

Poster Session
Thursday, August 28, 2008
Dahabeya Hall
10:00-16:00

ADIPOSE DERIVED RESISTIN AND HYPERTHYROIDISM

El Aghouri AA, *Deghady A**

Department of Internal Medicine* and Clinical Pathology, ** Faculty of Medicine,
University of Alexandria

AMPULLARY ADENOCARCINOMA: DIAGNOSTIC AND THERAPEUTIC CHALLENGE

El-Hennawy M, M.D.*, Shawky AM, M.D.*, El-Saiedy MK, M.D.*, Abdel-Razek A, M.D.*,
Bassiouny A, M.D.*, El-Kayal E, M.D.*, Rashed MYT, M.D.** Abdel-Salam W, MD.**

Departments of Hepatobiliary surgery * and medicine**, Faculty of Medicine , Alexandria
University.

**ASSESSMENT OF DIFFERENT LOCOREGIONAL TREATMENT MODALITIES IN PATIENTS
WITH HEPATOCELLULAR CARCINOMA IN EGYPT**

Ahmad Eldorri (1), Mohamad Kamal Shaker (2) Samir Abdel Ghaffar (1) Eman Barakat (2)
Mohamad Shaker(1) Mohamad Ghareeb (1) Heba Abdella (2). Amal Eltohamy Dr. Mohamad
Sobhy (1). Mohamad Omar (2) Ashraf Elbreedy (2), ain Shams University , Hepatoma
group, Egypt

BACILLUS CEREUS FOOD POISONING

Yousry Taher ,Ahmed Zeid

Alexandria Un HPB Unit

BOUVERET'S SYNDROME :AN UNUSUAL CAUSE OF GASTRIC OUTLET OBSTRUCTION

Taher MY, Sidkey F.

HPB Unit, Alexandria University

**CHARACTERIZATION OF PATIENTS COINFECTED BY HEPATITIS B AND HEPATITIS C
VIRUSES**

G. Shiha¹, W. Samir¹, K. Zalata², S. Seif¹, A. Elfakhry¹, H. Elshenawy³.

Internal Medical Department, ElMansoura Faculty of Medicine¹

Pathology Department, ElMansoura Faculty of Medicine², Monofia Liver Institute³. Egypt.

**CHRONIC HEPATITIS C IN CHILDREN : CLINICAL SPECTRUM AND HISTOPATHOLOGICAL
STUDY**

Mona Abdel kader M Salem, Manal Mohamed A H Abdelgawad .

Departement of Pathology and Pediatrics, Faculty of medicine, Univeristy of Alexandria ,
Egypt.

COMPLICATED APPENDICITIS IN THE ERA OF LAPAROSCOPY

Elsaid Elkayal (M.D), Wael N. Abdel Salam (M.D), Mohamed Sharaan (M.S), Mohamed Hany
Ashor (M.S)

Department of Surgery, Faculty of Medicine, Alexandria University

**CONGENITAL EXCTRAHEPATIC PORTOCAVAL SHUNT PRESENTED WITH CYANOSIS:
SURGICAL CLOSURE AND REVIEW OF THE LITERATURE**

Osman M, Soleman H, Saleh S, Ibrahim T.

Department of HPB Surgery, National Liver Institute, Menoufiya University

**CORRELATION BETWEEN PORTO-SYSTEMIC HAEMODYNAMIC CHANGES AND SERUM
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LIGATION.**

*Taher MY, **Ayman M, *Abd el-Moety AA, ***Katat A, *Hassouna E.

Department of Internal Medicine, *Heptology, **Cardiology, ***Department of Biochemistry,
Alexandria University. Egypt

DETECTION OF MUCOSAL MORPHOLOGY OF CONGESTIVE GASTROPATHY BY USING NARROW BAND IMAGING AND ITS RELATION TO HELICOBACTER PYLORI INFECTION
Zaky S¹, Tawfik MM², Alnoomai NMG¹, Hassanein MA³, and Hussain M⁴
Tropical Med Department, faculty of Medicine, Azhar University, Damietta⁽¹⁾, Beni-Suef University⁽²⁾ & National Institute for liver and Tropical Diseases⁽³⁾ and Clinical pathology Department, faculty of Medicine, Al-Azhar University, Damietta⁽⁴⁾

DIFFERENT ENDOSCOPIC MODALITIES IN THE MANAGEMENT OF GASTRO-ESOPHAGEAL (JUNCTIONAL) VARICES

Hosam Taha, Ashraf Abou Gabal, Nabil Omar
Hepatology Department, National Liver Institute, Menofya University

DIAGNOSIS AND MANAGEMENT OF HYDATID DISEASE OF THE LIVER

Abou El-Ela K¹, El Riwini M², Abdel-Razyk AH² and Taher MY³
Dept. of Surgery¹, National Liver Institute, Menoufiya University, Depts. of Surgery² and Hepatobiliary Medicine³, Alexandria University

DIURTEIC THERAPY FOR ASCITES

Yousry Taher
Alexandria Un HPB Unit ,Alexandria ,Egypt

DO TUMOR CHARACTERISTICS AND LOCOREGIONAL THERAPY PREDICT SURVIVAL AFTER OLT IN PATIENTS WITH PRIMARY LIVER MALIGNANCY (HCC)?

Mohamed Kohla¹, Richard Shaw², Garret Hisatake², Robert Osorio², Olfat Hendy¹, Omkolsoum El-Haddad¹, Hossam Taha¹, Maurizio Bonacini²

(1) Hepatology Department-National Liver Institute-Menoufiya University-Egypt
(2) Transplantation Department- California Pacific Medical Center-San Francisco-USA

EVALUATION OF ¹³C-AMINOPYRINE BREATH TEST IN LIVER CIRRHOSIS AND HEPATOCELLULAR CARCINOMA

Baghdady I, Galal A, Abdel Aziz M, and Abdel Atti E
Departments of Internal Medicine, Faculty of Medicine, Menufiya University

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Taher MY, Zeid A
HPB Unit Alexandria University Egypt

GALL BLADDER STONES ASSOCIATED WITH GIANT MESENTERIC LIPOMA HAVING A BEHAVIOR LIKE SARCOMA

* El-Khishen M,**MYT Rashed ***Bayoumi SL. Alexandria University *Main Hospital HPB Unit Departments of Surgery and **Medicine ;*** Pathology department Tanta University , Egypt

HELICOBACTER PYLORI AND MALE INFERTILITY: SOLVING AN OLD PUZZLE

Elsawy M¹, El Abd M², El Samra M², and Zahran A³
Departments of Clinical Pathology¹, Obstetrics and Gynecology², and Urology³, Alexandria University

HEPATIC ARTERY PSEUDO ANEURYSM PRESENTED BY SEVERE HEMOBILIA AFTER PERCUTANEOUS LIVER BIOPSY (PLBX) IN CHRONIC HCV PATIENT

M Yousry Taher
HPB Unit Alexandria UN,Egypt

HEPATITIS B AND C INFECTIONS MAKE LIVER A CANCER TIME BOMB

Yousry Taher
Alexandria Un HPB Unit Egypt

HEPATIC REGENERATION IN SCHISTOSOMIASIS AFTER PARTIAL HEPATECTOMY : AN EXPERIMENTAL , IMMUNOHISTOCHEMICAL AND IMAGE ANALYSIS STUDY

Mahmoud Sakr¹, M.D., Nahed Baddour², M.D.
Departments of Surgery¹ and Pathology², Faculty of Medicine, University of Alexandria, Egypt.

HEPATITIS B VACCINATION IN PATIENTS WITH CHRONIC HEPATITIS C

*Memon Sadik, *Khatri Naresh, *Sheikh R A, **Ghori Rafi, *A. Momin, *U. Soomro, *M.A. Mirza, ***W. Jafri.

*Isra University Hospital Hyderabad, ** Department of Medicine, Liaquat University of Medical & Health Sciences, ***The Aga Khan University Hospital, Karachi.

IMPACT OF ESOPHAGEAL VARICEAL INJECTION SCLEROTHERAPYON CARDIOPULMONARY HAEMODYNAMICS.

Siham Moustafa Abdel-Rehim, Alaa El-Din Mohamed Abdou, Hassan Ali El-Bahrawy*
Magdy Ali Abou-Rayyan *

Departments of Tropical medicine, GIT Surgery* and Chest diseases*Faculty of Medicine, Alexandria University

INFLIXIMAB (IFX): A RESCUE TREATMENT CHALLENGING SURGERY IN THE MANAGEMENT OF SEVERE ULCERATIVE COLITIS (UC)

*Taher MY,**Moussa ME

Department of* Medicine and **Surgery, Alexandria UN ,Egypt

LAPAROSCOPIC MANAGEMENT OF PATIENTS WITH SUSPECTED ACUTE APPENDICITIS: A PROSPECTIVE STUDY

Nabil W, Katri KM, Bessa SS, Elkayal EA, Abdel Baki NA, A, Bassiouni AE, ElSaedi MK, Sharaan M.

Hepato-Pancreato-Biliary (HPB) Unit, Department of surgery, Faculty of Medicine, Alexandria University.

LEPTIN AND PUBERTY IN GIRLS, SEARCHING FOR A POSSIBLE LINK

El-Aghouri AA, Deghady A*

Departments of Internal Medicine, and *Clinical Pathology, Faculty of Medicine, University of Alexandria

MANAGEMENT OF PRURITUS IN LIVER DISEASES

Taher MY, Sidkey F.

HPBUnit, Alexandria University

MESENTERIC VENOUS THROMBOSIS IN HCV CIRRHOTIC PATIENTS: RESULTS OF COLOR DOPPLER ULTRASOUND STUDY

Osama El-Abd1, Ashraf Abou Gabal2, Amr Sadek3,

Departments of Radiology¹, Hepatology², and HPB Surgery³, National Liver Institute, Menoufiya University. Shebin El-Koom, Egypt.

NUCLEAR IMAGING OF THE LIVER: IS THERE A DIAGNOSTIC ROLE OF HIDA IN POST TRANSPLANT

MS Al Sofayan, ME Abozeid, A Ibrahim, A Helmy, MI Al Saghier, MI Al Sebayel

OBSTRUCTIVE JAUNDICE : MISLEADING MRCP AND CT SCAN EXAMINATION

Maher osman

National Liver institute Menofya University

OXIDE PROFILE, DEGREE OF LIVER INJURY AND STRUCTURAL VASCULAR CHANGES OF THE GASTRIC MUCOSA IN CHRONIC HEPATITIS C VIRUS RELATED LIVER DISEASES

Zaher RA,^{*} Rashed MYT^{*}, Ibrahim EH,^{*} Baddour NM^{**}, Abdel Moety AA^{*}, ElSawy MM,^{***} and Zeid AE^{*}

^{*} Internal Medicine, Faculty of Medicine University of Alexandria

^{**} Pathology, Faculty of Medicine University of Alexandria

^{***} Clinical pathology, Faculty of Medicine, University of Alexandria

PANCREATIC FUNCTIONS AND DEVELOPMENTAL OUTCOME AFTER SURGICAL MANAGEMENT OF PERSISTENT NEONATAL HYPER-INSULINEMIC HYPOGLYCEMIA

Shehata S, Soliman AT^{*}, Omar T^{*}, Alaa Thabet A^{*}

From the departments of Pediatric surgery and Pediatrics^{*} Faculty of medicine University of Alexandria.

POST LIVING DONOR LIVER TRANSPLANTATION BILIARY COMPLICATIONS

Maher Osman¹, Gamal Badra², Hany Shoreem¹, Tarek Ibrahim¹, Amr Helmy¹

¹Department of surgery, ²Department of Hepatology, National Liver Institute, Menoufiya University, Shebin El-Koom, Egypt

PULMONARY FUNCTION ASSESSMENT IN PATIENTS WITH LIVER CIRRHOSIS

Ashraf K Abou Gabal^{*}, Ramadan M Bakr^{**}, Ahmed A Elsharawy^{***}

Hepatology^{*} & Clinical Pathology^{***} Departments, National Liver Institute and Chest Department^{**},

Faculty of Medicine, Minoufiya University

PREVALENCE OF COELIAC DISEASE IN ADULT SAUDI PATIENTS WITH

Shendy Mohammed Shendy, Naeema Al-Ashry, Nihal Al-Asally á€¦..

Tropical medicine, clinical biochemistry departments; Theodor Bilharz Research Institute, Cairo Egypt

PROXIMAL BILE DUCT OBSTRUCTION :A SURGICAL CHALLENGE

Shawky AM, Rashed MYT^{*}, Sidkey F^{*}.

