

VIP Room Thursday, September 10, 2015 (12:00 - 15:00)

ACCIDENTALLY DISCOVERED PATIENTS WITH ANTIBODY TO HEPATITIS C VIRUS: CLINICAL, BIOCHEMICAL, VIROLOGIC, ULTRASONIC AND HISTOLOGIC FEATURES

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CHANGES IN CD4 AND CD8 AFTER INTERVENTIONAL MANAGEMENT OF HEPATOCELLULAR CARCINOMA

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CHARACTERIZATION OF SHV EXTENDED-PECTRUM β-LACTAMASES IN ENTEROBACTERIACEAE

Authors: Ayman M. EL-Lehle^{*}, Amira A. EL-Hendi^{**}, Abeer H. EL-^{**} Shalakany^{**} and Sheren Mosa^{**}.
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CHOLECYSTOBIILIARY FISTULA: A SIMPLE SURGICAL APPROACH

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DIAGNOSTIC ACCURACY OF ASCETIC FLUID LEUCOCYTE ESTERASE AND LACTOFERRIN IN CIRROTHIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS

Authors: Ayman El-Shayeb¹, Akram El-Deghady², Rania Abou Youssef³, Eman El-Absawy⁴
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Poster Session

DIAGNOSTIC POTENTIAL OF OSTEOPONTIN BIOMARKER IN IRRITABLE BOWEL SYNDROME

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EARLY HCV TREATMENT IS THE BEST CHOICE

Authors: Yousry Taher

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EFFECT OF BOWEL PREPARATION FOR COLONOSCOPY OR BARIUM ENEMA ON SERUM CARCINO-EMBRYONIC ANTIGEN LEVEL

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EFFECT OF EARLY AND DELAYED ADMINISTRATION OF NICORANDIL IN BILE DUCT LIGATION-INDUCED LIVER FIBROSIS IN RATS

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EOSINOPHILIC GASTROENTERITIS

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EVALUATION OF CARDIAC AND ADRENAL FUNCTIONS IN CIRRHOTIC PATIENTS WITH ASCITES AND WITH SPONTANEOUS BACTERIAL PERITONITIS

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EVALUATION OF ETIOLOGICAL SPECTRUM OF MALIGNANT OBSTRUCTIVE JAUNDICE AT NCI

Authors: Mohammed Gamil MD; Nelly Hassan Ali El-din MD; Ali Hassan Mebed MD; Ashraf Sobhy Zakaria* M.Sc.

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Poster Session

EVALUATION OF NEWLY ISOLATED PROBIOTICS IN THE PROTECTION AGAINST EXPERIMENTAL INTESTINAL TRICHINELLOSIS

Authors: Mona M. El-Temahy ^a, Iman R. Ibrahim ^a, Shereen F. Mossallam ^a, Hoda Mahrous ^b, Sara A. Abdel Salam ^a

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INTERACTION OF YOUNG AND ADULT BIOMPHALARIA ALEXANDRINA SNAILS WITH SCHISTOSOMA MANSONI

Authors: Safaa Ibrahim Khedr₁, Hayam Abd El-Moniem Sadaka₂, Iman Fathy Abou-El Naga₂, Iman Hassan Diab₃, Eglal Ibrahim Amer₄

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IRRITABLE BOWEL SYNDROME: PROMISING NEW HOPES

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MALIGNANT OBSTRUCTIVE JAUNDICE, REVIEW OF 232 CASES

Authors: Mohammed Gamil MD; Nelly Hassan Ali Eldin MD; Ali Hassan Mebed MD; Ashraf Sobhy Zakaria* M.Sc.

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MONOCYTE CHEMOATTRACTANT PROTEIN-1 IN TYPE 2 DIABETIC PATIENTS WITH DIABETIC NEPHROPATHY

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NEOPTERIN AND CXCL10 IN CHRONIC HEPATITIS C VIRUS PATIENTS WITH AND WITHOUT SCHISTOSOMIASIS, LIVER CIRRHOSIS AND HEPATOCELLULAR CARCINOMA

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Poster Session

POST CHOLECYSTECTOMY STONES

Authors: Yousry Taher
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POST CHOLECYSTECTOMY UNUSUAL PROBLEMS

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PROPOLIS ENHANCES THE EFFECTIVENESS OF PRAZIQUANTEL IN EXPERIMENTAL SCHISTOSOMIASIS: BIOCHEMICAL AND HISTOPATHOLOGICAL STUDY

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ROLE OF EUS IN MANAGEMENT OF PAIN IN CASES OF HEPATOCELLULAR CARCINOMA

Authors: Amr El-Rabat, Salah El-Gamal
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SERUM HYALURONIC ACID LEVEL IN CHRONIC HEPATITIS C VIRUS MONOINFECTION, COINFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS, BEFORE AND AFTER INTERFERON THERAPY FOR CHRONIC HEPATITIS C

Authors: Aly M EL-Kady, Hossam EL-Din F Abo El-Kheir, Abeer Sh El-Hadidy*, Salwa EL-Houfy
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SOLID PSEUDOPAPILLARY TUMOR: A RARE NEOPLASM OF THE PANCREAS. REPORT OF A RARE CASE

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STUDY OF ASCITIC FLUID CALPROTECTIN IN CIRRHOTIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS

