

Chemotherapy (CTx): The CTx regimen, either FOLFIRINOX or gemcitabine plus nab-paclitaxel, was selected based on the patient's medical condition or their wishes, and lasted 3 months.

Surgical treatments: After the completion of CTx, reevaluation of imaging studies for staging cancer was performed, and responders with partial response (PR) or stable disease (SD) underwent surgery. After staging laparoscopy, artery-first pancreatectomy was done.

Results: Ten patients were enrolled in this study. The CTx resulted in PR in 6 patients, SD in 2, and progressive disease in 2. Eight patients underwent surgery; 4 received pancreatectomy with R0 resection and 4 had staging laparoscopy alone because of peritoneal dissemination or liver metastasis. Median survival time of patients who underwent pancreatectomy, staging laparoscopy alone, and no surgery were 22.6, 15.3, and 11.7 months, respectively.

Conclusion: The intensive CTx for patients with URPC may be useful for correctly selecting the patients who would have the benefit of conversion surgery.

0204.

Features of lipid profile in patients with chronic pancreatitis combined with type 2 diabetes and obesity depending on gene polymorphism of Apo-B

Katerina Ferfetska, Dmytro Hontsaryuk, Tamara Khristych, Oleksandr Fediv

Bukovinian State Medical University, Ukraine

Introduction: Data on the association Ins/Del-gene polymorphism of Apo-B lipid metabolism, atherosclerosis in different populations and ethnic groups are contradictory. As Ins/Del-gene polymorphism, Apo-B plays an important role in the metabolism of cholesterol and may be an important cause of genetically caused dyslipidemia.

Aim: To determine the probability of the impact of this polymorphism (rs17240441) for the products of lipid fractions in patients with chronic pancreatitis (CP) for the comorbidity of type 2 and obesity.

Background: We examined 93 patients divided into two groups: one group consisted of 52 patients with CP, combined with obesity and type 2 diabetes and second group - 41 practically healthy individuals (control group).

Method: Genomic DNA was extracted from peripheral blood using commercial test kits "innuPREP Blood DNA Mini Kit" (Germany). To determine the polymorphic variants of gene ApoB ins/del using oligonucleotide primers using PCR. Lipid blood levels of total cholesterol, HDL cholesterol, TG were determined using standard diagnostic kits firm «PZ Cormay S. A. (Poland)

Results: The concentrations of atherogenic lipid fractions (total cholesterol, LDL-C, TG) and IA exceeded the corresponding figures for the control group on 38.50% ($p = 0.002$), 47.14% ($p = 0.04$) and in 3.07 ($p = 0.006$) and in 4.86 ($p < 0.001$), lower HDL cholesterol - by 40.86% ($p = 0.004$).

However, only genotype carriers Del/Del-LDL content higher than that of owners and Ins/Ins Ins/Del genotypes at 71.43% ($p = 0.023$) and at 40.74% ($P = 0.049$). The rest of the figures given polymorphic variants in the gene-Apo-B did not differ between groups.

Conclusion: CP in comorbidity of obesity and type 2 diabetes accompanied by increased content of atherogenic lipid fractions in plasma, especially LDL cholesterol in carriers of Del/Del-gene genotype Apo-B.

0205.

Moderately severe posttraumatic pancreatitis complicated by pancreatic pseudocysts and severe acute malnutrition: A case report in pediatric

Silvana Dadan, Wilson Daza, Andres Enriquez

Gastroenterology, Hepatology and Pediatric Nutrition Center - Gastronutriped, Colombia

Introduction: Acute pancreatitis presents complications in 10% of cases, of which 5–14% are pseudocysts.

Aim: Give guidance about signs, symptoms, and treatment of pancreatic pseudocysts

Method: Clinical case

Results: 10-year-old boy with vomiting and abdominal pain after trauma, serum amylase (SA) 3 times greater than reference value (RV), CT scanning normal, treatment with Tramadol, intravenous fluids (IVF), discharge from the hospital due to improvement of pain. Required two subsequent hospitalizations for abdominal pain, SA and Serum Lipase (SL) 7 and 8 times RV, respectively. Magnetic resonance cholangiopancreatography (MRCP) showed 3 pancreatic cysts (head and uncinate process) of 1 cm in diameter, oral intake suspended, treated with analgesics and IVF. Recommendations at the discharge, low-fat and non-dairy diet. Gastronutriped consulted due to SA and SL (655 and 1011 U/L, respectively). Upon physical examination, BMI 12.7 ($- 3.3$ SD), decrease in weight (20% in 20 days), 9% body fat and severe depletion of muscles (< 5 percentile). MRCP (6 weeks after trauma) showed 1 smaller cyst (0.8 cm) and normalization of SA and SL (8 weeks after trauma), asymptomatic and weight gain 3.8 kg in 45 days and improvement of BMI 14.7 ($- 1.48$ SD) after the diet indicated by clinical nutritionist.

Discussion: Nutrition is fundamental, avoid malnutrition and associated complications; enteral nutrition is recommended (first 24–72 hours) or parenteral nutrition in patients with ileus or fistulas.

Conclusion: Persistent or progressive elevation of enzymes is a warning of pseudocysts: asymptomatic (only requires conservative treatment; can take up to one year for reabsorption) or symptomatic (should be drained percutaneously or endoscopically).

0208.

Prognostic factors of malignancy in collected series of surgically resected intraductal papillary mucinous neoplasms of the pancreas

Balazs Tihanyi¹, Nehez Laszlo¹, Kenessey Istvan², Marjai Tamas¹, Borka Katalin², Tihanyi Tibor¹

¹1st. Department of Surgery, Semmelweis University, Budapest, Hungary

²2nd. Department of Pathology, Semmelweis University, Budapest, Hungary

Introduction: Despite of the more frequent reports of intraductal papillary mucinous neoplasms of the pancreas (IPMNs), their clinical management is still controversial. Exact parameters are missing to characterize the IPMNs malignant potential and for planning required treatment strategies.

Aim: The aim of our study was to review our surgically treated IPMN patient's results to identify potential factors correlated to the malignant potential of IPMNs and to investigate prognostic factors determining the survival.

Method: 81 patients' clinical data with the diagnosis of IPMN were collected, who underwent surgical resection with the diagnosis of IPMN of the pancreas between the period of 2002 and 2017. Samples were grouped according to type of the tumor and we also created subgroups based on the mucin expression profile. We examined different factors, like gender, age, elevated tumor markers (CEA, Ca19-9, AFP), level of white blood cell, lymphocyte rate, platelet number, localization of the tumor (head, body, tail or diffuse), the presence of chronic pancreatitis and the correlation of them with the presence of malignancy. We used STATISTICA software to analyse data.

Results: 22 BD-, 26 MD- and 33 MX- type IPMNs were found. There was no correlation between the duct - origin of the tumor and presence of invasive carcinoma. We could not prove any significant correlation between the platelet count, white blood cell level, and lymphocyte rate and the presences of malignancy. There was no correlation with the CEA and