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Abstracts presented at the 12th Scientific Conference of Society for Gastroenterology and Hepatology in Nigeria (SOGHIN) held on July 11-12, 2019 at Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Osun State, Nigeria

1. PATTERN OF LIVER DISEASE ADMISSIONS IN A TERTIARY HOSPITAL IN SOUTH WEST NIGERIA: A 5-YEAR RETROSPECTIVE STUDY

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Background: Liver disease is a major cause of morbidity and mortality globally. Its pattern varies with different geographical locations and these variations are determined by lifestyle, environmental and genetic factors. This study determined the pattern, clinical presentations, risk factors, and determinants of morbidity and mortality of liver disease admitted into a tertiary hospital in Nigeria over a 5 year period; 2013 - 2017.

Methods: Case records of patients admitted with a diagnosis of liver disease were retrieved and information relating to demographics, risk factors and types of liver disease as well as the results of relevant investigations, duration and outcome of admission were extracted. Data were entered into SPSS version 20 and analyzed using simple and inferential statistics.

Results: Liver diseases accounted for 6.3% of medical admissions within the period, with hepatocellular carcinoma (HCC) accounting for 52.8%, liver cirrhosis (LC) 27.2%, acute hepatitis 10.38%, metastatic liver disease 4.1%, autoimmune hepatitis (AIH) 1.7%, drug induced liver injury (DILI) 0.7%, liver abscess 1%, abdominal tuberculosis 1.4% and unclassified aetiology 1.76%, respectively. Risk factors identified were, hepatitis B infection (49.6%), alcohol (22.8%), herbal drugs (23.9%) and self -prescribed medication (20.3%). Mortality was higher among patients admitted through the emergency and in those with accounted for majority of liver disease in hospitalized elevated creatinine, low albumin, and coagulopathy.

Conclusion: LC and HCC patients with high mortality among patients admitted through the emergency department, those with elevated creatinine and coagulopathy. Major risk factors were alcohol, HBV infection and self-prescribed medications.

Keywords: Admissions, liver disease, Nigeria, pattern

2. AN ASSESSMENT OF BIRTH ORDER DISTRIBUTION AND ITS ROLE IN HEPATOCELLULAR CARCINOMA IN JOS UNIVERSITY TEACHING HOSPITAL

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Introduction: Hepatocellular carcinoma (HCC) is a leading cause of cancer-related mortality globally and has a dismal prognosis. Incidence rates have been on the rise, predominantly in Asia and Sub-Saharan Africa. Hepatitis B virus (HBV) is regarded as the leading cause worldwide, with male patients having a higher risk than females. There is an increased risk for developing HCC in people infected with HBV in early life. Birth order has been reported to contribute to the occurrence of hepatitis B-related hepatocellular carcinoma.

Aim: To assess the role of birth order distribution in the occurrence of HBV-associated HCC when compared to controls.

Methods: A retrospective cross-sectional case-control study done in Jos University Teaching Hospital. 101 patients with hepatitis B surface antigen (HbsAg)-positive HCC (AASLD 2010 guidelines) and 101 Chronic HbsAg-positive controls without HCC who were recruited for the PROLIFICA study were recruited for this study. Clinical data and laboratory tests were analysed and birth order noted. Data analysis was done with SPSS version 23. P value of ≤ 0.05 was considered statistically significant. Confidence interval was set at 95%. Multivariate logistic regression was applied to assess the association between birth order and occurrence of HCC.

Results: Total number of patients was 202 (M-132, F-68). There is a statistically significant association between birth order and HCC status. The lower the birth order, the higher the likelihood of occurrence of HCC. The Odds ratio was 1.912 (95% CI: 1.045-3.498). p value=0.035.

Conclusion: Compared to controls, 75.2% of HCC cases had lower birth orders as against 68.3% observed in the control

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group. This is consistent with findings from similar studies in other climes. Birth order can serve as a proxy marker for mode and timing of HBV transmission.

Keywords: Birth order, hepatocellular carcinoma

3. NEED FOR STANDARDIZATION OF GASTROINTESTINAL ENDOSCOPY PRACTICE FROM PERSPECTIVE OF AUDITING A FORTY 3-YEAR SERVICE AT UCH IBADAN

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Background: Endoscopy practice is a highly skillful procedure that demands establishment of proper standard in order to ensure conformity to international practice.

Aim: to determine the need for standardization of endoscopic practice in Nigeria through an audit of forty-three-year service.

