Euro Gastro 2019: The Role of N-Terminal E-Cadherin in Evaluation of Esophageal Mucosa Damage in Patients with Gastroesophageal Reflux Disease and Obstructive Sleep Apnea/Hypopnea Syndrome - Yuliya Shaukovich - Grodno State Medical University, Belarus

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Background: Nowadays the number of complications of gastroesophageal reflux disease (GERD) is increasing all over the world. One of the conditions can contribute development complications to be obstructive seems sleep apnea/hypopnea syndrome (OSAHS). mechanisms of negative impact of OSAHS esophageal mucosa are not completely researched.

Aim: To evaluate plasma N-terminal E-cadherin concentration in patients with GERD and OSAHS.

Material and methods: 120 patients have been examined at Grodno City Hospital №2, Belarus. **Patients** have undergone esophagogastroduodenoscopy with biopsy of the lower third of esophagus. For diagnostics of OSAHS somnological study calculation with apnea/hypopnea index (AHI) was performed. Plasma E-cadherin concentration was evaluated using linked immunosorbent assay. Patients were divided into 4 groups: group 1 (n=29) – with GERD, group 2 (n=35)- with GERD and OSAHS, group 3 (n=30) - with OSAHS, group 4 (n=26) – comparison group.

Results: We have not revealed statistically significant difference between group 1 and group 4 in plasma Ecadherin level (0,207 (0,128; 0,295) and 0,128 (0,067; 0,281) ng/ml (p=0,082), but patients witherosive esophagitis have higher levels of plasma Ecadherin in contrast with patients of comparison group (0,284 (0,176; 0,858) and 0,128 (0,067; 0,281) ng/ml (p=0,03). In group 2 patients demonstrate higher levels of E-cadherin in comparison with group 1 (0,379 (0,277; 0,538) and 0,207 (0,128; 0,295) ng/ml respectively (p=0,017), group 3 (0,379 (0,277; 0,538) and 0,231(0,131; 0,303) ng/ml (p=0,014), group 4 (0,379 (0,277; 0,538) and 0,128 (0,067; 0,281) ng/ml respectively (p=0,000). correlation between E-cadherin level and AHI has been obtained (r=0,43, p<0,05).

Conclusions: The presence of OSAHS has negative effect on the state of esophageal mucosa in patients with GERD. This fact is confirmed by increasing of N-terminal E-cadherin in plasma and can indicate the loss of E-cadherin in esophageal mucosa with development of disturbances in functioning of tight junctions.