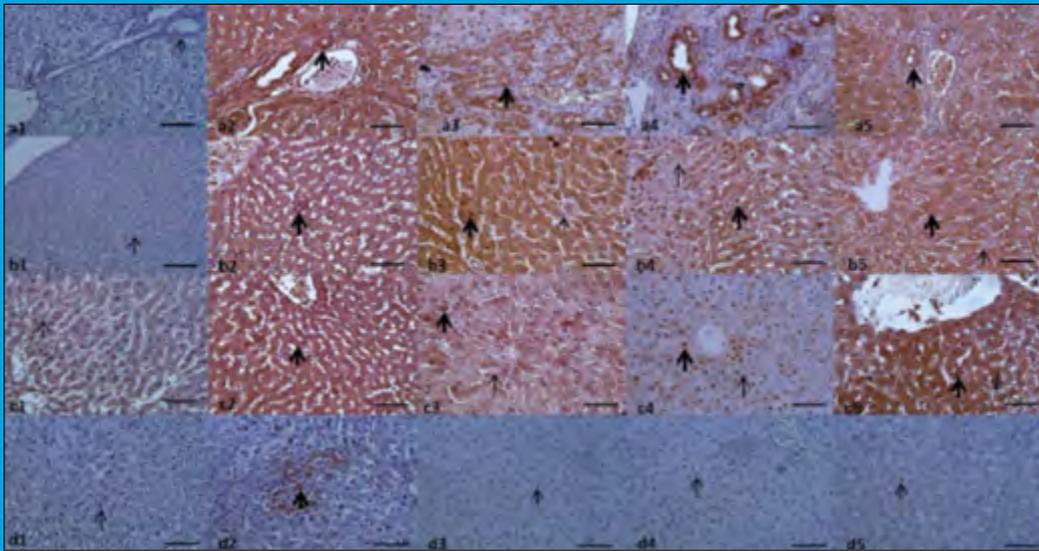




THE TURKISH JOURNAL OF GASTROENTEROLOGY

OFFICIAL JOURNAL OF THE TURKISH SOCIETY OF GASTROENTEROLOGY



Immunohistochemistry expressions of stem cell markers

Cholestatic liver injury in rats: role of the hepatic stem cells | See Page 481

ISSUE HIGHLIGHTS

- ✦ **Gastrosocopy in patients with Lynch syndrome|See Page 434-8.**
- ✦ **Preoperative albumin/globulin ratio as a possible biomarker in gastric cancer|See Page 439-45.**
- ✦ **Alfentanil or fentanyl added to propofol for sedation in colonoscopy|See Page 453-9.**
- ✦ **Functional constipation in pediatrics: child and mother psychological status|See Page 465-70.**

✦ *Indexed in Science Citation Index Expanded, and PubMed/MEDLINE*





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The Turkish Journal of Gastroenterology (Turk J Gastroenterol) is the double-blind peer-reviewed, open access, international publication organ of the Turkish Society of Gastroenterology. The journal is a bimonthly publication, published on January, March, May, July, September, November and its publication language is English.

The Turkish Journal of Gastroenterology aims to publish international at the highest clinical and scientific level on original issues of gastroenterology and hepatology. The journal publishes original papers, review articles, case reports and letters to the editor on clinical and experimental gastroenterology and hepatology.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

The Turkish Journal of Gastroenterology is indexed in Science Citation Index Expanded, PubMed/MEDLINE and TUBITAK ULAKBIM TR Index.

Processing and publication are free of charge with the journal. No fees are requested from the authors at any point throughout the evaluation and publication process. All manuscripts must be submitted via the online submission system, which is available at www.turkjgastroenterol.org. The journal guidelines, technical information, and the required forms are available on the journal's web page.

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Abstract: An English abstract should be submitted with all submissions except for Letters to the Editor. Submitting a Turkish abstract is not compulsory for international authors. The abstract of Original Articles should be structured with subheadings (Background/Aims, Materials and Methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

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Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Materials and Methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical



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analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

Editorial Comments: Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future studies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

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Quick look to guidelines: These manuscripts are summaries of published guidelines. Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should

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Original Article	3500	250 (Structured)	30	6	7 or total of 15 images
Review Article	5000	250	50	6	10 or total of 20 images
Case Report	1000	200	15	No tables	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media
Diagnostic Challenge	1200	No abstract	5	No tables	7 or total of 15 images

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. Like the rest of the submission, the figures too should be blind. Any information within the images that may indicate an individual or institution should be blinded. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the



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All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

References

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Book Section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Bartlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290-308.