Methodology: A review of the GIT endoscopy activities conducted at the University College Hospital, Ibadan from 1976 to 2018 which involved analysis of endoscopy records of the different procedures. Data collected were expressed in tables using appropriate statistical instruments.

Results: A total of 5184 patients were studied, consisting of male female ratio of 1.2 :1 and age range of 5-88years. The yearly patient load increased from 4 in 1992 to 712 in 2018 with occasional dips. There were increasing endoscopy space, endoscopists and assistants who had similar mode of conduct of upper and lower GI endoscopic procedures though predominantly diagnostic, preparation of patients, manual cleaning and disinfection with increasing safer agents, transportation and storage of scopes, collection of consent, medication, and care of patients. Only half of 14 endoscopists had performed beyond 300 procedures while all their 18 trainees had undertaken below 10 procedures prior exit from residency training programme. There was high variability in the report of procedures with occasional photography inclusion without availability of software but very few teaching aids, only two training workshops were conducted and no documentation of the exposure of the staff on involvement in life resuscitation courses.

Conclusion: Although this premier centre for GI endoscopy in Nigeria had rendered valuable services, it requires many areas for standardization of its services to meet international status.

Keywords: Gastrointestinal endoscopy, standardization

4. PRACTICE OF HEPATOCELLULAR CANCER SURVEILLANCE AMONG NIGERIAN PHYSICIANS

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Background: Hepatocellular cancer is a disease of global and public health importance due to the widespread distribution of risk factors and associated high case fatality. Hepatocellular Cancer (HCC) in Sub-Saharan Africa is commonly seen among the younger age groups (<45 years) who present mostly in the terminal stage, when the disease is not amenable to any curative therapy. HCC surveillance employs the use of simple, cheap and readily available investigations, to detect early curable cancer in individuals with risk factors for HCC.

Objective: The aim of this study is to assess the practice of hepatocellular cancer screening among physicians.

Methodology: This is a nationwide online survey carried out among physicians who care for patients with HCC. A questionnaire was sent out via a web link to all consenting doctors in Nigeria. The responses were collated in a cloud-based application and data was analyzed using Epi-info version 20.

Results: A total of 209 respondents completed the survey, predominantly males n=135 (65.85%). The mean age of respondents was 37.7 +/- 5.8 years. North-central and South-South had the highest respondents with 25.24% and 23.79% respectively. The respondents who treat hepatitis B were 75% and hepatitis C 67%. Over 50% see less than 10 patients per month. The main factors considered as a hindrance to surveillance were; lack of awareness of an HCC screening protocol (79.8%), the cost of the tests (58%) and lack of a structured screening program (42%). Majority of respondents were gastroenterologists and family physicians. 54% of the gastroenterologists and 64% of the family physicians have never offered HCC surveillance to their patients.

Conclusion: This survey highlights a knowledge gap in HCC

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surveillance among physicians. There is a need to make HCC surveillance a daily routine among patients at risk by all physicians.

Keywords: Hepatocellular carcinoma, surveillance

5. PROFILE OF ONE HUNDRED AND NINE CONSECUTIVE CASES OF CHRONIC VIRAL HEPATITIS B PATIENTS

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Background: Hepatitis B virus infection is a major cause of hepatocellular carcinoma in sub-Saharan Africa and is highly endemic in Nigeria with prevalence as high as 15% in certain regions.

Aim: This study was carried out to share our experience with cases of chronic Hepatitis B virus (HBV) infection presenting at the medical department of the university of Port Harcourt teaching hospital, Rivers State.

Methods: All cases of chronic HBV infection (hepatitis B surface antigen positive lasting at least 6 months) presenting to the medical out-patient clinic (MOPC) over a 3 year period constituted the study population. Demographic data and routine LFTs, HB Viral markers, HB viral load and abdominal US were done in the cases. The data obtained were analysed using SPSS 23.

