endoscopic findings, worse grades in the duodenum and colorectum were significantly associated with a higher probability of a positive biopsy.

Conclusion: AGI-GVHD can present any time after HSCT. Diarrhea is a significant predictor of biopsy positivity. Those with a poor clinical condition (as indicated by a lower clinical performance status, acute illness or debilitating enough to be inpatient) had a higher probability of a positive biopsy. Although prior studies are conflicting, our findings support that a worse endoscopic grade is associated with a higher probability of a positive biopsy.

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Celiac Disease in Renal Transplant Recipients

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Introduction: We aimed to evaluate the clinical presentation, management and outcome of renal transplant recipients diagnosed with celiac disease.

Methods: From 2008 to 2012, renal transplant recipients with persistent diarrhea were evaluated. 103 patients were found to have Duodenal Villous Atrophy. Fifteen recipients diagnosed with celiac disease on basis of positive tissue transglutaminase IgA antibodies (anti-ttg Ig A) were included in study. Patient’s demographics, clinical presentation and response to gluten free diet was analyzed.

Results: In 5 years between 2008 to 2012, only 15 (14.5 %) recipients with positive anti -ttg Ig A were included in study. Out of which 11 (73.3 %) were male. Mean transplant duration at time of symptoms development was 2.20 ± 1.01 (range : 1 - 4 years, median : 2.0 ). Majority of patients (46.7 %) were between 30 – 40 years of age. Median age: 34 (range = 18 -54 years.). Median weight at time of symptoms was 51 (range : 27.70 -kg , mean 49.27 ± 14.0 ). 3 patients (20 %) at time of diagnosis of celiac disease were on Mycophenolate mofetil, 12 (80 %) on Azathioprine, 4 (26.7 % ) on tacrolimus, 2 (13.3 %) on cyclosporine, while all patients were on a dalcortical (100%). In addition of persistent diarrhea, weight loss was present in 83.3 % , abdominal pain in 20 % and vomiting in 13.3 % recipients. Median tissue transglutaminase IgA antibodies titer level was 7.44 range 1.70 –59.50 (73.3 % ) patients received gluten free diet out of which 81.1 % responded to the change of diet. Two patients did not responded to gluten free diet, one was non complains to diet while other was found to have symptoms on repeat EGD biopsy.

Conclusion: In renal transplant recipients we are presenting celiac disease for 1st time. Although celiac disease frequency is low in renal transplanted patients with persistent diarrhea but its appropriate diagnosis and pertinent treatment of this chronic disease will ultimately improve patients quality of life.

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Clinical Presentation of Gastrointestinal Anisakiasis: A Comparison Between Gastric and Small Intestinal Anisakiasis

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Introduction: Today sushi is popular in many countries. However, some fish harbor the nematode Ani- sakiasis simplex, which often causes damage to the gastrointestinal tract when ingested. In this study, we elucidated differences in the clinical features and treatment methods between the two types of anisakiasis.

Methods: Subjects were 29 patients who were diagnosed with gastric or intestinal anisakiasis at Kyorin University Hospital between April 2012 and March 2015. Gastric anisakiasis was diagnosed upon confirmation of the nematode on upper gastrointestinal endoscopy. Intestinal anisakiasis was diagnosed based on the seroprevalence of anti-Anisakis IgE antibodies. The clinical features and treatment methods noted in the medical records were retrospectively compared between the groups.

Results: One patient had anisakiasis infection in both the stomach and small intestine. The clinical picture of 14 patients with gastric anisakiasis alone was (1) 41 years of age(mean), (2) 1.4 days between the consumption of fish and hospital visit(mean), (3) 0.1 mg/dl of C-reactive protein (CRP) at initial examination(mean), (4) no ascites accumulation in any of 6 patients who had undergone computed tomography (CT), and (5) no hospital admission. The clinical picture of 14 patients with intestinal anisakiasis alone were (1) 56 years of age(mean), (2) 2.1 days between fish consumption and hospital visit(mean) (a history of fish consumption was unclear in 1 patient), (3) 4.8 mg/dl of CRP at initial examination(mean), (4) ascites accumulation in 11 of the 14 patients who had undergone CT, and (5) hospital stay of 9.4 days. With regard to treatment methods, the nematode was endoscopically removed in patients with gastric anisakiasis. Whereas we did not find the nematode in the small intestine in any of the patients. To treat delus, neither gastric tube nor jejun tube were needed in 7 patients.

Conclusion: Comparison of the two groups showed that patients with gastric anisakiasis tended to be young and have early onset, whereas those with intestinal anisakiasis were characterized by ascites accumulation and CRP positivity. CT was useful in the diagnosis of the latter group. Half the patients with intestinal anisakiasis did not require decompression of the intestinal tract, but all patients were required for hospitalization. For diagnosis of gastrointestinal anisakiasis, it was proved that clinical history taking, CRP, serum Anisakis IgE antibody testing, and CT was useful.