We did not find a difference between E-cadherin expression of complete and incomplete IM of stomach. However, we did not subtype intestinal metaplasia, which is one of the shortcomings in this study.

We did not find a difference in the pattern of staining or percent of Ki-67 immunoreactive cells in the surface epithelium between the two groups. These results indicate an unexpectedly high proliferative activity of GIM. Further studies are needed to confirm the clinical significance of this high proliferative index and E-cadherin loss in follow up and treatment of patients with GIM.

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References

Assessment of quality of life in hepatitis B patients in Iran

Quality of life (QoL) has gained importance as an outcome measure in clinical and epidemiological studies for the past two decades. Chronic liver diseases questionnaire (CLDQ) is a specific questionnaire for chronic liver disease, and has been previously used to assess QoL in patients with liver disease.

In a cross-sectional study, we assessed QoL of 61 patients with chronic hepatitis B and 60 age and sex-matched healthy subjects without any chronic disease as controls. Control subjects were selected from amongst patients’ family members. Family members were tested for HBV.

CLDQ consists of 29 items that reflect six domains: fatigue, abdominal pain, emotional function, systemic symptoms, activity, worry and the response of each question was scored from 1-7 (“all of the time=1” to “none of the time=7”). The overall CLDQ score and scores of the six subscales were calculated. Higher scores on CLDQ scales reflected a better health-related quality of life (QoL) status.

Reliability and validity of the questionnaire were evaluated. Demographic data were recorded. Mann-Whitney test was used to analyze data p-value <0.05 was considered to be statistically significant.

The study was approved by the Ethics committee of our institute.

We interviewed 61 patients (38 men) and 60 control subjects (38 men), aged between 18 and 64 years. The scores for fatigue, abdominal symptoms, and systemic symptoms domains were lower in the patients as compared to controls, but the score for worry was lower in the controls (p<0.05) (Table 1).

Our study showed no reduction in QoL in patients with hepatitis as compared to healthy controls. Previous studies have shown that patients with chronic hepatitis

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Quality of life and domains scores in patients with hepatitis B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hepatitis B patients</td>
</tr>
<tr>
<td>Total score</td>
<td>5.7 (4.4)</td>
</tr>
<tr>
<td>Fatigue</td>
<td>5.2 (5.6)</td>
</tr>
<tr>
<td>Abdominal symptoms</td>
<td>6.0 (6.0)</td>
</tr>
<tr>
<td>Emotional function</td>
<td>5.1 (5.4)</td>
</tr>
<tr>
<td>Systemic symptoms</td>
<td>5.8 (5.6)</td>
</tr>
<tr>
<td>Activity</td>
<td>7.0 (5.0)</td>
</tr>
<tr>
<td>Worry</td>
<td>5.2 (6)</td>
</tr>
</tbody>
</table>

Values are as median (range)
of the population of Trinidad while the make up to 41% to a large extent, adopted Western lifestyle and diets. WII are therefore 3–7 generations away from India and have, and 1917. Most of the present West-Indian Indians (WII) in the West Indies as indentured laborers between the years of 1838 and 1917. Most of the present West-Indian Indians (WII) are therefore 3–7 generations away from India and have, to a large extent, adopted Western lifestyle and diets. WII make up to 41% of the population of Trinidad while the other major ethnic groups consist of African descent (40%) and mixed (19%). WII have a greater prevalence of diabetes mellitus, hyperlipidemia and coronary heart disease than the other ethnic groups in Trinidad.5 Pancreatitis induced by hypertriglyceridemia is a notable but less recognized consequence in this ethnic group. In this report, we highlight the occurrence of acute pancreatitis in diasporic Indians with markedly elevated levels of serum triglycerides. This report describes six patients treated at all the three major tertiary care hospitals (with ICU facilities) in Trinidad; it is noteworthy that we have not encountered a single case of hypertriglyceridemia-induced pancreatitis in any other ethnic group.

Five middle-aged woman patients of Asian Indian descent presented to the Emergency Department during different time-periods with sudden onset of constant epigastric pain that radiated to the back. Serum from all these patients was lactescent suggesting lipemia. Investigations revealed a normal or slightly elevated serum amylase, triglycerides ranging from 2011 to 3960 mg/dL (22.7–44.8 mmol/L; laboratory normal: 50–150 mg/dL). Ultrasound and CT scan

Acute pancreatitis due to hypertriglyceridemia–a case series of West Indians of Asian Indian ancestry

Hypert triglyceridemia-induced acute pancreatitis is still considered a rare entity, although the reported incidence varies between 1–4% and 12–38%.1–3 South Asians, especially among the Diaspora, have an increased prevalence of diabetes and dyslipidemia characterized by high triglycerides and low high-density lipoprotein cholesterol (HDL-C) concentrations, which, regardless of their geographical location, place them at higher risk for coronary artery disease.4,5 Although several reports from around the world have highlighted this exaggerated risk of coronary heart disease, there are few reports of hyperlipidemia-induced pancreatitis in this ethnic group. We report what we believe to be the first description of hypertriglyceridemia-induced pancreatitis in an Asian Indian migrant population in the West.

Large numbers of Indians were brought to the West Indies as indentured laborers between the years of 1838 and 1917. Most of the present West-Indian Indians (WII) are therefore 3–7 generations away from India and have, to a large extent, adopted Western lifestyle and diets. WII make up to 41% of the population of Trinidad while the

References