From the departments of Hepatobiliary surgery and medicine^{*}

Faculty of medicine , Alexandria University

STONES IN EGYPTIAN PATIENTS WITH CHRONIC HEPATITIS C AND CIRRHOSIS

Abeer Mi Ibrahim, M.D,

Faculty of Medicine, Alexandria University,

STEATOSIS AMONG INCIDENTALLY DETECTED ASYMPTOMATIC HEPATITIS B SURFACE ANTIGEN (HBSAG) POSITIVE SUBJECTS (IDAHS)

Gamal Shiha¹, Seham Seif¹, Mostafa Gaber², Ahmed Monis³, Ashraf El-Fakhry¹, M. Elatek⁵ and Khaled Zalata⁴

Internal Medicine Department, El-Mansoura¹, Tanta² and Ein Shams³ Universities and Pathology Department⁴, El-Mansoura University, Tanta Fever Hospital⁵, Egypt

STEM CELL DEVIATION OF NEOPLASTIC CELLS IN CASES OF HEPATOCELLULAR CARCINOMA: AN IMMUNOHISTOCHEMICAL STUDY USING CD34

N Baddour^{*}, Helal S^{*}, Y Taher^{**}

Pathology(^{*}), and Internal Medicine (^{**}), Departments, Faculty of Medicine, University of Alexandria

STOMOPATHY ; A MASQUERADING CAUSE FOR BLEEDING FROM ILEOSTOMY STOMA; INNOVATIVE MANAGEMENT BY FIBRIN SEALANT

Taher MYT, Sidkey F

HPB Unit, Faculty of Medicine, Alexandria University.

STUDY OF ENDOSCOPIC ASPECTS AND THERAPEUTIC OPTIONS OF ECTOPIC GASTROINTESTINAL VARICES
Sidkey F, and *Osman MO.

STUDY OF THE ROLE OF HELICOBACTER PYLORI IN GERD-RELATED PULMONARY MANIFESTATIONS

Ali E *, Youssef A**, and Elbanna A* .

Departments of Internal Medicine * and Chest** Faculty of Medicine, Alexandria University.

RELATION OF SERUM RESISTIN CONCENTRATION TO STEATOSIS AND INSULIN SENSITIVITY IN PATIENTS WITH CHRONIC HEPATITIS C

Naglaa Allam ¹, Tary Abdel-Hamid Salman ², Gasser El Azab¹, Nermine Ehsan³, Nermine Hossam³ and Om Kolsoum El-Haddad¹

¹Hepatology, ²Tropical Medicine, ³Pathology, National Liver Institute, Menoufyia University, ⁴Clinical Pathology, Faculty of Medicine, Alexandria University

RESEARCH ETHICS COMMITTEES

Azza Saleh Radwan, MD

ROLE OF LAPAROSCOPY IN THE MANAGEMENT OF ACUTE RIGHT ILIAC FOSSA PAIN IN FEMALES

Ghazal AA, El-Fayoumi TA, Sorour MA, Khalil MSZ.

Department of Surgery , Faculty of Medicine, Alexandria University.

THE USE OF SYNTHETIC CYANOACRYLIC GLUE AS A PREVENTIVE MEASURE OF ANASTOMOTIC LEAKAGE AFTER PANCREATODUODENECTOMY PROCEDURE
El-Ella K, Ibrahim OM*, Alhady SM**

Surgical department, National Liver Institute, Menoufyia University, Egypt

Departments of anaesthesia*and pathology**King Fahad Specialist Hospital Dammam,Saudi Arabia

VISCUM ALBUM IS ANOTHER THERAPEUTIC OPTION FOR HCC IN PATIENTS WITH CIRRHOSIS, VALUE OF GP 73 GOLGI PROTEIN AS A MARKER OF THESE PATIENTS
Shendy Mohammed Shendy, Naeema Al-Ashry, Nihal Al-Asally â€¦.

Tropical medicine, clinical biochemistry departments; Theodor Bilharz Research Institute, Cairo Egypt

**Total Abstracts
In alphabetical order**

ADIPOSE DERIVED RESISTIN AND HYPERTHYROIDISM

El Aghouri AA,*Deghady A**

Department of Internal Medicine* and Clinical Pathology, ** Faculty of Medicine,
University of Alexandria

Aim of the work: The aim of this work was to estimate Resistin concentrations in hyperthyroid patients before and after restoration of the euthyroid state. **Patients and Methods:** A total of 40 hyperthyroid female patients participated in the study. All patients were newly diagnosed, in all patients measurements of height, weight, BMI, waist circumference were carried out together with estimation of serum levels of FT3, FT4, TSH, Resistin using ELISA. In addition to twenty euthyroid normal females matched for age served as controls. **Results:** Mean serum Resistin concentration increased in hyperthyroid patients and reduced significantly when patients became euthyroid ($t=9.35$, $P<0.01$). No significant correlation was found between mean serum resistin and thyroid hormones and anthropometric values. **Conclusion & Recommendation:** We demonstrated that resistin concentration was higher in hyperthyroidism and reduced significantly after restoration of euthyroid state. More studies are needed in hypothyroidism before making final conclusions regarding the effect of thyroid function on this novel adipose derived protein.

AMPULLARY ADENOCARCINOMA: DIAGNOSTIC AND THERAPEUTIC CHALLENGE

El-Hennawy M, M.D.*, Shawky AM, M.D.*, El-Saiedy MK, M.D.*, Abdel-Razek A, M.D.*,

Bassiouny A, M.D.*, El-Kayal E, M.D.*, Rashed MYT, M.D.** Abdel-Salam W.MD.**

Departments of Hepatobiliary surgery * and medicine**, Faculty of Medicine , Alexandria University.

Ampullary carcinoma is an entity of the periampullary tumors that have better resectable and survival rates. This study was carried out on 22 patients proved to have malignant ampullary region tumors .The study aimed at assessment of the different preoperative diagnostic procedures; study the incidence of operability of the tumors and evaluation of the different types of surgical palliative procedures with the least interference and the best palliation.

ASSESSMENT OF DIFFERENT LOCOREGIONAL TREATMENT MODALITIES IN PATIENTS WITH HEPATOCELLULAR CARCINOMA IN EGYPT

Ahmad Eldorri (1), Mohamad Kamal Shaker (2) Samir Abdel Ghaffar (1) Eman Barakat (2) Mohamad Shaker(1) Mohamad Ghareeb (1) Heba Abdella (2).Amal Eltohamy Dr.Mohamad Sobhy (1).Mohamad Omar (2) Ashraf Elbreedy (2),ain Shams University ,Hepatoma group,Egypt

Hepatocellular carcinoma (HCC) is the 5th most common malignancy in the world (1). Its incidence is increasing worldwide ranging between 3% and 9% annually (2). It accounts for 7.4% of all cancers in males and 3.2% of all cancers in females (3).

In Egypt, El-Zayadi et al., reported a significantly increasing trend in HCC ranged from 3.6% in 192 to 5.3% in 1995 and was detected in 4.7% of patients with chronic liver disease (4).

Historically, the diagnosis of HCC was almost always made when the disease was advanced, when patients was symptomatic and presented with variable degree of liver function impairment. Today, many patients are diagnosed at early stage when liver functions are preserved and there are no cancer related symptoms. In addition, there are several active treatments available that will potentially have positive impact on survival (5).

The therapies that are known to offer a high rate of complete response and thus, a potential for cure, are surgical resection, transplantation and percutaneous ablation (6). Among non-curative therapies, the only one that has been shown to positively impact survival is transarterial chemoembolization (7). However, to achieve the best outcomes requires careful selection of candidates for each treatment option and the expert application for each treatment (5).

The aim of this work is to assess the survival of patients subjected to different locoregional treatments for HCC in Egyptian population with HCC.

AUTOIMMUNE PANCREATITIS

Hussein Elamin

Affiliation: Assiut University

Autoimmune pancreatitis Autoimmune pancreatitis is a unique form of chronic pancreatitis generally observed in aged people especially men and characterized by the presence of auto antibodies, elevated levels of immunoglobulins, enlargement of the pancreas (diffuse or focal), diffuse narrowing of the main pancreatic duct with an irregular wall, and pathologically by dense lymphoplasmacytic inflammation and fibrosis, as well as favorable response to steroid therapy The first nationwide survey of autoimmune pancreatitis using the criteria of japan pancreas society indicated that the prevalence of autoimmune pancreatitis in Japan was 0.82 per 100000 population. It was predominantly seen in men past middle age (over 45 years). The major symptom of autoimmune pancreatitis is obstructive jaundice, severe abdominal pain is rare, but most patients complain of abdominal discomfort. Diabetes mellitus was observed in about half of patients commonly type II. Various extra pancreatic manifestations have been recognized. Some of these lesions show pathological findings similar those in the pancreas. These include sclerosing cholangitis, sclerosing sialoadentis, retroperitoneal fibrosis, hypothyroidism, hilar lymphadenopathy, interstitial pneumonia, and tubulointerstitial nephritis. Laboratory findings Elevation of gamma globulin, IgG, and IgE have been found in 60%, 70% and 33% of patients respectively, and significant elevation of IgG4 was found in 90% of patients. Regarding auto-antibodies, antinuclear antibody was present in 40%, but specific antibodies as SS-A antibody and SS-B antibody and anti-mitochondrial antibody are relatively low. Imaging Findings Histological findings Diagnostic criteria Japan pancreas society criteria The JPS criteria published in 2002, cover three procedures (1) pancreatic imaging, which shows diffuse narrowing of the main pancreatic duct with irregular walls (more than one third of the length of the entire pancreas) and diffuse.

BACILLUS CEREBUS FOOD POISONING

Yousry Taher ,Ahmed Zeid
Alexandria Un HPB Unit

Female patient aged 13 year Presented with persistent abdominal pain and vomiting .Rapidly develop deep cholestatic jaundice Clinically dehydrated patient .Drowsy ,some itching Abdominal examination similar to acute abdomen .History of intake of stored food was positive Condition started 3 days ago No history of any liver disease or surgery Lab profile TSB 35(28 direct) ,reached to 50 mg Mildly elevated liver enzymes PT 34 % Ultrasound examination revealed no significant hepatic or biliary changes CT scan examination was no conclusive for any findings Patient was given supportive infusions FF plasma And Vitamin K PCR testing for HCV, HBV ,HVE as well as CMV, EPV ,Herpes were all negative The only significant lab findings were marked leucocytosis20,000 And severe anemia (normochromic normocytic) Drug History was negative for any hepatic toxic drug Despite all these findings HCV antibody test was the only positive one . Patient was admitted into ICU She rapidly passed into Hepatorenal failure with severe coagulaopathy and generalized bleeding from all orifices Three days later she died from fulminant liver failure Bacillus Cereus food poisoning is a gastrointestinal intoxication caused by toxins produced by the Bacillus Cereus bacteria. There are two types of toxin, - the Diarrhoeal (causing diarrhoea) and the Emetic Bacillus cereus produces one emetic toxin and three different enterotoxins. The emetic toxin is a ring-shaped structure of three repeats of four amino and/or oxy acids: [D-O-Leu-D-Ala-L-O-Val-L-Val]. This ring structure has a molecular mass of 1.2 kDa, and is chemically closely related to the potassium ionophore valinomycin. Two of the three enterotoxins have been shown to be involved in food poisoning. They both consist of three different proteins that act together. One of these enterotoxins is also a haemolysin. This haemolytic enterotoxin is transcribed from one operon. The third enterotoxin is a single component protein, but has not been shown to be involved in food poisoning. (causing vomiting). The Symptoms Symptoms with the diarrhoeal toxin are nausea, cramplike abdominal pains and watery diarrhoea, beginning 8 to 16 hours after eating and are related to the lower intestine. With the emetic toxin the symptoms are more severe and acute and are nausea and vomiting beginning 1 to 6 hours after eating and are related mainly to the upper intestine. The diagnosis is confirmed by a laboratory test on a faecal specimen. The illness occurs when people swallow the bacteria or spores formed by them which then multiply and produce toxin in the intestine, or from eating the toxin already produced in food.

BOUVERET'S SYNDROME :AN UNUSUAL CAUSE OF GASTRIC OUTLET OBSTRUCTION

Taher MY, Sidkey F.
HPB Unit, Alexandria University

Bouveret's syndrome is a gallstone in the duodenum or pylorus with gastric outlet obstruction. It is a very rare complication of gallstone disease. It occurs most commonly in women (65%), with a median age of 68.6 years. This disorder is usually treated by surgery, but it has also been successfully treated by endoscopy, with or without extracorporeal shock wave lithotripsy. The mortality rate has improved to 12% in recent years. Endoscopic stone removal is especially indicated in poor risk patients. A dislodged impacted stone can migrate distally and cause small bowel mechanical obstruction that might require urgent enterolithotomy.

CHARACTERIZATION OF PATIENTS COINFECTED BY HEPATITIS B AND HEPATITIS C VIRUSES

G.Shiha¹, W.Samir¹, K.Zalata², S.Seif¹, A.Elfakhry¹, H.Elshenawy³.
Internal Medical Department, ElMansoura Faculty of Medicine¹
Pathology Department, ElMansoura Faculty of Medicine², Monofia Liver Institute³, Egypt.

