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Table 1
Correlation between CD duration and DEXA Scan findings:

CD duration	R	P
BMD at forearm	-0.366	0.0298*
BMD at spine	-0.34	0.023*
BMD at hip	-0.33	0.0301*
BMD total	-0.352	0.0211*

Conclusion: MBD is a significant complication affecting CD. This study revealed that vitamin D level decreases significantly with prolonged duration of the CD. Both the duration of disease and vitamin D level, are contributing factors to MBD in the form of osteopenia, osteoporosis, and fractures, consequently, it is recommended to provide patients with Vitamin D supplements and Calcium routinely. It is also compulsory to follow up patients BMD through regular DEXA scan.

References: 1.Nielsen OH, Rejnmark L, Moss AC. Role of Vitamin D in the Natural History of Inflammatory Bowel Disease. *J Crohns Colitis*. 2018 May 25;12(6):742-752 2.Nguyen HD, Bakshi AK, Borum ML. The frequency of osteoporosis screening in men with inflammatory bowel disease. *Am J Mens Health*. 2010; 4:71-4.

Disclosure of Interest: None declared

P117

THE ROLE OF BIOELECTRICAL IMPEDANCE IN THE EVALUATION OF BONE MASS IN PATIENTS WITH ADVANCED BREAST CANCER

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Rationale: Bioelectrical impedance analysis(BIA) of human body composition is a rapid, accurate and non-invasive examination method, which is widely used to evaluate the nutritional status and curative effect of patients with various diseases; the incidence of tumor bone metastasis in patients with advanced breast cancer is about 65%>75%, and patients with bone metastasis account for 27%>50% of the total patients in initial diagnosis. The main purpose of this study is to explore the role of BIA in evaluating bone mass in patients with advanced breast cancer.

Methods: Patients with advanced breast cancer who were newly diagnosed in the Cancer Center of the First Affiliated Hospital of Jilin University from January 2017 to December 2019 were screened. The clinical information and data of the patients were recorded, and the body composition indexes of the patients were obtained by InbodyS10. The bone mass of the patients was estimated by BIA and statistically analyzed by SPSS21.0 software.

Results: 1. A total of 214 patients with advanced breast cancer were included, including 172 postmenopausal patients (80.37%) and 42 premenopausal patients (19.63%). The average presumed bone mass of postmenopausal patients was 2.29 kg and that of premenopausal patients was 2.41 kg. There was significant difference between the two groups ($P \leq 0.05$). 2. There were 95 patients with bone metastasis (44.39%) and 119 patients without bone metastasis (55.61%). The average presumed bone mass of patients with bone metastasis was 2.13kg and that of patients without bone metastasis was 2.33kg. There was significant difference between the two groups ($P \leq 0.05$). 3. Among the patients with bone metastasis, 33 patients (34.74%) had skeleton-related events (SRE) and 62 patients (65.26%) had no SRE. The average presumed bone mass of patients with SRE was 2.09 kg, and that of patients without SRE was 2.25 kg.

Conclusion: The bone mass obtained BIA plays a certain role in the evaluation of bone mass in patients with advanced breast cancer, which needs to be verified by a large sample.

Disclosure of Interest: None declared

Critical care

P120

NUTRITIONAL EVALUATION AND MANAGEMENT IN PATIENTS WITH COVID-19 FOLLOWING HOSPITALIZATION IN INTENSIVE CARE UNITS

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Rationale: Among hospitalized patients with COVID 19 pneumonia, up to 32% may require admission in intensive care units (ICU). The aim of this prospective cohort study is to assess nutritional parameters in patients with COVID 19 following ICU.

Methods: All patients with COVID 19 requiring ICU stay (minimum 14 days) with mechanical ventilation were included after ICU discharge. Recorded parameters at the time of post-ICU rehabilitation unit (PIRU) admission included demographics, body mass index (BMI), weight loss (%), Hand Grip Test (kg), nutrition therapy modalities, and albumin dosage (gr/l). Quantitative parameters were expressed in median and range.

Results: Until May 5th2020, 11 patients were included (age 58(33-75) years old, and 5 men (45%). BMI at ICU admission was 25.7 (22.2-33.3) kg/m². Duration regarding ICU stay and ventilation were respectively 29 (25-39) and 22 (13-28) days. Three patients (27%) required extracorporeal membrane oxygenation and tracheostomy was performed in 5 (45%). During ICU stay, enteral nutrition was administered to all patients through a nasogastric tube; a percutaneous endoscopic gastrostomy was placed in the ICU in two patients. One patient required complementary parenteral nutrition. At the time of admission in the PIRU, BMI was 22.9 (19.1-32.9) kg/m² and nutrition dosage was calculated at a median of 2553kcal/day (≥ 28 kcal/kg/day) and 128 gr protein/day (≥ 1.3 gr/kg/day). Weight loss since ICU admission was estimated at 8.3% (4.3%>14%). Post-extubation dysphagia requiring texture adaptation was present in 5 patients (45%). Albumin levels were 30 (26-36) gr/L. Hand-grip was 12 (8-26) kg and 0 (0-20) kg for respectively men and women, reflecting significant sarcopenia

Conclusion: Critical illpatients with COVID 19 pneumonia are malnourished and have severe sarcopenia following ICU stay despite adequate nutrition management. Optimal nutrition therapy remains crucial during the rehabilitation period.

Disclosure of Interest: None declared

P121

LOW SELENIUM SERUM LEVELS ARE ASSOCIATED WITH POOR CLINICAL OUTCOMES IN CRITICALLY ILL CHILDREN

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Rationale: Major gastrointestinal surgeries in childhood era may lead to Pediatric Intensive Care Unit (PICU) admission due to the oxidative stress and inflammation following surgeries' acute stress response that may be associated with poor clinical outcomes. Previous studies reported selenium as a key component of antioxidant defense system which serum selenium levels are directly correlated with the severity of oxidative stress. In this study, we investigated the possible relation between serum selenium concentrations and clinical outcomes following major gastrointestinal surgeries.