

normal, referral clinic appointments, and pharmacy records for anti-diarrheals, anti-emetics, and neuropathy medications. McNemar's test was used for crosstabulations of patients who developed or resolved side effects, while logistic regression was used to analyze the relationship of variables (PI, CD4 and viral load) with new and resolved SE.

**Results:** Initial PI prescriptions were filled by 896 patients at the hospital pharmacy. Before PI; median age 39 years, median CD4 237 cells/mm<sup>3</sup> and median viral load 3.60 log copies and after PI, median CD4 273 cells/mm<sup>3</sup> and viral load 2.70 log copies; 44% had one or new SE after PI therapy; 25% D, 16% NV, and 12% NP. Of patients taking Nelfinavir (NLF), 125/305 (31%) developed new D vs 53/310 (17%) taking any other PI ( $p = 0.001$ ). Side effects were more likely to be recorded after patients started therapy than resolve with PI therapy (D ( $p = 0.0001$ ). Patients who had a CD4 count between 50–199 were five times as likely as patients who had a CD4 count  $>500$  to have a resolution of D ( $p = 0.0053$ ).

**Conclusions:** GI and neurologic side effects are common within the first six months of initiation of protease inhibitors. Diarrhea is the most common single new side effect, almost twice as common after initiating Nelfinavir. Diarrhea was most likely to resolve in patients with CD4 counts between 50–199.

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### The poor agreement between the site of original occurrence and the site of recurrence of colorectal adenomas

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**Purpose:** The purpose of the study was to evaluate whether colorectal adenomas tend to recur at the site of their original occurrence.

**Methods:** We collected data on all patients who had colonoscopies with resection of colorectal adenomas at two different occasions with at least 12 months separating the two polypectomies. Patients were excluded if they: Had history of inflammatory bowel diseases, had history of colon cancer, had an incomplete colonoscopy. Data on the site and characteristics of adenomas at the first colonoscopy and the second one were collected. According to the site of their polyps patients were classified in four categories: Ascending colon, transverse colon, descending colon and multiple sites. Polyps were also classified by number and size.

The agreement between the first site and the site of recurrence was tested using Cohen's Kappa (K) which measures the amount of agreement above that expected by chance.  $K < 0.4$  indicates poor agreement.  $K > 0.75$  indicates strong agreement. Values in between indicate fair agreement.

A multivariate stepwise logistic regression was performed to check for any variables that might be affecting agreement.

**Results:** 253 patients were included in the final analysis. These included 197 males (78%) and 56 females (22%). The mean time interval between the colonoscopies was 30.6 months. The average age at the first colonoscopy was 62 years.

At the first colonoscopy 15.4% of patients had adenomas in ascending colon, 7.5% in transverse colon, 47.8% in descending colon and 29.3% at multiple sites. At the second colonoscopy 22.5% had adenomas in the ascending colon, 10.7% in the transverse colon, 44.7% in the descending colon and 22.1% at multiple sites.

K was 0.24 with 95% CI(0.15,0.32) when all patients were included in the analysis. The multivariate stepwise logistic regression analysis included age, sex, interval between the colonoscopies, size of polyps and number of polyps at the first colonoscopy. Using this analysis, K did not exceed 0.3 under any conditions.

**Conclusions:** The agreement between the site of original occurrence and the site of recurrence is poor for colorectal adenomas. This poor agreement is independent of sex, age, number of polyps, size of polyps and the interval between the colonoscopies. Follow up on colon adenomas should not assume that they recur at the same site.

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### The site distribution and characteristics of colorectal adenomas in Hispanics

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**Purpose:** To study the site distribution and characteristics of colorectal adenomas in Hispanics when compared to Caucasians of the same population. No studies have addressed this issue before.

**Methods:** The records of all patients who had colonoscopies with resection of adenomas performed at our institution between 1994–2000 were reviewed. Patients were included in the study if: 1) They were either Hispanics or Caucasians, 2) They had a complete colonoscopy, 3) The colonoscopy was the first colonoscopy performed during the study period. Patients were grouped in four categories according to the site of their adenomas: 1) Patients with adenomas confined to the ascending colon, 2) Patients with adenomas confined to the transverse colon, 3) Patients with adenomas confined to the descending colon, 4) Patients with adenomas present at multiple sites.

Polyps were further classified according to histology (tubular, villous, mixed) where available.

**Results:** 1027 patients were included in the final analysis. These included 465 Hispanics (226 males and 239 females) and 562 Whites (270 males and 292 females). The mean age was 58.9 among Hispanics and 60.6 among Whites.

The site distribution was similar in both groups (P value = 0.2, data shown in table).

	Hispanics	Caucasians
Descending	276 (59.3%)	308 (54.7%)
Transverse	39 (8.4%)	46 (8.3%)
Ascending	80 (17.2%)	120 (21.4%)
Multiple sites	70 (15.1%)	88 (15.7%)

Histology description was available in 550 patients. Because of the small number of patients who had pure villous adenomas, the villous and mixed histology were grouped together. Among Hispanics 91.3% had tubular histology and 8.7% had mixed or villous histology. This was significantly different from Caucasians where 85.1% had tubular histology and 14.9% had villous or mixed histology (P value = 0.04).

**Conclusions:** The site distribution of colorectal adenomas is similar between Hispanics and Caucasians. Hispanics are less likely to have villous or tubulovillous adenomas.

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### Argon plasma coagulation (APC) is effective in the treatment of acute malignant lower gastrointestinal hemorrhage

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**Purpose:** Acute hemorrhage is serious complication of primary and invasive lower gastrointestinal malignancy. If hemorrhage is from a large surface area of a tumor, conventional endoscopic therapy using sclerosants or thermal devices is difficult and impractical. APC, a non-contact electrocoagulation procedure, allows effective, expeditious coagulation of large areas of mucosa. This makes APC a promising modality for treating acute malignant lower gastrointestinal hemorrhage. We evaluated the effectiveness of APC in controlling acute malignant lower gastrointestinal hemorrhage.

**Methods:** Four patients (mean age 60.5 years; 3 female; 3 white) were admitted to our institution with acute malignant lower gastrointestinal hemorrhage. In one patient each, bleeding was from primary, inoperable colon cancer and recurrent colon cancer. In the other two patients, bleeding was from invasive prostate and endometrial cancer. In all four cases, there was diffuse tumor bleeding. During colonoscopy, APC was applied until the complete surface of the tumor was coagulated.