Background: Hepatitis C virus (HCV) and hepatitis B virus (HBV) infections are common in Egypt. Coinfection by the two viruses is not uncommon. Little and quite controversial data are known about clinical, biochemical and histological profile in these patients.

Aim: To study the biochemical, virological and pathological characteristics in patients with dual infection by HBV and HCV compared to each virus alone.

Methods: We enrolled 404 incidentally discovered patients with chronic viral hepatitis: 72 HBsAg and anti-HCV positive (Group BC), 121 HBsAg positive and anti-HCV negative (Group B) and 211 anti-HCV positive, HBsAg/anti-HBs/ anti-HBc negative (Group C). Liver function tests, complete blood picture, serological markers for HBV and HCV and polymerase chain reaction for HBV DNA and HCV RNA were done. Histopathological examination of liver biopsies was done for 30/44/191 patients in different groups (BC, B and C respectively) and scored by modified Knodell and Metavir scores.

Results: Group B patients were significantly younger than patients in group BC and C ($P < 0.001$). Significantly higher liver transaminases were found in groups BC and C when compared to group B ($P < 0.001$) without significant difference between groups BC and C ($P < 0.07$). The prevalence of HBV wild type was not significantly different between group BC and B while anti-HBe was significantly higher in patients with pure hepatitis B. HBV-DNA was significantly suppressed in group BC than group B (82.3% vs 94.2%, $P < 0.02$). Significantly higher histological activity index Metavir scores were found in groups BC and C compared to group B ($P < 0.001$) while there was no significant differences between group BC and C except for steatosis which was more frequent in patients with pure hepatitis C ($P = 0.05$).

Conclusion: Dual infection by HBV and HCV are characterized by suppression of HBV replication without significant suppression of HCV replication and are associated with severe liver disease.

CHRONIC HEPATITIS C IN CHILDREN : CLINICAL SPECTRUM AND HISTOPATHOLOGICAL STUDY

Mona Abbdel kader M Salem, Manal Mohamed A H Abdelgawad .

Department of Pathology and Pediatrics, Faculty of medicine, Univeristy of Alexandria , Egypt.

AIM: To study the clinical presentation and histologic features in children with HCV infection. **METHODS:** At the Hepatology Unit, Alexandria University Children's Hospital. In addition to routine liver functions tests and abdominal sonogram, a single liver biopsy was performed to 40 children with HCV infection after an informed consent, their age was range from 2 -16 years at the time of liver biopsy. **RESULTS:** Among the 40 patients' biopsies, 26 (65%) were having no fibrosis, 10 (25%) mild fibrosis, 4 (10%) moderate to severe fibrosis and all were having mild necro-inflammatory process. Developing fibrosis was significantly associated with age ($P = 0.015$). **CONCLUSION:** Children with chronic HCV infection are generally asymptomatic. Significant hepatic fibrosis was present in 10% of children with HCV infection. Fibrosis stage was significantly higher in older age children. There was no significant association between fibrosis stage and any biochemical parameters.

COMPLICATED APPENDICITIS IN THE ERA OF LAPAROSCOPY

Elsaid Elkayal (M.D), Wael N. Abdel Salam (M.D), Mohamed Sharaan (M.S), Mohamed Hany Ashor (M.S)

Department of Surgery, Faculty of Medicine, Alexandria University

Currently, the main stay of treatment of acute appendicitis is early appendectomy ⁽¹⁾ so it became the most common surgical emergency operation performed all over the world, 80000 people per year are admitted with the diagnosis of acute appendicitis in UK. Since 1987, many surgeons have begun to treat appendicitis laparoscopically. This procedure has now been improved and standardized. ⁽²⁾

The reported results of both laparoscopic and open-procedure appendectomies seem to be overlapping. In fact, the average rate of abdominal abscesses, negative appendectomies, and hospital stays are very similar according to a recent overview of 17 retrospective studies. ⁽²⁾

Laparoscopy has some advantages, including decreased postoperative pain, better aesthetic result, a shorter time to return to usual activities, and lower incidence of wound infections or dehiscence. ⁽²⁾

Laparoscopic appendectomy (LA) is equally safe, and can provide less postoperative morbidity in experienced hands, as open appendectomy. Most cases of acute appendicitis can be treated laparoscopically. LA is a useful method for reducing hospital stay, complications and return to normal activity. ⁽³⁾ But its role in the management of complicated appendicitis, namely gangrenous, perforated appendicitis and appendiceal abscess, remains controversial. ⁽⁴⁾ There is also some concern related to higher technical demand, longer operative time, and reported higher incidence of intra abdominal collections. ^(4, 5, 6, 7-11)

With improvements in laparoscopic instrumentation and technical proficiency, it is possible that LA for complicated appendicitis has become feasible and safe. ^(4, 12-15)

CONGENITAL EXTRAHEPATIC PORTOCAVAL SHUNT PRESENTED WITH CYANOSIS: SURGICAL CLOSURE AND REVIEW OF THE LITERATURE

Osman M, Soleman H, Saleh S, Ibrahim T.

Department of HPB Surgery, National Liver Institute, Menoufiya University

A 9-year-old boy presented with exertional dyspnea, bluish discoloration of the lips and nails, and mild bouts of encephalopathy. The parents reported that their kid was normally growing both mentally and physically until the age of 8 1/2 years-old, when he started exertional dyspnea and cyanosis that relived by squatting. General examination showed a mild degree of cyanosis in the lips and nails. Cardiac, chest, and abdomen examinations were free. An echocardiography was completely normal for the child's age. Except for prolonged prothrombin time (PT activity 58%), the liver function tests were within normal ranges and viral markers were negative. Methaemoglobin level was also within normal value (1.1%).

An ultrasound examination on the abdomen revealed mild degree of liver cirrhosis. A CT scan confirmed liver cirrhosis and the presence of three focal lesions in segments I, II, and IV of the left hepatic lobe, initially isodense and showed intense blush enhancement in the hepatic arterial phase suggesting a diagnosis of focal nodular hyperplasia (Fig.) On CT-Portography examination, a well-defined enhancing vascular structure was seen arising from the portal vein and extending along the posterior surface of the right lobe into the inferior vena cava, representing a persistent ductus venosus which suggests the presence of a persistent embryonic portosystemic shunt (PPS) (Fig.) Portal vein along with splenic, superior mesenteric and inferior mesenteric veins were patent. The left and right portal branches were atretic secondary to blood shunting. On completion of the Angiography, No PDA could be identified and the ascending aorta-pulmonary trunk and its main right and left branches were normal.

At laparotomy through a right subcostal incision, Kocherization of the duodenum was done followed by holding the hepatoduodenal ligament on a vascular tape. A bridge of liver tissue at the base of segment IV-V of the liver was found covering the vascular channel between the posterior aspect of the portal vein and the anterior aspect of the IVC just before the latter to become retrohepatic. The liver tissue was cut and the shunt identified, being about 1cm long and 1.3 cm width. After securing a few small collaterals, the shunt was first encircled and then double ligated -in continuity- by strong silk suture (Fig.). Liver biopsy was also taken, and proved later a normal hepatic tissue with preserved hepatic architecture. An intraoperative Color Doppler US was performed and revealed patency of the PV and its main Rt. and Lt. branches, but could not trace any further segmental or subsegmental tributaries. The abdomen was closed in layers without a drain.

CORRELATION BETWEEN PORTO-SYSTEMIC HAEMODYNAMIC CHANGES AND SERUM NITRIC ACID PROFILE IN PATIENTS BEFORE AND AFTER ENDOSCOPIC VARICEAL BAND LIGATION.

*Taher MY, **Ayman M, *Abd el-Moety AA, ***Katat A, *Hassouna E.
Department of Internal Medicine, *Hepatology, **Cardiology, ***Department of Biochemistry.
Alexandria University, Egypt

In liver cirrhosis, the splanchnic and systemic circulations show increased cardiac output and hyperdynamic circulation which result in increased flow into the portal circulation hereby perpetuating portal hypertension. Vascular remodeling and angiogenesis occurs at the portosystemic interface in attempt to relieve the resulting excess portal pressure and allow decompression by redistribution flow through oesophageal and haemorrhoidal collaterals. Unfortunately, the resulting generation of varices is a major contributor to morbidity and mortality. Nitric oxide is a central mediator of these vasoreactive and angiogenic abnormalities. Aim of the work: Correlation between the changes in systemic, portal haemodynamics and serum nitric oxide profile in cirrhotic patients before and after endoscopic variceal obliteration by ligation. Material: This study included 20 patients with mixed liver cirrhosis who had a definite history of bleeding or Melena. Methods: History taking, clinical examination, laboratory investigations, endoscopic evaluation. Also real time Doppler flowmetry, Echocardiography, Doppler study, and determination of serum levels of nitrate and nitrite. Results: There was a significant decrease in serum nitrate and nitrite levels 2 weeks after variceal obliteration. Conclusion: Endoscopic variceal ligation is a promising technique for long term management of oesophageal varices associated with significant reduction in serum nitrate, nitrite level with beneficial input on portal and systemic haemodynamics.

DETECTION OF MUCOSAL MORPHOLOGY OF CONGESTIVE GASTROPATHY BY USING NARROW BAND IMAGING AND ITS RELATION TO HELICOBACTER PYLORI INFECTION

Zaky S¹, Tawfik MM², Alnoomai NMG¹, Hassanein MA³, and Hussain M⁴
Tropical Med Department, faculty of Medicine, Azhar University, Damietta⁽¹⁾, Beni-Suef University⁽²⁾ & National Institute for liver and Tropical Diseases⁽³⁾ and Clinical pathology Department, faculty of Medicine, Al-Azhar University, Damietta⁽⁴⁾

Background: Chronic liver diseases (CLD) are common diseases affecting Egyptian patients including bilharziasis and viral hepatitis. Congestive gastropathy (PHG) is a frequent endoscopic finding in patients with portal hypertension due to CLD. The role of recent narrow band imaging (NBI), that allows better characterization of gastrointestinal epithelia and its vascular pattern, in diagnosis of PHG is not yet known. *H. pylori* infection shows also high prevalence in Egyptians. It has been reported that there is a high prevalence of *H. pylori* colonization in PHG, particularly in patients with gastric erosions. In contrast, others reported no relation between *H. pylori* infection and PHG. The aim of this study was to determine the relationship between *H. pylori* infection and portal hypertensive gastropathy and histopathological pattern of gastritis. Evaluation of the usefulness of the recent NBI technique in diagnosis of PHG. **Patients and Methods:** Fifty two patients suffering from chronic epigastric pain and/or chronic dyspepsia with endoscopic diagnosis of gastritis were enrolled in this study; group A, 26 patients with evidence of portal hypertension and group B, 26 patients without portal hypertension as a control group. Each patient was subjected to laboratory assessment, abdominal ultrasonography, upper gastrointestinal endoscopy (UGIE), antral endoscopic biopsies for histological examinations and rapid urease test (CLO test). NBI was applied on group A (PHG). **Results:** Group A: *H. pylori* were positive in 57.7%: 30.7% had active chronic superficial gastritis, 7.6% had quiescent gastritis, 3.8% had moderate atrophic gastritis and 15.3% PHG. The remaining 42.3% were *H. pylori* negative: 34.6% had congestive gastropathy and 7.7% had bile reflux gastritis. Group B: *H. pylori* were positive in 46.2%: 38.5% had chronic superficial gastritis and 7.7% had quiescent gastritis. *H. pylori* were negative in 53.8%: 50% had quiescent gastritis. NBI enhanced the vascular and mucosal pattern of PHG. Thirteen patients with PHG, only four (30.7%) of them were *H. pylori* +ve. **Conclusion:** The low prevalence of *H. pylori* organism in patients with PHG suggests that it is unlikely to contribute in pathogenesis of PHG. PHG does not provide a favourable environment for *H. pylori* colonization, so there might be no need for its routine eradication in patients with PHG. NBI provides rapid, real time enhancement of the vascular and mucosal pattern in patients with congestive gastropathy. **Recommendation:** Further study of NBI system to assess its diagnostic accuracy and ability to establish diagnostic criteria or a classification system of vascular network pattern.

DIFFERENT ENDOSCOPIC MODALITIES IN THE MANAGEMENT OF GASTRO-ESOPHAGEAL (JUNCTIONAL) VARICES

Hosam Taha, Ashraf Abou Gabal, Nabil Omar
Hepatology Department, National Liver Institute, Menofya University

Background: Gastric varices occur in 20% of patient with portal hypertension. Within the first two years after eradication of esophageal varices, a further 10% of patients develop gastric varices. Junctional varices are varices that extend from the esophagus to the stomach at the gastro-esophageal junction. They account the majority of gastric varices. There are several endoscopic treatment options for junctional varices; however, there is no consensus for optimum treatment.