Results: Of the one hundred and nine cases of chronic HBV infection seen over the study period, nine (8.3%) were lost to follow up leaving 100 (65 males and 35 females) for full evaluation. Their ages range from 17 to 68 years. More than half of the cases (56%) were found to be positive following routine screening, while the remaining 44 cases presented with features of diseases of the GIT. Of the 100 cases, 96 had viral markers estimated most of whom (93) were e-antigen negative while the remaining 3 were e-antigen positive. Eight of the subjects had no viral load (VL) estimated, but of the 92 subjects whose viral load results were available, 58 (63%) had VL ≥ 2000 IU/ml and were commenced on treatment, while 34 (36.9%) cases had VL < 2000 IU/ml. ALT was above ULN in 38 subjects, more than half of which it was $> 1.5 \times$ ULN. One (2.9%) of the 34 cases whose VL was < 2000 had the ALT $\geq 1.5 \times$ ULN declined pre-treatment liver biopsy. Fourteen (41.2%) of the 34 cases had a repeat viral load and in half of these, the viral load was > 2000 , and hence were commenced on treatment. Sixty-six cases had abdominal ultrasound scan done, majority of them (74.2%) had a normal study.

Conclusion: Chronic HBV infection is often asymptomatic and most of our cases are e antigen negative as in other centers in Nigeria. There is need for increased awareness and screening of subjects at every given opportunity.

Keywords: Chronic Hepatitis B, Clinical Pattern

6. POSTLIVER TRANSPLANT CARE IN A RESOURCE-POOR SETTING: A CASE REPORT

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Introduction: Liver transplantation remains the definitive treatment option for acute liver failure and end stage liver disease. As of date, no centre in Nigeria and few centres in Africa offer liver transplantation. Many African patients get transplanted in other parts of the world and return home for after-transplant care. Most hepatologists in West Africa agree that liver transplantation was largely due to HBV and its complications in the sub-region. We present our post-liver transplant care of a single patient aiming to highlight the challenges in a resource poor setting.

Case Summary: Mr OJ is a 48-year-old male civil servant who was referred to Gastroenterology clinic in January 2018 with progressive abdominal and leg swelling of 4 weeks. He was evaluated and a diagnosis of decompensated liver cirrhosis secondary to HBV was made. He had recurrent episodes of hepatic encephalopathy, refractory ascites and oesophageal varices. Pre-transplant evaluation showed no malignancy in the liver nor any other organs and MELD score pre-transplant was 24. Liver transplantation was done in India on 16th August 2018 where he received a living related right lobe graft without the middle hepatic vein. Procedure was well tolerated and post-operative liver Doppler showed normal blood flow. The explanted liver showed distortion of acinar architecture with formation of regenerative parenchymal nodules separated by variably thick fibrous septae and no evidence of malignancy. His medication included Tacrolimus, Mycophenolate mofetil, prednisolone, entecavir, lantus (insulin glargine) etc. His trough levels for Tacrolimus has been in the normal range (5-11ng/ml). His last outpatient visit was in February 2019 and he is stable with good blood chemistry and haematological values.

Conclusion: OLT is a life-saving and curative option for ESLD. There is a dearth of centres for OLT in sub Saharan Africa. Lack of medical insurance and cost limit its accessibility and uptake by patients. Cost of immunosuppressive therapy and available centres for monitoring drug blood levels are some of the factors that affect effective post liver transplant care.

Keywords: End stage liver disease, liver transplantation, posttransplant care

7. HELICOBACTER PYLORI AND PRECANCEROUS LESIONS OF THE STOMACH IN A SOUTHWESTERN NIGERIAN POPULATION

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Background: Gastric cancer develops from chronic gastritis through distinct precancerous lesions which include atrophic gastritis, intestinal metaplasia and dysplasia in a sequential manner, all of which are related to *H. pylori* infection.

Objective: This study determined the prevalence of *H. pylori*-related gastric premalignant conditions in a Southwestern Nigerian population.

Materials and Methods: A prospective cross-sectional study conducted at the Gastroenterology Unit and the Histopathology Department of Babcock University Teaching Hospital, Ilisan-Remo, Ogun State, Nigeria. Study participants consisted of 252 male and female patients with dyspepsia aged 18 years and above. Gastroscopy was performed on all the participants and five gastric biopsies were taken from each of them. Standard histological examination for *H. pylori*, gastritis and the precancerous lesions was performed on the specimens. The biopsy sampling and histological examination were performed in line with the Updated Sydney System recommendations. Statistical analysis of data was done IBM-SPSS for Windows, Version 22.0.

Results: The mean age was 46.6 ($\pm$ 14.9) while the age range was 18-84 years. Among these, 153 (60.7%) were females while the remaining were males. Of all the subjects, 78 (31.0%) tested positive by histology for *H. pylori* infection. In regard to inflammation, 63.2% of the participants had chronic active gastritis without *H. pylori* detection, 31.0% had *H. pylori* associated chronic active gastritis while 6.7% had chronic nonspecific gastritis. Of all the gastric precancerous lesions, atrophic gastritis had the highest prevalence (21.4%), followed by dysplasia (2.4%) and intestinal metaplasia (1.2%). One subject had concomitant atrophic gastritis and intestinal metaplasia, 2 subjects had both atrophic gastritis and dysplasia while all the other subjects had only one lesion.

