Aims and Objective: 1) Etiological diagnosis of acute upper GI hemorrhage (AUGIH) by endoscopy within 24 hours. 2) Prognostic evaluation in reference to mortality, recurrent bleeding, blood transfusion and Hospital stay.

Material and Method: Patient admitted in hospital undergone endoscopy following AUGIH within 24 hrs after proper resuscitation.

Summary: Out of 108 cases, Group - A rotavirus was found in 6 (5.6%) cases of acute adult diarrhea. Rotavirus associated diarrhea involved aged from 14-44 yrs with maximum in the 3rd decades (50%) of life and male dominance (2:1). Highest number of acute diarrhoal patients were observed during the postmonsoon periods from October to January with maximum 3 cases in the month of December.

Though E. coli plays an important role in the causation of acute diarrhea in adults, Group - A rotavirus is found to be an important new association of acute diarrhea in adults in this part of our country.

Prognostic Evaluation and Etiology of Patient with Upper GI Bleeding by Early Endoscopy in a Teaching Hospital

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Aims and Objective: 1) Etiological diagnosis of acute upper GI hemorrhage (AUGIH) by endoscopy within 24 hours. 2) Prognostic evaluation in reference to mortality, recurrent bleeding, blood transfusion and Hospital stay.

Material and Method: Patient admitted in hospital undergone endoscopy following AUGIH within 24 hrs after proper resuscitation.

Summary: Out of 92 patients evaluated (Oct. 22 - Jan 04), primary bleeder 85 (92.4%), secondary bleeder 7 (7.6%). Most of them were male 63 (68.4%) with mean age 48.1 yrs, range (14-85 yrs), presenting with Haematemesis 21 (22.8%), Malena 39 (42.4%) and both 32 (34.8%). Bleeding site detected in 87 (94.6%). Peptic ulcer was main cause in 44 (47.8%) with stigmata of recent hemorrhage in 25 (56.8%), bleeding varices 27 (29.3%) with Redcolour sign 10 (37%) associate with underlying liver disease. Endoscopic treatment done on 18 (19.6%). Emergency surgery seldom needed. Recurrent bleeding found in 21 (13%). Of them 5 (41.6%) died. Average unit of blood transfusion required 1.85 units (range 0-10 unit) with average length of hospital stay 5.26 day (range 1-30 days). Overall mortality was 11 (11.95%), of them following variceal bleed 4 (36.3%), secondary bleeding 3 (42.8%), age > 60 yrs 6 (54.5%), presenting with shock 4 (36.3%), underlying co-morbidity 5 (45.4%). All are bad prognostic indicator with high mortality requiring more blood transfusion with longer hospital stay.

Conclusion: Early Endoscopic evaluation and intervention of AUGIH not only predicts the rebleeding, it effectively reduces mortality, unit of blood transfusion, hospital stay even need for hospitalization altogether.

275. Acute Diarrhoeal Diseases in Adults with Special Reference to Rotavirus Diarrhoea

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Rotavirus is the major cause of childhood diarrhea, however it is also associated with adult onset diarrhea, detection of which helps in preventing extensive antibiotic use in acute diarrhea.

108 patients of age group 14 to 66 years with acute diarrhea from Upper Assam were included. Rotavirus was detected by electrophoretic analysis of the mobility pattern of dsRNA molecule by Polyacrylamide Gel Electrophoresis (PAGE).

Out of the 108 cases, Group - A rotavirus was found in 6 (5.6%) cases of acute adult diarrhea. Rotavirus associated diarrhea involved aged from 14-44 yrs with maximum in the 3rd decades (50%) of life and male dominance (2:1). Highest number of acute diarrhoeal patients were observed during the postmonsoon periods from October to January (50%) and rotavirus associated diarrhoeal cases were detected only in the winter months from November to January with maximum 3 cases in the month of December.

Though E. coli plays an important role in the causation of acute diarrhea in adults, Group - A rotavirus is found to be an important new association of acute diarrhea in adults in this part of our country.

277. Efficacy and Factors Determining Successful Outcome Following Pneumatic Balloon Dilation in Primary Achalasia

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Aim: To assess the efficacy and factors determining successful outcome of pneumatic balloon dilation in patients with primary achalasia using Rigiflex balloon dilators.

Methods: Total 52 patients underwent pneumatic balloon dilatation using Rigiflex balloon dilators (Boston Scientific, Boston, MA) during January 2000 to Dec. 2003. Diagnosis of primary achalasia was established by clinical, radiological, endoscopic and manometry data. All patients underwent graded pneumatic dilatation using 30,35 and 40 mm balloon. Follow up data were collected from patients notes and telephone conversation. Follow up of 48 patients were available for analysis. At the end of the study two groups were identified, group I those who responded with balloon dilatation and group II those who do not responded to balloon dilatations. Statistical analysis was done using Fisher exact test to compare discrete variables between these groups.

Results: Out of 48 patients with mean age of 45.6 years (range 11-68.5 years), 25 (52.5%) were male. Average duration of symptoms was 17 months (range 4-52 months). Out of 48 patients 39 (80%) responded with balloon dilatation (group I). Out of 39 patients (group I) 26 (59%) required single session of balloon dilatation. Clinical and biochemical parameters were comparable in both the groups. There were no procedure related complications. Age more than 40 years and female gender are more in group I than in group II (60% versus 12.5%, p < 0.02 and 53% versus 25%, p = 0.1). Lower esophageal sphincter (LES) more than 50 mm Hg and mid esophageal body low amplitude were more in non-responder (75% versus 28% p = 0.02 and 75% versus 31% p = 0.03).

