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THE APPLICATION OF SERUM BIOMARKERS TO DETECT PRE-MALIGNANT LESIONS IN GASTRIC CORPUS

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INTRODUCTION

Gastric adenocarcinoma is often diagnosed at advanced stage, leading to cancer death. Corpus-predominant atrophic gastritis increases the risk of gastric cancer. We aim to investigate the utility of serum biomarkers to diagnose chronic atrophic gastritis (CAG) and intestinal metaplasia (IM) and determine the sensitivity and specificity of serum pepsinogen I (PGI), pepsinogen II (PGII), ratio of PGI to PGII (PG I/II) and gastrin-17 (G-17) in detecting these lesions.

MATERIALS AND METHODS

We performed a cross sectional observational study involving patients who underwent gastroscopy for dyspepsia in our unit. Endoscopic CAG is graded based on Kimura-Takemoto classification and gastric biopsies were analyzed using updated Sydney system. Serum PGI, PGII, G-17 and H. pylori antibody levels were measured by enzyme-linked immunosorbent assay.

RESULTS

A total of 72 patients with mean age of 56.2 years (±16.2) were recruited. The median level of PGI, PGII, PG I/II ratio and G-17 for all subjects were 129.9µg/L, 10.3µg/L, 14.7 and 4.4pmol/L respectively. Subjects with corpus CAG/IM had significantly lower PG I/II ratio (7.2, $p< 0.001$) compared to the control group (PG I/II=15.7). There was no significant difference in serum G-17 level between antral CAG/IM group and non-CAG group. Histological CAG and IM correlated well with serum PG I/II ratio ($r = - 0.417$, $p< 0.001$). The cut off value of PG I/II ratio of ≤ 10.0 exhibit high sensitivity (83.3%), specificity (77.9%) and area under the ROC curve (AUC) of 0.902 in detecting corpus CAG/IM. However, at PG I/II ratio of ≤ 3.0, the sensitivity was very low. Serum PG I, PGII and G-17 level have low sensitivity in detecting CAG/IM.

CONCLUSION

Serum PG I/II ratio could potentially be used as an outpatient and non-invasive method for detecting pre-malignant gastric lesions, in particular chronic atrophic gastritis and intestinal metaplasia in gastric corpus.

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OUTCOMES ASSESSMENT OF PATIENTS PRESENTING WITH MILD TRAUMATIC BRAIN INJURY USING THE ABBREVIATED WESTMEAD POST TRAUMATIC AMNESIA SCORE (A-WPTAS) IN THE EMERGENCY DEPARTMENT OF UKM MEDICAL CENTER

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Traumatic brain injury is a leading cause of disability worldwide and most of them presenting to the hospital are those in the mild category. The current management of patients with mild traumatic brain injury varies amongst health centres across regions, due to lack of proper consensus and guidelines. In recognizing post traumatic amnesia duration as a predictor of the severity of mTBI, the Abbreviated Westmead Post Traumatic Amnesia Score (A-WPTAS) was created by Shores et al, 2008. The aim of this study was to validate the A-WPTAS to be used in the local setting and whether it can predict the optimal time of discharge of patients. This prospective cohort study was carried out in the Emergency Department of PPUKM for duration of 2 years beginning from 1st May 2013 which involved a total of 62 patients. Patients were observed and assessed using the A-WPTAS at hourly intervals for a minimum of 4 hours. All patients had a full A-WPTAS at 2 hours of observation. Patients who were fit for discharge were sent home and called back after 24 hours to determine whether they had any post concussive symptoms or not. Forty eight patients were discharged home well and did not report any post concussive symptoms after 24 hours. There were 7 (11.3%) patients who were admitted to the neurosurgery ward for abnormal CT scan results despite having a full A-WPTAS score. Two (3.2%) of them had intracranial bleeds. However none of the patients required any surgical intervention. Although the safety and reliability of the A-WPTAS in the current setting remains inconclusive because of study limitations, it does show promise as an aiding tool for physicians to decide on patient discharge.

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EARLY COAGULOPATHY AND ITS RELATIONSHIP WITH SEVERITY OF TRAUMA (ECAST)

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INTRODUCTION

Coagulopathy occurs very early in trauma especially in more severe victims. Unlike Thromboelastography (TEG), conventional coagulation test (PT/APTT/INR) only measures about 4% of total coagulation process. Using TEG, our study aims to explore the relationship between Acute Coagulopathy in Trauma (ACoT) with severity of injury. (using ISS score).

METHODOLOGY

We conduct a prospective cross-sectional study over 6 month period where eligible, acute (less than 2 hour) polytrauma patient was selected. TEG readings performed upon arrival was compared with different ISS score.

RESULT

Thirty-six patients were included where 8.3% (3/36) have an ACoT, defined as APTT > 35sec. However there was a statistically significant drop of MA (maximal amplitude) in high ISS group (42.9mm) compared to low ISS group (54.8mm). Other TEG parameters showed no statistical significant.

DISCUSSION

The prevalence of ACoT in our study is small (8.3%) compared to previous work. This may be due to small sample size or a different in the timeframe of the blood sampling of other studies, ranging from 12 hour to