Conclusion: The prevalence rates of gastric precancerous lesions in our study population were low. This correlates well with the known low prevalence of gastric cancer in the Nigerian population.

Keywords: Atrophic gastritis, dysplasia, *Helicobacter pylori*, intestinal metaplasia, precancerous lesions

8. AN AUDIT OF GASTROINTESTINAL ENDOSCOPIES IN NIGERIA

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Introduction: Gastrointestinal endoscopies are major tools in the management of gastrointestinal diseases worldwide. Endoscopic practices in Nigeria have evolved over the years.

Regular guidelines and updates provide measures of auditing and key ingredients in the evolutionary process. In order to establish an international standard of gastrointestinal endoscopy practice, an all-inclusive database of endoscopy practices in Nigeria would be required.

Aim and Objectives: To estimate the distribution, volume and cost of gastrointestinal endoscopies performed in centres across Nigeria.

Methodology: The study was a cross sectional study where survey monkey was sent to all Endoscopists in the Society of Gastroenterology and Hepatology in Nigeria (SOGHN) database via electronic mailing system. Standardized questionnaires on practise location, quantity and brands of scopes and number of procedures and average cost of procedures to patients were administered. Retrieved data were analysed using epi info. Ethical approval was obtained from the SOGHN secretariat.

Results: There were 42 responses to the survey showing 118 Endoscopists servicing a total of 83 gastroscopes (EGD) and 70 colonoscopes distributed in 38 endoscopy facilities. The average number of gastroscopes and colonoscopes in each center were 2.3 and 2.0 respectively. Monthly EGDs performed in each of this facilities varied from 5 to 100 (mean 27.7) and monthly colonoscopies varied from 1 to 50 (mean 12.7). Cost varied from 10,000 to 75,000 naira (mean 34,085 naira) for EGD and 15,000 naira to 150,000 naira (mean 53,485 naira) for colonoscopy. Olympus devices constituted the highest proportion of endoscopy brands used.

Conclusion: Endoscopy practice is sparsely distributed with wide variations in the volume, equipment and cost per procedure across different states in the Country.

Keywords: Gastrointestinal, endoscopy, audit

9. COLONOSCOPY FINDINGS IN PATIENTS WITH LOWER GASTROINTESTINAL BLEEDING AT THE UNIVERSITY OF ABUJA TEACHING HOSPITAL

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Introduction: Lower gastrointestinal bleeding is bleeding from any site distal to the ileocecal valve. There are various aetiological factors implicated in the cause of lower gastrointestinal bleeding.

Aims: To identify the various causes of lower gastrointestinal bleeding in patients presenting at the University of Abuja Teaching Hospital

Methodology: This is a retrospective study of all patients with lower gastrointestinal bleeding that had colonoscopy in the endoscopic unit of University of Abuja Teaching Hospital, between August 2013 and April 2019.

Results: A total of 96 (42.6%) of the 225 who had colonoscopy

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during the study period had LGIB. Males constituted 60.8% and female constituted 39.1% of the subjects with a male to female ratio of 1.5:1. Their ages ranged from 19 to 85 years with a mean age of 53.3 (± 13.6). Hemorrhoids was the most common cause of lower GI bleeding (48.9%), followed by colonic cancer in 22.9% of cases. Others were diverticular disease, polyps, inflammatory bowel disease and rectal ulcer in 5 (5.2%), 5 (5.2%), 3 (3.1%) and 1 (1.04%) respectively. 11 (11.46%) patients had normal colonoscopy findings.

Conclusion: The two most common causes of lower gastrointestinal bleeding in our environment are hemorrhoids and colonic cancers.

Keywords: lower, gastrointestinal, bleeding, colonoscopy

10. DOPPLER ULTRASOUND OF THE HEPATIC VEIN WAVEFORM IN CIRRHOTIC LIVER DISEASE IN OBAFEMI AWOLOWO UNIVERSITY TEACHING HOSPITALS COMPLEX, ILE-IFE

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Background: Cirrhosis is the hallmark of hepatic damage in chronic liver disease. Changes in hepatic vascular dynamics are associated with liver cirrhosis (LC). The portal vein velocity (PVV) reduces with worsening cirrhosis while the waveform of the hepatic veins is altered. The abnormality in the hepatic vein waveform (HVW) results from parenchymal fibrosis which leads to stiffness of the liver parenchyma. This impairs the compliance of the walls of the hepatic veins eventually leading to the distortion of the normal triphasic HVW pattern. It initially becomes biphasic and with worsening cirrhosis becomes monophasic.

