clinical Vignettes/Case Reports

CURRENT SUB-CATEGORY: L. Pediatrics

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 4.75

ACG Research Grant Support: No

Purpose (Abstract Submission): Volvulus per se is not very commonly seen in pediatric population. In children, 75-90% cases present in the first year of their lives. Out of these, 50-64% are diagnosed in first month of life and 25-40% are within the first week of their lives. Pediatric volvulus are almost always associated with an underlying pathology, like malrotation and intussusception, etc. Incidence of spontaneous small bowel volvulus is even lower, with no peer reviewed published evidence in the recent years. Spontaneous volvulus are mostly seen in elderly adults with significant co-morbidities, like intra-abdominal tumors, adhesions, pregnancy, colonic dilatation etc. We report a rare case of a spontaneous small bowel volvulus in a previously healthy child.

A 7 ½ year old normally developing boy presented with acute onset abdominal pain, for 3 hours with 2 episodes of non-bloody non-bilious emesis and frank bleeding per rectum. There was no significant past medical history. On arrival, patient was in pain and hypovolemic shock. Patient had continued rectal bleeding, and had to be transfused with 2 units of blood. Gastric lavage with normal saline showed no evidence of bleeding, acute or chronic. Abdominal exam was significant for a distended, diffusely tender abdomen, without palpable masses or fluid. He was then rushed for urgent exploratory laparotomy and a stand by endoscopy, in case surgery fails to reveal a clear etiology.

Operative findings revealed a large amount of peritoneal fluid and a hemorrhagic small bowel, with a clean cut off proximally and a more diffuse tapering distally, about 10cm from the ileocecal valve, with no signs of necrosis. The mesentery also had a clean demarcation suggesting the involvement of this particular bowel segment. No active volvulus was appreciated, but the distal bowel seemed to have revolved such that the proximal bowel was compressed, causing compromised blood supply. Doppler during surgery was negative for vascular flow abnormalities. No resection were performed. The rest of the abdominal exploration was normal. Proximal jejunum was also normal, without any signs of malrotation. Findings were consistent with spontaneous midgut volvulus without intestinal malrotation. Patient was seen for a follow up 2 weeks after discharge and was found to be doing well.

With this case report, we wish to highlight the importance of considering spontaneous volvulus in pediatric patients even in the absence of other risk factors.

Methods (Abstract Submission): N/A

Results (Abstract Submission): N/A

Conclusion (Abstract Submission): N/A

Commercial Products or Services: No

Financial Relationships: No

Initiated Research: Investigator

FDA Approval: No

534
535

CONTROL ID: 1405304

PRESENTER: Alicia Alvarez

PRESENTER (INSTITUTION ONLY): Texas Tech University Health Sciences Center

AUTH DESIG: ACG Membership Status *:

Alicia Alvarez : ACG Non-Member

Cesar Garcia : ACG Non-Member

Darius Boman : ACG Non-Member

Marc Zuckerman : ACG Member

TITLE: Streptococcus bovis Bacteremia in Infants

AWARDS:

CURRENT CATEGORY: G. Clinical Vignettes/Case Reports

CURRENT SUB-CATEGORY: L. Pediatrics

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 4.25

ACG Research Grant Support: No

Purpose (Abstract Submission): Streptococcus bovis bacteremia has been associated with gastrointestinal diseases in adults, especially neoplastic colon polyps and other malignancies of the GI tract, as well as chronic liver disease. Since only sporadic cases of S. bovis bacteremia have been reported in infants, the clinical associations in the pediatric population are still unclear. We report a series of patients with S. bovis bacteremia in a county hospital in a United States-Mexico border city in order to examine the clinical features in a pediatric polpulation.
We characterized the demographic and clinical findings in all pediatric patients with blood cultures positive for S. bovis at University Medical Center in El Paso, Texas between January 2000 and December 2010. A total of 7 pediatric patients were documented to have S. bovis bacteremia. Hospital records were systematically reviewed by using a standardized protocol.
The mean age was 1.2 days (1-3 days), 4 were female, and all were Hispanic. Average birth weight was (3.25 kg). Mode of delivery was spontaneous vaginal delivery (5) or Caesarian section (2). Maternal diagnoses during pregnancy, labor and delivery included chorioamnionitis (2), oligohydramnios (1), and meconium stained amniotic fluid (5). Two had 2 of these complications. In the infants, respiratory distress was present after birth in 4. All of them had evidence of meconium in the airway. Aspiration pneumonia was diagnosed in 2 of them. Clinical evidence of sepsis was present in most patients (6). All patients except 1 were treated with combination antibiotics (6), either ampicillin and gentamicin or ampicillin and cefotaxime. The length of therapy varied from 7 to 21 days. No patient died.
In summary, our findings in a series of predominantly Hispanic pediatric patients with S. bovis bacteremia in a county hospital setting found that all pediatric patients presented with early onset (up to 1 week) infection, most with neonatal sepsis, and were successfully treated with antibiotics. Early onset of S. bovis infection might result from transmission of bacteria either intrapartum or during passage through a colonized birth canal.