Books with a Single Author: Sweetman SC. *Martindale the Complete Drug Reference*. 34th ed. London: Pharmaceutical Press; 2005.

Editor(s) as Author: Huizing EH, de Groot JAM, editors. *Functional reconstructive nasal surgery*. Stuttgart-New York: Thieme; 2003.

Conference Proceedings: Bengissson S, Sothemin BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. *MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics*; 1992 Sept 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. pp.1561-5.

Scientific or Technical Report: Cusick M, Chew EY, Hoogwerf B, Agrón E, Wu L, Lindley A, et al. Early Treatment Diabetic Retinopathy Study Research Group. Risk factors for renal replacement therapy in the Early Treatment Diabetic Retinopathy Study (ETDRS), Early Treatment Diabetic Retinopathy Study Kidney Int: 2004. Report No: 26.

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Manuscripts Accepted for Publication, Not Published Yet: Slots J. The microflora of black stain on human primary teeth. *Scand J Dent Res*. 1974.

Epub Ahead of Print Articles: Cai L, Yeh BM, Westphalen AC, Roberts JP, Wang ZJ. Adult living donor liver imaging. *Diagn Interv Radiol*. 2016 Feb 24. doi: 10.5152/dir.2016.15323. [Epub ahead of print].

Manuscripts Published in Electronic Format: Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar [cited 1996 June 5]; 1(1): [24 screens]. Available from: URL: <http://www.cdc.gov/ncidod/EID/cid.htm>.

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THE TURKISH JOURNAL OF GASTROENTEROLOGY

Covering the Cover

- **429 Covering the Cover**
Yücel Üstündağ

Editorial Comment

- **432 Interleukin-6 and Interleukin-17 gene polymorphisms and celiac disease susceptibility**
Çiğdem Ömür Ecevit

Original Articles

Gastrointestinal Tract

- **434 Low yield of gastroscopy in patients with Lynch syndrome**
Polymnia Galiatsatos, Christopher Labos, Marie Jeanjean, Kyle Miller, William D. Foulkes
- **439 Preoperative albumin/globulin ratio is a potential prognosis predicting biomarker in patients with resectable gastric cancer**
Fan Xue, Feng Lin, Min Yin, Ning Feng, Xu Zhang, You-Gang Cui, Yu-Peng Yi, Xiang-Yu Kong, Xi Chen, Wen-Zhi Liu

Liver

- **446 Contrast-enhanced ultrasound-guided radiofrequency ablation in inconspicuous hepatocellular carcinoma on B-mode ultrasound**
Eui Joo Kim, Yun Soo Kim, Seung Kak Shin, Oh Sang Kwon, Duck Joo Choi, Ju Hyun Kim

Gastrointestinal Endoscopy

- **453 Effects of alfentanil or fentanyl added to propofol for sedation in colonoscopy on cognitive functions: Randomized controlled trial**
Güler Doğanay, Perihan Ekmekçi, Baturay Kansu Kazbek, Hakan Yılmaz, Gülbanu Erkan, Filiz Tüzüner
- **460 Predictors of inadequate bowel preparation for inpatient colonoscopy**
Hani Jawa, Mahmoud Mosli, Wafaa Alsamadani, Sundus Saeed, Rahaf Alodaini, Emad Aljahdli, Salim Bazarah, Yousef Qari

Pediatric Gastroenterology

- **465 Clinical findings, child and mother psychosocial status in functional constipation**
Yeliz Çağın Appak, Şermin Yalın Sapmaz, Güzide Doğan, Ahmet Herdem, Beyhan Cengiz Özyurt, Erhun Kasırga
- **471 Interleukin-6 and interleukin-17 gene polymorphism association with celiac disease in children**
Ulaş Emre Akbulut, Alper Han Çebi, Elif Sağ, Mevlit İkbāl, Murat Çakır

Basic & Translational

- **476 Treatment with milk thistle extract (*Silybum marianum*), ursodeoxycholic acid, or their combination attenuates cholestatic liver injury in rats: Role of the hepatic stem cells**
Nuray Alaca, Dilek Özbeyleli, Serap Uslu, Hasan Hüseyin Şahin, Gürkan Yiğittürk, Hızır Kurtel, Gülperi Öktem, Berrak Çağlayan Yeğen
- **485 Efficacy of tocilizumab treatment in cerulein-induced experimental acute pancreatitis model in rats**
Yusuf Hançerli, Mustafa Kaplan, Alpaslan Tanoğlu, Soner Yeşilbaş, Zafer Küçükodacı, Muhammet Yıldırım, Gizem Narlı, Yusuf Serdar Sakin