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Poster Session

THE PREVALENCE OF INSULIN RESISTANCE AND METABOLIC FACTORS IN CHRONIC HEPATITIS C PATIENTS WITH GENOTYPE 4

Authors: Amira Amer, Manal Baddour, Mohamed El-Shazly, Gylan Fadaly, Nesrine Hanafi, Sara Asser

Affiliation: Alexandria University

THE ROLE OF SERUM ALPHA FETO PROTEIN ISOFORM 3(L3) AND MAGNETIC RESONANCE IMAGING IN THE ASSESSMENT OF MANAGEMENT OF HEPATOCELLULAR CARCINOMA

Authors: Mohamad Kassem¹, Akram Deghady², Nasser Abd Allah¹, Hossam Abo El-Kheir¹, Mohamed El-Shafei³, Marwalbrahim¹

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THE VRVR AND URVR AS FAST ENDPOINTS IN COMPARATIVE EFFECTIVENESS RESEARCH AND AS GUIDES FOR TRUNCATED ANTIVIRAL THERAPY FOR PATIENTS WITH CHRONIC HCV AN INTERIM REPORT OF A PROSPECTIVE RANDOMIZED COMPARATIVE EFFECTIVENESS STUDY

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TNF ALPHA VERSUS AFP AS BIOMARKERS OF HEPATOCELLULAR CARCINOMA ON TOP OF HCV RELATED CIRRHOSIS

Authors: Ahmed Zaid, Shahira El-Etreby, Amr El-Rabat, Monir Bahgat, Hosam Zaghloul, Salah Elgamal

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USE OF ALPHA-FETOPROTEIN AND COMPLEMENT C3 AND C4 AS MONITORS OF RESPONSE TO INTERFERON THERAPY IN CHRONIC HEPATITIS C PATIENTS

Authors: Abdel Fattah Fahmy Hanno, Akram Abdel-Moneim Deghady, Ehab Hassan Abdel-Maksood El-Kholy, Dr. Noha Yousry Khalil Ahmed Ibrahim

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WHIPPLE OPERATION IN YOUNG PATIENT; CASE REPORT

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A CATASTROPHE AFTER SPLENIC ARTERY EMBOLIZATION

Authors: Randa Salah,

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Partial splenic embolization (PSE) is one of the intra-arterial therapeutic approaches of diseases. With the development of interventional radiology, the applications of PSE in clinical practice are greatly extended, while various materials are developed for embolization use. Common indications of PSE include hypersplenism with portal hypertension, hereditary spherocytosis, thalassemia, autoimmune hemolytic anemia, splenic trauma, idiopathic thrombocytopenic purpura, splenic hemangioma, and liver cancer. It is also performed to exclude splenic artery aneurysms from the parent vessel lumen and prevent aneurysm rupture, to treat splenic artery steal syndrome and improve liver perfusion in liver transplant recipients, and to administer targeted treatment to areas of neoplastic disease in the splenic parenchyma. Indicators of the therapeutic effect evaluation of PSE comprise blood routine test, changes in hemodynamics and in splenic volume. Major complications of PSE include the pulmonary complications, severe infection, damages of renal and liver function, and portal vein thrombosis. We present a case of post splenic artery embolization catastrophic complication

ABUSE OF LOCO REGIONAL THERAPY FOR HCC

Authors: Yousry Taher

Affiliation: Alexandria University HPB Unit

HCC is a common deadly cancer related to high rates of chronic HCV and HBV infections in Egypt. Loco regional therapy is frequently used for HCC treatment. We notice abuse of TACE and RFA procedures with increasing in the rate of complications related. We explore some pitfalls in the management of HCC and discuss what should be done to avoid abuse of loco regional techniques

Abstracts

ACCIDENTALLY DISCOVERED PATIENTS WITH ANTIBODY TO HEPATITIS C VIRUS: CLINICAL, BIOCHEMICAL, VIROLOGIC, ULTRASONIC AND HISTOLOGIC FEATURES

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Objective: To assess the clinical significance of antibody to hepatitis C virus (anti-HCV) in volunteer blood donors. Design: Prospective cohort study.

Setting: blood bank of Suez general hospital and Menofyia University Hospital. Patients: One hundred twenty four accidentally discovered positive HCV-antibody, most of them are volunteer blood donors (identified as positive for anti-HCV by first- or second-generation enzyme immunoassay (EIA-1 or EIA-2 according to availability; Ortho Diagnostics Co., Raritan, New Jersey), they were followed up for a minimum two years. Measurements: Medical history, results of laboratory and virologic testing, and percutaneous liver biopsy findings. Results: Participants with normal alanine aminotransferase levels were older and more often female than those with abnormal levels. The source of infection, duration of disease, symptom score, and amount of alcohol consumed were similar in the three groups. Hepatitis C virus RNA was detectable in 85% of participants, more commonly in the groups with elevated alanine aminotransferase levels (95%) than in the group with normal levels (65%); however, titers were similar in all groups. Examination of liver biopsy specimens showed chronic hepatitis in 54 participants (90%) and cirrhosis in 1 participant. The only normal liver biopsy specimens (n = 3) were those from participants who were HCV RNA negative and had normal alanine aminotransferase levels. Conclusions: Most blood donors with anti-HCV have chronic hepatitis C regardless of their serum alanine aminotransferase levels. Donors with normal alanine aminotransferase levels and no HCV RNA in their serum generally have normal liver histologic findings or minimal changes and have probably recovered from HCV infection.

