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Prevalence and Association of Helicobacter pylori in Downtown Brooklyn’s Minority Population
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Purpose: Helicobacter pylori (H. pylori) infection is a pandemic disease; about 70% of the developing world population and 40% of the U.S. population harbor this bacteria as per the CDC. H. pylori has been implicated in the development of peptic ulcer disease and low frequency gastric malignancy, namely adenocarcinoma and lymphoma of the gastric mucosa-associated lymphoid tissue. Due to the serious consequences of this common infection and the lack of studies addressing H. pylori prevalence among minority patients, we aimed to investigate the prevalence of this infection in a downtown Brooklyn population. One of the most diverse urban populations in the country.

Methods: Charts of all adult patients who underwent upper endoscopy with biopsy at our medical center in two years period were reviewed. Data about demographics, endoscopic, and histological findings were collected and analyzed. The presence of H. pylori infection was based on the immunohistochemical analysis of the biopsy samples. SAS software was used for statistical analysis.

Results: Our cohort included 970 patients (37% males and 63% females). African Americans and Hispanics represented 52.5% and 28.3% of the study population, respectively. The prevalence of H. pylori was 24.64%. There was no association found between H. pylori prevalence and age, race, or sex (P=0.16, P=0.52, and P=0.87, respectively). Peptic ulcer disease was found in 11.5% of our cohort which was significantly associated with H. pylori (16.3% vs 9.9% in non-infected patients, P=0.007). Gastric intestinal metaplasia (in 11.6% of the patients) was also associated with H. pylori infection (18.4% vs 9.4% in non-infected patients, P=0.0002).

Conclusion: H. pylori prevalence among the downtown Brooklyn population is lower than the national average reported by CDC and even lower than any North American population reported in the literature. The environmental, bacteriological and host factors behind these findings need to be evaluated.

An Unusual Presentation of Achalasia
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Purpose: Achalasia is a rare motor disorder with an incidence of 1 per 100 000 per year. Achalasia is a primary esophageal motor disorder of unknown etiology characterized by loss of esophageal peristalsis and manometrically by insufficient lower esophageal sphincter (LES) relaxation. We present an unusual case of a 50 year old gentleman with no past medical history admitted to our hospital for evaluation of cough, low grade fever and sweats for 2 months. He had been sent by his PMD for evaluation of an abnormal chest X-ray as outpatient. Physical exam was not significant, and abdominal exam showed no masses or organomegaly or lymphadenopathy. In the ED, he was found to have dry cough and fever, and an urgent CT scan of the chest was done which showed severe diffuse distension of the esophagus from the level of the thoracic inlet to the gastro-esophageal junction and nodular pleural/parenchymal opacities throughout both lungs suspected to be aspiration pneumonia. Gastroenterology was consulted and emergent Esophago-gastrodudenoscopy (EGD) was performed. EGD showed dilated esophagus with retained liquid and semi-solid food particles, GE junction was puckered consistent with achalasia. The contents in the esophagus were suctioned and removed. He later underwent manometry confirming the diagnosis. Lab tests were within in normal limits. The patient was then scheduled for laparoscopic Heller myotomy. These motor abnormalities resulted in stasis of ingested food in the esophagus, leading to clinical symptoms, including dysphagia, regurgitation of ingested food, retrosternal pain, weight loss and aspiration pneumonia. Although it is well demonstrated that loss of myenteric esophageal neurons is the underlying problem, it still remains unclear why these neurons are preferentially attacked and destroyed by the immune system. The most successful therapies are clearly pneumatic dilatation and Heller myotomy with short-term success rates of 75%, declining to 50-65% after more than 15 years. The above case demonstrates that respiratory symptoms such as cough and pneumonia should be worked up further to rule out esophageal diseases such as Achalasia.

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Comparison of Radio-Frequency Ablation and Cryotherapy for the Treatment of Barrett’s Esophagus with Dysplasia

Purpose: The incidence of esophageal adenocarcinoma (EA) continues to rise in the United States. Barrett’s Esophagus (BE) is a major precursor of esophageal adenocarcinoma. Dysplasia is harbored in the Barrett’s mucosa, and is the premalignant lesion for EA. Multiple modalities are available for the