Aim: The aim of this study is to assess the efficacy of different endoscopic modalities currently used in management of bleeding junctional varices.

Patients and methods: Seventy five patients with active bleeding from junctional varices were classified into three endoscopic treatment groups: (A) band ligation, (B) ethanolamine oleate injection and (C) N-Butyl cyano-acrylate injection. All the patients had subsequent follow up endoscopies according need for six months after first presentation.

Results: No significant difference was found between the groups regarding Child class, MELD score, Grade of varices or number of units of blood transfusion. There was a significant difference between the three groups in terms of initial control of bleeding, number of sessions needed to eradicate varices & cost of each procedure.

However, this significance did not exist between band ligation and cyano-acrylate groups as regard initial control of bleeding. No significant difference was found between groups regarding re-bleeding, recurrent bleeding and death rates.

Conclusion: N-Butyl cyano-acrylate is an effective modality in the management of junctional varices and has the superiority in this situation. However, band ligation may be used as an effective alternative, especially if cyano-acrylate is not available or not registered

DIAGNOSIS AND MANAGEMENT OF HYDATID DISEASE OF THE LIVER

Abou El-Ela K¹, El Riwini M², Abdel-Razyk AH² and Taher MY³

Dept. of Surgery¹, National Liver Institute, Menoufiya University, Depts. of Surgery² and Hepatobiliary Medicine³, Alexandria University

The treatment of choice of hepatic hydatid disease is surgery, but the optimal surgical procedure remains unsettled. The medical records of 63 consecutive patients who presented to our departments with hepatic hydatid disease were reviewed. Four asymptomatic patients with small intrahepatic cysts were excluded from the study and discharged on medical treatment. The remaining 59 patients (34 men and 25 women) ranged in age from 7 to 72 years with a median of 36. Three patients (5%) had recurrent hepatic hydatid cysts. Cysts were solitary in 43 patients (73%) and multiple in 16. Six patients (10%) had concomitant splenic cysts. All diagnoses were established by ultrasound and/or computed tomography. In 14 patients (24%), communication between the cyst and biliary tree was found on endoscopic retrograde cholangiography (ERC) with migration of daughter cysts in nine patients. Two of the 9 patients were declined from surgery as complete evacuation of the cyst contents was achieved endoscopically. Endoscopic sphincterotomy (ES) and clearance of the common bile duct was performed in the remaining 7 patients. Radical procedures in the form of pericystectomy or liver resection were performed in 22 patients while conservative procedures were employed in 35 patients. There was no mortality. Morbidity consisted of biliary leak in 4 patients (one liver resection and 3 endocystectomy), subphrenic collection in 3, and wound infection in three patients. The biliary leak was controlled after ES. Within a mean follow-up of 84.3 months, there is no evidence of recurrence.

Ultrasound and CT are the most reliable diagnostic modalities in hepatic hydatid disease. Perioperative ERC and related therapeutic maneuvers have a place in the diagnosis and management particularly when cystobiliary communication is expected from the history or the clinical presentation. Radical procedures are safe and valid options for patients with hepatic hydatid disease.

DIURTEIC THERAPY FOR ASCITES

Yousry Taher

Alexandria Un HPB Unit ,Alexandria ,Egypt

The accumulation of ascitic fluid represents a state of total-body sodium and water excess, but the event that initiates the unbalance is unclear. Three theories of ascites formation have been proposed.

The underfilling theory suggests that the primary abnormality is inappropriate sequestration of fluid within the splanchnic vascular bed due to portal hypertension and a consequent decrease in effective circulating blood volume. This activates the plasma renin, aldosterone, and sympathetic nervous system, resulting in renal sodium and water retention.

The overflow theory suggests that the primary abnormality is inappropriate renal retention of sodium and water in the absence of volume depletion. This theory was developed in accordance with the observation that patients with cirrhosis have intravascular hypervolemia rather than hypovolemia.

The most recent theory, the peripheral arterial vasodilation hypothesis, includes components of both of the other theories. It suggests that portal hypertension leads to vasodilation, which causes decreased effective arterial blood volume. As the natural history of the disease progresses, neurohumoral excitation increases, more renal sodium is retained, and plasma volume expands. This leads to overflow of fluid into the peritoneal cavity. According to the vasodilation theory, the underfilling theory is proposed to be operative early and the overflow theory is proposed to be operative late in the natural history of cirrhosis.

Although the sequence of events that occurs between the development of portal hypertension and renal sodium retention is not entirely clear, portal hypertension apparently leads to an increase in nitric oxide levels. Nitric oxide mediates splanchnic and peripheral vasodilation. Patients with ascites have greater hepatic artery nitric oxide synthase activity compared to patients without ascites.

Regardless of the initiating event, a number of factors contribute to the accumulation of fluid in the abdominal cavity. Elevated levels of epinephrine and norepinephrine are well-documented factors. Hypoalbuminemia and reduced plasma oncotic pressure favor the extravasation of fluid from the plasma to the peritoneal fluid, and, thus, ascites is infrequent in patients with cirrhosis unless both portal hypertension and hypoalbuminemia are present.

DO TUMOR CHARACTERISTICS AND LOCOREGIONAL THERAPY PREDICT SURVIVAL AFTER OLT IN PATIENTS WITH PRIMARY LIVER MALIGNANCY (HCC)?

Mohamed Kohla¹, Richard Shaw², Garret Hisatake², Robert Osorio², Olfat Hendy¹, Omkolsoum El-Haddad¹, Hossam Taha¹, Maurizio Bonacini²

(1) Hepatology Department-National Liver Institute-Menoufiya University-Egypt

(2) Transplantation Department-California Pacific Medical Center-San Francisco-USA

Background: HCC prognosis after OLT is associated with criteria related to number and size. However, degree of differentiation and efficacy of locoregional therapies may also influence outcome. **AIM:** Characterize patients with and without HCC and compare outcomes according to tumor characteristics. **METHODS:** Retrospective query of an electronic medical record for the last 328 patients transplanted at CPMC in 2001-2007. HCC was defined by pre-OLT listing data as well as finding of a tumor consistent with HCC at explant. Milan and UCSF criteria were applied to the lesions as described by pathology upon explant exam. **RESULTS:** 328 patients were evaluated, with 109 liver malignancies. 103 females (26 (25%) HCC) and 225 males (83 (37%) HCC $p=0.04$). HCC patients were older (56 ± 7.2 yr) than non HCC patients (51 ± 9.2 , $p<0.001$). Age of the donor and cold ischemia time were not different in the 2 groups. Survival was shorter in HCC (mean 984 ± 599 days) vs. non HCC (1103 ± 642) but not statistically significant ($p=0.10$). Kaplan-Meier survivals were superposable when comparing patients with or without malignancy and when patients with low (≤ 22) vs. high MELD (> 22) were compared. Survival curves in patients that fulfilled Milan vs. UCSF criteria were identical. However, more patients outside Milan died of metastatic disease (5/6, 83%) vs. within Milan (6/14, 43%, $p=0.01$). Cox proportional hazards regression showed that MELD, but not malignancy, differentiation or necrosis, was associated with mortality; HR=6% (95% C.I. 1-10%) per additional MELD point ($p=0.02$). 69 pts had TACE pre-OLT, 17 had RFA \pm any other modality. There was no difference in survival in pts who received any locoregional therapy vs. those who did not ($p=0.5$). Deaths occurred in 20 (18%) HCC vs. 43 (19%) non HCC pts. Causes of mortality were different: of 20 HCC patients, 11 (55%) died of HCC/metastatic disease vs. 2 (5%) in 41 non HCC deaths ($p<0.0001$).

CONCLUSION: In our cohort, survival of HCC patients was comparable to non HCC patients. However, mortality from metastatic disease was higher, particularly in those outside Milan. Overall mortality was associated with higher MELD scores, but not with tumor necrosis, degree of differentiation at explant or locoregional therapy.

EVALUATION OF ¹³C-AMINOPYRINE BREATH TEST IN LIVER CIRRHOSIS AND HEPATOCELLULAR CARCINOMA

Baghdady I, Galal A, Abdel Aziz M, and Abdel Atti E

Departments of Internal Medicine, Faculty of Medicine, Menufiya University

Background: ¹³C-aminopyrine breath test (¹³C-ABT) is a simple, sensitive tool to evaluate liver function, and its results may discriminate between patients with or without cirrhosis. Also, it was previously reported that, in patients suffering from chronic liver disease of various aetiologies, ¹³C-ABT can discriminate between those with chronic hepatitis and those with cirrhosis. It was reported that breath test can be used as a prognostic index in liver metastases even if concurrent biochemical liver tests are normal or only slightly disturbed. The aim of this study was to compare ¹³C-ABT results between normal subjects, patients with liver cirrhosis with and without hepatocellular carcinoma in order to identify function differences between various chronic liver diseases and to evaluate different methods of expressing ¹³C-ABT results and to maximize the information obtained from the test. **Patients and Methods:** This study was carried out on 60 patients and 15 normal subjects divided into three groups: group I (30 patients with liver cirrhosis), group II (30 patients with liver cirrhosis and hepatocellular carcinoma) and group III (15 healthy volunteers of matched age and sex to patient groups as a control group). ¹³C-ABT was done to all subjects of this study. **Results:** The mean aminopyrine % dose/hour after 60 minutes was significantly lower in cirrhosis group and HCC group compared to control group, and it was significantly lower in HCC group compared to cirrhosis group. The mean aminopyrine % cumulative dose after 120 minutes was significantly lower in cirrhosis group and HCC group compared to control group, and it was significantly lower in HCC group compared to cirrhosis group. **Conclusion:** ¹³C-ABT is non-invasive test and easy to perform in identifying quantitatively different degrees of liver cirrhosis. ¹³C-ABT correlates well to Child classification and degree of chronic liver diseases. Liver biopsy remains the gold standard technique for the evaluation of patients with cirrhosis, its causes, and presence of hepatocellular carcinoma. ¹³C-ABT will not replace liver biopsy in diagnosing causes of cirrhosis or diagnosing of HCC. However, in patients in whom biopsy is not safe or in whom an etiologic diagnosis has been established, the aminopyrine breath test may replace serial biopsies.

FASCIOLIASIS: A MASQUERADING COSMOPOLITAN HEPATOBILIARY PARASITE

Taher MY, Zeid A

HPB Unit Alexandria University Egypt

The liver flukes are the parasites residing in the biliary tree including: *Clonorchis sinensis*, *Opisthorchis viverrini*, *Opisthorchis felinus*, and *Fasciola hepatica*. They are willow, leaf-like, flat flukes dwelling in the bile ducts and gallbladder. Human ascariades; *Ascaris lumbricoides*, dwelling in the small intestine, inadvertently migrate into the bile ducts and cause biliary obstruction. Adult flukes of *Clonorchis* and *Opisthorchis* measure 8-15 mm and adult flukes of *Fasciola* measure 20-40 mm in length. The presence of flukes in the bile ducts causes dilatation of the bile ducts, varying degrees of chronic inflammation followed by adenomatous hyperplasia, and bile duct wall thickening.

GALL BLADDER STONES ASSOCIATED WITH GIANT MESENTERIC LIPOMA HAVING A BEHAVIOR LIKE SARCOMA

* El-Khishen M,**MYT Rashed ***Bayoumi SL. Alexandria University *Main Hospital HPB Unit Departments of Surgery and **Medicine ;*** Pathology department Tanta University , Egypt

Primary tumors of the mesentery are rare. Fatty masses, especially lipomas, in the abdomen are very rare. We would like to report such a case diagnosed by US and CT in association with gallbladder stones .Diagnosis was confirmed during surgery.GB was embedded in the giant lipoma.Lipoama was excised completely as well as the GB

HELICOBACTER PYLORI AND MALE INFERTILITY: SOLVING AN OLD PUZZLE

Elsawy M¹, El Abd M², El Samra M², and Zahran A³
Departments of Clinical Pathology¹, Obstetrics and Gynecology², and Urology³, Alexandria University

Helicobacter Pylori is one of the important causes of chronic gastritis. It has also been implicated in extragastric digestive disorders, such as skin diseases of autoimmune nature, vascular disorders and platelet disorders. The most acceptable hypothesis is the existence of mimicry between H Pylori antigens and cells of different host tissues. The prevalence of H Pylori infection among Egyptians is very high. The possibility of involvement of H Pylori in pathogenesis of infertility is intriguing. H Pylori usually lasts for the patient's entire life. This may boost autoimmune reactions. Mimicry has been shown between human β -tubulin protein (present in spermatozoa) and H Pylori flagellin, Cag A and Vac A. Antibodies to these antigens cross reacted with human spermatozoa.