ACHALASIA OF THE CARDIA UPDATES

Authors: Saied El-Kayal

Affiliation: Alexandria University

The cause of most cases of achalasia is unknown. LES pressure and relaxation are regulated by excitatory (e.g., acetylcholine, substance P) and inhibitory (e.g., nitric oxide, vasoactive intestinal peptide) neurotransmitters. Persons with achalasia lack noradrenergic, no cholinergic, inhibitory ganglion cells, causing an imbalance in excitatory and inhibitory neurotransmission. The result is a hypertensive nonrelaxed esophageal sphincter. Autopsy and myotomy specimens have, on histological examination, shown an inflammatory response consisting of CD3/CD8-positive cytotoxic T lymphocytes, variable numbers of eosinophils and mast cells, loss of ganglion cells, and neurofibrosis; these events appear to occur early in achalasia. Thus, it seems there is an autoimmune context to achalasia, most likely caused by viral triggers. Other studies suggest hereditary, neurodegenerative, genetic and infective contributions. Some interesting cases and laparoscopic procedures for management of Achalasia will be presented exposing Alexandria University experience.

ADULT ACQUIRED MEGA COLON IS IT PRESENT

Authors: Hassan El-Bahrawi
Affiliation: Alexandria University

Acquired megacolon condition related to narcotics or disruption of ganglionic innervation—eg idiopathic hypomotility, neuropathies— Parkinsonism, multiple sclerosis, myotonic dystrophy, diabetic neuropathy, Chagas' disease, smooth muscle disorders— Amyloidosis and progressive systemic sclerosis and metabolic disease— Hypokalemia, lead poisoning, porphyria, pheochromocytoma, hypothyroidism and may be due to intraluminal overgrowth of microorganisms in Crohn's disease and ulcerative colitis— Toxic mega colon— Characterized by mucosal necrosis, transmural inflammation and systemic 'toxicity' associated with high fever, tachycardia, leukocytosis and diarrhea; in psychogenic mega colon, no radiologic or pathologic defects are present— The condition may be related to a 'fixation' in Freud's anal retentive stage of psychosexual development, with constipation of later onset than in HD, possibly 2^o to abuse of anthracine laxatives

ASPIRIN/NSAID USE AND RISK OF COLORECTAL CANCER

Authors: Ezzat Aly,
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CRC incidence and mortality rates vary markedly around the world. Globally, CRC is the third most commonly diagnosed cancer in males and the second in females. Among the protective agents are aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). A large and compelling body of research has shown that NSAIDs inhibit colorectal carcinogenesis. The evidence is diverse and is based upon animal models, epidemiologic data, intervention trials of NSAIDs in patients with familial polyposis, and, more recently, randomized controlled trials of aspirin and selective COX-2 inhibitors in humans. Colorectal cancer (CRC) is a common and lethal disease. The risk of developing CRC is influenced by both environmental and genetic factors.

BIOFEED MECHANISM IN OBSTRUCTIVE DEFECTION WHERE ARE WE?

Authors: Essam Moussa
Affiliation: Alexandria University

Biofeedback training improved the obstructive symptoms of the patients and showed significant change in various parameters related to the obstructive defecation syndrome. Biofeedback improves the defecation act in patients suffering from inappropriate contraction of the pelvic floor and sphincter musculature. Furthermore, biofeedback objectively influences the defecation reflex leading to an improved quality of higher control of bowel function.

CHANGES IN CD4 AND CD8 AFTER INTERVENTIONAL MANAGEMENT OF HEPATOCELLULAR CARCINOMA

Authors: Walid El-Sherbiny¹, Nashwa Khairat Abousamra², Muhammad Diasty¹, Shaker Wagih Shaltout¹

Affiliation: ¹ Tropical Medicine Department, ² Clinical Pathology Department, Mansoura

Presenting Author: Shaker Wagih Shaltout

Background and study aim: Hepatocellular carcinoma (HCC) has many curative choices which in some circumstances are equal to or even better than surgery. These strategies for treatment of HCC may induce certain local effects which trigger distinct immunological responses that may have a systemic impact on the natural history of the tumour itself. These responses are validated through the measurement of specific immune cells in the systemic circulation. In this study, we tried to observe and analyze changes in the peripheral immune cells that accompany and follow HCC ablation by different procedures of radiological intervention and compare our results with literature. So, this study may be useful with other criteria in the guidelines for the selection of the optimal therapeutic strategy for each patient.

Patients and methods: This study was conducted on about 50 patients diagnosed with HCC who were referred to Tropical Medicine Department at Mansoura University Hospital, Egypt and 20 healthy volunteers as a control. The therapeutic strategy was selected according to the tumor stage and general condition. RFA was performed for 12 cases, PEI for 13, MWA for 12 and TACE for 13 cases. All Patients were subjected to full history taking, clinical examination, liver function tests, anti-HCV antibodies and HBS antigen by 3rd generation ELISA, serum alpha fetoprotein, abdominal ultrasonography, triphasic abdominal computerized tomography and lymphocyte subset assay by flow cytometry 1 day before, and 3 weeks after the treatment.