Conclusion: Pneumatic balloon dilatation is safe and effective treatment for primary achalasia. Age less than 40 years. LES pressure more than 50 mm Hg and mid esophageal hypocontractions can be considered as independent factors for non-responding to primary achalasia balloon dilatation using Rigiflex balloon dilators.
285. A Study of Clinical and Endoscopic Profile of Gastroesophageal Reflux Disease and Its Association with Lower Respiratory Tract Diseases - A Hospital Based Study

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Objectives: To study relationship of clinical and endoscopic profile of GERD and its association with lower respiratory tract diseases.

Material and Methods: This study was done on subjects attending the OPD or admitted in emergency or indoor of LLR and Associated Hospitals Kanpur. Individuals in the age group 13-65 who were suffering from LRT (chronic bronchitis, bronchial asthma and interstitial pulmonary fibrosis) as diagnosed by clinical evaluation, pulmonary function tests and radiological evaluation were studied. These patients were studied for symptoms suggestive of gastroesophageal reflux disease (regurgitation, heartburn and dyspepsia). These were then subjected to upper gastrointestinal endoscopy to find evidence of GERD in the form of gastritis and esophagitis.

Results: The endoscopic findings of the patients in the study group suggested visual esophagitis/gastritis result of GERD in 78.12% of cases. All the patients of chronic bronchitis had at least one symptom suggestive of GER. 73% of patients had endoscopic evidence in the form of esophagitis/gastritis. In patients of bronchial asthma most had symptoms of GER. 80% had endoscopic evidence of GER. In patients of IPF none had symptoms of GER but all had endoscopic evidence of GER.

Conclusion: The present study showed a significant positive correlation between GERD and lower respiratory tract infections. The confirmation of GER in large number of cases in each group can possibly lead to trials of therapeutic interventions with proton pump inhibitors. If we can get prolonged relief as observed in bronchial asthma in can add a new dimension to this therapeutic armamentarium.

288. PCR Based Analysis of Helicobacter pylori Isolated from Saliva : An Approach for Rapid Molecular Genotyping in Correlation with Disease Status

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Background and Aim: The presence of intact cag PAI is considered to affect the severity of the gastro-duodenal disease. Hence analysis of cag-PAI of H pylori isolated from saliva would be of immense importance of standardize saliva as a reliable non-invasive diagnostic specimen and also to evaluate the type of H pylori infecting. The aim of the present study was to check the intactness of H pylori cag-PAI for its presence and correlating it with the disease status of the patients by polymerase chain reaction (PCR).

Methodology: One hundred and twenty patients (55 duodenal ulcer (DU), 25 gastric ulcer (GU) and 40 non-ulcer dyspepsia (NUD)) were investigated for the study. Eight pairs of oligonucleotide primers (cagA1, cagA2, cagAF1, cagAF2, cagE, cagT, LEC1 and LEC2) of five different loci, cagA, cagA promoter region, cagE, cagT and LEC were used to detect the intactness of the cag PAI by PCR.

Results: The comprehensive analysis of the genes constituting cag-PAI showed almost equivalent prevalence of all the genes between both the study groups (Ulcer and NUD) included, not much significant difference was found in the percentage distribution in both the clinical groups. Further we found that cagE and cagT loci were found in larger proportion of DU group (92.5% and 96.2%) in comparison to the NUD group (77.5% and 85%) respectively.

Conclusion: We showed in this study saliva could serve as a reliable specimen not only to diagnose the presence of active H pylori infection but also to assess the type of infecting strain.

304. A Clinico-Endoscopic Study of Esophagial Candidiasis in Hopsitalised High Risk Group Patients

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Esophageal candidiasis once thought to be an uncommon entity is now being recognized frequently with the use of endoscope. Aims: To study the clinico-endoscopic evaluation of esophageal candidiasis in hospitalized high risk group patients. Material and Methods: 87 patients were enrolled of six groups i.e. diabetes mellitus, HIV positive, chronic liver disease, chronic renal disease, extensive tuberculosis and patients on immunosuppressive therapy. Results: Esophageal candidiasis classified according to Kodsi’s endoscopic classification and candida was confirmed by demonstration of hyphae and pseudohyphae on Gram’s staining of the brushing material. Observations: Mean age of the patients were 38 ± 13.54 years with sex distribution 3.14:1 (M:F) commonest presenting complaint was dysphagia with or without odynophagia (60%). Oral thrush, a marker for esophageal candidiasis, was present in 60% of candida esophagitis. Commonest endoscopic finding was Kodsi’s stage II (50%). Incidence of esophageal candidiasis was 6.67% in diabetic patients, 44.44% in HIV positive cases with mean CD4+ T cell count (34.25 cells/mm3) at presentation, 8.82% in chronic liver disease with more predilection in alcoholic liver disease (22.2%), 13.33% in chronic renal disease with more predilection in patients who were on regular haemodialysis (22.2%). No case of esophageal candidiasis was found in tuberculosis and in patients on immunosuppressive therapy probably because of less number of patients enrolled in these group.

Conclusion: Esophageal candidiasis were found in 11.49% patients of high risk group in comparison to 2% in control population. So it is statistically significant to conclude that high risk group is more prone to develop esophageal candidiasis.

* Adjudged Best Papers and got an award of Rs. 1000/- each from Chairman Scientific Committee, Diamond APICON 2005.