Our study was conducted on 30 males complaining from infertility problem, 10 healthy fertile controls were included. CASA was performed, together with H Pylori IgA antibodies in seminal fluid. There was a high prevalence of H Pylori IgA antibodies in seminal plasma of patients complaining of infertility and having asthenospermia as compared to the fertile control group

HEPATIC ARTERY PSEUDO ANEURYSM PRESENTED BY SEVERE HEMOBILIA AFTER PERCUTANEOUS LIVER BIOPSY(PLBX) IN CHRONIC HCV PATIENT

M Yousry Taher
HPB Unit Alexandria UN, Egypt

Liver biopsy is usually done in an outpatient setting because most significant hemorrhage is evident within a few hours after biopsy. Delayed hemorrhage occurs much less frequently but carries a much higher mortality. We present a 32-yr-old man with chronic hepatitis C who underwent a percutaneous liver biopsy and presented 4 days later by severe UGIT bleeding and obstructive jaundice with severe right upper quadrant abdominal pain radiating to the back and right shoulder.

HEPATITIS B AND C INFECTIONS MAKE LIVER A CANCER TIME BOMB

Yousry Taher
Alexandria Un HPB Unit Egypt

Hepatitis, particularly Hepatitis C, is responsible for More than 90 percent of liver cancer cases in the Egypt. The Ministry of health estimates that 12 % of the population are infected with Hepatitis C. Eighty percent of those who become infected develop chronic hepatitis, in which symptoms may be vague or missing for a decade or more (silent period of the disease). Most people become infected through intravenous route (Commonly after blood transfusion) or after surgery or medical procedures, however half of the people who become infected have no identifiable risk factors.

HEPATIC REGENERATION IN SCHISTOSOMIASIS AFTER PARTIAL HEPATECTOMY : AN EXPERIMENTAL , IMMUNOHISTOCHEMICAL AND IMAGE ANALYSIS STUDY

Mahmoud Sakr¹, M.D., Nahed Baddour², M.D.

Departments of Surgery¹ and Pathology², Faculty of Medicine, University of Alexandria, Egypt.

The regenerative capacity of the fibrotic liver in response to injury is a matter of debate. This study was undertaken to assess the hepatic regenerative capacity after hepatectomy in a murine model of schistosomal hepatic fibrosis. Swiss albino mice infected with *S. mansoni* using the paddling technique underwent a standard 1/3 or 2/3 hepatectomy. The survival of the mice was determined . Subsequently , a second experiment was performed and the mice were assigned to one of four groups; I and II noninfected controls which underwent 1/3 or 2/3 hepatectomy and groups III and IV infected mice which underwent 1/3 and 2/3 hepatectomy also. Animals were sacrificed at 24 hour intervals. Blood samples were drawn immediately before sacrifice. The remnant livers were harvested and subjected to histopathological and immunohistochemical studies to assess the regenerative capacity by calculating the PCNA/LI and DNA ploidy levels.

Survival of infected hepatectomized mice was inferior to that of the noninfected controls (80 vs 90%). Survival of group iv was 0% starting from day 3 postoperative.

AST (first 4 days postoperative) , ALT and albumin levels for the infected groups were significantly higher than the noninfected controls ($p=0.001$, $p= 0.001$, $p=0.02$ respectively). Histopathological signs of injury in the liver included diffuse hepatocytic cell swelling, macrovesicular steatosis, sinusoidal dilatation and congestion n addition to signs of schistosomal infection (the fibrocellular granulomas). Regenerative activity was assessed suing the PCNA/LI . Positivity was concentrated in between the granulomas with peak values at day 3 postoperative. A statistically significant difference between the infected hepatectomized mice as opposed to the noninfected controls($p=0.001$) . Also DNA ploidy levels demonstrated significantly lower levels for infected hepatectomized mice in comparison to the controls mainly on day 3 and 4 postoperative ($p=0.001$). In conclusion, the livers with schistosomal hepatic fibrosis demonstrate a greater degree of injury and a compromised regenerative capacity as compared toe h nonfibrotic controls.

HEPATITIS B VACCINATION IN PATIENTS WITH CHRONIC HEPATITIS C

*Memon Sadik, *Khatri Naresh, *Sheikh R A, **Ghori Rafi, *A. Momin, *U. Soomro, *M.A. Mirza, ***W. Jafri.

*Isra University Hospital Hyderabad, ** Department of Medicine, Liaquat University of Medical & Health Sciences, ***The Aga Khan University Hospital, Karachi.

OBJECTIVE: The aim of our study was to investigate whether carriers of chronic hepatitis C virus infection were being vaccinated against Hepatitis B infection.

MATERIAL AND METHODS: All the consecutive 150 anti HCV positive patients were evaluated for their HBV status and vaccination. A questionnaire was filled for each patient after taking verbal consent.

RESULTS: There were total of 150 patients from June 2005 to September 2005; 96 were males (64%) and 54 (36%) were females with the mean age of 39.5 years (Range 18-75 years). One hundred and twenty two patients were found to be in stage of chronic active hepatitis "CAH" with either elevated (90 patients) or normal (32 patients) serum alanine amino transferase levels. All patients were checked for HBsAg prior to visiting our clinic. Only three patients were found to be HBsAg positive. Only 18% (n = 27) of patients were offered vaccination against HBV infection by the physicians they had visited to.

CONCLUSION: Only 18% of the HCV infected patients were offered vaccination against HBV infection indicates the need to increase the implementation of offering vaccination by the physicians to hepatitis C positive patients.

**IMPACT OF ESOPHAGEAL VARICEAL INJECTION SCLEROTHERAPY ON
CARDIOPULMONARY HAEMODYNAMICS.**

Siham Moustafa Abdel-Rehim, Alaa El-Din Mohamed Abdou, Hassan Ali El-Bahrawy*
Magdy Ali Abou-Rayyan °

Departments of Tropical medicine, GIT Surgery* and Chest diseases*Faculty of Medicine, Alexandria University

Objective: Portal hypertension is a frequent clinical syndrome characterized by a pathological increase in portal venous pressure and the formation of portosystemic collaterals. The aim of the present work was to study the effect of endoscopic injection sclerotherapy on cardiopulmonary haemodynamics in patients with chronic liver disease and bleeding esophageal Varices.

Subjects and methods: The study included thirty patients with chronic liver disease and esophageal varices, divided into two groups; group A: twenty patients with bleeding varices undergoing injection sclero-therapy and group B: ten patients non-bleeders having esophageal varices. The cardio-pulmonary haemodynamics of both groups were assessed and compared

Results: All results showed restrictive defect in respiratory function one day after the sclerotherapy injection, caused, possibly, by the sclerosant embolising to the lung, since these changes were not detected in the non-injected group.

Conclusion: Pulmonary haemodynamics affected by injection sclerotherapy and the amount of sclerosant injected directly affects the pulmonary functions.

INFLIXIMAB (IFX); A RESCUE TREATMENT CHALLENGING SURGERY IN THE MANAGEMENT OF SEVERE ULCERATIVE COLITIS (UC)

*Taher MY,**Moussa ME

Department of Medicine and **Surgery, Alexandria UN ,Egypt

Severe UC is estimated to occur in only 15-20%It usually necessitates hospitalization with intrinsic risk of mortality and colectomy. In this study we report about the challenging value of IFX with surgery, as a rescue treatment for 5 cases of severe UC who initially were being admitted for colectomy to control their disease .

LAPAROSCOPIC MANAGEMENT OF PATIENTS WITH SUSPECTED ACUTE APPENDICITIS: A PROSPECTIVE STUDY

Nabil W, Katri KM, Bessa SS, Elkayal EA, Abdel Baki NA, A, Bassiouni AE, ElSaedi MK, Sharaan M.

Hepato-Pancreato-Biliary (HPB) Unit, Department of surgery, Faculty of Medicine, Alexandria University.

Background: Open appendectomy is widely practiced for acute appendicitis. Currently, the choice of laparoscopic approach is mostly at the surgeons' discretion. Various reports demonstrated its merits in assisting diagnosis, reducing postoperative pain, analgesic requirement, and incidence of wound infection. A prospective study was conducted to review the feasibility, safety, and efficacy of laparoscopic management of patients with suspected appendicitis. **Patients and methods:** From February 2005 to July 2006, 120 consecutive patients (Fifty males and seventy females) underwent laparoscopy for suspected appendicitis. The clinical diagnosis was determined by the surgeon or resident on call based on the patient's history, physical examination, and leucocytic count. Patients' demographics and perioperative outcomes were recorded. **Results:** Age ranged from 16 to 53 years. Appendectomy was carried for acute appendicitis in 76 patients, and for complicated appendicitis in 18 patients. In 21 female patients a gynecological pathology was found and appendix looked normal and left untouched. In 5 patients no pathology was identified and the appendix was electively removed. The mean operative time was 46.1 ± 12.57 minutes (range 25-90). All cases were completed laparoscopically with a zero percent conversion rate. There were no intraoperative complications. Postoperatively, two patients developed a residual intraabdominal collection that was managed by ultrasound-guided drainage. Other two patients had wound infection. All patients resumed their normal daily activity within 2 week. **Conclusion:** Laparoscopy is a safe and effective in the management of patients with suspected appendicitis. It has the potential to reduce negative appendectomy rate particularly in females of child bearing age. Laparoscopic appendectomy for appendicitis including complicated appendicitis is feasible and safe.

LEPTIN AND PUBERTY IN GIRLS, SEARCHING FOR A POSSIBLE LINK

El-Aghouri AA, Deghady A*

Departments of Internal Medicine, and *Clinical Pathology, Faculty of Medicine, University of Alexandria

Puberty is the time in life when mature gametes are first produced and reproductive activity is initiated. The importance of leptin in the reproductive system has been suggested by the reproductive dysfunction associated with leptin deficiency and resistance in animal models and humans as well as the ability of leptin to accelerate the onset of reproductive function in normal mice. The aim of the present work was to find the possible link among leptin levels and pubertal development in girls. Patients and Methods: A total of 60 healthy girls were investigated. Their chronological ages ranged from 6 years to 19 years. All girls were healthy and they were free of any acute or chronic diseases and did not have any medication. Ten girls were taken at pubertal stage 1, 13 at pubertal stage 2, 9 at stage 3, 8 at stage 4 and 20 girls at stage 5. Puberty was assessed by pubic hair and breast development according to Tanner and Marshall. These five Tanner stages were reduced to 3 pubertal status group (to simplify the presentation of results), these groups are prepubertal corresponding to Tanner stage 1, pubertal corresponding to Tanner stage 2, 3 and 4, and postpubertal corresponding to Tanner stage 5. BMI was calculated for all participants, serum levels of leptin, LH, FSH, estradiol were determined using ELISA. Results: Mean serum leptin concentration increased during pubertal stage and postpubertal stage with a significant higher value in postpubertal stage and with statistical significant differences between all pubertal stages ($F=68.341$, $p<0.01$), there was a significant positive correlation between serum leptin and all studied hormones. No correlation was found between mean serum leptin concentration and all studied variables in each pubertal stage separately. Conclusion & Recommendation: Leptin is a hormone acting as a mediator between adipose tissue and gonadal hypothalamic axis in females; therefore it is required for appropriate pubertal development and maintenance of secondary sexual characteristics.

Further studies will be needed to determine whether leptin's action is through direct actions on the gonadotropins releasing hormone neuron and/or indirect through the intermediation of another factors. It will also be of great interest to determine the extent to which defects in the leptin pathway may be responsible for one or more disorders of puberty, especially those in which obesity is part of the syndrome e.g. the Prader Willi or Kalman syndrome.

MANAGEMENT OF PRURITUS IN LIVER DISEASES

Taher MY, Sidkey F.

HPBUnit, Alexandria University

Pruritus is defined as the second order of nociception, the first being pain. Pruritus, or itch, is a common sensation that causes a person to want to scratch. It is a complex process that may negatively impact quality of life and commonly occurs with skin disorders such as atopic dermatitis and urticaria. It could also be a symptom related to an underlying disease process such as cholestasis or hyperthyroidism, or simply be caused by dry skin, especially in the cold, winter months.

Itching secondary to liver diseases, including primary biliary cirrhosis, primary sclerosing cholangitis, and hepatitis C, is a very difficult symptom for patients to endure and for physicians to manage. The reason why patients with liver disease itch is not known. It has been thought that some substances accumulate in the blood as a result of liver disease, causing itch. Studies have provided some insight into itching and scratching, including the demonstration that some patients scratch with a 24-hour rhythm, known as circadian rhythm. This finding has suggested further that the itch secondary to liver disease is mediated in the brain. At present there are several medications that are used for the treatment of itch in liver disease. These medications include cholestyramine, the antibiotic rifampicin, the opiate antagonists naloxone and naltrexone, and the serotonin type-3 receptor antagonist. These medications appear to decrease itching in many patients, but there is no medication that works well for all the patients. This reality underscores the need to continue to look for other medications that may relieve the itch secondary to liver disease.