Results: Regarding the immunological status between control and HCC patients, there was a demonstrable difference in the number of cells in both groups, as the control group had higher levels of CD4+ and CD8+ values. In the RFA group, CD4+ cells and CD4/CD8 ratio remarkably increased after treatment ($P < 0.001$). In the PEI group, CD4+ cells markedly increased after treatment ($P < 0.001$).

Conclusion: Our study has proved to find a relationship between immunity and different models of therapy in HCC patients and demonstrated a positive attitude towards increasing immune cells following ablation technique

CHARACTERIZATION OF SHV EXTENDED-PECTRUM β -LACTAMASES IN ENTEROBACTERIACEAE

Authors: Ayman M. EL-Lehle^{*}, Amira A. EL-Hendi^{**}, Abeer H. EL-^{**} Shalakany^{**} and Sheren Mosa^{**}.

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Background: Resistance to β -lactam antibiotics is an increasing problem especially in Enterobacteriaceae. Therefore, detection of ESBLs in Enterobacteriaceae is crucial for optimal treatment of patients and to control the spread of resistance. The SHV-type ESBLs may be more frequently found in clinical isolates than any other type of ESBLs **Objective:** To study the prevalence of SHV ESBLs in Enterobacteriaceae among patients conducted at Menoufiya University hospitals. **Methodology:** The isolated strains of Enterobacteriaceae are subjected to screening tests for ESBLs by disc diffusion then to confirmatory tests for ESBLs by double disc test. Finally, molecular detection of SHV gene by PCR. **Results:** 97 of 160 (60.6%) isolates were found to be ESBL producers by double disc test, Out of 97 ESBL producers, 45(28.1%) were *E. coli*, 28(17.5%) were *Enterobacter* and 22 (13.7%) were *Klebsiella* spp., Of the various clinical samples, The most frequent ESBLs isolates were from urine samples 16.9%, followed by sputum samples 11.3%. 70 of 97 (72.2%) ESBL-producing strains were positive for SHV gene by PCR. **Conclusion:** High prevalence of ESBL producers in our hospital (60.6%) calls for strict policies regarding antibiotic usage ,hospital-based clinical laboratories should screen isolates following hospitalization in patients in need for antibiotics to formulate effective antibiotic strategy and plan a proper hospital infection control strategy to prevent the spread of these ESBL strains.

CHOLECYSTOBILIARY FISTULA: A SIMPLE SURGICAL APPROACH

Authors: Maher Osman, Ahmad Shaban, Mohamad Y. Taher³

Affiliation: Dept. of Surgery¹, National Liver Institute, Menoufiya University, Dept. of Surgery², High Institute for Research, and Dept. of Hepatobiliary Medicine³, Faculty of Medicine, Alexandria University

Background/aim: Cholecystobiliary fistula (Mirizzi syndrome) is a very rare complication of long standing gallstone disease. Preoperative diagnosis and surgical treatment are very challenging and still individualized. **Patients:** We presented 3 patients with different stages of MS, presented within a 12 months period. Case 1 was MS type III (cholecystobiliary fistula > 50% of bile duct circumference), case 2 was MS type II (fistula < 50% of bile duct circumference), while in case 3 MS was type I (mere external compression of the cystic-CBD junction by a sizable stone impacted at the neck of the gallbladder). **Methods:** The preoperative diagnosis and staging of our patients based on imaging pictures from either ERCP or MRCP. All cases were treated by open cholecystectomy done through a right subcostal incision and a retrograde (fundus-first) dissection of the gallbladder. After identification of the bile duct and extraction of the impacted or eroding stone, the common bile duct was repaired over a T-tube of 18 °F diameter (ductoplasty). After complete recovery and confirmation of CBD patency by a postoperative T-tube cholangiography done 2 weeks after hospital discharge. The T-tube was removed 2 weeks later to confirm duct healing. **Results:** In 2 patients the postoperative course was very uneventful, while in one patient it was a stormy from repeated vomiting and pre-renal failure. Hospital stay ranged from 3-5 days. Serum bilirubin returned back to normal levels on the time of T-tube cholangiography. No reported mortality or procedure-related complication. **Conclusions:** Cholecystobiliary fistula despite its rarity, is very important clinical problem. Preoperative diagnosis is crucial to avoid intraoperative bile duct injury. MRCP is a non-invasive tool for diagnosis, whereas CT is important to exclude malignancy. Staging is complicated and treatment is challenging. Open cholecystectomy and ductoplasty over a T-tube seems to be a simple and safe procedure and can be applied to almost all stages of Mirizzi syndrome.

DAAS VIRAL RESISTANCE MUTATIONS

Authors: Fathalla Sedki

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Direct-acting antiviral (DAA) agents target HCV proteins; some of these have already been approved for the treatment of HCV infection, while others are in development. However, selection of DAA-resistant viral variants may hamper treatment. The aim of presentation is to illustrate potential natural DAA-resistance mutations in the HCV NS5A and NS5B regions of HCV genotypes 1a and 1b from DAA-naïve patients as well as other genotypes.

