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CCURRENT ATATUS OF MULTIDRUG RESISTANT TYPHOID FEVER IN EGYPT

Author: Samy Zaky
Al-Azhar University

Typhoid fever is a global health problem, with an estimated 20 million cases and 700.000 deaths annually. The main burden of disease is in developing countries, particularly the Indian subcontinent and South East Asia. Historically, the infection has been treated with chloramphenicol, ampicillin or trimethoprim sulfamethoxazole (the first line of treatment). However, the widespread emergence of antibiotic resistant Salmonella typhi has presented an important public health problem during the past decades. In Egypt, since the beginning of the 1980s, there has been an increase prevalence of multi-drug resistance to the first line antimicrobials, shifting the drug of choice for the treatment of typhoid fever to 2nd line; fluoroquinolones and third generation cephalosporins. Aiming to detect if multi-drug resistant (MDR) typhoid fever is still a problem in Egypt after two decades of its widespread, and, if resistance had appeared to quinolones and third generation cephalosporins which were widely used for treatment of typhoid fever in the last fifteen years, thirty seven patients with positive blood culture for Salmonella typhi were included in this study. The clinical and laboratory responses will be discussed in the presentation.

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HELICOBACTER HEPATICUS AND HELICOBACTER PYLORI IN LIVERS OF EGYPTIAN PATIENTS WITH CHRONIC HEPATITIS C CIRRHOSIS WITH OR WITHOUT HEPATOCELLULAR CARCINOMA

Author: Gamal Badra
National liver insttute, Shbeen el koom, Egypt

Martin Grauer 1, Rayk Ludwig 1, Gamal Badra 2, Imam Waked 2, Mohamed Saleh 2, Amany El Refaey 2, Ibrahim Marwan 2, Ingrid Nilsson 4, Eckhart G. Hahn 1, Asa Ljungh 4, Detlef Schuppan 5, Peter C. Konturek 1
1 Dept. of Medicine I, University Hospital, Friedrich-Alexander University Erlangen- Nuremberg, Ulmenweg 18, D-91054 Erlangen,2 National Liver Institute, Menoufiya University, Shebeen el Koom, Egypt,4 Dept. of Laboratory Medicine, Section Bacteriology, University of Lund, Sweden,5 Division of Gastroenterology, Beth Israel Deaconess Medical Center, Harvard, edical School, Boston, MA 02215, USA.

Abstract. Backround/Aims: Helicobacter pylori is a recognized type I carcinogen. Chronic active hepatitis and hepatocellular carcinoma are induced in a mouse model of H. hepaticus infection, but pathogenicity of enterohepatic Helicobacter in man is controversial. Methods: 105 liver biopsies from Egyptian patients, 60 with chronic hepatitis C infection alone and 45 with hepatitis C and HCC were analyzed including 38 cases with nontumorous surrounding tissue retrospectively. Helicobacter DNA was detected by genus-specific 16SrDNA PCR and DNA sequencing. Sera were tested for antibodies to different Helicobacter species. Results: Positive Helicobacter 16SrDNA was found in 51.7% and 53.3%, while H. hepaticus DNA was detected in 35% and 13.3%, of patients with or without HCC tumour tissue respectively. Antibodies to H. pylori were positive in 64% and 67%, and to H. hepaticus in 16% and 22% of patients with hepatitis C w/wt HCC, respectively. Conclusions: H. pylori and H. hepaticus were detected in Egyptian patients with chronic hepatitis C without and with HCC, suggesting that chronic H. pylori and H. hepaticus infection may play a role in hepatocarcinogenesis in Egyptian patients with hepatitis C.

Keywords: Antibodies, carcinogen, cirrhosis, Helicobacter, hepatocellular carcinoma, hepatitis C, Helicobacter hepaticus, Helicobacter pylori, liver, PCR

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INTESTINAL PARASITIC INFECTIONS INCLUDING CRYPTOSPORIDIOSIS AND IMMUNOLOGICAL ASPECTS AMONG MALNOURISHED CHILDREN.

Author: Nadham K. Mahdi
University of Basrah, Basrah, Iraq.

This is a case-control study, which involved 194 malnourished children below 5 years of age who were attending Basrah Maternity and Children Hospital during 2001. About 84% have marasmus, 8.24% marasmun-kwashiorkor, 6.18% kwashiorkor and 1.55% under weight. Parasitic infections were more frequent among malnourished children (59.8%) than wellnourished children (33%), with increased frequency among malnourished children with diarrhea (32.5%). Cryptosporidiosis was found in 6.85% of children below 5 years with increased frequency among malnourished children with diarrhea 14.89% compared to 11% in malnourished children without diarrhea. Only 2% were noticed among wellnourished children with diarrhea while no case has been recorded in wellnourished children without diarrhea. Depressed cellular immunity characterised by decrease in total lymphocytes (particularly T-lymphocytes) was found among malnourished children either with or without diarrhea. While humoral immunity (IgG, IgM, IgA) was significantly elevated among malnourished children with or without diarrhea in comparison to wellnourished children. C3 and C4 were increased in malnourished children without diarrhea with significant difference in C4 only. While they were decreased in malnourished children with diarrhea, with significant difference in C3. In addition, Phagocytic activity showed a significant decrease in malnourished children with or without diarrhea compared to wellnourished children.