Aims and Objectives: This study assessed the Doppler waveform of the hepatic vein in patients with LC and compared it with that of age and sex matched controls. It correlated the degree of abnormality of the HVW with liver function based on Child-Pugh or Child-Turcotte-Pugh (CTP) class. It also assessed the degree of correlation between mean maximum PVV and CTP class. It then determined which of the two parameters, HVW and PVV, was more predictive of CTP class.

Methodology: Sixty patients with LC and 60 apparently healthy controls were consecutively recruited into this study. Patients were diagnosed clinically, with validation using biochemical and ultrasound features. Each patient was classed based on CTP system after relevant tests. Patients and controls thereafter underwent abdominal ultrasound with Doppler evaluation of the right or middle hepatic vein and the portal vein. HVW obtained was classified either into triphasic, biphasic or monophasic waveform pattern. The mean maximum PVV was also measured. Data obtained were entered into Statistical Package for Social

Sciences (SPSS) version 21.0 and analyzed using simple and inferential statistics. Spearman and Pearson correlation were used to evaluate the correlation of CTP with HVW and PVV respectively.

Results: A total of 120 subjects; 60 cirrhotic and 60 controls completed this study. Age range of cirrhotic subjects was 19–69 years, mean (SD) = 47.5 (± 13.3) while that of controls was 18–69 years, mean (SD) = 46.8 (± 14.4). The male to female ratio was 2.8:1 in cirrhotic subjects. All control subjects had normal HVW pattern while 46 (76.7%) cirrhotic subjects had abnormal HVW ($p < 0.001$). The mean maximum PVV was also significantly lower in cirrhotic subjects than in controls; 22.8 cm/s vs. 33.6 cm/s ($p < 0.001$). The degree of HVW abnormality among cirrhotics showed significant positive correlation with CTP ($r = 0.283$, $p = 0.029$). PVV on the other hand showed no correlation with CTP class ($r = -0.124$; $p = 0.346$). Linear regression showed that HVW was a significant predictor of hepatic dysfunction based on CTP, ($2.014 + 0.266 * HVW$, $R^2 = 0.097$, $F = 6.252$, $p = 0.015$). PVV on the other hand was not ($p = 0.496$).

Conclusion: Changes in the waveform pattern of the hepatic veins are a good predictor of the derangement of hepatic function in patients with liver cirrhosis than changes in portal vein velocity. Hepatic vein waveform pattern could therefore serve as an adjunct to CTP class in hepatic function assessment.

Keywords: Hepatic vein waveform, liver cirrhosis, portal vein velocity, ultrasound

11. TREATMENT OUTCOMES IN CHRONIC HEPATITIS C IN A TERTIARY INSTITUTION IN NORTH CENTRAL NIGERIA

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Background/Introduction: There has been an appreciable improvement in the chances of cure in the management of chronic hepatitis c infection due to the development of the newer directly acting antivirals DAAs. Treatment is aimed at achieving a sustained virologic response, SVR which is defined as undetected serum HCV RNA. Several antivirals have been developed and combination of two or more of these drugs have been found to give 95-98% SVR.

Aims and Objectives: The study aims to evaluate treatment outcomes viz SVR, relapses and characteristics of relapse cases in a Nigerian tertiary centre.

Methodology: All patients presenting with positive HCV RNA attending the gastroenterology clinic for the past 1 year (January 2018 to February 2019) were recruited. Records were obtained, those on treatment during the study period were followed up for the duration of the study.

Results: Fifty patients with chronic hepatitis C infection

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were recruited during the study period out of which 23 patients assessed treatment. The most common genotype was genotype 1 (73.3%). 75% of the patients had normal livers on ultrasound scan. Treatment regimens used in with equal frequency were Sofosbuvir with Ledipasvir, Daclatasvir or Velpatasvir. Treatment was for 12 weeks in all instances with ribavirin in patients with cirrhosis. Treatment success was observed in 19 patients (82.6%) while relapse occurred in 4 patients (17.4%). Relapses occurred in patients who were older (mean age 58.2years), had a higher baseline ALT (mean ALT 58.75IU/ml), had evidence of liver cirrhosis (50%).

