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NEWSLETTER
Polskiego Towarzystwa Gastroenterologii, Hepatologii i Żywienia Dzieci

Aktualne informacje – kwiecień-czerwiec 2023

XII Zjazd Polskiego Towarzystwa Gastroenterologii, Hepatologii i Żywienia Dzieci
odbędzie się w dniach 12-14 września 2024 roku w Olsztynie. Zapraszamy !!!

Konkurs na najlepsze publikacje oryginalne opublikowane w latach 2020-2021 rozstrzygnięty!

„ABC hepatologii dziecięcej" pod redakcją Ireny Jankowskiej, Anny Liberek i Sabiny Więcek

W dniach 25-27 maja 2023 r. w Katowicach odbyła się XXII Konferencja Polskiego Towarzystwa Hepatologicznego.
Wśród zaproszonych wykładowców znaleźli się również pediatrzy – członkowie PTGHiŻD,
profesorowie: Irena Jankowska, Joanna Pawłowska, Małgorzata Pawłowska, Piotr Socha i Dariusz Lebensztejn.

W dniach 17-20 maja 2023 roku odbył się w Wiedniu 55-ty Zjazd
Europejskiego Towarzystwa Gastroenterologii, Hepatologii i Żywienia Dzieci (ESPGHAN).
Wzięło w nim udział 57 uczestników z Polski, którzy wygłaszali wykłady, prowadzili sesje plenarne i posterowe,
recenzowali prace nadesłane na zjazd, uczestniczyli w pracach grup roboczych i prezentowali własne doniesienia naukowe.
Ale zjazd to nie tylko miejsce do wymiany doświadczeń klinicznych i naukowych, to też miejsce nieformalnych spotkań, nawiązywania kontaktów, które niewątpliwie przyczynią się do współpracy pomiędzy uczestnikami w przyszłości.

W dniach 4-7 maja 2023 roku odbyła się w Dubiecku ESPGHAN Eastern European Summer School pierwotnie planowana we Lwowie.
Szkoła letnia została zorganizowana przez przedstawicieli ESPGHAN (Patrick Bontems/Bruksela),
Uniwersytetu we Lwowie (Olena i Serhiy Nyankovskyy) i Uniwersytetu w Rzeszowie (Artur Mazur).
Wykłady wygłosili powołani przez ESPGHAN członkowie ESPGHAN International Faculty (Lorenzo Norsa/Rzym, Grzegorz Telega/Milwaukee,
Jernej Dolinsek/Maribor, Sanja Kolacek/Zagrzeb, Benno Kohlmaier/Graz, Yael Mozer/Izrael)
i ESPGHAN Local Faculty (Urszula Daniluk/Białystok, Dariusz Lebensztejn/Białystok).
Uczestnikami byli lekarze z Ukrainy i Polski zajmujący się gastroenterologią, hepatologią i żywieniem dzieci.
Czterodniowe spotkanie z ekspertami z ESPGHAN w pięknej scenerii Zamku Dubiecko było znakomitą okazją nie tylko do poszerzenia wiedzy medycznej ale i do nawiązania współpracy, która na pewno zaowocuje w przyszłości wspólnymi projektami naukowymi.

Serdecznie Państwa zapraszamy na Oficjalny Profil Facebook Polskiego Towarzystwo Gastroenterologii, Hepatologii i Żywienia Dzieci

Wykaz wydarzeń naukowych i dydaktycznych

Konferencje i szkolenia w Polsce

Konferencje i szkolenia na świecie

Opublikowano wyniki retrospektywnego badania DOUBLE-PIBD dotyczącego stosowania podwójnej terapii biologicznej lub leku biologicznego w połączeniu z inhibitorem JAK u dzieci z NZJ.

Dual Biologic or Small Molecule Therapy in Refractory Pediatric Inflammatory Bowel Disease (DOUBLE-PIBD): A Multicenter Study from the Pediatric IBD Porto Group of ESPGHAN.

