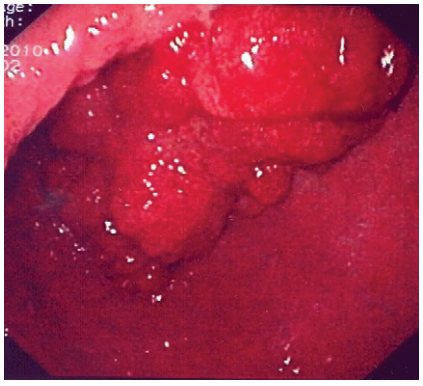
troscopy evidenced a bulky, polypoid mass originating in the duodenal bulb and gastric antrus. Histological examination revealed a polypoid, hyperplastic, inflammatory tissue with eosinophilic infiltrate and hamartomas. Colonoscopy evidenced a diffuse pseudopolyposis with a remarkable frequency of inflammatory polyps close to the ileo-cecal valve. Colonic biopsy showed the same histological patterns of the gastric one. The diagnostic workup was completed with enteric-CT, which ruled out the involvement of small bowel.

Diagnosis: After an accurate review of the clinical history of the patient, taking into account the histological findings, a diagnosis of Cronkhite Canada syndrome was made.

Therapy: The treatment focused on symptomatic management and nutritional support consisting of anti depressants, antibiotics, 5ASA derivatives and low dose steroids. The patient promptly improved his clinical status. In a 6 month period he gained 5 kg and, progressively, the onychodystrophy disappears and the melanosis become less severe. The 6 and 12 month follow up endoscopy showed a dramatic reduction in the polyp gastro-duodenal mass.

Results: The patient promptly improved his clinical status. In a 6 month period he gained 5 kg and, progressively, the onychodystrophy disappears and the melanosis become less severe. The 6 and 12 month follow up endoscopy showed a dramatic reduction in the polyp gastro-duodenal mass.



Conclusions: The presented case, according to a number of recent reports, suggested a favourable prognosis with corticosteroid therapy associated with nutritional supplementation.

P.17.17

RISK FACTORS OF COLORECTAL POLYPS IN MALE POPULATION OF SOUTH-EASTERN SICILY

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Background and aim: Sporadic colorectal cancer arises mostly from polyps. So it is very important to identify risk factors of colorectal polyps. We evaluated the association between cigarette smoking, coffee consumption and incident colorectal polyps in a male population of South-Eastern Sicily screened for colorectal cancer.

Material and methods: 1083 male workers (mean age 52.1 years), submitted to prevention colonoscopy from 1993 to 2001, were interviewed prior to colonoscopy to assess smoking status and coffee consumption. We excluded all patients diagnosticated with colorectal cancer. Subjects were classified as: smokers (currently smoking, 448), not-smokers (never smoked, 93), former-smokers (quitted since at least one year, 542), not-coffee-drinkers (28), moderate-coffee-drinkers (1-3 cups per day, 893) and strong-coffee-drinkers (>3 cups, 162). We divided subjects in 3 groups according to the results of colonoscopy: group 0 without polyps, group 1 with one or more adenomatous polyps, group 2 with one or more non-adenomatous polyps. Chi-square-test and multivariate analysis with logistic regression were utilized.

Results: The results are reported in the Table 1.

Chi-square value for smoking status was 7,14 (p=0,13).

Chi-square value for coffee consumption was 2,74 (p=0,60).

Logistic regression, both for smoking and coffee, was performed twice: 1) comparing negative (group 0) vs positive (groups 1 and 2) subjects and 2) comparing group 0 (negative) vs group 1 (adenomatous polyps). In the first analysis we found: 1) coffee consumers are not at risk when compared with non consumers (p=0.826 and p=0.789); 2) non-smokers and former-smokers are not at risk (p=0.153); 3) smokers are at risk when compared with non-smokers (OR=1.99; p=0.014). In the second analysis no difference was found for smoking or coffee consumption.

Table 1

	Group 0	Group 1	Group 2
Smokers	292 (65%)	51 (11%)	105 (24%)
Former smokers	383 (71%)	49 (9%)	110 (20%)
Not smokers	72 (77%)	6 (7%)	15 (16%)
Strong coffee drinkers	111 (68%)	21 (13%)	30 (19%)
Moderate coffee drinkers	616 (69%)	83 (9%)	194 (22%)
Not coffee drinkers	20 (72%)	2 (7%)	6 (21%)

Conclusions: In our study in males, coffee consumption is not significatively associated with colorectal polyps, while cigarette smoking is a risk factor for colorectal polyps (of all type) but not specifically for adenomatous polyps.

P.17.18

ACCEPT AND DIAGNOSTIC ABILITY OF COLONOSCOPY IN COLORECTAL CANCER SCREENING IN EMPOLESE DISTRICT OF ASL-11

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Background and aim: A study in empolese district in the 1980s and recent data have demonstrated the efficacy of colorectal cancer screening by colonoscopy in reducing mortality. The aim of this study was to evaluate accept and diagnostic ability of colonoscopy in colorectal cancer screening.

Material and methods: We made a prospective study from 2007 to 2010 to evaluate ability of colonoscopy and grading of accept exam by people during colorectal cancer screening in ASL 11. We compare our data to Tuscan regional oncological screening annual register. We observed:

1. Complete colonoscopy
2. Percentage of accept colonoscopy
3. Percentage of complementary exams
4. Percentage of colonoscopy within 30 days of FOBT positive
5. Detection rate: people whit diagnosis/total of people
6. VPP (Value Positive Predictive)

Results: Quality and diagnostic indicators are divided by years, value and percentage of FOBT of study people as showed in table 1 and 2. Accept of colonoscopy has been more elevated in Tuscany ASL and greater than national average. Entirety of colonoscopy has been at 90% of total with greater values than regional average. If we consider the sedation colonoscopy we reach the 97-98% of tests arrived at caecum. Percentage of colonoscopy made within 30 days of FOBT has grown in the years reaching 75% in the 2010 vs the regional

Table 1. Quality indicators

	2007	2008	2009	2010
N. SOF pos (%)	500 (4.6%)	671 (4.8%)	705 (4.6%)	645 (4.4%)
% accept of colonoscopy	88,8	86,5	90,2	86
% complete colonoscopy	96,6	97,4	95,0	95,1
% sedation colonoscopy	1,8	1,4	1,9	2,2
% RX colon DMC	1,6	1,2	3,1.	2,7
Colonoscopy within 30 days of FOBT positive (%)	34	53	72	75

Table 2. Diagnostic indicators

	2007	2008	2009	2010
DR grezzo per Cancro	1,2	1,1	1,4	1,4
DR grezzo per adenoma avanzato	9,2	6,4	5,8	5,5
DR grezzo per adenoma semplice	6,1	8,8	7,7	7,5
% VVP per cancro	2,9	2,8	3,4	3,3
% VVP adenoma avanzato	22,9	15,7	14,2	14,0
% VPP adenoma semplice	15,3	21,8	18,7	18