
COVERING THE COVER

Effects of synbiotic therapy in mild-to-moderately active ulcerative colitis (UC): A randomized, placebo-controlled study

Synbiotics contain both probiotics and prebiotics. Altun et al. evaluated the effects of synbiotic therapy in a randomized, placebo-controlled study in addition to the medical treatment in patients with mild-to-moderately active UC. A total of 40 patients received symbiotic treatment for an 8-week period, which composed of six probiotic strains (3×10^9 CFU), i.e., *Enterococcus faecium*, *Lactobacillus plantarum*, *Streptococcus thermophilus*, *Bifidobacterium lactis*, *Lactobacillus acidophilus*, and *Bifidobacterium longum*), and fructooligosaccharide (225 mg/tablet), which is a prebiotic fiber. The Truelove-Witts clinical activity index and UC endoscopic index of severity (UCEIS) of the patients were evaluated at the beginning and end of 8 weeks of the study. According to the Truelove-Witts clinical activity index, the patients in the synbiotic group had a higher frequency of remission than those in the placebo group (55.6% vs 33.3%). The number of patients entering remission was found to be higher in the synbiotic group than in the placebo group according to the UCEIS (55.6% and 44.4%, respectively), but this difference was not found to be significant. The authors concluded that the use of synbiotics in addition to medical treatment in UC significantly affects improvement in clinical activity. See page 313.

HLA-DQ2/DQ8 frequency in adult patients with celiac disease (CD), their first-degree relatives, and normal population in Turkey

CD patients have 95% HLA-DQ2 and less frequently HLA-DQ8 expression. Özgenel et al. aimed to investigate the presence of HLA-DQ2/DQ8 expression in adult CD patients (n=94), their first-degree relatives (n=89), and healthy controls (n=102). In CD patients, HLA-DQ2 positivity and HLA-DQ8 positivity were 69.1% and 4.3%, respectively. In the healthy group, HLA-DQ2 positivity and HLA-DQ8 positivity were 28.4% and 0%, respectively. In the first-degree relatives, HLA-DQ2 positivity and HLA-DQ8 positivity were 51.7% and 0%, respectively. The authors showed that there is no correlation between HLA expression and the clinical symptoms and serological markers of CD. The authors concluded that the diagnosis of CD cannot be excluded

based on the results of HLA haplotyping in a Turkish population. See page 321.

Upregulation of the SIRT1 gene in gastric adenocarcinoma

SIRT1 overexpression is reportedly associated with cancer development through the triggering of DNA repair impairment and cell proliferation. Özcan et al. aimed to investigate SIRT1 expression in patients with gastric cancer and to determine the association between SIRT1 expression and clinicopathological features. They found that SIRT1 is significantly overexpressed in patients with gastric carcinoma (n=64) than in control patients (n=34). They also found that SIRT1 was up-regulated in patients with Stage II, III and IV tumors compared with that in the control group. Moreover, overexpression of SIRT1 was detected in antral and cardiac tumors versus in the corpus, in adenocarcinoma versus in signet-ring cell carcinoma, in females versus in males, and in patients aged ≤ 45 years versus in those aged > 45 years. The authors argued that although the role of SIRT1 in gastric tumorigenesis is unclear, their results suggest that SIRT1 expression is a clinically significant prognostic indicator of gastric carcinoma. See page 326.

Real-life results of combination treatment with ombitasvir, paritaprevir, dasabuvir, and ritonavir in patients with chronic renal failure (CRF) infected with hepatitis C virus (HCV) in Turkey

In Turkey, the proportion of hemodialysis patients with anti-HCV positivity ranged between 31.4% and 51.0%. Yaraş et al. present the results of a 12-week 3D treatment (ritonavir-boosted paritaprevir, ombitasvir, and dasabuvir combination) administered to 25 patients with hemodialysis-dependent CRF who had chronic HCV genotype 1a/1b infection. Three patients were administered additional 200 mg/day ribavirin. At the end of the treatment and 12 weeks after the treatment, viral response rates were both found to be 100%. They did not observe intolerance and side effects in these patients. The authors concluded that the treatment with paritaprevir, ombitasvir, dasabuvir, and ritonavir for hemodialysis patients infected with hepatitis C genotype 1 is highly effective and well tolerated. See page 331.

Early laparoscopic cholecystectomy (LC) is associated with a low risk of complications after the removal of common bile duct stones by endoscopic retrograde cholangiopancreatography (ERCP)

Recent studies showed that early LC (48–72 hours) following stone extraction via ERCP is superior to late LC in terms of operation conversion rates, bile duct injury, deep surgical wound infections, length of hospital stay, and cost. Aziret et al. presented a study wherein they compared early LCs following stone extraction via ERCP with delayed LCs in terms of operation time, hospitalization period, conversion rate to open cholecystectomy, morbidity, mortality, and histopathological alterations in the gallbladder. They included 85 patients and divided them into three groups: early period LC group (48–72 h; n=30), moderate period LC group (72 h to 6 weeks; n=25), and delayed period LC group (6–8 weeks; n=30). The operation time was significantly shorter, and the total number of complication rates and hospital readmission were significantly less frequent in the early period LC group than in the other groups. This study was the first to evaluate the histopathological alterations to the gallbladder that develop over time following ERCP and showed that early period LC following stone extraction by ERCP is associated with low incidence of fibrosis. They concluded that early LC following ERCP is associated with shorter operation time, fewer fibrotic changes in the gallbladder, and lower risk of complications. See page 336.

Serum eosinophil cationic protein (ECP) is correlated with food impaction and endoscopic severity in eosinophilic esophagitis (EoE)

The prevalence of EoE in children and adults has been gradually increasing over the past decade. Its diagnosis relies on endoscopic (endoscopic reference score [EREFS]) and histopathological findings, further, non-invasive serological markers have been studied for

the diagnosis of EoE. ECP has been studied and shown to be accurate in the clinical monitoring of asthma and allergic rhinoconjunctivitis. Cengiz et al. analyzed serum ECP levels in patients with EoE and controls to predict the diagnostic accuracy of ECP for EoE, and they found that ECP levels were significantly higher in patients with EoE than in controls. In addition, they showed that ECP had a sensitivity of 80% and specificity of 92.8% for the diagnosis of EoE with a cut-off value of 13.9 µg/mL. Furthermore, this study showed that EREFS and the presence of food impaction were strongly correlated with ECP levels. The authors concluded that ECP is a non-invasive biomarker with high specificity and sensitivity for diagnosing EoE. See page 345.

Assessment and outcome of pediatric intestinal pseudo-obstruction (PIPO): A tertiary care center experience from Turkey

Chronic intestinal pseudo-obstruction (CIPO) is a clinical condition characterized by severe impairment of gastrointestinal peristalsis with partial or complete intestinal obstruction symptoms. According to the latest European Society of Pediatric Gastroenterology, Hepatology and Nutrition recommendation, CIPO that occurs in infants and children may be different from the one that occurs in adults and that it should be referred to as PIPO. Appak et al. retrospectively reviewed 13 patients with PIPO. The pharmacological treatment response was observed in 38.4% of the patients. Small bowel transplantation was performed on three patients. Three patients with PIPO benefited from gastrostomy as abdominal distension and vomiting reduced. Total oral nutrition was achieved in 38.4% of the total parenteral nutrition-dependent patients, and these patients showed improvement in anthropometric findings. The authors concluded that each patient's treatment approach and follow-up care should be independently considered. See page 357.