Yerushalmy-Feler A, Olbjorn C, Kolho KL, Aloi M, Musto F, Martin-de-Carpi J, i in. Dual Biologic or Small Molecule Therapy in Refractory Pediatric Inflammatory Bowel Disease (DOUBLE-PIBD): A Multicenter Study from the Pediatric IBD Porto Group of ESPGHAN. Inflamm Bowel Dis. 12 kwiecień 2023;izad064.

Among 63 children with refractory IBD the dual therapy included as follows: an anti-tumor necrosis factor agent and vedolizumab in 48% of children, anti-tumor necrosis factor and ustekinumab in 34% of children, vedolizumab and ustekinumab in 13% of children, and tofacitinib with a biologic in 5% of children. Clinical remission was observed in 35%, 50%, and 63% of children at 3, 6, and 12 months, respectively. The overall clinical response and remission rates of patients under the various combinations were as follows: 77.8% and 61.1% for infliximab+vedolizumab, 63.6% and 54.5% for adalimumab+vedolizumab, 67.7% and 67.7% for infliximab+ustekinumab, 90.9% and 72.7% for adalimumab+ ustekinumab, 100% and 87.5% for vedolizumab+ustekinumab, and 100% for tofacitinib and biologic (p= 0.519 and P = 0.605, respectively). In 47% of children sustained adverse events, 27.6% of which were regarded as serious and led to discontinuation of therapy in 9.7%. dual biologic or small molecule therapy may be a therapeutic option for children with refractory IBD. However, the efficacy should be weighed against the risk of serious adverse events.

Zastosowanie roztworu siarczanów wiązało się ze zbliżoną skutecznością w oczyszczeniu jelita grubego przed kolonoskopią i lepszą tolerancją przez pacjentów w porównaniu do roztworu glikolu polietylenowego z elektrolitami.

Phase III Randomized Non-Inferiority Study of OSS Versus PEG + Electrolyte Colonoscopy Preparation in Adolescents.

Socha P, Posovszky C, Szychta M, Viscogliosi F, Martemucci L, Grzybowska-Chlebowczyk U, i in. Phase III Randomized Non-Inferiority Study of OSS Versus PEG + Electrolyte Colonoscopy Preparation in Adolescents. J Pediatr Gastroenterol Nutr. 1 maj 2023;76(5):652–9.

In adolescents aged 12–17 years successful cleansing was achieved in 71.4% and 79.0% of patients receiving oral sulfate solution (OSS) and polyethylene glycol (PEG)-electrolyte solution, respectively (p = 0.09). Segmental Boston Bowel Preparation Scale score for the left and transverse colon were similar between treatment groups, but better for the right colon with PEG than OSS. Naso-gastric tube placement to ingest the whole solution was needed in 7.2% of patients receiving OSS and 31% receiving PEG solution. Treatment acceptability was significantly higher with OSS than PEG.

Badanie pilotażowe wskazujące na możliwość wykorzystania oznaczenia metaloproteinazy macierzy MMP-7 w suchej kropli krwi jako badania przesiewowego w kierunku atrezji zewnątrzwątrobowych dróg żółciowych u noworodków

A Pilot Study of Biliary Atresia Newborn Screening Using Dried Blood Spot Matrix Metalloproteinase-7

Lee CS, Ni YH, Chen HL, Wu JF, Hsu HY, Chien YH, i in. A Pilot Study of Biliary Atresia Newborn Screening Using Dried Blood Spot Matrix Metalloproteinase-7. J Pediatr Gastroenterol Nutr. 1 kwiecień 2023;76(4):418–23.

The MMP-7 levels of biliary atresia (BA) patients on the DBS within 3 days of birth were significantly higher (19.2 ± 10.4 ng/ml) than those of non-BA patients (5.6 ± 2.7 ng/mL). The MMP-7 protein concentration was not significantly different between preterm (16.2 ± 6.4 ng/ml) and term BA patients (19.6±10.9 ng/mL). The DBS MMP-7 level showed good accuracy for identifying BA, with an area under the curve of 93.7% (95% CI: 87.7%–99.7%). The MMP-7 cutoff at 8.0 ng/mL showed a sensitivity of 92.0% (95% CI: 75.0%–98.6%) and specificity of 92.5% (95% CI: 85.9%–96.1%) for detecting BA from other congenital or perinatal diseases. The authors suggest that BA screening using DBS MMP-7 could be feasible in countries that have already implemented newborn screening programs using DBSs.

