

## European Helicobacter and Microbiota Study Group

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## Accepted Abstracts

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manifestation. In pregnant females; preeclampsia, hyperemesis gravidarum, recurrent early pregnancy loss and iron deficiency anaemia were the most commonly seen extragastrroduodenal manifestations.

**Conclusion:** Extragastrroduodenal manifestations of *Helicobacter pylori* are common in both children and adults in Egypt. Iron deficiency anaemia, thrombocytopenia and chronic cholecystitis are the most common extragastrroduodenal manifestations.

### P09.13 | Correlation between presence of *Helicobacter pylori* in intestine and Omega-3 Index in patients with congestive heart failure

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**Aim:** To determine a relation between presence of *Helicobacter pylori* (Hp) in intestine of patients with Congestive Heart Failure (CHF) and Omega-3 Index.

**Methods:** Totally 42 patients were examined. The main Group 1 contained 31 patients with NYHA class III-IV CHF, the comparison Group 2 contained 11 patients with NYHA class I-II CHF. The amount of Hp in intestine's mucus was determined by measurement of specific 3-hydroxystearic acid (3 h18) value in a blood using algorithm described earlier. The Omega-3 Index was determined as the percent ratio of omega-3 unsaturated fatty acids (FA) to sum of other FA. All FA values were registered using gas-chromatography mass-spectrometry. Results were presented as average values±standard deviation. Relationships between parameters were determined by calculation of correlation coefficients (*r*). Values were considered reliable at significance level *P*<.05.

**Results:** Presence of 3h18 was detected in 93.5% of Group 1 patients and in 82% of Group 2 patients. Amount of Hp in intestine's mucus was 10.9±10.5 cells x105/gram in Group 1 and to 7.04±7.1 in Group 2. After in-patients treatment it has reduced to 5.4±4.3 in Group 1. The lowest Omega-3 Index was determined in Group 1 – 1.59±1, it increased after in-patients treatment up to 2.8±2.4, became comparable to one in Group 2 – 3.04±1.3. We determined the reliable negative correlation between Hp amount and Omega-3 Index (*r*=-.37, *P*<.05).

**Conclusion:** Presence of Hp may influence on pathogenesis of congestive heart failure. One of possible mechanisms is Hp's effect on polyunsaturated FA metabolism.

### P09.14 | Antibody levels to *Helicobacter pylori* infections at 16 years of age in relation to allergic disease

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**Background:** Some reports (Chen & Blaser 2008) suggest a protective role of HP infection on the occurrence of asthma and atopy.

**Aim:** To relate anti-IgG HP antibody levels and IgG cagA status to presence of asthma/atopy in children in a birth cohort study.

**Methods:** Sera from 16 year old children (N=425) from The Environment and Childhood Asthma Study in Oslo, were analyzed for levels of anti-HP IgG (Pyloriset EIA®-III, Orion Diagnostica) and HPcagA antigen (Genesis Diagnostics, UK) and run according to the manufactures' instructions, i.e., Pos/Neg results; optical density was calculated to quantity of anti-HP-IgG. Presence of asthma and or atopic disease was addressed in 185 cases.

**Results & Conclusion:** The prevalence of anti-HP IgG antibodies was 12.3%. Another Norwegian study showed a carrier rate of 0.6% among children aged <11 increasing to 20% in adolescents (Breckan et al 2016). High IgG levels against HP were recorded in the small cagA positive group and among these few individuals, showing high levels of IgG antibodies against HP, none suffered from allergic or atopic diseases (see Table). Among the anti-HP-IgG negatives 38 (Mean level 11.0) out of 163 were asthmatic. Our results may support the hypothesis of HP having a protective effect against these conditions (A. Amedei et al 2010). Studies including a higher number of cases are, however, necessary to verify our findings.

Anti <i>H. pylori</i> positives N=22			
Anti-cagA status	Healthy	Asthma/atopy	Mean Level anti-HP IgG
Negative	11	7	27.2
Positive	4	0	122.3

### P09.15 | Remission of relapsed cap polyposis after repeated eradication of *Helicobacter pylori*

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**Background:** Cap polyposis is rare and benign colorectal disease, and characterized histopathologically by the presence of inflammatory polyps with a cap of granulation tissue, which cover the top of polyps. The pathogenesis of cap polyposis remains still unknown. Several reports have been suggested a relationship between *H. pylori* and cap polyposis. Here, we present a patient with relapsed cap polyposis that regressed after repeated *Helicobacter pylori* eradication (HPE).

**Methods and Results:** A 68-year-old woman was transferred at our hospital for further evaluation of an ulcerative inflamed area in the rectum. Colonoscopy showed multiple inflammatory polyps with whitish exudates from rectosigmoid junction to rectum. Under impression of ulcerative colitis (UC), we started treatment of UC with steroid and mesalamine. However, symptom was relapsed shortly after treatment. After successful HPE, the clinical symptoms were improved. Colonoscopy followed by 16 months later showed that the multiple lobulated polyps disappeared. 62 months later, the patient was presented hematochezia and