Pruritus is as a complication of liver disease ; when intractable, it is an indication for liver transplantation. The cause of this type of pruritus is unknown. There is, however, evidence to suggest that the pruritus associated with liver disease is mediated, at least in part, by endogenous opioids. A central mechanism has been proposed for such an effect .Although the nature of the substance(s) that cause itch in liver disease is not known, evidence has been accumulating over the past several years to suggest that some substances that are found normally in plasma known as endogenous opioids (e.g. enkephalins), contribute, at least in part to the itch secondary to liver disease. It has been proposed that these neurotransmitters cause itch by acting on special areas of the brain. Other substances that also accumulate in the blood in liver disease, including bile acids, may also play a role in this type of itch. There is no strong evidence, however, to support that bile acids cause this type of itch alone.

Therapy is often aimed at eliminating the underlying cause first, followed by the management of the itchy sensation. Treatment may include prescription and over-the-counter (OTC) medications, herbal remedies, hydrotherapy, phototherapy, and ultraviolet therapy. This overview provides information regarding the various management and treatment options for pruritus in general and specifically in chronic liver disease.

MESENTERIC VENOUS THROMBOSIS IN HCV CIRRHOTIC PATIENTS: RESULTS OF COLOR DOPPLER ULTRASOUND STUDY

Osama El-Abd¹, Ashraf Abou Gabal², Amr Sadek³,
Departments of Radiology¹, Hepatology², and HPB Surgery³, National Liver Institute,
Menoufiyea University, Shebin El-Koom, Egypt.

Purpose: To determine the diagnostic accuracy of the color Doppler ultrasonography (US) in the detection of ischaemic bowel disease due to mesenteric venous thrombosis in cirrhotic patients. **Patients and Methods:**

During the recent 24 months period, 300 patients with HCV liver cirrhosis were prospectively examined with color Doppler ultrasound of the splanchnic vessels because of vague abdominal pain. The previously reported diagnostic criteria of ischaemic bowel changes were used in all patients. Computed tomographic (CT) examination was performed in 15 patients. **Results:** Only 78 (26%) patients were shown to have mesenteric venous disease after color Doppler US and CT examination. The US was effective in the diagnosis of 86% of these cases, whereas it failed in 11 (14%) patients because of extensive bowel distension. Further, the US demonstrated the predisposing cause of mesenteric vein thrombosis (MVT), to be post-splenectomy in 56 patients, liver tumors in 12, inoperable pancreatic tumors in 5, pregnancy in 3 and idiopathic in two patients. Out of these 78 patients, only 9 (11.5%) patients have been operated upon because of signs of peritonitis with resection and anastomosis of variable lengths of the small intestine. The remaining patients have been treated conservatively with IV heparin. The in-hospital mortality rate was 3.8%, where one in the operated group and two patients in the conservative group died. **Conclusions:** Color Doppler US can be used as a screening method for the detection of ischaemic bowel disease and avoiding delayed diagnosis, unnecessary surgery or less than optimal management

NUCLEAR IMAGING OF THE LIVER: IS THERE A DIAGNOSTIC ROLE OF HIDA IN POST TRANSPLANT

MS Al Sofayan, ME Abozeid, A Ibrahim, A Helmy, MI Al Saghier, MI Al Sebayerl

Background and Aims: Biliary complications are common in post-liver transplant recipients. This study aimed to assess the value of HIDA scan in the detection of early post-liver transplant biliary complications.

Methods: From April 2003 till June 2006, 34 liver transplant recipients; mean±SD age: 43.0±15.7 years; 25(73.5%) were males; 20(58.8%) received organs from deceased donors and 14(41.2%) from living-related donors; underwent HIDA scan using a single head gamma camera Meridian (Philips) after intravenous administration of 185 MBq Tc-99m Disofenin.. The mean±SD transplant-HIDA interval was 14.6±18.2 days (range 0-74). Results were compared with standard methods namely ERCP, MRCP, PTC, and/or liver biopsy.

Results: A total of 28 abnormalities were detected by HIDA scan in 16 patients (47.1%). Ten patients (29.4%) had biliary leak, 4(11.4%) had biliary obstruction or cholestasis, 1(2.9%) had delayed uptake, 5 (14.7%) had delayed blood pool clearance, and 8 (23.5%) had delayed transit to bowel. HIDA scan complications were more in post living-donor recipients compared to deceased-donor recipients, although it did not reach statistical significance (p=0.066). Total and direct bilirubin were significantly higher in patients with abnormal HIDA scan compared to those with normal HIDA (p=0.011 and p=0.040 respectively). The sensitivity and specificity of HIDA scan in the detection of overall post-operative complications was 100% and 66.7% respectively. Biliary leak detected by HIDA scan was false positive in 7 out of the 10 patients, and was true positive in 3 patients only. Detection of obstruction was 75% sensitive by HIDA scan.

Conclusion: HIDA scan is a relatively non-invasive and reliable modality to start with for exclusion of early post-liver transplant biliary complications. However, correlation with the clinical status and imaging modalities is essential to confirm the abnormalities detected by HIDA scan.

OBSTRUCTIVE JAUNDICE : MISLEADING MRCP AND CT SCAN EXAMINATION

Maher osman

National Liver institute Menofya University

Female patient aged 48 yr presented with obstructive e jaundice as proved by US examination TSB 12,mile elevation of liver enzymes Clinically recurrent mild abdominal pain Fever and rigors Liver is felt clinically CBC showing leucocytosis Diagnosis by MRCP was ? Klatskin tumor. Patient was referred for biliary stenting. Mirizzi type I consists of an extrinsic compression of the hepatic duct by a calculus impacted in the cystic duct or in Hartmann's pouch. This is treated by cholecystectomy with or without common bile duct exploration Type II would correspond to the cholecystohepatic fistula in which a primary repair is possible. Type III would correspond to the cholecystohepatic fistula in which a primary repair is not possible so that biliodigestive anastomosis has to be carried out. Subtype IIIa would correspond to the same situations but complicated with fistula with the duodenum which has to be repaired as well. A Type IV of Mirizzi's syndrome would correspond to the inflammatory obstruction of the common hepatic duct as described by Nagakawa et al.

OXIDE PROFILE, DEGREE OF LIVER INJURY AND STRUCTURAL VASCULAR CHANGES OF THE GASTRIC MUCOSA IN CHRONIC HEPATITIS C VIRUS RELATED LIVER DISEASES

Zaher RA,* Rashed MYT*, Ibrahim EH,* Baddour NM**, Abdel Moety AA*, ElSawy MM,*** and Zeid AE*

* Internal Medicine, Faculty of Medicine University of Alexandria

** Pathology, Faculty of Medicine University of Alexandria

*** Clinical pathology, Faculty of Medicine, University of Alexandria

Background: Nitric oxide (NO) plays an important role in HCV associated hepatic dysfunction and in the pathogenesis of portal hypertension.

Aim of the work: This study was designed to correlate serum nitrite and nitrate levels with the degree of liver injury and gastric mucosal changes in HCV patients at different stages of the disease.

Subjects and Methods: 80 HCV infected patients were classified equally into 4 groups; chronic hepatitis C, Child A, B and C cirrhosis groups. 20 healthy subjects were allocated as a control group. For all patients, serum nitrite and nitrate levels, HCV RNA and liver test profile were evaluated. Liver biopsies for chronic hepatitis C and Child-A cirrhotic patients were obtained for grading, staging and expression of $INF-\gamma$ and pentosidine. Esophagogastroduodenoscopy to evaluated the degree of portal hypertensive gastropathy (PHG) and expression of vascular endothelial growth (VEGF) by histopathology.

Results: Serum NO profile was significantly higher in all HCV infected patients than healthy subjects. A significant correlation between $INF-\gamma$ expression and both of serum NO and viral load. Also, hepatic pentosidine expression was correlating with staging and fibrosis. Also both of serum NO and gastric VEGF were over expressed and correlating with the degree of PHG.

Conclusions: In HCV infected patients, serum NO was significantly over expressed and correlating with the severity of chronic liver disease. Our study supportes the role of direct viral cytopathic effect in HCV patients because of the significant correlation of viral load with both of serum NO and hepatic $INF-\gamma$ expression. Pentosidine might be considered a marker of oxidative stress and fibrosis in chronic HCV liver disease.

PANCREATIC FUNCTIONS AND DEVELOPMENTAL OUTCOME AFTER SURGICAL MANAGEMENT OF PERSISTENT NEONATAL HYPER-INSULINEMIC HYOGLYCEMIA

Shehata S, Soliman AT*, Omar T*, Alaa Thabet A*

From the departments of Pediatric surgery and Pediatrics* Faculty of medicine University of Alexandria.

We evaluated the detailed pancreatic endocrine and exocrine function in children with persistent hyperinsulinaemic hypoglycaemia of infancy (PHHI) after 95% pancreatectomy. Seven children with PHHI between 0.9 and 5.2 years after pancreatic resection underwent clinical and investigative follow up. Three children with PHHI who had not had pancreatectomy were also assessed. Standard endocrine assessment, pancreatic magnetic resonance imaging (MRI), and detailed direct and indirect tests of exocrine pancreatic function were performed. Pancreozymin-secretin stimulation test results were deficient in four out of the seven patients, one of whom had frank steatorrhea required daily pancreatic enzyme supplements.

One child developed insulin dependent diabetes at 3 years and two children had impaired glucose tolerance. MRI showed no major re-growth of the pancreatic remnant after resection (n = 4). The height SD score, growth velocity SD score and BMI were significantly lower in Children who underwent near-total pancreatectomy vs. non-pancreatectomised children. The head circumference was markedly smaller in the non-pancreatectomised children and all of them had poor neuro-developmental outcome, with global developmental delay and neurological abnormalities. Two out of the seven pancreatectomised children had developmental delay and spastic cerebral palsy. Circulating IGF-I and basal GH concentrations were lower in the pancreatectomised group. Their basal and glucagon-stimulated C-peptide concentrations were significantly decreased compared to the non-pancreatectomised children. Basal growth hormone (GH) levels were higher in the non-pancreatectomized group.

Growth hormone response to provocation was adequate in both groups. HbA1C concentration was significantly lower in the non-pancreatectomised group as well as their fasting and 2h-post prandial blood glucose levels compared to pancreatectomised children. Clinical evidence of endocrine dysfunction has developed in three patients (1 with IDDM, and 2 with IGT). Three patients had subclinical deficiency of one or two exocrine pancreatic enzymes but only one had multiple enzyme deficiencies and steatorrhea and required pancreatic enzyme replacement. Although 95% pancreatectomy results in postoperative control of blood glucose, the development of IDDM, impaired linear growth, and exocrine failure remain ongoing risks.

POST LIVING DONOR LIVER TRANSPLANTATION BILIARY COMPLICATIONS

Maher Osman¹, Gamal Badra², Hany Shoreem¹, Tarek Ibrahim¹, Amr Helmy¹

¹Department of surgery, ²Department of Hepatology, National Liver Institute, Menoufiya University, Shebin El-Koom, Egypt

Objective: To review the incidence of biliary complications, the inducing factors, management, & its impact on the outcome in patients underwent living related liver transplantation.

Summary Background Data: Living donor liver transplantation (LDLT) is becoming a widespread therapeutic option for end stage liver disease with accepted outcome. Biliary complications, however, still occur frequently after liver transplantation and have retained a high risk of significant mortality and morbidity.

Materials and Methods: The records of 20 patients who underwent LDLT in National Liver Institute (NLI), Menoufiya University, from 28 of April 2003 to the last of August 2004, were retrospectively revised.

Results: Biliary complications occurred in seven (35%) recipients and included bile leak in four (20%) cases, anastomotic strictures in two (10%) cases, and intraperitoneal biloma in one (5%) case. The potential risk variables for biliary complications as number of graft bile duct, number of biliary anastomoses, type of biliary reconstruction, cold ischemia time, and CMV infection did not affect biliary complications in our study.

Conclusion: Biliary complications are one of the most serious complications following LDLT and should be diagnosed and managed as early as possible to avoid dreadful outcome. Endoscopic and radiological management is effective in the majority of cases. Surgical intervention is obligatory in selected cases.

PULMONARY FUNCTION ASSESSMENT IN PATIENTS WITH LIVER CIRRHOSIS

Ashraf K Abou Gabal*, Ramadan M Bakr**, Ahmed A Elsharawy***
Hepatology* & Clinical Pathology*** Departments, National Liver Institute and Chest
Department**,
Faculty of Medicine, Minoufiya University

Background: Pulmonary complications, mainly hepatopulmonary syndrome (HPS), are frequently observed in liver cirrhosis.

Aim: In this study, the aim was to assess pulmonary function tests (PFT) in patients with liver cirrhosis.