Podjęzykowa immunoterapia alergenowa w alergii na orzeszki ziemne u dzieci jest bezpieczna i indukuje desensytyzację utrzymującą się do 17 tygodni po zakończeniu terapii

Open-label study of the efficacy, safety, and durability of peanut sublingual immunotherapy in peanut-allergic children

Kim EH, Keet CA, Virkud YV, Chin S, Ye P, Penumarti A, i in. Open-label study of the efficacy, safety, and durability of peanut sublingual immunotherapy in peanut-allergic children. J Allergy Clin Immunol. czerwiec 2023;151(6):1558-1565.e6.

Approximately 1% to 2% of children are affected by peanut allergy, and it remains one of the most common causes of anaphylaxis treated in emergency departments and the most common cause of fatal food-allergic reactions. Studies on the efficacy of peanut sublingual immunotherapy (SLIT) are limited. The aim of the study was to evaluate the efficacy and safety of 4-mg peanut SLIT and persistence of desensitization after SLIT discontinuation. Challenge-proven peanut-allergic 1- to 11-year-old children were treated with open-label 4-mg peanut SLIT for 48 months. Desensitization after peanut SLIT was assessed by a 5000-mg double-blind, placebo-controlled food challenge. Fifty-four participants were enrolled and 47 (87%) completed peanut SLIT and the 48-month DBPCFC per protocol. The mean successfully consumed dose (SCD) during the DBPCFC increased from 48 to 2723 mg of peanut protein after SLIT (P < .0001), with 70% achieving clinically significant desensitization (SCD > 800 mg) and 36% achieving full desensitization (SCD = 5000 mg). Modeled median time to loss of clinically significant desensitization was 22 weeks. Peanut skin prick test; peanut-specific IgE, IgG4, and IgG4/IgE ratio; and peanut-stimulated basophil activation test, IL-4, IL-5, IL-13, IFN-γ, and IL-10 changed significantly compared with baseline, with changes seen as early as 6 months. Median rate

of reaction per dose was 0.5%, with transient oropharyngeal itching being the most common, and there were no dosing symptoms requiring epinephrine.

Korzystne wyniki odczulania u dzieci z alergią na orzeszki ziemne uzyskano również w badaniu randomizowanym immunoterapii przezskórnej.

Phase 3 Trial of Epicutaneous Immunotherapy in Toddlers with Peanut Allergy

Greenhawt M, Sindher SB, Wang J, O'Sullivan M, du Toit G, Kim EH, i in. Phase 3 Trial of Epicutaneous Immunotherapy in Toddlers with Peanut Allergy. N Engl J Med. 11 maj 2023;388(19):1755–66.

Background: No approved treatment for peanut allergy exists for children younger than 4 years of age, and the efficacy and safety of epicutaneous immunotherapy with a peanut patch in toddlers with peanut allergy are unknown.

Methods: We conducted this phase 3, multicenter, double-blind, randomized, placebo-controlled trial involving children 1 to 3 years of age with peanut allergy confirmed by a double-blind, placebo-controlled food challenge. Patients who had an eliciting dose (the dose necessary to elicit an allergic reaction) of 300 mg or less of peanut protein were assigned in a 2:1 ratio to receive epicutaneous immunotherapy delivered by means of a peanut patch (intervention group) or to receive placebo administered daily for 12 months. The primary end point was a treatment response as measured by the eliciting dose of peanut protein at 12 months. Safety was assessed according to the occurrence of adverse events during the use of the peanut patch or placebo.

