C-GH-10

Upper Gastrointestinal Evaluation of Chinese Patients with Noncardiac Chest Pain

W.M. Wong,[1] K.C. Lai,[1] C.P. Lau,[2] Wayne H.C. Hu,[1] W.H. Chen,[2] Benjamin C.Y. Wong,[1] W.M. Hui,[1] Y.H. Wong,[1] Harry H.X. Xia,[1] S.K. Lam[1]
[1]Division of Gastroenterology and [2]Cardiology, Department of Medicine, Queen Mary Hospital, University of Hong Kong

Aims: To test the usefulness of upper gastrointestinal investigations and quality of life assessment in Chinese patients with NCCP.

Method: 78 consecutive patients with NCCP underwent upper endoscopy. Eight patients had upper gastrointestinal pathology (10%). The remaining 70 patients received acid perfusion test, oesophageal manometry and 24-hour ambulatory oesophageal pH (n=65)/manometry (n=61) and compared with healthy controls (n=20). Symptoms and quality of life (SF-36) were assessed by standard validated questionnaire.

Results: Significant acid reflux symptoms were present in 5 (5/70, 7%) patients. Abnormal 24-hour oesophageal pH indicating gastro-oesophageal reflux (GORD) was found in 19 (19/65, 29%) patients. Percent simultaneous contractions were higher and percent peristalsis was lower in NCCP patients when compared to normal by 24-hour ambulatory manometry. NCCP patients had a lower SF-36 score when compared to controls.

Conclusion: Typical acid reflux symptoms are uncommon in Chinese patients with NCCP but abnormal 24-hour pH results indicating GORD was found in 29% of patients. Ineffective contractions were more frequently found in NCCP patients by 24-hour ambulatory manometry, which may have a bearing on the impaired quality of life in such patients. Upper gastrointestinal investigations are useful for the evaluation of Chinese patients with NCCP.

C-H-1

Tyrosine Kinase Inhibitor STI571 in the Treatment of Philadelphia Chromosome Positive Leukaemia Relapsing from Myeloablative Stem Cell Transplantation

A.K.W. Lie, W.Y. Au, S.K. Ma,* T.S. Wan,* R. Liang, E.C. Chan, Y.L. Kwong
Departments of Medicine and Pathology, Queen Mary Hospital, Hong Kong

Introduction: The tyrosine kinase inhibitor STI571 is high effective in leukaemias with the Philadelphia (Ph) chromosome, which results from t(9;22)(q34;q11) and the *BCR/ABL* gene fusion. However, the efficacy of STI571 in Ph^+ leukaemias relapsing from stem cell transplantation (SCT) is not well defined.

Materials and Methods: Six patients with Ph^+ leukaemias relapsing from SCT (one syngeneic and five allogeneic) were treated with STI571.

Results: Four patients relapsing as chronic myeloid leukaemia (CML) in chronic phase achieved a complete and sustained haematological response. Complete (0% Ph^+) and major (<35% Ph^+) cytogenetic responses occurred in three and one cases respectively. Complete cytogenetic remission was associated with full donor chimerism in the marrow, as assessed by semi-quantitative analysis of polymorphic microstallite loci. *BCR/ABL*, however, has remained detectable in the marrow. One patient relapsing as CML in myeloblastic crisis achieved a complete haematological and a major cytogenetic response. However, severe pancytopenia led to cessation of treatment, which was followed rapidly by a recurrence that became refractory to further treatment with STI571. The last patient who relapsed as Ph^+ acute lymphoblastic leukaemia achieved a haematological and complete cytogenetic remission, with restoration of complete donor chimerism. However, severe graft versus host disease and pancytopenia developed, necessitating withdrawal of treatment. Rapid relapse of the leukaemia developed, which was refractory to treatment.

Conclusion: We conclude that STI571 is highly efficacious in Ph+ leukaemias relapsing from SCT.