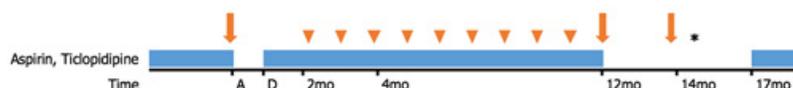
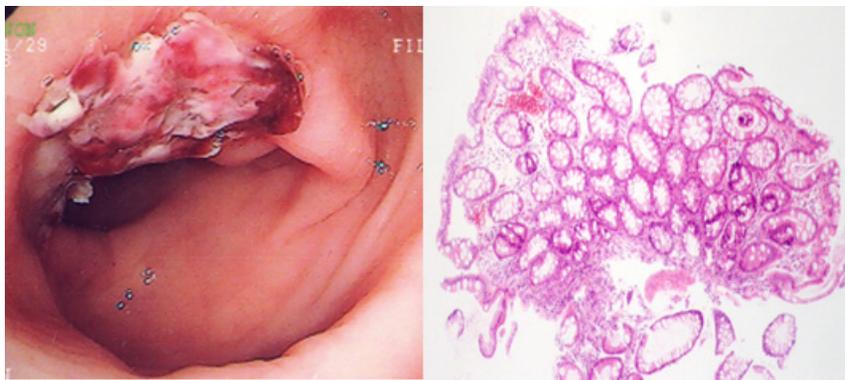


Successful Management of Recurrent Colon Ulcer in Hemodialysis Patient

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Many lower gastrointestinal complications can be developed in end stage renal disease patients. However, the exact pathogenesis of this condition is not known and there were no specific therapeutic modalities concerning this type of disease entity. We suspect that bowel perfusion defect induced by continuous thrombus formation and frequent hemodynamic change in hemodialysis patients is a possible cause of nonspecific colon ulcer. Hemodialysis is capable of inducing subclinical bowel ischemia and this phenomenon is primarily related to ultrafiltration and hemodynamic instability. However, ultrafiltration rate is low in peritoneal dialysis, we switched to peritoneal dialysis from hemodialysis. After conversion to peritoneal dialysis, colon ulcer was healed and there was no further recurrence of colon ulcer during follow-up. We experienced and report here with review of literatures a first case of recurrent colon ulcer with intermittent hematochezia in an end stage renal disease patient on long term hemodialysis that improved after conversion to peritoneal dialysis.



Elevation of C-Reactive Protein Level is Associated with High-Risk Adenoma

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Background: There has been growing evidence supporting the role of inflammation in the pathogenesis of colorectal cancer, recently. However, the associations between serum CRP, a serologic marker of the inflammatory reactions and risk of CRC have been inconsistent, and few studies are known about the association between serum CRP and risk of colorectal adenoma. Thus, we aimed to examine whether risk of colorectal adenoma is associated with serum CRP levels. **Methods:** A retrospective cross sectional study was performed on a first-time screening colonoscopy performed for asymptomatic subjects, who checked serum CRP level during a routine health check-up, between September 2006 and September 2009 in Korea. Serum CRP levels were compared between high- and low-risk adenoma groups, and multivariate regression analysis was performed to determine independent predictors of the high risk adenoma. **Results:** A total of 3,308 patients were finally enrolled, and patients with high (>0.5 mg/L) serum CRP level was significantly higher in HRAs group than those in LRAs group (8.8% vs. 4.7%, $p=0.009$). Proportion of subjects with a high-risk adenoma were more frequently included in the high CRP group than low CRP group (11.0% vs. 5.9%, $p=0.009$). Compared with the lowest quartiles of CRP level, the prevalence of high-risk adenoma was 3.5 times higher in highest quartiles ($p=0.000$). In logistic regression analysis, higher quartiles of CRP was found to be an independent risk factor of high-risk adenomas (odds ratio = 1.8, 95% confidence interval = 1.3-2.5, $p=0.000$). **Conclusions:** Elevated plasma CRP levels are associated with a risk of high-risk colorectal adenoma. These data might be support the hypothesis that inflammation is a risk factor for the development of colorectal neoplasia.