Conclusion: Treatment with DAAs was found to be very effective in Nigerian patients. Older patients who are likely to have liver cirrhosis and higher ALT levels are more likely to have relapses. Despite addition of Ribavirin in the 12 week regimen, for this group of patients, relapses were still significant hence a 24 week regimen is advised in these patients.

Keywords: Hepatitis C, Treatment, Outcome

12. A STUDY OF THE CLINICAL PROFILE OF PATIENTS WITH HEPATOCELLULAR CARCINOMA IN ILORIN

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Background: Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer and the sixth most common cancer worldwide. Despite being the 6th most common cancer it is the second leading cause of cancer related deaths. It is a major cause of cause of morbidity and mortality in Nigeria.

Aim: To study the symptom profile and the prevalence of hepatitis B and C viral infection among patients with HCC in University of Ilorin Teaching Hospital (UIH), Ilorin.

Methodology: This was a cross-sectional study of patients with HCC managed at the study center from January 2013 to December 2017. The diagnosis of HCC was made based on the symptoms, physical examination and radiological findings. A structured proforma was used to obtain socio-demographic, clinical presentation and laboratory data from patients who met our inclusion criteria. The data obtained was analyzed using the statistical package for social sciences version 22.

Results: A total of 109 HCC patients whose ages ranged from 23-89 years with a mean age (SD) of 45.3 (14.0) years were studied. Eighty-two (75.2%) of these were males and the < 45 years age group had the highest frequency of 57 (52.3%). Weight loss 100 (91.7%), abdominal swelling 98 (89.9%) and abdominal pain 96 (88.1%) were the most prevalent presenting complaints. Jaundice 47 (43.1%), wasting of the small muscles of the hand 35 (32.1%), sparse axillary hair 25 (22.9%) and finger clubbing 24 (22.0%) were the prevailing

stigmata of chronic liver disease whereas liver tenderness 85 (75.2%), irregular liver surface 79 (72.5%), hard liver 64 (58.7%) and ascites 65 (59.6%) were the commonest findings on abdominal examination. These were not mutually exclusive. The prevalence of hepatitis B and C among the patients with HCC was 56.9% and 3.7% respectively.

Conclusion: HCC is more prevalent among young persons aged < 45 years and among males in UIH, Ilorin. Weight loss, abdominal pain and swelling are the commonest presentation. The prevalence of hepatitis B infection among them is high whereas that of hepatitis C is low.

Keywords: Hepatocellular carcinoma, clinical profile

13. ERYTHROCYTE SEDIMENTATION RATE IN HEPATOCELLULAR CARCINOMA: ARE WE IGNORING A POTENTIAL BIOMARKER?

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Introduction/Background: Hepatocellular carcinoma is endemic in sub-Saharan Africa, it generally has an abysmal mortality rate due to late presentation and aggressive tumor types. Thus a search for a biomarker that will predict the presence of disease early when it is still amenable to curative treatment options is on. Alpha-fetoprotein has been relegated to the role of prognosis marker and a screening tool for surveillance purpose. We have observed an increase in ESR in our HCC patients.

Aim: The aim of this study is to describe the elevation of ESR seen in liver cancer patients in comparisons to AFP.

Methodology: This is a retrospective cross sectional study of adult patients presenting at the Jos University Teaching hospital With HCC (AASLD 2012 Guidelines) clinical, demographic characteristics and lab workups were collected. Data was analyzed using SPSS version 20.

Results: A total of 144 patients were recruited. Age range 20 and 69 years. Males were 82 (56.9%). 64 (44.4%) have elevated ESR. The ESR elevation was many folds more in males than women (average of 3 times vs 2 times respectively, p-value =0.32). Younger patients 20-40 years had significantly higher ESR up to 5 fold (p-value=0.03) in comparison to other age groups. Classification of AFP into 3 groups based on commonly used classification among the HCC is as shown below.

<400 ng/ml 98 (68.5%)

400–1000 ng/ml 9 (6.3%)

>1000 ng/ml 36 (25.2%)

There was a difference in elevation of ESR in patients with higher LSM (> 12.5kpa) compared to those less than 12.5kpa (96.3 vs 3.7%, p-value=0.27).