Methods (Abstract Submission): N/A

Results (Abstract Submission): N/A

Conclusion (Abstract Submission): N/A

Commercial Products or Services: No

Financial Relationships: No

Initiated Research: Investigator

FDA Approval: No

Designed Study: Investigator

Performed Analysis: Investigator

Investigator Contribution: No

Study Results: Yes

Secondary Analyses: Not Applicable

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CONTROL ID: 1431191

PRESENTER: Kanika Puri

PRESENTER (INSTITUTION ONLY): SUNY Downstate Medical Center

AUTH DESIG: ACG Membership Status *:

Kanika Puri : ACG Non-Member

Vera Hupertz : ACG Non-Member

Mark Sands : ACG Non-Member

Naim Alkhouri : ACG Member

TITLE: Transjugular intrahepatic portosystemic shunt (TIPS) is a feasible option for management of portal hypertension in pediatric liver transplant recipients

AWARDS: Naomi Nakao Gender Based Research Award|Radhika Srinivasan Gender Based Research Award|ACG Obesity Award

CURRENT CATEGORY: G. Clinical Vignettes/Case Reports

CURRENT SUB-CATEGORY: L. Pediatrics

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 4

ACG Research Grant Support: No

Purpose (Abstract Submission): Introduction

Recurrence of portal hypertension is a well recognized clinical condition in both adult and pediatric liver transplant recipients. While retransplantation remains an option, the role of transjugular intrahepatic portosystemic shunt as a bridge to retransplantation or as a definitive therapy is still not well defined. In addition, creation of TIPS in liver transplant patients presents a significant challenge, more so in children. Data on feasibility and efficacy of TIPS in this patient population is scant. We present a case of successful placement of TIPS for management of refractory ascites in a 17 year old female.

Case presentation

A 17 year old female underwent a cadaveric split liver transplantation at the age of 13 years for Byler's disease. Post transplantation course was complicated by development of an anastomotic biliary stricture 1 year after the transplant requiring multiple endoscopic interventions followed by definitive surgical biliary reconstruction. Patient also had persistent elevation of liver enzymes (AST, ALT ~ 100 U/L) after the transplant. Serial liver biopsies done over the 3 year course after her transplant showed evidence of steatohepatitis and bridging fibrosis with no rejection. Patient remained asymptomatic until she presented with new onset of ascites 3 years after the transplantation, requiring repeated paracentesis despite maximal diuretic therapy. A transjugular liver biopsy along with portal pressure measurements demonstrated the presence of portal hypertension (corrected sinusoidal gradient 7 mm Hg) and cirrhosis. Decision was taken to place TIPS. Examination was remarkable for marked ascites, palpable liver, and peripheral edema. Pre-TIPS labs were bilirubin 0.5 mg/dl, AST 71 U/L, ALT 88 U/L, ALP 176 U/L, creatinine 0.94 mg/dl, INR 1.2. MELD score was 8 and Child Pugh Score was 7. Patient underwent successful creation of TIPS with post procedure portoatrial gradient of 3 mm Hg. Subsequent to TIPS creation, patient had clinical improvement in ascites and did not require further paracentesis. 3 months after TIPS, patient had recurrence of ascites associated with stenosis at the hepatic venous end of the stent on vascular ultrasound of the liver. Patient underwent successful revision of TIPS with reduction of portoatrial gradient from 15 mm Hg to 5 mm Hg with no immediate complications.

Conclusion

TIPS can be created safely and successfully in children with split liver transplant. TIPS should be considered as a treatment modality in the management of portal hypertension in pediatric liver transplant recipients.