DEXLANZOPRAZOLE IS EFFECTIVE IN HEALING OF ESOPHAGEAL ULCERS AND CONTROL OF NAB

Authors: Yousry Taher
Affiliation: Alexandria University

Although proton pump inhibitors (PPI) have a record of remarkable effectiveness and safety in the management of gastro esophageal reflux disease (GERD), several treatment challenges with PPI have emerged. Dexlansoprazole MR is the (R)-enantiomer of lansoprazole contained in a formulation that produces two distinct releases of drug and significantly extends the duration of active plasma concentrations and % time pH > 4 beyond that of conventional single-release PPI. Dexlansoprazole MR can be administered without regard to meals or the timing of meals in most patients. Dexlansoprazole MR 60 mg demonstrated similar efficacy for healing of erosive esophagitis at 8 weeks compared with lansoprazole 30 mg, and dexlansoprazole MR 30 mg was superior to placebo for maintenance of healed erosive esophagitis at 6 months with 99% of nights and 96% of days heartburn-free over 6 months in patients taking dexlansoprazole MR 30 mg. Superior relief of heartburn occurred in patients taking dexlansoprazole MR 30 mg (55% heartburn-free 24-hour periods) vs placebo (14%) for symptomatic no erosive GERD. The safety profile of dexlansoprazole MR is similar to that of lansoprazole. The extended pharmacodynamics effects, added convenience, and efficacy and safety of dexlansoprazole MR offer a novel approach to gastric pH control in patients with acid-related disorders.

DIAGNOSTIC ACCURACY OF ASCETIC FLUID LEUCOCYTE ESTERASE AND LACTOFERRIN IN CIRRHOTIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS

Authors: Ayman El-Shayeb¹, Akram El-Deghady², Rania Abou Youssef³, Eman El-Absawy⁴
¹: Professor of Tropical Medicine, ²: Professor of Clinical and Chemical Pathology, ³: Lecturer of Tropical Medicine, ⁴: Instructor of Tropical Medicine.

SBP is the most frequent infectious complication (10-30%) of patients with cirrhosis and ascites, with high recurrence rate (up to 70% in the first year).^(1,2) Aims: The aim of the present work was to validate the diagnostic efficacy of the leukocyte esterase reagent strip test and ascetic fluid lactoferrin level for rapid, bedside diagnosis of SBP in cirrhotic patients and to compare them to the classical way of diagnosis by using PMNL count. Subjects and Methods: The study was conducted in 50 patients with cirrhosis and ascites divided into two groups. Group I consisted of 25 patients without SBP, while group II had 25 patients with SBP. Ascetic fluid lactoferrin was measured using an ELISA kit and leukocyte esterase was tested by reagent strips. Results: There was a significant difference between the two studied groups as regard LERS as In group I, LERS was negative in 100% of patients, while in group II it was negative in 52% ,and positive in 48% . The mean AFLAC was significantly higher in SBP patients than in patients without SBP. significant positive correlation was found between LERS and ascetic fluid PMNLs. AFLAC had Significant positive correlation with ascetic fluid PMNLs and significant negative correlation ascetic fluid Albumin. No significant difference was found between the LERS results (++ and +++) as regard their relation with each of ascetic fluid PMNLs, ascetic fluid albumin and AFLAC. Conclusions: Our findings suggest that AFLAC can serve as a sensitive and specific diagnostic test for SBP patients. The positive correlation between each of AFLAC and LERS with ascetic fluid PMNLs which indicates that their presence is proportional to the flux of neutrophils. LERS is rapid, feasible and low-cost tests with high specificity, PPV and NPV for diagnosing of SBP in cirrhotic patients.

DIAGNOSTIC POTENTIAL OF OSTEOPONTIN BIOMARKER IN IRRITABLE BOWEL SYNDROME

Authors: Gihane I Khalil¹, Hanan M. Mostafa² & Fatma I. Dwidar³

Affiliation: Chemical Pathology¹ & Internal Medicine² departments, Medical Research Institute, Biochemistry department³, Faculty of Medicine, Alexandria University

Background: Osteopontin (also known as early T lymphocyte activation Eta-1), a cytokine which promotes Th1 immune responses. Several recent reports have suggested an important role for osteopontin in the pathogenesis of inflammatory bowel diseases as well as its possible use as a biomarker.

Objective: The aim of this work was to find out the diagnostic potential of osteopontin biomarker in irritable bowel syndrome.

Subjects and Methods: This study included:

Group I: included 40 patients' who were fulfilling Rome III criteria for IBS. And Group II: included 20 healthy subjects as controls. Informed consent were obtained from all subjects. All subjects were subjected to: medical history taking, thorough physical examination and laboratory investigations which included:-Routine laboratory tests, fecal calprotectin assessment and serum osteopontin assessment. Colonoscopy and histopathological examination of biopsies from the colon were done for patients only (Group I).