Conclusion: This study shows that Erythrocyte sedimentation rate is elevated many folds especially in males younger than age 50 years who have liver cancers. The proportion with ESR elevation is much greater than those with Alpha-fetoprotein levels suggestive of HCC (>400 ng/ml).

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Keywords: Hepatocellular carcinoma, erythrocyte sedimentation rate

14. EARLY REPORTS ON PERCUTANEOUS ENDOSCOPIC GASTROSTOMY IN OWERRI, NIGERIA

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Introduction: Percutaneous endoscopic gastrostomy (PEG) is a well established endoscopic procedure that is used predominantly to create enteral access for feeding. Its use has not been widespread in Nigeria despite its efficacy.

Aims /Objectives: This study is done to review the early experiences in the use of percutaneous endoscopic gastrostomy in Federal Medical Centre, Owerri.

Methodology: The study period spans from January 2015 to December 2018. In this retrospective study, 13 patients had pull-type gastrostomy. The indications, complications and outcomes of the procedure were analyzed.

Results: Six (46.1%) patients had the procedure on account of neurologic disorders, 4 (30.8%) patients had oesophageal tumours while 3 (23.1%) patients had oesophageal motility disorders. The procedure was successful in all patients it was attempted on. The commonest complication was superficial skin infection 30.8% (4/13). No mortality was attributable to the procedure.

Conclusion: Percutaneous endoscopic gastrostomy is a relatively safe procedure. Physicians should be encouraged to offer it to our teeming patients with neurologic disorders who may benefit from it.

Keywords: Endoscopic, gastrostomy, Nigeria, percutaneous

15. USEFULNESS OF PER-OPERATIVE LAPAROSCOPY: A PILOT STUDY

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Introduction: It is ideal to employ exhaustive non-invasive investigations and procedures to make definitive diagnoses prior to surgical operations. Such may not always be feasible in some developing countries where advanced imaging services are not optimal. Diagnostic accuracy of laparoscopy is 89% -100% whereas that of abdominal ultrasound is 60-80%. Common surgical conditions are also amenable to laparoscopic management.

Aims/Objectives: This study primarily sought to determine the probability of completing abdominal surgical procedures with laparoscopically where diagnoses have been equivocal. Secondly, a comparison of pre- and per-operative

diagnoses was envisaged.

Methodology: This is a prospective observational study wherein 20 patients were planned to be enrolled. Eligible patient presenting with acute abdomen as well as cases where there is doubt about the operability of abdominal neoplasm were included. Patient were prepared for each procedure with the intent to conduct a definitive surgical operation.

Results: All patients had per-operative diagnostic laparoscopy. Of the 13 study patients who had acute abdomen, laparotomy was eventually done in 4 patients, whereas 3 patient had laparotomy in the abdominal neoplasm group. Laparoscopic surgery was possible in a total of 13 (65%) patients. Operative findings in the cohort of patients with acute abdomen included appendix abscess, ruptured appendix, post operative adhesions and liver laceration.

Conclusion: In selected patient per-operative laparoscopy is helpful in avoiding unnecessary laparotomy. It also helps the surgeon to place appropriate incisions where laparotomy is inevitable.

Keywords: Acute abdomen, laparoscopy, laparotomy

16. SALMONELLA, SHIGELLA AND INTESTINAL PARASITE CARRIAGE RATE AMONG FOOD HANDLERS IN UNIVERSITY OF ILORIN TEACHING HOSPITAL, ILORIN

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Background: Food borne diseases such as salmonellosis, shigellosis and intestinal parasitosis remain a major public health problem across the globe. Health care workers, hospitalized patients and indeed the entire community are at risk of acquiring these diseases. Hospitalized patients are particularly at risk largely due to compromised immunity. Food handlers with poor personal hygiene could be potential sources of infections by the agents of these diseases. In Nigeria, data on the prevalence of enteric pathogens among food handlers is scarce.

Aim: To determine the prevalence of Salmonella, Shigella and Intestinal parasites among food handlers in University of Ilorin Teaching Hospital, Ilorin.

Methodology: Cross sectional study was conducted from May to June, 2018 at all the catering establishments in the hospital. Finger swab and stool specimens were collected from 81 food handlers. Microscopic examination and culture were performed on stool specimens for isolation of intestinal parasites and *Salmonella spp* and *Shigella spp*, respectively.