Results: Of the 362 patients who underwent randomization, 84.8% completed the trial. The primary efficacy end point result was observed in 67.0% of children in the intervention group as compared with 33.5% of those in the placebo group (risk difference, 33.4 percentage points; 95% confidence interval, 22.4 to 44.5; P<0.001). Adverse events that occurred during the use of the intervention or placebo, irrespective of relatedness, were observed in 100% of the patients in the intervention group and 99.2% in the placebo group. Serious adverse events occurred in 8.6% of the patients in the intervention group and 2.5% of those in the placebo group; anaphylaxis occurred in 7.8% and 3.4%, respectively. Serious treatment-related adverse events occurred in 0.4% of patients in the intervention group and none in the placebo group. Treatment-related anaphylaxis occurred in 1.6% in the intervention group and none in the placebo group.

Conclusions: In this trial involving children 1 to 3 years of age with peanut allergy, epicutaneous immunotherapy for 12 months was superior to placebo in desensitizing children to peanuts and increasing the peanut dose that triggered allergic symptoms. (Funded by DBV Technologies; EPITOPE ClinicalTrials.gov number, NCT03211247.).

Opublikowano wytyczne ESPGHAN postępowania żywieniowego w zespole krótkiego jelita.

(Część 1) Nutrition and intestinal rehabilitation of children with short bowel syndrome: a position paper of the ESPGHAN Committee on Nutrition. Part 1: from intestinal resection to home discharge

Norsa L, Goulet O, Alberti D, DeKooning B, Domellöf M, Haiden N, i in. Nutrition and intestinal rehabilitation of children with short bowel syndrome: a position paper of the ESPGHAN Committee on Nutrition. Part 1: from intestinal resection to home discharge. J Pediatr Gastroenterol Nutr. 29 maj 2023;

(Część 2) Nutrition and intestinal rehabilitation of children with short bowel syndrome: a position paper of the ESPGHAN Committee on Nutrition. Part 2: long term follow-up on home parenteral nutrition

Norsa L, Goulet O, Alberti D, DeKooning B, Domellöf M, Haiden N, i in. Nutrition and intestinal rehabilitation of children with short bowel syndrome: a position paper of the ESPGHAN Committee on Nutrition. Part 2: long term follow-up on home parenteral nutrition. J Pediatr Gastroenterol Nutr. 29 maj 2023;

(Część 1) Short bowel syndrome (SBS) is the leading cause of intestinal failure (IF) in children. The mainstay of treatment for IF is parenteral nutrition (PN). The aim of this position paper is to review the available evidence on managing SBS and to provide practical guidance to clinicians dealing with this condition. All members of the Nutrition Committee of the European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) contributed to this position paper. Some renowned experts in the field joined the team to guide with their experience. A systematic literature search was performed from 2005 to May 2021 using PubMed, MEDLINE and Cochrane Database of Systematic Reviews. In the absence of evidence, recommendations reflect the expert opinion of the authors. Literature on SBS mainly consists of retrospective single-centre experience, thus most of the current papers and recommendations are based on expert opinion. All recommendations were voted on by the expert panel and reached > 90% agreement. The first the part of this position paper focuses on the physiological mechanism of intestinal adaptation after surgical resection. It subsequently provides some clinical practice recommendations for the primary management of children with SBS from surgical resection until discharged home on PN.

(Część 2) Short bowel syndrome (SBS) is the leading cause of intestinal failure (IF) in children. The preferred treatment for IF is parenteral nutrition (PN) which may be required until adulthood. The aim of this position paper is to review the available evidence on managing SBS and to provide practical guidance to clinicians dealing with this condition. All members of the Nutrition Committee of the European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) contributed to this position paper. Some renowned experts in the field joined the team to guide with their expertise. A systematic literature search was performed from 2005 to May 2021 using PubMed, MEDLINE and Cochrane Database of Systematic Reviews. In the absence of

evidence, recommendations reflect the expert opinion of the authors. Literature on SBS mainly consists of retrospective single-centre experience, thus most of the current papers and recommendations are based on expert opinion. All recommendations were voted on by the expert panel and reached > 90% agreement. This second part of the position paper is dedicated to the long-term management of children with SBS-IF. The paper mainly focuses on how to achieve intestinal rehabilitation, treatment of complications and on possible surgical and medical management to increase intestinal absorption.

