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Accepted Abstracts

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[†]Deceased

Aim: To investigate the relation between recurrent abdominal pain/discomfort and GL presence according to pain localization and frequency in adolescent.

Methods: 95 adolescents (aged 11–17, boys/girls ratio – 35/60), referred to a paediatric gastroenterology center (Krasnoyarsk, Siberia, Russia), were screened by Questionnaire on Pediatric Gastrointestinal Symptoms Rome III Version (QPGS-RIII) and tested to GL positivity by duodenal juice microscopy. No tested adolescents had chronic diarrhea, failure to thrive, immunodeficiency, erosions/ulcer according to upper endoscopy or celiac disease/inflammatory bowel disease. Pearson's chi-squared test was used.

Results: No associations were detected between GL positivity and recurrent abdominal pain/discomfort absence/presence, localizations, and frequency (Table 1).

Conclusion: We suppose that GL chronic infection does not play causative role in recurrent abdominal pain in the majority of adolescents, although it may be possible in some clinical groups such as patients with immunodeficiency, chronic diarrhoea, malabsorption syndrome, and weight loss.

Table 1. GL positivity percentages in adolescents with different RAP localization and frequency

QPGS-RIII QUESTIONS	Answers				p (Pearson Chi-square)
	Never	1–3 times a month	Once a week	Several times a week or every day	
In the last 2 months, how often did you have pain or an uncomfortable feeling in the upper abdomen above the belly button?	63% (10/16)	44% (7/16)	57% (13/23)	48% (19/40)	df=3 p = 0.65
In the last 2 months, how often did you have a belly ache or pain in the area around or below the belly button?	53% (19/36)	50% (16/32)	50% (5/10)	53% (9/17)	df = 3 p = 0.99

P03.03 | *Helicobacter pylori* Infection features in a paediatric gastroenterology reference centre in Portugal

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Aim: To describe *H. pylori* infection features in a Portuguese paediatric gastroenterology reference centre over the last five years.

Methods: Review of upper digestive endoscopies reports performed in the context of gastric complaints with biopsies and *H. pylori* culture in a paediatric gastroenterology reference centre, between 2011 and 2015; selection of patients with full clinical and follow-up data for evaluation of eradication rate after antibiotic susceptibility testing-based treatment.

Results: In the studied period, a total of 1182 endoscopies with biopsies for *H. pylori* culture were performed in patients with gastric complaints; 512 (43.3%) children/adolescents (average age 11.9, range 2–17, 45.8% male) were positive. Full clinical and follow-up data was available for 216 patients. Among these, the most common gastric complaints were abdominal pain (78.7%) and vomiting (11.0%). At endoscopy, 86.1% of these children/adolescents presented with gastric nodularity; incidence of duodenal ulcer was 2.3%. Overall primary resistance rate was 36.7% for CH, 15.7% for MZ and 7.4% for CIP, with no significant time trends. For patients harbouring a CH-susceptible strain, eradication rate after triple therapy (PPI + AMX + CH, bid, 14 days), was 90.4%, while for patients harbouring a CH-resistant strain, eradication rate after triple therapy (PPI + AMX + MZ, bid, 14 days) was 89.3%.

Conclusion: These results show a high prevalence of *H. pylori* infection in the last years, as well high primary resistance rates to macrolides among Portuguese children, highlighting the importance of culture and antibiotic susceptibility testing for the correct managing of the infection in this age group.

P03.04 | *Helicobacter pylori* prevalence, histological and antibiotic resistance patterns among paediatric patients, at a single hospital in Lisbon, during a 5-year period

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