Methods (Abstract Submission): N/A

Results (Abstract Submission): N/A

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CONTROL ID: 1430776

PRESENTER: Edith Ho

PRESENTER (INSTITUTION ONLY): University of California San Francisco (UCSF)

AUTH DESIG: ACG Membership Status *:

Edith Ho : ACG Member

Michelle Nazareth : ACG Member

Vijay George : ACG Non-Member

James Ostroff : ACG Non-Member

AUTH DESIG: Fellow-in-training:

Edith Ho : Selected

Michelle Nazareth : Selected

TITLE: A 13 Year-Old Boy with Post-transplantation Lymphoproliferative Disorder Presenting with Obscure GI Bleeding

AWARDS:

CURRENT CATEGORY: G. Clinical Vignettes/Case Reports

CURRENT SUB-CATEGORY: L. Pediatrics

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 3.25

ACG Research Grant Support: No

Purpose (Abstract Submission): Post-transplantation lymphoproliferative disorders (PTLD) are well recognized complications of chronic immunosuppression in organ transplant recipients, accounting for 21% of all malignancies in transplant recipients compared to 5% in the general population. The diagnosis of PTLD is often difficult, due to the varied manifestations resulting in a delay in diagnosis. We report an unusual presentation of PTLD in a pediatric patient where the diagnosis was reached only after extensive investigation.

Case report: This is a 13 year-old boy with a history of cystic fibrosis who is status post deceased donor EnBloc liver and pancreas transplantation. His immune suppression regimen included tacrolimus 1.5 mg bid.

Two years after his transplant, this patient presented with melena with a hemoglobin of 4.6 g/dL. After adequate resuscitation, he underwent an upper endoscopy, which showed multiple small prepyloric and duodenal ulcerations without signs of recent hemorrhage. Biopsies of these ulcers showed acute inflammation. Capsule endoscopy revealed scattered duodenal erosions and two kissing erosions in the distal duodenum, without stigmata of recent bleed. Despite being on proton pump inhibitors, the patient continued to have melena, necessitating transfusions every few days. A second upper endoscopy was performed, which showed portal hypertensive gastropathy, a gastric varix, and complete healing of prior ulcers. Octreotide was initiated. A tagged RBC scan revealed a potential bleeding source "near the anastomosis of the native to transplanted duodenum or proximal jejunum". A visceral arteriogram was negative. An enteroscopy was performed. It revealed no signs of recent bleed within the suspected proximal hepatic limb of the Roux. However, a 10mm clean-base, friable ulcer was present in the jejunum, with significant oozing when biopsied. The pathologic diagnosis of this ulcer was "Monomorphic B-cell PTLD, involving small intestinal mucosa".

Conclusion: PTLD are rare but potentially fatal complications of solid organ transplantation. They often affect the gastrointestinal (GI) tract, lungs, liver, central nervous system, and the allograft itself. Clinical manifestations range from benign polyclonal lymphoproliferation (infectious mononucleosis-type acute illness) to aggressive and disseminated malignant disease. The incidence of PTLD increases with the intensity of induction or rescue immunosuppression, and particularly following monoclonal or polyclonal anti-lymphocyte therapy. GI features typically include abdominal pain, fever, and bowel perforation. Although GI bleeding is a less common presentation, PTLD should be considered in transplant receipts presenting with unexplained GI hemorrhage.

Methods (Abstract Submission): N/A

Results (Abstract Submission): N/A

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CONTROL ID: 1430199
PRESENTER: Akwi Asombang
PRESENTER (INSTITUTION ONLY): Washington University School of Medicine
AUTH DESIG: ACG Membership Status *:
Akwi Asombang : ACG Member
Edford Sinkala : ACG Non-Member
Victor Mudenda : ACG Non-Member
Jean-Baptiste Nzayisenga : ACG Non-Member
AUTH DESIG: Fellow-in-training:
Akwi Asombang : Selected
TITLE: Bloody Diarrhea and a Rectal Mass in a 19 Year Old Zambia
AWARDS:
CURRENT CATEGORY: G. Clinical Vignettes/Case Reports
CURRENT SUB-CATEGORY: L. Pediatrics
PRESENTATION TYPE: Poster Only
AVERAGE SCORE: 4
ACG Research Grant Support: No

Purpose (Abstract Submission): Pediatric colorectal cancer is a rare phenomenon, with poor prognosis. Colorectal cancer represents 1-2% of all cancers in individuals less than 20 years of age, but is one of the most common cancers in adults. It is estimated that there are 1- 2 cases per million children per year.