Opublikowano stanowisko ESPGHAN w kwestii postępowania po połknięciu magnesów. Choć nie różni się ono znacznie od dotychczasowego postępowania (przyspieszenie endoskopii), dokument przedstawia algorytmy postępowania w przypadku połknięcia jednego lub więcej magnesów i przedstawia szereg ciekawych przypadków.

Pediatric Magnet Ingestion, Diagnosis, Management, and Prevention: A European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) Position Paper

Nugud AA, Tzivinikos C, Assa A, Borrelli O, Broekaert I, Martin-de-Carpi J, i in. Pediatric Magnet Ingestion, Diagnosis, Management, and Prevention: A European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN) Position Paper. J Pediatr Gastroenterol Nutr. 1 kwiecień 2023;76(4):523–32.

Magnet ingestion is a special category of foreign body ingestion associated with high levels of morbidity and mortality worldwide, particularly if it is associated with staggered ingestion of multiple magnets or with simultaneous ingestion of other metallic foreign bodies, especially button batteries. A special category of magnet ingestion is the ingestion of earth magnets, which have higher levels of magnetism and therefore, potentially, carries a worse outcome. Legislative bodies, scientific Societies and community-led initiatives have been implemented worldwide with the aim of mitigating the effects of this growing, yet avoidable potential medical emergency. A scoping literature review summarized epidemiology, diagnosis, management, and prevention, including an algorithm for the diagnosis and management of magnet ingestion is presented and compared to previously published reviews and position papers (North American Society of Pediatric Gastroenterology, Hepatology and Nutrition, National Poison Center, Royal College of Emergency Medicine). The main emphasis of the algorithm is on identification of staggered/multiple magnet ingestion, and early joint gastroenterology and surgical consultation and management.

ESPEN opublikowało wytyczne postępowania żywieniowego u dzieci i dorosłych z nieswoistymi zapaleniami jelit, w których zawarto ponad 70 zaleceń obejmujących kwestie od podstawowego zapotrzebowania na energię czy białko do suplementacji witamin w szczególnych sytuacjach.

ESPEN guideline on Clinical Nutrition in inflammatory bowel disease

The present guideline is an update and extension of the ESPEN scientific guideline on Clinical Nutrition in Inflammatory Bowel Disease published first in 2017. The guideline has been rearranged according to the ESPEN practical guideline on Clinical Nutrition in Inflammatory Bowel Disease published in 2020. All recommendations have been checked and, if needed, revised based on new literature, before they underwent the ESPEN consensus procedure. Moreover, a new chapter on microbiota modulation as a new option in IBD treatment has been added. The number of recommendations has been increased to 71 recommendations in the guideline update. The guideline is aimed at professionals working in clinical practice, either in hospitals or in outpatient medicine, and treating patients with IBD. General aspects of care in patients with IBD, and specific aspects during active disease and in remission are addressed. All recommendations are equipped with evidence grades, consensus rates, short commentaries and links to cited literature.

Kilka włoskich towarzystw naukowych, w tym towarzystwo pediatryczne, opracowało wytyczne leczenia zespołu jelita nadwrażliwego.

Italian guidelines for the management of irritable bowel syndrome: Joint Consensus from the Italian Societies of: Gastroenterology and Endoscopy (SIGE), Neurogastroenterology and Motility (SINGEM), Hospital Gastroenterologists and Endoscopists (AIGO), Digestive Endoscopy (SIED), General Medicine (SIMG), Gastroenterology, Hepatology and Pediatric Nutrition (SIGENP) and Pediatrics (SIP)

Barbara G, Cremon C, Bellini M, Corsetti M, Di Nardo G, Falangone F, i in. Italian guidelines for the management of irritable bowel syndrome: Joint Consensus from the Italian Societies of: Gastroenterology and Endoscopy (SIGE), Neurogastroenterology and Motility (SINGEM), Hospital Gastroenterologists and Endoscopists (AIGO), Digestive Endoscopy (SIED), General Medicine (SIMG), Gastroenterology, Hepatology and Pediatric Nutrition (SIGENP) and Pediatrics (SIP). Dig Liver Dis. luty 2023;55(2):187–207.