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METALLOTHIONEIN (MT I & MT II) GENE EXPRESSION IN HEPATOCELLULAR CARCINOMA

Author: Sherif El Saadany
Tanta University; Egypt

Background /Aim: Hepatocellular carcinoma (HCC) is one of the most frequent human tumors worldwide, and commonly evolves from chronic hepatitis and liver cirrhosis. It is therefore very important to detect and evaluate the progressing state of chronic hepatic disorders. Recently, serum metal levels such as copper (Cu) and zinc (Zn) have been reported to be highly sensitive in the diagnosis of some diseases. Hypozincemia and marked hypercupremia have been reported in patients with digestive, hepatic, breast, and lung cancers. Also much attention was paid to the association between metallothioneins (MTs) and chronic liver diseases including HCC. Available informations suggested that MTs might play important roles in carcinogenic and apoptotic process of some tumors. The aim of the present study was to through the light on the role of zinc, copper and metallothioneine in the diagnosis of chronic liver diseases and to clarify the role of metallothioneins (MTs) I and II mRNA expression in hepatocellular carcinoma. Patients & Methods: This study was carried out on 45 patients with liver diseases (15 patients with chronic hepatitis, 15 patients with liver cirrhosis and 15 patients with HCC) as well as 15 healthy individuals as a control group. All patients and controls were subjected to estimation of serum copper, zinc and metallothioneine levels also their tissue levels were estimated in all patient groups. Metallothioneins (MT I and MT II) mRNA expression by RT-PCR were done for all cases. Results: The results of the present study documented a significant decrease in serum and tissue levels of zinc and metallothioneine with concomitant increase in copper levels in all patient groups. More changes were documented in HCC patients. Concerning the PCR results of MT genes expression, there was a significant decrease in MT I and MT II mRNA expression in HCC patients when compared to the other groups. They also decreased in patients with liver cirrhosis when compared to the control group and patients with chronic hepatitis. In contrast their expressions do not show significant decrease in chronic hepatitis when compared to the control group. Conclusion: On the basis of these results, it can be concluded that serum zinc, copper, and metallothioneines levels may be used as a non-invasive biochemical markers for early detection of the progression of chronic liver diseases. Moreover, the progressive decrease

in MT I and MT II gene expression may play an important role in carcinogenesis of HCC.

PITFALLS IN MANAGEMENT OF LIVER DISEASES

Author: Maamoun Ashour
Ain Shams University

Management of liver diseases is associated with many mistakes either in the interpretation of the results of clinical examination or the laboratory results.
Prescription of the drugs and diet sometimes depends on non-scientific bases. Abuse of drugs and overdosage may result in serious complications. Failure of early detection of HCC and Spontanous bacterial peritonitis leads to difficult ineffective treatment
Management of many complications esp. GIT bleedind needs modifications suitable for the Egyptian patients .

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PREVALENCE OF COELIAC DISEASE IN ADULT SAUDI PATIENTS WITH SYMPTOMS OF IRRITABLE BOWEL SYNDROME; PILOT STUDY

Author: Shendy Mohammed Shendy
Theodor Bilharz Research Institute

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 between18-70 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). All these parameters improved significantly after gluten free died (GFD) for about 6 months (P< 0.05). Only 11 patients (74.44% of those with positive serology and 3.49% of total patients) were diagnosed by biopsies as compatible with coeliac disease of which, two patients have family history of coeliac disease in first degree relatives. After gluten free died (GFD) for about 6 months, seroconversion

to negative tests occurred in 6 patients for AGA-IgA, 4 for AGA- IgG, 3 for EMA IgA, 5 for Anti-TG2 IgA and 5 for Anti-TG2 IgG.

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Also, the grade of histopathology showed complete healing in 4 patients and improvement to lower grades in 4 patients after GFD. Worsening occurred in one case and still 7 cases showed the same grade of the disease. Conclusion: It is concluded from this study that minimally symptomatic coeliac disease can easily be mistaken for IBS. The presence of many persistent gastrointestinal symptoms in addition to the lower serum levels of some nutritional parameters must alert the physicians to screen for coeliac disease. Any serological test can be used for the screening but this must be confirmed by tissue diagnosis which is the gold standard for diagnosis. Finally, screening for coeliac disease among patients with IBS must be considered to offer better prognosis to these patients simply by gluten free diet.

