

GOVARESH^{Quarterly}

Scientific Journal of the Iranian Association of Gastroenterology and Hepatology

pISSN: 1560-7186, oISSN: 2008-756x, eISSN: 2008-7578

Vol. 19, Supplement, Autumn 2014, No. 88-1

Concessioner:

Iranian Association of Gastroenterology and Hepatology

Publisher:

Iranian Association of Gastroenterology and Hepatology

Editorial Board (In Alphabetic order)

Aghazadeh R, M.D.	Masjedizadeh AR, M.D.	Antikchi MH, M.D.	Montazeri GH, M.D.
Darvish Moghaddam S, M.D.	Massarat S, M.D.	Bagheri M, M.D.	Pourshams A, M.D. MPH
Daryani NE, M.D.	Mikaeli J, M.D.	Falahi GH, M.D.	Sotoudehmanesh R, M.D.
Emami Najafi Dehkordi SMH.M.D.	Minakari M, M.D.	Ghadir MR, M.D.	Taheri H, M.D.
Hashemi SJ, M.D.	NasiriToosi M, M.D.	Merat S, M.D.	Zamani F, M.D.
Malekzadeh R, M.D.	Sima HR, M.D.	Mir-Nasseri MM, M.D., MPH	Zendehdel N, M.D.
Mansour-Ghanaei F, M.D.	Somi MH, M.D.	Mohammadnejad M, M.D.	

Founder and Director:

Mirmadjlessi SH, M.D.

Editor-in-Chief:

Ebrahimi Daryani N, M.D.

Associate Editors

International Members of Editorial Board

Adler G M.D. (Germany)	Sobhani I M.D. (France)
Keshavarzian A M.D. (USA)	Schuppan D M.D. (USA)

Executive Editor

Mir-Nasseri MM, M.D., MPH

Persian\English Text Editors

Submitted abstracts have been published without any editing, and any errors are the responsibility of the author.

Office Staff

Sayyad M, Mazloun S, Etehad F

Page designing

Etehad F

Address of Editorial Office

Iranian Association of Gastroenterology and Hepatology, Unit 1, No. 13, Shahrivar Alley, Kargar-e-Shomali Ave., Tehran, Iran.
Dr. Massarat S
Telefax: +98 21 88 33 50 61-3

Publisher's Address

Iranian Association of Gastroenterology and Hepatology, Unit 1, No. 13, Shahrivar Alley, Kargar-e-Shomali Ave., Tehran, Iran.
Dr. Mirmadjlessi SH
Telefax: +98 21 88 33 50 61-3
E-mail: info@iagh.org

This journal is sponsored by Iranian Association of Gastroenterology and Hepatology. Any reproduction or use of contents of articles of this journal is permitted only if the source is cited precisely.

Web Site: www.iagh.org
E-mail: govaresh@iagh.org

treatment and negative breath tests but eventually 156 patients were analyzed. 2 study groups were similar for age, sex, IBS type and PPI consumption. Frequency of SIBO recurrency were significantly lesser in probiotic group than placebo ($P=0.033$). Frequency rate was not different between 2 groups based on sex, constipation and mixed type of IBS ($P>0.05$) and only there was a significant difference in SIBO frequency between 2 groups in diarrhea type of IBS ($P<0.05$).

Conclusion: Mutaflor probiotic has beneficial effects in reducing SIBO recurrency in IBS patients and it can be used successfully in treatment of these patients.

Send Date: 2014/07/07

Code: 2853

Category: 16. 3 Gastrointestinal infections
F-T-84

**A randomized clinical trial with
a multistrain probiotic product in
acute watery diarrhea in Iranian children**

Bahar Allahverdi^{1*}, Amin Ghorbani Vaghei²,
Majid Miri³, Saeid Foroughi³, Bahram Delfan⁴

¹ Children's Medical Center Hospital, TUMS

² LUMS, LUMS

³ Nursing Faculty, LUMS

⁴ Pharmaceutical faculty, TUMS

Introduction: Acute diarrhea remains as 1st or 2nd most important cause of mortality in children under 5 years of age in developing countries. Resumption of epithelial integrity and disturbed transport mechanisms during diarrhea, partly depends on intestinal milieu. Gut microbiota has major impacts on health. Villous absorptive capacity, normal barrier mechanism and local immune defense all act in optimal level when intestinal microbiota are intact. Viral diarrhea can commonly disturb enteric microflora. Replacement of normal flora can potentially reduce disease severity and duration.

Method: 100 children between 12 and 60 months with acute watery diarrhea enrolled a double blind clinical trial from April to September 2008 in Lorestan, Iran. 50 children were given one sachet multistrain lyophilized probiotic extract (109 CFU of lactobacilli and bifidobacteriae, trade name Restore from Protexin) daily for 7 days and 50 ones took placebo (in similar sachet form) for same duration.

Dietary and hygienic orders and recommendations for oral rehydration solution were similar for both groups. Each child was closely observed regarding complications and disease severity. After 4 weeks patients were weighed. Data were analysed by SPSS and paired t-test was used.

Results: There was no significant difference regarding sex ($p=0.754$) and mean age ($p=0.983$) between two groups. Mean duration of diarrhea was 4.5 ± 1.03 days in probiotic group vs. 6.8 ± 2.6 days in placebo one ($p=0.000$). Daily times of watery stool in case and control groups were 4.36 ± 0.95 and 5.08 ± 0.89 respectively ($p=0.000$). Nobody in probiotic group suffered by persistent diarrhea or any significant complication. Weight decrement after probiotic challenge was significantly less than placebo ($p=0.000$).

Conclusion: Probiotics have documented promising effects in acute diarrhea in children. They can be considered as part of management protocol in childhood diarrhea.

Send Date: 2014/08/06

Code: 2854

Category: 16. 3 Gastrointestinal infections
F-T-85

Leptospirosis and fascioliasis

Hossein Sardarian^{1*}

¹ Beheshti Hospital, Guilan University

Introduction: Leptospirosis and fascioliasis is relatively common in north of Iran. About 20% of general population of Iran visited northern cities yearly. They may be infected with these infections during traveling and return to their cities so gastroenterologists must be familiar with clinical manifestation of these local diseases.

Results: Leptospirosis is an infectious disease of humans and animals. It is considered the most common zoonosis in the world. Leptospirosis occurs as two recognizable clinical syndromes: anicteric and icteric. Anicteric leptospirosis is characterized by sudden onset of some combination of the following: headache, fever, rigors, muscle pain, nausea and vomiting, anorexia, diarrhea, cough, pharyngitis, conjunctivitis, nonpruritic rash.

Icteric leptospirosis (Weil disease) is a severe illness