Result: Out of 40 patients (group I); 20 were IBS-D (diarrhea predominant), 14 IBS-C (constipation predominant) and 6 IBS-A (alternating diarrhea and constipation). Both group I and group II were matched as regard age and sex. There were no statistical significant difference between the two studied groups as regard routine laboratory investigations. Stool analysis was normal in all subjects. No statistical significant difference between the two groups as regard the mean erythrocytes sedimentation rate (ESR) at the first and second hour [$p = 0.586$ & 0.194 respectively]. Also no statistical significant difference between the two groups as regard the mean C-reactive protein (CRP), the mean fecal calprotectin level and the mean serum osteopontin level [$p = 0.432$, 0.066 & 0.086 respectively]. As regard colonoscopy findings in IBS patients: Hyperemia was found in 4 patients, polyps was found in 2 patients, diverticula, ulcers and mass were not found in any patients. Regarding histopathological findings of colonoscopy biopsies in IBS patients: Nonspecific colitis was found in 30 patients, 10 patients was normal. Lymphocytic colitis was not found in any patient.

Conclusion: Osteopontin has no role as a diagnostic biomarker in IBS. Further work on a larger patients sample will be required to study the propabiltyle of the use of osteopontinas noninvasive biomarker in the differential diagnosis between functional and inflammatory gastrointestinal disorders.

Key wards: Calprotectin; irritable bowel syndrome; Osteopontin.

DOWN STAGING OF LARGE GIST IS IT A MUST BEFORE SURGERY?

Authors: Ahmed Shawki

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Gastrointestinal stromal tumors (GISTs) are uncommon tumors of the GI tract. These tumors start in very early forms of special cells found in the wall of the GI tract, called the interstitial cells of Cajal (ICCs). ICCs are cells of the autonomic nervous system, the part of the nervous system that regulates body processes such as digesting food. More than half of GISTs start in the stomach. Most of the others start in the small intestine, but GISTs can start anywhere along the GI tract. A small number of GISTs start outside the GI tract in nearby areas such as the omentum (an apron-like layer of fatty tissue that hangs over the organs in the abdomen) or the peritoneum (the layer of tissue that lines the organs and walls of the abdomen).

EARLY HCV TREATMENT IS THE BEST CHOICE

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HCV treatment in the era of DAAs is still controversial from different aspects e.g. regarding long term outcome of such a recent treatment and the timing of starting therapy and even much ongoing debate of whom to treat for chronic HCV. Most of recent research focus on earliest changes that occur in the hepatocytes before occurrence of cirrhosis. It has been found that within 10 years of HCV infection, about 18% have developed cirrhosis. Most of this occurs within the first 5 years after infection. We still have to identify the large number of people who are unaware that might reach up to 40 % of all the population of their diagnosis and get them into care. All recent data indicate that we must change the concept of HCV treatment from treating HCV chronic liver disease to treatment of chronic viral infection .We should not wait coming of fibrosis to start treatment especially with high resistance pan genotypic profiles of recent drugs

EFFECT OF BOWEL PREPARATION FOR COLONOSCOPY OR BARIUM ENEMA ON SERUM CARCINO-EMBRYONIC ANTIGEN LEVEL

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Introduction: Carino emhyonic antigen (CEA) is probably the faremost oncofetal antigen known but it was found elevated in many benign conditions and other many causes.

Aim of study: was to assess the effect of bowel preparation on CEA levels in patients undergoing colonoscopy.

Subject and methods: the study included 70 patients undergoing bowel preparation for colonoscopy for different indications excluding those with cancer calon and inflammatory bowel disease. CEA was measured before and after bowel preparation but before colonoscopy using ELISA technique.

Results: the mean level of CEA in patients prepared for colonoscopy was 1.89 ± 1.1 while after preparation was 2.2 ± 1.15 ng/ml.

Conclusion: CEA level was higher after bowel preparation in patients who did colonoscopy but this increasing was insignificant.

The only parameter showed to be increased before and after preparation was c-reacting protein (CPR) (significant change) in association with carcino embryonic antigen (CEA) level.

Keywords: Carcino embryonic antigen (CEA), bowel preparation, colonoscopy.

INTRODUCTION

Carcino-embryonic antigen (CEA) is an oncofetal antigen.⁽¹⁾ It was described in 1965 by Gold and Freedman, and was so named because of its distribution in neoplastic and embryonic intestinal tissues.⁽²⁾ Since it was discovered, CEA was become probably the foremost of human tumor antigen known.⁽³⁾ At first the presence of CEA in adults was thought to be a specific indicator for the presence of colorectal carcinoma,^(2,4) but it was found elevated in many benign conditions as well as in non endodermally-derived tumors.⁽⁵⁾ CEA can be measured in serum or plasma,⁽⁶⁾ and other fluids using several methods for assay. The most important methods are the radio-immunoassay,⁽⁷⁾ the enzyme immunoassay,^(1, 8) and the flouroimmunoassay.⁽⁹⁾

The first mention of colonoscopy for average risk screening appeared in 1988,⁽¹⁰⁾ the first studies of colonoscopy for average risk screening in 1990^(11,12) and the first appearance in a guideline appeared from the GI Consortium in 1997.⁽¹³⁾ This was followed very closely by the American Cancer Society in the same year.⁽¹⁴⁾ In 2000, the American College of Gastroenterology recommended colonoscopy as the preferred colorectal cancer screening strategy, whenever the expertise, resources, and reimbursement for the procedure were available.⁽¹⁵⁾ In many countries, colonoscopy is not used for colorectal cancer screening because of costs, or inadequate manpower and facilities. Thus, indications for colonoscopy are likely to differ between countries, depending on the available resources and the perceptions of local healthcare experts in that country regarding the benefits, costs, and risks of colonoscopy relative to other diagnostic strategies. The concept of limiting the indications for colonoscopy according to the feasibility of supplying the service can be readily extended beyond the decision of whether to provide the service for screening. Thus, within the symptomatic population and the surveillance population, there is a very large range of yield for cancer that can be determined by indication.⁽¹⁶⁾