CASE: A 19 year old female was referred to our endoscopy unit in Zambia for evaluation of bloody diarrhea and abdominal pain. She endorsed more than 10 bloody bowel movements daily for 3 months with painful defecation and weight loss. Physical examination disclosed a soft, nontender abdomen and excruciating tenderness on digital rectal examination. Laboratory data demonstrated microcytic anemia (hemoglobin 6.3 gm/dl, MCV 59.4 fl) and HIV seronegativity. Stool studies were negative for ova, parasites and enteric pathogens. Colonoscopy revealed ulcerated, erythematous, friable rectal mucosa with a non-obstructing mass 6 cm from the anal verge. Histopathology was consistent with rectal signet ring cell adenocarcinoma.

DISCUSSION: We present a case of rectal signet ring cell adenocarcinoma in an adolescent patient. Colorectal cancer in adolescents is rare with poor prognosis. Adenocarcinoma is most frequent in both adults and non-adults, with the more unfavorable mucinous and signet ring cell histopathologic subtypes relatively more common among children and adolescents. Five-year survival is 13% ±7% for signet ring cell adenocarcinoma. Presenting clinical features such as abdominal pain, constipation or diarrhea can be nonspecific, delaying diagnosis. Colonoscopy should be considered early in evaluating adolescents with chronic bloody diarrhea.
Our patient had no predisposing conditions such as ulcerative colitis and family history did not suggest a familial syndrome. Genetic testing was not available. One month after diagnosis, she underwent abdominoperineal resection with permanent colostomy. The tumor extended to within 1 cm of the anal verge, was fixed to the coccyx and was adherent to the posterior vaginal wall, but did not extend into the vaginal mucosa. Paraortic lymph nodes were palpable and the liver, spleen, stomach, small intestine and mesentery appeared normal. She has since received chemo-radiotherapy and remains recurrence-free at six-month follow-up.

CONCLUSION: Colonoscopy should be considered early in the evaluation for adolescents presenting with chronic bloody diarrhea. When available, genetic testing microsatellite instability, chromosomal instability, K-ras and BRAF genes should be considered to guide management. However, when genetic testing is not available, such as this clinical situation, close follow-up is recommended.

Methods (Abstract Submission): N/A
Results (Abstract Submission): N/A
Conclusion (Abstract Submission): N/A

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CONTROL ID: 1428212

PRESENTER: Shashank Garg

PRESENTER (INSTITUTION ONLY): Sinai Hospital-Johns Hopkins Program in Internal Medicne

AUTH DESIG: ACG Membership Status *:

Shashank Garg : ACG Non-Member

Ritu Walia : ACG Member

Mohit Girotra : ACG Non-Member

Arieda Gjikopulli : ACG Member

Yusra Mirza : ACG Non-Member

Carmen Cuffari : ACG Member

Joanne Lanzo : ACG Member

Sudhir Dutta : ACG Member

AUTH DESIG: Fellow-in-training:

Mohit Girotra : Selected

TITLE: A Novel treatment for recurrent Clostridium Difficile Infection in a 20 month old.

AWARDS:

CURRENT CATEGORY: G. Clinical Vignettes/Case Reports

CURRENT SUB-CATEGORY: L. Pediatrics

PRESENTATION TYPE: Oral or Poster

AVERAGE SCORE: 3.75

ACG Research Grant Support: No

Purpose (Abstract Submission): Recurrent Clostridium difficile infection (CDI) has become a major problem in children often requiring recurrent and prolonged courses of antibiotics. Though fecal microbiota therapy (FMT) is successfully being used in adults with recurrent CDI, to our knowledge there is only one reported case in the pediatric literature where treatment with FMT resulted in spontaneous improvement of symptoms and resolution of diarrhea. We hereby report the case of a 20-month-old premature male child born at 27 weeks of gestation, infected with recurrent CDI infection who was treated with FMT. The patient presented with a two and half month history of diarrhea, hematochezia and failure to thrive. Past medical history was significant for chronic lung disease, gastroesophageal reflux disease, and recurrent episodes of pneumonia treated with antibiotics. A Nissens fundoplication with G-tube placement had been performed due to failure to thrive and aspiration pneumonia. Stool for C difficile toxin enzyme-immunoassay (EIA) was positive. The patient was treated with metronidazole. He initially responded to metronidazole, but relapsed 4 times resulting in treatment with multiple courses of antibiotics including vancomycin, nitazoxamide and probiotics. Due to recurrent episodes of CDI infections after discontinuation of antibiotic therapy, FMT was applied. Donor sample was obtained from the mother who was screened for HIV, EBV, CMV, HBV, HCV, and enteric infections. The stool suspension was prepared according to standard protocol and instilled via colonoscope in the right colon. The patient has now remained symptom-free with complete resolution of diarrhea, hematochezia and had gained weight consistently for the past three months. This case demonstrates the therapeutic potential of fecal bacteriotherapy in pediatric patients who fail standard therapy for CDI. Randomized controlled studies with long term follow up need to be conducted to support the efficacy and safety of this proposed therapeutic strategy.