Results: Of the total 81 food-handlers screened for enteric pathogens, 11.1% were found to be positive for different types of intestinal parasites. Among the parasites, *E. histolytica* and *hookworms* were the most prevalent parasites (33.3% each), followed by *Taenia spp* (22.2%) and *A. lumbricoides* (11.2%). *Salmonella spp* was detected in 1.2% of the food handlers. No

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Shigella spp was detected in stool cultures. None of the sought pathogens was recovered from the finger swabs.

Conclusion: The prevalence of *Salmonella spp.*, *Shigella spp.* and intestinal parasites among the food handlers in this study is low. The level of education of the food handlers was significantly associated with presence of intestinal parasite in their stool.

Keywords: Salmonella, Shigella, food handlers

17. PREVALENCE OF HIV, HBV AND HCV AMONG SICKLE CELL DISEASE PATIENTS IN SOUTHWESTERN NIGERIA: A CASE-CONTROLLED STUDY

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Background: One of the major complications of sickle cell disease (SCD) is chronic anaemia which is often managed with blood transfusion. Patients are therefore at risk of exposure to blood-borne viruses. In order to generate information that will be useful for the planning of appropriate intervention and control measures, this study was designed to determine the rate of HBV, HCV and HIV infections among individuals with SCD in Ibadan, southwestern Nigeria.

Methodology: In this case-controlled study, 905 patients with SCD and 905 age and gender matched controls were enrolled from 6 health facilities and some communities in Ibadan, southwestern Nigeria. Blood samples were tested for the presence of HIV, HBV and HCV infections using antibodies/antigen detection EIA. A structured questionnaire was used to capture participants' demographic and clinical information. Data was analyzed using descriptive statistics, McNemar Chi-square/Fishers exact test with IBM SPSS statistics version 25.

Results: The rate of blood transfusion was significantly higher among SCD cases [506 (55.9%)] than the control [52 (5.7%)] while history of vaccination was similar in both groups ($p=0.437$). The overall prevalence of HIV [3 (0.3%) vs 8 (0.9 %)], HBV [51 (5.6) vs 58 (6.4%)] and HCV [10 (1.1) vs 21 (2.3%)] was lower among SCD cases than controls respectively, though significantly different only in HCV infection ($p=0.048$). HBV [68 (9.5%) vs 41 (3.8%); $p<0.001$] and HCV [18 (2.5%) vs 13 (1.2%);

$p=0.042$] infections were significantly higher in the adult (68/719) than the children (41/1090) respectively. Co-infection was found only in one SCD patient [HIV/HBV=2 (0.2%).

Conclusion: The rate of HIV, HBV and HCV infection among SCD patients indicates an improvement in the transfusion safety measures in the region. The rates of HBV and HCV found in this study are still relatively high. There is a need for continued surveillance and subsidized cost of drugs for treatment of these viruses, especially for SCD patients who already have a compromised immunity.

Keywords: HIV, HBV, HCV, Sickle cell disease

18. COMPARISON OF LIVER HISTOLOGICAL PARAMETERS AND CLINICO-PATHOLOGICAL CHARACTERISTICS IN PATIENTS WITH CHRONIC VIRAL HEPATITIS B INFECTION IN ILE-IFE, NIGERIA

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Introduction- Globally, hepatitis B virus (HBV) infection has become a major public health concern. Nigeria has a high burden of the disease and treatment of cases should be simplified to take care of as many people as possible. The aim of this study was to determine the correlation between liver histology and clinico-pathological characteristics in patients with chronic HBV.

Methods: This was a prospective study of patients with chronic HBV in a center in Nigeria carried out between January 2018 and February 2019. A total of 108 untreated patients with chronic HBV were recruited into the study. All patients had blind percutaneous liver biopsy done using standard guidelines. Blood samples for HBeAg, HBeAb, HBV DNA, ALT, AST, albumin, bilirubin and alkaline phosphatase were done. Data obtained were entered into SPSS version 20 and analyzed using simple and inferential statistics.

Results: Total of 108 cases were analyzed, 70 were males (64.8%) and 38 were females (35.2%), Mean (SD). Only the serum ALT significantly correlated with the degree of hepatic fibrosis ($r=0.200$ $p=0.038$) while the AST, HBV DNA, bilirubin, INR, prothrombin, albumin, total protein and alkaline phosphatase did not significantly correlate with fibrosis or necro-inflammation. $P>0.05$.

Conclusion: Serum ALT correlated with the degree of fibrosis and could be relied on to determine treatment in a patient who could not undergo liver biopsy.

Keywords: Chronic Hepatitis B, Histology