| Abstract OL-015 – Table 1. Results | | | |
|---|---------------------------------------|--------------------|---|
| | LOAD-10 ARM | LOAD-7 | LAC-10 |
| | (n=45) | (n=45) | (n=45) |
| Completed theray | 42 | 43 | 42 |
| Discontinued therapy | 3 | 2 | 3 |
| | (1 - left country, | (1 - dizziness, | (2 - non-specific rash, |
| | (2 - abdominal discomfort and nausea) | (1 - palpitations) | (1 - nausea, abdominal pain and diarrhea) |
| Eradication of HP (per protocol analysis) | 40 (95.23%) | 41 (95.34%) | 34 (80.95%) |

(44.44%), petic ulcers (healed) - 15 (11.11%), gastric erosions - 25 (18.5%), gastritis with intestinal metaplasia (IM) - 35 (25.92%), gastritis without IM - 70 (51.85%). Patients were randomized to three arms - LOAD for 10 days (LOAD-10, n=45), LOAD for 7 days (LOAD-7, n=45) and LAC for 10 days (LAC-10, n=45). Stool antigen testing for HP was performed two weeks post therapy.

Results: See Table 1. LOAD (all 7 and 10) versus LAC, p=0.0384 (Intention-to-treat) and p=0.0195 (per protocol).

Conclusions: LOAD is superior to LAC for treatment naive HP population. LOAD-7 is potentially cost effective and equally efficacious versus LOAD-10. LOAD-7 may be considered first line in eradication of HP infection.

OL-016 Viral etiology of acute infantile diarrhea in autumn and winter in ShenZhen, China

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Objective: To investigate the viral etiology of acute infantile diarrhea in autumn and winter in Shenzhen and compare enzyme-linked immunosorbent assay (ELISA) and polymerase chain reactions (RT-PCR or PCR) for detecting four acute gastrointestinal viruses.

Methods: Fecal specimens were collected from 192 outpatients less than 3 years old with acute diarrhea in Shenzhen Futian Hospital. ELISA was used to detect four viral antigen. Meanwhile, PCR was used to detect rotavirus, norovirus, astrovirus and PCR was used to detect enteric adenovirus. The PCR positive products were purified and sequenced.

Results: Among 192 fecal specimens, 156 specimens were identified for at least one virus with a positive rate of 81.3 % (156/192) by either of ELISA or PCR, which included 119 for rotavirus (62.0%), 34 for norovirus (17.7%), 32 for enteric adenovirus (16.7%) and 6 for astrovirus (3.1%)infections and 32 for mixed infections (16.7%); ELISA and PCR did not show any significant difference for detecting four viruses (P>0.05); These two methods showed good agreement with each other for detection rotavirus with a Kappa value of 0.58 and did not show agreement for norovirus virus, enteric adenovirus and astrovirus with a Kappa value of 0.18, 0.15 and 0.27 respectively.

Conclusion: RV is the dominant etiological agent of infantile diarrhea, followed by norovirus and adenovirus. The high rate of mixed viral infection deserves notice. ELISA combined PCR are a practical approach to improve diagnostic sensitivity for norovirus, enteric adenovirus and astrovirus.

OL-017 Relationship between *Helicobacter pylori* vacA genotypes status and risk of peptic ulcer in Saudi

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Background: Helicobacter pylori is a Gram-negative organism that has the ability to induce gastric mucosal inflammation, which may progress into peptic ulcers. Persistent infection also increases an individual's risk for development of gastric adenocarcinoma and gastric mucosa associated lymphoid tissue carcinoma. Although gastritis is almost universal among infected individuals, only a minority of patients develop peptic ulcer

disease, and a very small fraction of these proceed in later life to develop gastric cancer. The aim of this work was to determine if there is a significant correlation between different *H. pylori* vacA genotypes strains and severe gastric clinical outcomes.

Methods: A total of 1104 gastric biopsies from 368 patients who presented with symptoms suggestive of chronic gastritis or peptic ulcer were taken from the main hospitals in the western region of Saudi Arabia from July 2004 to July 2005. These samples were cultured for *H. pylori*, and a polymerase chain reaction (PCR) was carried out to determine vacA genotypes status.

Results: One hundred and three (28%) patients were positive for *H. pylori* using culture technique. The distribution of vacA genotypes was 13 for vacAs1m1, 47 for vacAs1m2 and 43 for vacAs2m2. None of the clinical isolates were vacAs2m1 positive. The study showed a significant correlation between the vacAs1m2 genotype and gastritis cases, and a significant correlation between vacAs1m1 genotype and ulcer cases.

Conclusion: The results of this study might be used for the identification of high-risk patients who are infected by vacAs1m1 genotype *H. pylori* strains.

OL-018 Central chest pain: angina or *H. pylori* related acid peptic disease

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Background: Central chest pain is usually associated with cardiac events specially angina, but not always, as the rising incidence of acid peptic disease (APD) makes it confusing to diagnose exactly at first instance in emergency. Study aim was to explore the causation of chest and epigastric pain presenting in emergencies and to record APD prevalence among adult Pakistani population. Methods: Study was conducted at PIMS Hospital, Islamabad from January 2007 to December 2008. 250 patients presenting in emergency with acute onset of chest pain for the first time were recruited. 67% were male. Mean age 44±5.5 years.

Patients with known ischemic heart diseases (IHD) and APD were excluded. Patients were followed right from emergency room treatment of chest pain till their gastroscopic biopsy and histopathology for *H. pylori* in lab.

Results: Of total 250 patients, 73.2% (183n) were diagnosed as having clinically significant pain while 37% (67n) having psychological as fake symptoms of anxiety or depression.

Out of 73%, 39.34% (72n) were of IHD, 37.15% (68n) of APD and rest of 24% (43n) were of pulmonary or miscellaneous causations. Out of 37.1% APD cases, 91.2% (62n) were proved *H. pylori* positive on biopsy and cytology contributing big burden of chest and epigastric pain.

Conclusion: Rising incidence of *H. pylori* with increasing incidence of resistance to its usual therapy and concurrence with ischemic heart disease symptoms makes it difficult to diagnose and manage the patient in emergency room. Attention should be focused on complete screening and avoiding maltreatment of such problem.