Patients and methods: A total of 50 patients with cirrhosis who had no clinical or radiographical evidence of cardiopulmonary disease, 32 males and 18 females, were included in our study. The mean age of the patients was 51.32 ± 10.78 years.

Arterial blood gases in supine and erect positions, lung function test, carbon monoxide diffusion tests (DLco) and echocardiogram were performed in all patients.

Results: Ten patients were in the Child-Pugh A group, 16 in the Child-Pugh B group, and 24 patients were in the Child-Pugh C group. The mean values of spirometric measurements of cirrhotic patients were within normal range while DLco corrected was less than normal. There were statistically significant differences in forced expiratory volume in one second (FEV1 %), forced vital capacity (FVC %) and DLco corrected in cirrhotic patients regarding Child Pugh classification. The FEV1 (%) showed statistically higher significant decrease in class C than class A ($P < 0.01$) and FVC (%) showed statistically significant decrease in class C than class A ($P < 0.05$) as well as DLco corrected showed statistically higher significant decrease in class C than class A ($P < 0.01$). On the other hand, there was no statistically significant correlation between FEV1 (%), FVC (%) and DLco corrected in cirrhotic patients.

Although PH, PaO₂, PaCO₂, O₂ saturation (%) and arterial-alveolar oxygen difference (A-aDO₂) values of the patients were lower in erect than supine position but with out statistically significant difference. 76.0 % of cirrhotic patients had normal spirometric measurements while 24.0 % showed restrictive abnormalities, 64.0 % showed reduced DLco corrected state and 78.0 % showed abnormal A-aDO₂. 76.0 % showed hypocapnia while 24.0 % showed orthodeoxia and 28% had hypoxemia.

There was statistically significant increase in the mean value of PaO₂ in supine position in cirrhotic patients with orthodeoxia than those without ($P < 0.01$), while the reverse occurred regarding PaO₂ in erect position ($P < 0.001$). Cirrhotic patients with orthodeoxia showed statistically significant higher mean values of PaO₂, PaCO₂ and O₂ saturation in supine position than in erect position ($P < 0.01$).

Conclusions: We believe that liver cirrhosis is not a local but a systemic disorder, associated with pulmonary pathophysiologic changes, like hypoxemia, hypocapnia, decreased lung volumes and decreased DLco, occurring in parallel with the pathologic changes occurring in the cirrhotic liver that might have its consequences, as worse as those of the original disease, if not monitored and corrected. PREVALENCE OF GALL

PREVALENCE OF COELIAC DISEASE IN ADULT SAUDI PATIENTS WITH

Shendy Mohammed Shendy, Naeema Al-Ashry, Nihal Al-Asally áĈ,..
Tropical medicine, clinical biochemistry departments; Theodor Bilharz Research Institute,
Cairo Egypt

Few recent studies have found higher prevalence of coeliac disease among patients with diagnosis of irritable bowel syndrome (IBS) than general population (3-11% vs. 0.2-0.6%). Similar studies showed that coeliac disease is as common in Middle Eastern countries as in Europe; in both the general population and at-risk groups. The aim of this work is to estimate the prevalence and the potential clinical consequences of coeliac disease testing in adult Saudi patients with IBS. Materials and methods: This is a prospective pilot study including 320 Arab patients with features compatible with IBS as defined by Rome III criteria without any other co-morbidity. The age of patients ranged between 18-70 years. All patients were subjected to good history taking, clinical examination, and some investigations if needed such as stool, urine, CBC, liver enzymes, kidney function tests, ECG, electrolytes, H pylori serology, upper and lower endoscopy when indicated. Those diagnosed as having persistent criteria of IBS were tested for coeliac disease by IgA and IgG anti-gliadin antibodies, anti endomysial antibodies (EMA) IgA and anti-TG2 (IgA and IgG). Upper endoscopy and duodenal biopsies were done and gluten free diet was implemented for only those with positive serological test. The same tests were repeated after period of about 6 months. Results: Anti-gliadin antibodies were found positive in 15/320(4.69%) patients (14 with IgA and 13 IgG), EMA IgA in 13/320 (4.06%), anti-TG2 IgA in 12/320 (3.76%) and anti-TG2 IgG in 13/320 (4.06%). Abdominal pain, diarrhea, dyspepsia, postprandial distress, epigastric pain, distension and chronic diarrhea were significantly higher and more common in combinations in those with positive serology in comparison to serologically negative patients ($P < 0.05$). Haemoglobin level, serum iron, albumin and calcium were found to be significantly lower in those with positive serology in comparison to serologically negative patients ($P < 0.05$).

PROXIMAL BILE DUCT OBSTRUCTION :A SURGICAL CHALLENGE

Shawky AM, Rashed MYT*,Sidkey F*.

From the departments of Hepatobiliary surgery and medicine*
Faculty of medicine , Alexandria University

Over a period of 5 years (September 1998 to September 2003), 41 consecutive patients with proximal bile duct obstruction (either benign or malignant) were referred to our department, all presenting with obstructive jaundice. Surgery was offered to patients with pruritus, cholangitis or both associated with jaundice. Twenty four patients were operated upon. Fifteen patients had benign and nine had malignant obstruction. Segment III bypass or left duct bypass were offered to the patients. One patient had resection of a Klatskin tumor with bilateral hepaticojejunostomy. The disappearance of jaundice and pruritus were noted. The mortality and morbidity were analyzed.

STONES IN EGYPTIAN PATIENTS WITH CHRONIC HEPATITIS C AND CIRRHOSIS

Abeer Ml Ibrahim, M.D,

Faculty of Medicine, Alexandria University,

Aim of the work: to identify the incidence of gall stone disease in Egyptian patients with chronic hepatitis C and cirrhosis and compare the incidence with healthy control. **Subjects:** 100 patients well known to hepatitis C complicated with chronic hepatitis and cirrhosis (32 patients categorized as child -pugh A, 68 patients decompensated cirrhosis and the child – pugh was B, and C). 77 control healthy subjects. **Method:** blood samples were tested for liver enzymes, bilirubin, serum albumin, ultrasonographic examination of upper abdomen was performed to detect gall stone disease in those patients. **Results:** gall stones were found more often in cirrhotic patients (24.0%) than in controls (6.9%, $P < 0.001$). the prevalence of gall stones in decompensated cirrhotic patients was higher than that of compensated cirrhotic patients ($P < 0.001$). The presence of gall stones was significantly higher among patients with mixed liver cirrhosis, and schistosomal hepatic fibrosis, than in patients with only liver cirrhosis. (66% VS 32% Chi-square= 14; $p < 0.001$. advanced age, female sex, family history of gall stones, duration of illness, thickness of gall bladder 4 mm or more and portal vein diameter of 13 mm or greater were significantly associated with gall stone disease in patients with cirrhosis.

Conclusions: this study prove the high incidence of gall bladder disease in liver cirrhosis secondary to hepatitis C virus infection in compared to the healthy controls. The incidence increases with progression of liver cirrhosis, and with association with SHF.

STEATOSIS AMONG INCIDENTALLY DETECTED ASYMPTOMATIC HEPATITIS B SURFACE ANTIGEN (HBSAG) POSITIVE SUBJECTS (IDAHS)

Gamal Shiha¹, Seham Seif¹, Mostafa Gaber², Ahmed Monis³, Ashraf El-Fakhry¹, M. Elatek⁵ and Khaled Zalata⁴

Internal Medicine Department, El-Mansoura¹, Tanta² and Ein Shams³ Universities and Pathology Department⁴, El-Mansoura University, Tanta Fever Hospital⁵, Egypt

Background: Steatosis is considered a frequent pathological finding in chronic hepatitis C and could be correlated to the hepatitis C genotypes. In chronic hepatitis B, steatosis is not extensively studied especially in which D is the main genotype in Egypt. **Aim:** To characterize steatosis among incidentally detected asymptomatic hepatitis B surface antigen positive subjects (IDAHS) in Egyptian patients with genotype D. **Methods:** We studied 44 consecutive IDAHS patients who were long term HBsAg carriers. Tests for liver functions, serological markers for HBV, HCV, HDV and schistosomiasis were done for all patients. Liver biopsy specimens were studied and scored by modified Knodell score and METAVIR score. Steatosis and steato-hepatitis were searched for and scored according to Brunt et al., 1999. Steatosis were correlated with serological and other pathological parameters. **Results:** Steatosis was identified in 11 out of 44 patients (25%) with only one patient shown massive steatosis and most of them exhibit mild steatosis. There is no evidence of steato-hepatitis. No significant correlation was identified with age, sex, body mass index, HAI or fibrosis stage.

Conclusion: Steatosis is not a rare event in IDAHS but mostly mild and not associated with steato-hepatitis.

STEM CELL DEVIATION OF NEOPLASTIC CELLS IN CASES OF HEPATOCELLULAR CARCINOMA: AN IMMUNOHISTOCHEMICAL STUDY USING CD34

N Baddour*, Helal S*, Y Taher**

Pathology(*), and Internal Medicine (**), Departments, Faculty of Medicine, University of Alexandria

Stem cells are characterized by properties of pluripotency and self renewal. Hematopoietic stem cells have been documented to differentiate into hepatocytes and biliary epithelial cells. Homologies exist between control of cancer and the proliferation of stem cells. Cd34 is a marker of stem cells. It is a stage specific rather than a lineage specific rather than a lineage specific marker.

This study was performed to define the role of stem cells in the pathogenesis of hepatocellular carcinomas. Twenty eight cases of HCC were included in the present work. All cases were graded according to Edmondson's grading system and stained immunohistochemically with monoclonal antibodies to CD34 and PCNA. Results were measured using a standard point counting technique. Of the 28 included cases; 7 were grade I, 6 were grade II, 7 were grade III and 8 were grade IV. CD34 stained the endothelial lining of the intratumoral capillaries, but not those in the nearby liver tissue. It also showed cytoplasmic staining focally of groups of malignant hepatocytes. PCNA/LI of grade I tumors was 7.86 ± 2.04 (range 5-11), 13.7 ± 1.94 (range 11-16) for grade II tumors, 31.71 ± 2.50 (range 28-36) for grade III tumors and 67.0 ± 2.2 (range 65-71) for grade IV tumors. CD34 for grade I tumors was totally absent, for grade II tumors 0.25 ± 0.27 (0.0-0.5), and 0.39 ± 0.37 for grade III tumors and 0.79 ± 0.11 (range 0.68-0.99) for grade IV tumors. A significant positive correlation was detected between PCNA/LI and CD34 positivity among grade IV tumors, but was absent among the tumors of the other differentiated grades. ($r=0.84$, $p<0.001$). This may indicate that the greater the CD34 positivity (the less differentiated tumors), the greater the proliferation rate and as a consequence the aggressiveness of the tumor and therefore it carries a worse prognosis

STOMOPATHY ; A MASQUERADING CAUSE FOR BLEEDING FROM ILEOSTOMY STOMA; INNOVATIVE MANAGEMENT BY FIBRIN SEALANT

Taher MYT, Sidkey F

HPB Unit, Faculty of Medicine, Alexandria University.

Male patient aged 51 yrs presented with recurrent significant blood loss from stoma of ileostomy. This patient was submitted to total colectomy after an attack of severe colonic bleeding due to ulcerative changes. The patient had HCV infection from the frequent blood transfusions he received before and after surgery. His liver condition was classified as Child class A. During attacks of bleeding it was very difficult to judge from where the blood actually came. During each bleeding episode, the patient was surprised by the large amount of blood filling the ileostomy bag.

STUDY OF ENDOSCOPIC ASPECTS AND THERAPEUTIC OPTIONS OF ECTOPIC GASTROINTESTINAL VARICES

Sidkey F, and *Osman MO.

Internal Medicine Department, Faculty of Medicine, Alexandria University, and * National liver Institute, Menofya University

Ectopic varices are best defined as large proto-systemic venous collaterals occurring anywhere in the abdomen except in the cardio-esophageal region. We studied eighteen cases of ectopic varices in portal hypertensive patients. Ten patients presented with gastrointestinal bleeding, while in eight patients, varices were asymptomatic and accidentally discovered during endoscopic examination for other purposes. Ectopic varices were located in the gastric antrum in two patients, in the duodenal bulb in three, in the descending duodenum in four, in the anorectal region in seven, and at the site of a percutaneous enterostomy (stomal varices) in two patients. Non-bleeding varices were managed conservatively. Management of bleeding ectopic varices included endoscopic injection sclerotherapy in four, endoscopic endoloop ligation in two, and surgical ligation of the bleeding varix after failure of endoscopic treatment in two patients. Local injection of a tissue adhesive was successful to control bleeding in two patients with stomal varices. An excellent outcome was observed in all patients without any reported morbidity or mortality. Bleeding did not recur in any of the patients studied during a follow up period of one year.

STUDY OF THE ROLE OF HELICOBACTER PYLORI IN GERD-RELATED PULMONARY MANIFESTATIONS

Ali E *, Youssef A**, and Elbanna A* .