The irritable bowel syndrome (IBS) is a chronic disorder of gut-brain interaction. IBS is still associated with areas of uncertainties, especially regarding the optimal diagnostic work-up and the more appropriate management. Experts from 7 Italian Societies conducted a Delphi consensus with literature summary and voting process on 27 statements. Recommendations and quality of evidence were evaluated using the grading of recommendations, assessment, development, and evaluation (GRADE) criteria. Consensus was defined as >80% agreement and reached for all statements.

In terms of diagnosis, the consensus supports a positive diagnostic strategy with a symptom-based approach, including the psychological comorbidities assessment and the exclusion of alarm symptoms, together with the digital rectal

examination, full blood count, C-reactive protein, serology for coeliac disease, and fecal calprotectin assessment. Colonoscopy should be recommended in patients with alarm features. Regarding treatment, the consensus strongly supports a dietary approach for patients with IBS, the use of soluble fiber, secretagogues, tricyclic antidepressants, psychologically directed therapies and, only in specific IBS subtypes, rifaximin. A conditional recommendation was achieved for probiotics, polyethylene glycol, antispasmodics, selective serotonin reuptake inhibitors and, only in specific IBS subtypes, 5-HT3 antagonists, 5-HT4 agonists, bile acid sequestrants.

Amerykańskie Towarzystwo Gastroenterologiczne wydało zalecenia wykorzystania biomarkerów w planowaniu leczenia u (dorosłych) pacjentów z wrzodziejącym zapaleniem jelita grubego

AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Ulcerative Colitis

Singh S, Ananthakrishnan AN, Nguyen NH, Cohen BL, Velayos FS, Weiss JM, i in. AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Ulcerative Colitis. Gastroenterology. marzec 2023;164(3):344–72.

Background & aims: Biomarkers are used frequently for noninvasive monitoring and treatment decision making in the management of patients with ulcerative colitis (UC). This American Gastroenterological Association (AGA) guideline is intended to support practitioners in decisions about the use of biomarkers for the management of UC.

Methods: A multidisciplinary panel of content experts and guideline methodologists used the Grading of Recommendations Assessment, Development and Evaluation framework to prioritize clinical questions, identify patient-centered outcomes, and conduct an evidence synthesis on the clinical performance of serum C-reactive protein (CRP), fecal calprotectin, and fecal lactoferrin as biomarkers of disease activity in patients with established UC in symptomatic remission or with active symptoms. The guideline panel used the Evidence-to-Decision framework to develop recommendations for the use of biomarkers for monitoring and management of UC and provided implementation considerations for clinical practice.

Results: The guideline panel made 7 conditional recommendations. In patients with UC in symptomatic remission, the panel suggests the use of a biomarker- and symptom-based monitoring strategy over a symptom-based monitoring strategy. For patients in symptomatic remission, the panel suggests using fecal calprotectin <150 µg/g, normal fecal lactoferrin, and/or normal CRP to rule out active inflammation and avoid routine endoscopic assessment of disease. In patients with UC with moderate to severe symptoms, the panel suggests using fecal calprotectin >150 µg/g, elevated fecal lactoferrin, or elevated CRP to inform treatment decisions and avoid routine endoscopic assessment of disease. However, in patients in symptomatic remission but elevated biomarkers, and in patients with moderate to severe symptoms with normal biomarkers, the panel suggests endoscopic assessment of disease to inform treatment decisions. In patients with UC with mild symptoms, the panel suggests endoscopic assessment of disease activity to inform treatment decisions. The panel identified the use of a biomarker-based monitoring strategy over an endoscopy-based monitoring strategy as a knowledge gap. The panel also proposed key implementation considerations for optimal use of biomarkers, and identified areas for future research.

Conclusions: In patients with UC, noninvasive biomarkers, including fecal calprotectin, fecal lactoferrin, and serum CRP can inform disease monitoring and management.

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