(logistic regression model), and overnight global rating (proportional odds model).

Results: Statistical power in the Hp pos group was low due to small numbers of subjects (Table). O was significantly better than P in Hp pos (p<0.05) but not in the larger Hp neg. Results for all 3 measures were 18–31% better in the Hp pos group. R was significantly better than P in Hp neg (p<0.05) but not in the Hp pos, although the responses with R were numerically similar between groups. Significantly more Hp neg subjects taking R experienced no nighttime HB symptoms than did O-treated subjects (p<0.05). Rescue use and overnight global rating were significantly better for R but not O vs. P in Hp neg, and significantly better for O but not R vs. P in Hp pos (p<0.05).

Conclusions: The present results indicate that in GERD subjects treated with a proton pump inhibitor, measuring fasting gastric pH is a simple, convenient method to predict the likelihood of pathologic esophageal reflux. This method has a high degree of precision and can be used to optimize treatment of GERD.

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CANDIDA ESOPHAGITIS: RISK FACTORS IN NON-HIV POPULATION IN PAKISTAN

Purpose: Candida esophagitis is a frequent infection in immunocompromised patients. This study was designed to determine its characteristics in patients attending a teaching hospital.

Methods: Methods Clinical records of patients ICD-9-CM coded with candida esophagitis diagnosed by EGD and histopathology over a period of 5 years were studied. Clinical symptoms on presentation, past history of oral candidiasis, candida esophagitis, drug treatment dosage and duration preceding the symptoms particularly antibiotics, corticosteroids, etc were noted. The laboratory investigations including complete blood picture, random blood glucose, hepatitis B, C and HIV serology were also noted. Candida esophagitis was graded as grade 1, scattered mucosal plaques, involving less than 50% of the esophageal mucosa; grade 2, more than 50% esophageal mucosa, grade 3, confluent plaque material circumferentially coating at least 50% of the mucosa without luminal impingement; grade 4, circumferential plaque mat coating at least 50% of the esophageal mucosa with luminal impingement . These patients were treated with either Nystatin 5ml QDS or fluconazole 100 mg a day orally for 5 days. As it was a case-control study a total of 153 patients fulfilled the criteria.

Results: Fifty-one patients (27 male, 24 female, range 21-77 and mean age 52.9 years) fulfilled the criteria (0.34 % of the EGD). The common risk factor for candida esophagitis was carcinoma (19.6 % OR 8.05; 95% CI 1.91–47.1 and p=0.001), uncontrolled diabetes mellitus (27.4 % OR 7.34; 95% CI 2.26–27.5 and p=0.001), corticosteroid therapy (29.4 % OR 6.67; 95% CI 2.20–22.3 and p= 0.001) and antibiotics (15.6 % OR 4.56; 95% CI 1.14–11.5 and p=0.02). HIV test was negative in all of these patients. The most frequent clinical symptom was retrosternal discomfort 39.3 % (20/51) and endoscopic appearance grade 2 candida esophagitis in 37.2 % (19/51). Oral candidiasis was not seen in any patient with candida esophagitis. Nystatin suspension was used in 84.3 % (43/51) and fluconazole in 15.7 % (8/51). No resistant was seen to this treatment.

Conclusions: Carcinoma (esophagus, stomach, breast), diabetes mellitus, corticosteroid and antibiotic therapy are major risk factors for candida esophagitis in Pakistan. It is an easily managed complication that responds to treatment with nystatin.

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ESOPHAGEAL MOTILITY TESTING IN THE PRE-OP REFLUX EVALUATION

Purpose: Laparoscopic antireflux surgery (LARS) is a treatment option for the patient with well-documented gastroesophageal reflux disease (GERD). Guidelines for the treatment of GERD recommend esophageal manometry prior to LARS (AJG 1999;94:1434). A recent study challenged the need to obtain pre-LARS manometry to tailor the surgical approach (Gastroenterology 2001;121:5). Our aim was to evaluate the proportion of patients with...