Departments of Internal Medicine * and Chest** Faculty of Medicine, Alexandria University.

Although many people have symptoms of heartburn, including burning sensation behind the breast bone, acid taste in the mouth, cough, and sometimes nausea, others do not experience any symptoms, so-called "silent" reflux. The only symptom may be either difficult to control asthma or chronic unexplained cough. Since between 30 and 90% of adult asthmatics have reflux, this is an important condition to consider in difficult-to-control asthmatics. In this study, we are trying to highlight the role of Helicobacter Pylori in GERD – related Pulmonary manifestations .Our study population consisted of 30 patients classified into three groups ; Group I (10 patients with poorly controlled asthma or chronic unexplained cough without manifest GERD) Group II (10 patients with GERD and suffering from supraesophageal manifestations) and Group III (10 patients with GERD and not suffering from supraesophageal manifestations). Although the prevalence of Helicobacter pylori infection was significantly higher in Group II patients(patients with GERD and supraesophageal manifestations) than in group I and group III(70% versus 30% and 20% respectively), yet PCR for Helicobacter Pylori in broncho-alveolar lavage was negative in the three studied groups.

Therefore GERD related pulmonary manifestations are not due to actual infection of the bronchial tree by helicobacter pylori organism. However, helicobacter pylori infection might play a role in the development of GERD pulmonary manifestations through the release of various proinflammatory substances which occurs with HP colonization of gastric mucosa.

RELATION OF SERUM RESISTIN CONCENTRATION TO STEATOSIS AND INSULIN SENSITIVITY IN PATIENTS WITH CHRONIC HEPATITIS C

Naglaa Allam¹, Tary Abdel-Hamid Salman², Gasser El Azab¹, Nermine Ehsan³, Nermine Hossam⁴ and Om Kolsoum El-Haddad¹
¹Hepatology, ²Tropical Medicine, ³Pathology, National Liver Institute, Menoufyia University, ⁴Clinical Pathology, Faculty of Medicine, Alexandria University

Hepatitis C virus (HCV) infection increases the risk of developing type 2 diabetes mellitus (DM type II) and insulin resistance. Resistin has been implicated in the pathogenesis of obesity-mediated insulin resistance and DM type II. Moreover, plasma resistin concentration is positively correlated with hepatic fat content in those patients. The aim of the present study was to assess the relationship of resistin to insulin resistance and steatosis in HCV-infected patients. Patients & Methods: Forty untreated patients with chronic hepatitis C were included in this study. Insulin sensitivity was evaluated using the homeostatic model assessment (HOMA) system and serum resistin concentration was measured. Liver biopsy was performed to evaluate the grade of activity (HAI), the stage of fibrosis using the modified Knodell scoring system and steatosis was graded as minimal (less than 10% of hepatocytes), mild (<30% hepatocytes involved), moderate (30 - 60% of hepatocytes involved) or severe (>60% of hepatocytes involved). Results: Patients with steatosis (n = 23) had higher body mass index (BMI) compared to patients without steatosis (n = 17); 30.19±3.96 kg/m² vs 24.69±1.84 kg/m² (p = <0.001). The HOMA-insulin level positively correlated to BMI (r = 0.67; p = 0.001). There was no significant difference in serum resistin level between male and female subjects (15.75±10.73 ng/ml vs 11.64±6.08 ng/ml, p = 0.22). No significant correlation was found between resistin and BMI (r = 0.24, p = 0.17) or HOMA level (r = 0.37, p = 0.87). Resistin level did not vary significantly with different stages of hepatic fibrosis or grades of inflammation (p = 0.48, p = 0.1 respectively). Resistin level showed a trend to be higher with increasing severity of steatosis however, these differences were not statistically significant (p = 0.57). Conclusion: The present study demonstrated that resistin level was not associated with steatosis in patients with chronic hepatitis C. Further studies on the contribution of resistin at a larger scale with higher degrees of steatosis are warranted.

RESEARCH ETHICS COMMITTEES

Azza Saleh Radwan, MD

Associate Professor of Clinical and Chemical Pathology General Secretary of TBRI-IRB Certified Trainer in Research Ethics, Maryland University, USA Theodor Bilharz Research Institute (TBRI) Giza ,Egypt

Research Ethics Committees (REC) are independent committees to provide independent advice on the extent to which proposals comply with recognized ethical standards. REC is composed of individuals with diverse backgrounds and community members who review research protocols involving human participants to ensure that the dignity, rights, safety and wellbeing of research participants are protected. They offer advice to investigators on research which will involve human subjects. REC review research proposals for research that involves humans, monitor the conduct of research and deal with complaints that arise from research. We need to clarify more: *if* % What is REC? *if* % When REC began? *if* % When does the researcher need to go through the REC process? *if* % Why the researcher has to go through REC? *if* % When does the researcher submit? *if* % What are REC Composition and Functions? *if* % REC Procedures *if* % What happens when the researcher violate the REC approval?

ROLE OF LAPAROSCOPY IN THE MANAGEMENT OF ACUTE RIGHT ILIAC FOSSA PAIN IN FEMALES

Ghazal AA, El-Fayoumi TA, Sorour MA, Khalil MSZ.

Department of Surgery , Faculty of Medicine, Alexandria University.

Introduction: Pain in the right iliac fossa is a common symptom with wide differential diagnosis, the commonest of which is acute appendicitis. The high rate of misdiagnosis in women is explained by the high incidence of acute gynecological conditions which mimic appendicitis. There is evidence that diagnosis with laparoscopy in patients with acute abdomen has significantly reduced management errors. This work aimed to evaluate the role of laparoscopy in the management of acute right iliac fossa pain in females. **Patients and Methods:** This study included 60 female patients presented to the Surgical Emergency Department of Alexandria Main University Hospital with right iliac fossa pain suspected to be appendicitis. These patients were subjected to physical examination of the abdomen followed by abdominal ultrasonography then laparoscopic examination where positive cases of appendicitis were managed laparoscopically while negative cases of appendicitis were dealt with accordingly; either laparoscopically or by laparotomy and then assessed as regard operative and histopathological findings in comparison to the clinical data. **Results:** Laparoscopy was able to settle the correct diagnosis in the examined patients and it was able to save patients from unnecessary laparotomies. **Conclusion:** Diagnostic laparoscopy is reserved for patients with undiagnosed right iliac fossa pain by clinical and ultrasonographic examinations. It is also associated with more refinement of the final diagnosis and avoidance of unnecessary explorations.

THE USE OF SYNTHETIC CYANOACRYLIC GLUE AS A PREVENTIVE MEASURE OF ANASTOMOTIC LEAKAGE AFTER PANCREATICODUODENECTOMY PROCEDURE

EI-Ella K, Ibrahim OM*, Alhady SM**

Surgical department, National Liver Institute, Menoufiya University, Egypt

Departments of anaesthesia*and pathology**King Fahad Specialist Hospital Dammam,Saudi Arabia

Background: Pancreatic anastomotic leakage is a common lethal complication of pancreaticoduodenectomy procedure. The incidence of pancreatic anastomosis leakage depends on multiple factors, among which the anastomotic method is the key factor. The aim of the present study is to evaluate the effect of cyanoacrylic glue reinforced-pancreaticojejunostomy & hepaticojejunostomy on pancreatic leakage after pancreaticoduodenectomy. **Patients and methods:** from August 2005 to January 2007, sixteen consecutive patients with malignant diseases of pancreatic head and periampullary region were underwent pancreaticoduodenectomy operation. A standardized preoperative diagnostic workup of the pancreas was performed. All patients were subjected to pancreaticoduodenectomy procedures and reconstruction of the digestive tract was performed by using Child method. The pancreaticojejunostomy anastomosis was performed by using a 2-layers end-to end technique without duct-to- mucosa suturing and with stent in the pancreatic duct across the anastomosis. The pancreaticojejunostomy and hepaticojejunostomy anastomotic techniques have been completed by applying a thin layer of new acrylic glue on the anastomotic flap for sealing and reinforcement of the anastomosis. All patients received octreotide 3/100 µg/day subcutaneously for 5-7 days postoperatively. All of the diseases were confirmed by pathological examinations. **Results:** There were 11 males (69 %) and 5 females (31 %). The mean age among the study group was 58.35± 13.4 years, ranged from (43 – 72 years).The final pathological diagnosis was: pancreatic head adenocarcinoma (8 patients), ampullary and distal common bile duct adenocarcinoma (3 patients for each) duodenal adenocarcinoma and cystadenocarcinoma (one patient for each). The diameter of the tumors varied from 1.5cm to 4 cm. There was no evidence of pancreatic or biliary leakage in all patients who underwent pancreaticoduodenectomy procedures with cyanoacrylic glue-reinforced pancreaticojejunostomy and hepaticojejunostomy technique. The median postoperative hospital stay for those patients was 14 days (range 14-21 days). Regarding the mortality and morbidity among patients in this series, there was no death occurred, while postoperative complications occurred in 4 patients out of 16; delayed gastric emptying in 2 patients, hepatic insufficiency in one patient (in patient with liver disease before surgery) and wound infection in one. **Conclusion:** cyanoacrylic-reinforced pancreaticojejunostomy and hepaticojejunostomy procedure is a feasible and reliable procedure to prevent pancreatic leakage.

TREATMENT OF NONRESPONERS AND RELAPERS

Mohamed Sharaf El -Deen
Tanta University

Nonresponders and relapsers make up a large population of patients with hepatitis C virus (HCV) infection . (>40%)It is a heterogeneous group of patients with a variety of prior treatment regimens. In considering the retreatment, we need to carefully note the characteristics of the patients in each group and their prior treatment historyAny patient who completes a course of treatment that did not result in an SVR can be described as one who had a "failed" treatment. However, there are different patterns of response even among these patients. The prior patterns of response may significantly differentiate patients and their likelihood of achieving an SVR if re-treated. There is a slim benefit to retreatment of patients who were nonresponders or relapsers to a prior course of pegylated IFN + RBV. Decisions regarding retreatment for any patient need to be made on an individualized basis between patient and doctor. Important factors to consider for retreatment include an assessment of whether the retreatment course can be optimized through the use of growth factors or additional approaches to side effect management in order to avoid dosage reductions or shortened treatment courses. For patients with advanced fibrosis or cirrhosis, offering a longer duration of treatment or an extended course of low-dose pegylated IFN monotherapy may result in sustained periods of virologic response. Currently, no therapy has been approved by the U.S. Food and Drug Administration for retreatment of patients who have experienced treatment failure with pegylated IFN + RBV.

VISCUM ALBUM IS ANOTHER THERAPEUTIC OPTION FOR HCC IN PATIENTS WITH CIRRHOSIS, VALUE OF GP 73 GOLGI PROTEIN AS A MARKER OF THESE PATIENTS

Shendy Mohammed Shendy, Naeema Al-Ashry, Nihal Al-Asally *â€*.

Tropical medicine, clinical biochemistry departments; Theodor Bilharz Research Institute, Cairo Egypt

Hepatocellular carcinoma (HCC) is one of the most common cancers worldwide. Efficacy of available treatments remains disappointing. Mistletoe extract (*Viscum album*), a cytotoxic, immune stimulating and immune modulating agent has been tried by subcutaneous or intralesional route in the management of this disease. The aim of this study is to evaluate the effect of viscum fraxini 2 in the management of advanced HCC in patients with liver cirrhosis not amenable for other therapeutic intervention and evaluate the value of the recently investigated GP 73 Golgi protein as a marker of such disease. Patients and methods: 26 patients with advanced cirrhosis and HCC were subjected to investigation and treatment in this study. All patients provided a complete history and physical examination, including performance status, concurrent non-malignant diseases and therapy. Laboratory studies included a complete blood cell counts, differential count, biochemical liver and renal function tests, electrolyte, chest x-rays, a-fetoprotein, triphasic liver computed scan (CT) and Child class evaluation were performed before treatment. Immunoblot Analysis for GP73 was performed in all patients before and at end of follow up. 2 ampoules of viscum fraxiniâ€2 were administered subcutaneously once weekly. Each ampoule is 15 mg extract of 20 mg mistletoe herb from ash tree, diluted in dinatrium-mono-hydrogen phosphate, ascorbic acid and water) which is equivalent to 10000 ng/ml injection ampoules. Results: the study included 26 patients. They were 19 males and 7 females, aged 37â€62 years with a mean of 50.58 \pm 7.51 years. Modified Child-Pugh stage A was found in 2 patients (7.7%), stage B in 14 patients (53.8%) and stage C in 10 patients (38.5%). The diagnosis of HCC was based on marked elevation of alpha-fetoprotein level and imaging studies indicating advanced HCC in 19 patients (73.1%) and on fine-needle aspiration cytology of liver tumors in 7 patients (16.9%). The median duration of treatment.