EFFECT OF EARLY AND DELAYED ADMINISTRATION OF NICORANDIL IN BILE DUCT LIGATION-INDUCED LIVER FIBROSIS IN RATS

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Liver Fibrosis is one of the most serious conditions that affect the Egyptian society. In the present study, the effect of nicorandil was investigated in experimentally-induced liver fibrosis by bile duct ligation in rats. Nicorandil (3mg/kg/day) was given orally for 2 weeks 24 h or on the 15th day after bile duct ligation. At the end of experiment, biochemical parameters were investigated including liver function tests (ALT and ALP) as well as oxidative stress (TBARS and GSH), inflammatory (MPO, TNF- α and iNOS) and fibrogenic markers (PDGF and TGF- β). Furthermore, histological changes (α -SMA expression and percentage area of fibrosis) were evaluated. Early administration of nicorandil showed more significant amelioration than delayed one regarding liver function tests, inflammatory and fibrogenic markers and histological examinations. In summary, nicorandil was effective against the development of bile duct ligated-induced liver fibrosis in rats where early administration of nicorandil showed better improvements compared to delayed administration.

EOSINOPHILIC GASTROENTERITIS

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Eosinophilic gastroenteritis (EGE) is a rare disorder characterized by eosinophilic infiltration of the bowel wall with various gastrointestinal manifestations. Presentation depend on location as well as extent of bowel wall involvement and it runs a chronic relapsing course, grave complications like ascites and intestinal obstruction that might need surgical intervention .Some authors classified it into mucosal, muscular and serosal types based on the depth of involvement . The etiology and pathogenesis is not well defined. Hypersensitivity reaction may play a role. The presence of peripheral eosinophilia, abundant eosinophils in the gastrointestinal tract and dramatic response to steroids support that the disease is mediated by a hypersensitivity reaction

EVALUATION OF CARDIAC AND ADRENAL FUNCTIONS IN CIRRHOTIC PATIENTS WITH ASCITES AND WITH SPONTANEOUS BACTERIAL PERITONITIS

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Liver cirrhosis is associated with a wide range of cardiovascular abnormalities. Adrenal insufficiency (AI) may occur in compensated and decompensated cirrhosis without sepsis or in early and late post-liver transplantation. Aim of this work was to study the possible association between end toxemia and cirrhotic cardiomyopathy (CCM). To evaluate a relationship between AI and CCM and to study features of CCM in patients with ascites and SBP. Patients and methods: This study included 110 persons divided into four groups: Group (I) twenty patients with compensated cirrhosis; group (II) sixty cirrhotic patients with ascites, group (III) twenty patients with ascites and between spontaneous bacterial peritonitis (SBP) and group (IV) ten healthy control group. Serum levels of brain natriuretic peptide (BNP), lipopolysaccharide-binding protein (LBP), and cortisol and plasma aldosterone were estimated. Cardiac chamber size and parameters of systolic and diastolic function were assessed by Pulsed-wave Doppler echocardiography with Tissue Doppler imaging. Corrected QT interval (QTc) was measured. Results: A Significant positive correlation was found between LBP level and mitral E/ E'. LBP levels were higher in patients with left ventricular diastolic dysfunction than in those without diastolic dysfunction. No significant differences in cardiac dimensions and functions were found between patients with and without AI. Left ventricular diastolic dysfunction was found in 42% of patients especially in patients with ascites and with SBP. Conclusion: Endotoxemia may play a role in CCM. No relation is found between AI and parameters of CCM in cirrhotic patients. Abnormalities suggestive of CCM were found in cirrhotic patients especially with ascites and with SBP.

EVALUATION OF ETIOLOGICAL SPECTRUM OF MALIGNANT OBSTRUCTIVE JAUNDICE AT NCI

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Background: Obstructive jaundice is a common problem in the medical and surgical gastroenterological practice.

Malignant obstructive jaundice can be caused by cancer head of pancreas, periampullary carcinoma, carcinoma of the gall bladder and cholangiocarcinomas.

Objective: to review the etiological spectrum of malignant obstructive jaundice in NCI Cairo university during a period of 3 years (2008 till 2010).

Patients and methods: retrospective study including 232 patients who presented with malignant obstructive jaundice between (2008 to 2010). Data were collected from the biostatistics and cancer epidemiology department.

Results: out of 232 patients; 156 (67.2%) were male and 76 (32.8%) were female; the median age of the study population was 49 years (range 19_80 years).

