

Results: Experiment 1: Among the three groups, significant differences were seen in BMI ($p=0.036$), MELD score ($p=0.039$), graft-to-weight ratio (GRWR) ($p=0.025$), and SMI ($p<0.001$). No significant difference was seen in the posttransplant complications. Postoperative hospital stay was the longest in the sarcopenia group among the three groups. Posttransplant patient survival rates were comparable among the three groups. Experiment 2: Patients in the abnormal group had significantly higher GRWR ($p=0.022$), lower SMI ($p=0.005$), higher intramuscular adipose tissue content ($p=0.047$) compared with the normal group. Operative blood loss in the abnormal group was significantly larger than the normal group ($p=0.028$). No significant difference was seen in the posttransplant complications and the postoperative hospital stay between the two groups. The period from LDLT to the first walk in the abnormal group was longer than the normal group ($p=0.085$).

Conclusions: Patients with pretransplant sarcopenia or presarcopenia had larger operative blood loss and later recovery after LDLT than normal group. However, posttransplant survival rates were comparable among the three groups probably due to our perioperative rehabilitation and nutritional therapy.

Disclosure of Interest: None declared.

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CHANGE OF GUT BARRIER MARKERS FOLLOWING THE MEDITERRANEAN DIET IN THE LIFESTYLE INTERVENTION STUDY IN WOMEN AT RISK FOR HEREDITARY BREAST CANCER (LIBRE)

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Rationale: A number of small intervention studies suggested that the Mediterranean diet (MedD) and physical activity can lower the risk for breast cancer. LIBRE is the first large multicenter RCT to test the effect of these lifestyle factors on the incidence of breast cancer in women at risk because of BRCA mutations [1]. LIBRE also offers to unravel underlying mechanisms such as the role of the intestinal barrier for beneficial effects of such lifestyle interventions.

Methods: We examined the effect of lifestyle intervention on the gut barrier markers albumin, calprotectin and zonulin, all measured in feces, as well as lipopolysaccharide-binding protein (LBP) measured in plasma. From the ongoing LIBRE trial we included all complete datasets (259 women; mean age 44.4 ± 11 years). The participants were randomized into an intervention group (IG) trained for MedD and physical activity, and a usual care control group (CG). Adherence to the MedD was assessed at baseline and after 3 months (V1) using the validated Mediterranean Diet Adherence Screener (MEDAS).

Results: At baseline there was no difference between the groups regarding the barrier markers. Albumin levels did neither alter during intervention nor between groups. At V1 the CG showed higher levels of calprotectin ($p<0.05$) and lower levels of zonulin ($p<0.05$) compared to the IG. The level of LBP decreased in both groups ($p<0.05$). The level of zonulin correlated inversely with the MEDAS score ($p<0.001$).

Conclusions: There were positive changes in the gut barrier markers in the course of the study. Higher adherence to the MedD seems to positively influence gut barrier function, which might be protective against breast cancer outbreak.

Reference

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Disclosure of Interest: None declared.

OR13

OCCURRENCE OF REFEEDING SYNDROME IN SAROPENIC PATIENTS SUBMITTED BY DIGESTIVE TRACT SURGERY IN HOSPITAL DO SERVIDOR PÚBLICO DE ESTADUAL DE SÃO PAULO, BRAZIL

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Rationale: Sarcopenia can be a predictive factor for the occurrence of refeeding syndrome (RS). Therefore, new methods of diagnostic analysis of sarcopenia should be explored to prevent this syndrome.

Methods: A cross-sectional, retrospective study was carried out in the second half of 2018 at Hospital do Servidor Público Estadual de São Paulo (Brazil) in patients undergoing digestive surgery. The psoas muscle area and its index (psoas muscle area by squared height) were evaluated by computed tomography, for the diagnosis of sarcopenia and review of charts for the analysis of the occurrence of RS.

Results: Fifty-two patients were evaluated, of which 13.4% presented RS at some time during the surgical hospitalization, of which 57.1% had psoa index equivalent to sarcopenia. Regarding the occurrence of RS in the Sarcopenic group (SG), this represents 16% of the group, and the incidence of RS in the non-sarcopenic group (NSG), is equivalent to 11.5%. It was not statistically significant the occurrence of SR in the SG and NSG.

Conclusions: There is no way to state that sarcopenia is an isolated factor for the occurrence of RS in the studied group, but it is possible to infer that this syndrome has a range that goes beyond the nutritional state. Thus, even groups of patients who do not present sarcopenia may evolve with RS. Further studies with larger samples are needed to confirm these findings and their statistical significance, although the SG has a non-statistical trend of higher RS incidence.

Disclosure of Interest: None declared.

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EFFECTS OF FOOD AND GASTROINTESTINAL SECRETIONS ON INTESTINAL INTEGRITY IN AN EXPERIMENTAL RAT MODEL

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Rationale: Paracellular intestinal permeability is mediated mainly by tight junction (TJ) proteins. Deterioration of TJ proteins and morphological structure of intestinal epithelium may result in translocation of bacterial end-products. The aim of this study was to investigate effect of biliopancreatic secretions and food on intestinal morphology and microbial flora of rat intestine.

Methods: Thirty Sprague-Dawley male rats were randomly divided into three groups. (10 per groups): Control, biliopancreatic (BP) and jejunal by-pass (JP) groups. With these procedures biliopancreatic juice deficient (bile(-)), food deficient (food(-)) and both of them deficient (bile(-)/food(-)) jejunal segments and corresponding control intestinal segments were obtained. Animals were sacrificed at the end