Case Reports

- **492 Natural course of hepatic focal nodular hyperplasia from childhood to adulthood and review of the literature**
Cemil Gürses, Feyzan Seher Okşar, Bekir Erol, Mustafa Yalçın, Nevfel Kahvecioğlu, Ahmet Şükrü Alparslan
- **498 A rare complication of Crohn Disease: Duodenocolic fistula**
Gül Bora, Bilgehan Çağdaş Sonbahar, Nejdet Özalp
- **502 Pancreatic metastasis from non-small-cell lung cancer diagnosed using endoscopic ultrasound-guided fine needle aspiration biopsy: A case report**
Nobuyasu Kurihara, Hajime Saito, Hiroshi Nanjo, Hayato Konno, Yoshihiro Minamiya



THE TURKISH JOURNAL OF GASTROENTEROLOGY

- **505 Single-operator holmium laser lithotripsy under direct peroral cholangioscopy using an ultra-slim upper endoscope in a patient with a large stone in the common bile duct**

Roberto Di Mitri, Filippo Mocciaro

- **510 Surgical consequences in infants with delayed diagnosis of congenital chloride diarrhea**

Haifa Al Awadhi, Ali Al Mehadib, Khalid AlSaleem, Mohammed Banemai, Wajeeh Al Dekhail

- **514 Vildagliptin-induced acute pancreatitis without enzyme elevation**

Zeynel Mungan, Tan Attila, Zeynep Ünal Kabaoğlu, Metin Vural

Quick Look to Guidelines

- **518 Management of special patient groups with hepatitis B virus infection: The EASL 2017 Clinical Practice Guidelines**

Ramazan Idilman

Images of the Issue

What is the Diagnosis?

- **522 An unusual method to diagnose a rare disease: Upper gastrointestinal endoscopy**

Tolga Düzenli, Mustafa Kaplan, Alpaslan Tanoğlu, Musa Salmanoğlu

- **524 Smoker's melanosis: Isolated pigmented lesion in the laryngopharynx and esophagus**

Kinesh Changela, Madhavi Reddy

Letters to the Editor

- **526 False transfixation of the liver using a percutaneous endoscopy gastrostomy tube: Do not always believe in radiologic images**

Gonçalo Nunes, Teresa Rodrigues Alves, Carlos Luz, Isabel Vieira, Luísa Carmona, Carla Adriana Santos, Jorge Fonseca

- **528 Importance of laparoscopic intervention in the differential diagnosis of peritonitis carcinomatosa and tuberculous peritonitis**

Hacer Uyanıkoğlu, Ahmet Uyanıkoğlu, Evren Büyükfırat, Kenan Genç

- **531 Isolated falciparum ligament necrosis causing right upper quadrant pain**

Yavuz Savaş Koca, Nazan Okur, İbrahim Barut

- **533 The albumin-bilirubin score predicting the mortality of patients with decompensated cirrhosis**

Mariana Ferreira Cardoso, Gonçalo Alexandrino, Vera Anapaz, Joana Carvalho e Branco, Rita Carvalho, Sara Alberto, Alexandra Martins

- **535 "Double band" technique for intractable or recurrent esophageal variceal hemorrhage: An alternative rescue method**

Tark Akar

- **537 Phlebosclerotic colitis mimicking colon cancer**

Chang Hun Yoo, Jae Hyun Kim, Hye Jung Kwon, Won Moon, Seun Ja Park, Moo In Park, Sung Eun Kim, Jung Gu Park, Hee Kyung Chang

- **540 Toothpick ingestion causing rectum perforation**

Emir Çapkinoğlu, Oğuzhan Özsay, Atilla Örsel, Serkan Karaisli

- **542 Transparent cap-assisted endoscopic sclerotherapy for esophageal variceal hemorrhage compared with conventional sclerotherapy: A retrospective case-control study**

Zhiyong Wang, Jinlong Fu, Gang Zhou, Jianliang Wu, Liwei Sun, Yun Guo, Zhichao Lai, Sensen Tang

Gastroenterology Elsewhere

Gastroenterology Elsewhere

- **544 The Verdict: Proton Pump Inhibitors have been found guilty of causing death. Any objections?**

Hakan Ümit Ünal, Murat Saruç