Methods (Abstract Submission): N/A

Results (Abstract Submission): N/A

Conclusion (Abstract Submission): N/A

Commercial Products or Services: No

Financial Relationships: Not Applicable

Initiated Research: Investigator

FDA Approval: Yes

Designed Study: Investigator

540

CONTROL ID: 1434903

PRESENTER: Stephen Nanton

PRESENTER (INSTITUTION ONLY): Avera Childrens

AUTH DESIG: ACG Membership Status *:

Joelle Zimprich : ACG Non-Member

Raed Sulaiman : ACG Non-Member

Stephen Nanton : ACG Member

TITLE: Clinical presentation of Glycogen Storage Disease Type 1b (GSD1b).

AWARDS:

CURRENT CATEGORY: G. Clinical Vignettes/Case Reports

CURRENT SUB-CATEGORY: L. Pediatrics

PRESENTATION TYPE: Poster Only

AVERAGE SCORE: 3.5

ACG Research Grant Support: No

Purpose (Abstract Submission): A 7 month old male infant presented with seizures. Physical examination revealed hepatomegaly. EEG was normal. Transaminases were ALT 449 U/L and AST 1010 U/L. Glucose was 39 mg/dL. Lactic acid was elevated at 3.5 mmol/L. Fasting lipid panel demonstrated hypertriglyceridemia at 1458 mg/dL and cholesterol at 342. The infant demonstrated a remarkable tolerance for hypoglycemia as low as 6 mg/dL. Formula was switched to soy based, which resulted in rapid improvement in transaminases and triglyceride levels. ALT decreased to 40 U/L and triglycerides to 402 mg/dL. Liver biopsy demonstrated severe steatosis with features of mild steatohepatitis. The glycogen content was elevated at 11.8% (control 3.3+/-1.7%). The liver glucose-6-ophosphatase activity was normal at 3.9 micro mol/min/gram tissue (control 3.50 +/-0.8). Liver phosphorylase kinase activity tested in the low normal range at .05 micro mol/min/gram tissue.

Glycogen storage disease was evaluated for via G6PC and SLC37A4 gene sequencing. The patient was found to be heterozygous in the SLC37A4 gene for a missense mutation defined as c.1015 G>T predicted to result in the amino acid substitution p.Gly339Cys. This mutation has been reported to be causative for Glycogen Storage Disease Type 1b (Veiga-da-Cunha et al., Am J Hum Genet 63:976-983, 1998; Veiga-da-Cunha et al., Eur J Pediatr 159:314-318, 2000; Chou et al., Curr Mol Med 2:121-143, 2002). This patient is also heterozygous in exon 8 for a frameshift mutation defined as c.1042_1043delCT, which is predicted to result in premature protein termination (p.Leu348ValfsStop53). This mutation has also been reported to be causative for GSD1b (Marcolongo et al., FEBS Letters 436:247-250, 1990; Veiga-da-Cunha et al., Am J Hum Genet 63:976-983, 1998; Chou et al., Curr Mol Med 2:121-143, 2002).

These findings confirmed the diagnosis of GSD1b. The patient therefore maintained on a diet avoiding lactose, sucrose and fructose. He was initially fed soy based formula and is tolerating increasing amounts of cornstarch. His clinical course has been complicated by neutropenia and hyperuricemia, which has been successfully treated with GCSF and Allopurinol.

GSD1b is due to deficiency in the glucose 6-phosphate hydrolase activity. It is inherited in an autosomal recessive manner. Mutations in the SLC37A4 gene is the cause of GSB1b. This disorder should be evaluated for patients presenting with severe fasting hypoglycemia, hepatomegaly and hyperlactatemia. These patients may develop neutropenia predisposing to frequent bacterial and fungal infections. Patients are also at risk for inflammatory bowel disease.

Methods (Abstract Submission): NA

Results (Abstract Submission): NA

Conclusion (Abstract Submission): NA

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