The commonest cause of malignant obstructive jaundice was pancreatic head cancer, 72% (167/232), followed by the ampullary carcinoma 15% (36/232). The last cause was cholangiocarcinoma 12.5% (29/233). Regarding the commonest symptom; clay colored stools (98.7%) was more frequent in patients with malignant disease whereas abdominal pain (97.7%) was 2nd common symptom. Whipple operation or pancreaticoduodenectomy was done in 37(46.2%), triple bypass was done in 15(18.9%) patients in (irresectable tumors or metastatic cases, choledocojuonostomy (+/-gastrojuonostomy) was done in 12(15%) patients (irresectable tumors) and laparoscopic assessment was used in 2(2.5%) patients. There were 43(53.75%) patients underwent abdominal exploration and the tumor was irresectable. The commonest cause of morbidity was biliary leakage 3/37(8.1%) cases post Whipple operation and 1/12 (8.3%) post choledocojuonostomy. The commonest cause of mortality was leakage (bile and pancreatic) 2/37(5.4%) cases post Whipple operation and 1/15 (6.7%) post Triple bypass. The 2nd cause was Pulmonary embolism 2/37(5.4%) post Whipple operation.

Regarding different sites of recurrences post Whipple operation; nodal metastases with Liver metastases were the commonest site of recurrence.

Nodal and local recurrence represented 1/37(2.7%) each type.

Conclusion: Obstructive jaundice is more common among males and cancer head of pancreas is the commonest malignancy. US, ERCP and CT-Scan are important diagnostic modalities for evaluation of patient with obstructive jaundice with ERCP having the additional advantage of being therapeutic as well.

Keywords: Obstructive jaundice, ERCP, Ca Head of pancreas, Ca gall bladder.

EVALUATION OF NEWLY ISOLATED PROBIOTICS IN THE PROTECTION AGAINST EXPERIMENTAL INTESTINAL TRICHINELLOSIS

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In the last decade, the use of probiotics as a mean of controlling enteric infections has received tremendous interest. The protective efficacy of seven oral doses of two newly isolated Egyptian probiotic strains; *Lactobacillus acidophilus* P110 (*L. acidophilus*) and *Lactobacillus plant arum* P164 (*L. plant arum*) versus *Lactobacillus casei* ATCC 7469 (*L. casei*) against experimental intestinal trichinellosis was assessed via parasitological parameters, after verifying there in vivo safety and intestinal colonization. Parasitologically, the highest reduction in the mean adult count was observed in *L. plant arum*-fed infected subgroup (56.98, 65.42 and 69.02%) on the fifth, twelfth and seventeenth day post infection (P.I.), respectively). Lesser percentage reductions were recorded in both the *L. casei*-fed infected subgroup (36.19, 23.68 and 31.58% respectively) and *L. acidophilus*-fed infected subgroup (36.50, 11.8 and 7.61% respectively). On the 28th day after challenge, the highest reduction in the mean larval count was in *L. plant arum*-fed infected subgroup (87.92%). While lower percentage reduction was observed in the *L. casei*-fed infected (74.88%) and *L. acidophilus*-fed infected subgroups (60.98%). Results indicate that *L. plant arum* verified a noticeable superiority over both *L. casei* and *L. acidophilus* against *T. spiralis* infection

HELICOBACTER PYLORI INFECTION LEAVES A FINGERPRINT IN GASTRIC CANCER

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Around half of the global population is chronically infected with the stomach bacterium *Helicobacter pylori*, almost 1% of whom go on to develop gastric adenocarcinoma, one of the deadliest forms of cancer. Usually it takes many decades for the cancer to develop, making it difficult to pinpoint exactly how it is linked to an infection. It has been widely accepted that this pathogen plays a role in the development of gastric cancer. Several bacterial infections are now suspected to play a role in the development of cancer but for none is the link so conclusively proven as for *H. pylori*, which can induce chronic gastritis and ulcer disease, and ultimately lead to the development of cancer. Scientists from found that while DNA damage induced by other means, such as irradiation or genotoxic chemicals, is indeed random, the damage caused by *H. pylori* is not.

HEPATIC RADIOEMBOLISATION

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Radioembolization is a minimally invasive procedure that combines embolization and radiation therapy to treat liver cancer. Tiny glass or resin beads filled with the radioactive isotope yttrium Y-90 are placed inside the blood vessels that feed a tumor. This blocks the supply of blood to the cancer cells and delivers a high dose of radiation to the tumor while sparing normal tissue. It can help extend the lives of patients with inoperable tumors and improve their quality of life.

HEREDITARY GASTROINTESTINAL CANCER

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The rapid growth of molecular genetics has enabled identification of persons who are at an inordinately high cancer risk and, therefore, ideal candidates for prevention. However, one must fully appreciate the extensive genotypic and phenotypic heterogeneity that exists in hereditary cancer. Once the causative germline mutation has been identified in a patient, high-risk members of the family can be similarly tested and identified and provided highly targeted surveillance and management opportunities. DNA testing can change the individual's presumed risk status and affect decision making by patients and their physicians regarding surveillance and management.

HYPNOTIC MONITORING IN PATIENTS WITH LIVER DISEASE

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Anesthesia in patients with cirrhosis and liver disorders is a challenging issue doubled by the use of systemic intravenous drugs. Many drugs used in anesthesia have hepatic metabolism, thus the use of these drugs in patients with impaired liver function should be cautious and anesthesiologist must be aware of metabolism pathway and adverse effects of anesthetic drugs to choose the best and the safest drug for these patients.