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SEROPREVALENCE OF TOXOPLASMOSIS AMONG MIGRANT WORKERS FROM DIFFERENT ASIAN COUNTRIES TO MALAYSIA

Author: Amal Rashad Nimir
Hamamatsu University School of Medicine, 3600 Handa-cho, Hamamatsu 431-3192, Japan

ABSTRACT Background: Primary toxoplasmosis is usually subclinical, but in severely immunocompromised patients it may be life-threatening. For this reason, it could be important to monitor situations related to non-noticeable diseases among foreign arrivals in a country. In this study, we aimed to survey toxoplasmosis among foriegn migrant workers to Malaysia. Methods: In a prospective, observational study, a serological evaluation on toxoplasmosis among 501 migrants from different Asian countries in Malaysia was conducted in a plantation and a detention camp. We used study subject information sheet for demographic information and venous blood samples for serological study to determine Toxoplasma gondii IgG and IgM antibodies. The control group was composed of 198 local Malaysians working in the same plantation and detention camp. Results: The age of study participants ranged from 19-45 years (geometric mean 29.9). The highest prevalence rate of 46.2% was demonstrated among Nepalese workers. Statistical analysis indicated that the IgG positive rate of the local residents was significantly higher than that of the migrants studied in this survey ($p<0.05$). IgM positive rate, however, did not show any significant difference between the two groups ($p>0.05$).No significant difference in the prevalence rates was noted among the migrants or local workers when they were grouped according to agricultural and non-agricultural occupations. Conclusion: Our data demonstrate that, with the exception of Nepalese population, there is a low frequency of toxoplasmosis infection among migrants from Indian subcontinent to Malaysia. A routine screening for toxoplasmosis may be indicated for sub-groups of migrants in this country. Key words: Toxoplasmosis, Migrants, Malaysia

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THE PREVALENCE OF MALNUTRITION AMONG HIGH AND LOW ALTITUDE PRESCHOOL CHILDREN OF SOUTHWESTERN SAUDI ARABIA

Author: Fahaid Hassan AL-Hashe
King Khalid University, Medical School, Saudi Arabia

Objective: To assess the current status of protein energy malnutrition (PEM) in the high and low altitude preschool children aged 12-71 months. Methods: A cross-sectional study conducted during the year of 2003 and involved 572 and 469 preschool children of Southwestern Saudi Arabia born and living permanently at high and low altitude areas respectively. Anthropometric measurements were carried out to assess the prevalence of PEM using three indicators, such as underweight, wasting and stunting following WHO standards. Prevalence differences were examined by age, gender, altitude and parental socioeconomic status. Results: The prevalence of the three types of PEM was significantly higher at low altitude than at high altitude and significantly higher among children born to illiterate than to educated parents. Older children were more underweight and stunted than younger children and underweight and wasting were significantly more common in boys than girls. Annual family income per person was negatively and significantly associated with underweight and stunting but not with wasting. Multivariate analysis showed that after controlling for all sociobiological factors, low altitude remained a strong risk factor that cannot be masked. Conclusions: The difference in PEM between high and low altitude preschool children could be related to the milder environmental conditions at high altitude and the higher incidence of tropical infections in lowland children. Future studies are required to verify these speculations, and to establish programs to control and prevent PEM in preschool children at low altitude.

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THE SURVEY ON TUBERCULOUS TEST IN 6-14 YEARS STUDENTS OF AHVAZ IN 2006.

Author: Ghsefidgran,smAlavi

Back ground: Tuberculousis is the essential problem of health in the world yet, and is one of the death causes. Tuberculous test (PPD) is used to determine provalence of tuberculousis in community and is used as a sensitive test for screening tuberculousis. This study performed to aware of B.C.G vaccination coverage and to assess tuberculous test in 6-14 years students. Methods: This survey was a descriptive, cross- sectional study. The study population was 2105 students that were selected by multi stage cluster sampling . Afterwards, with previous coordination referred to selected schools and PPD test was performed by trained persons. The results of test registered in the form of size of hardness ,48-72 hours next. Data were analyzed by descriptive statistics, also for comparisioning the results in groups of sex and age used of X distribution and T – test. Results: On base of obtained results: %57.8 of students were boys and %42.2 were girls. %50.2 of students in secondary level were 11-13 year with 1.5 mean . %49.8 of elementary students were 6-10 year with 8 mean. %1.6 of students had equal or over of 10 mm reaction. %9.1 had 5-9 mm reaction that included %6.31 of girls and %2.9 of boys. %89.3 had under of 5 mm reaction that were %35.1 girl and %54.3 boy. There was a significant difference with PPD test between girls and boys(P<%5). Also %79.4 of students had not any reaction with substance of (PPD test). Conclusion: The data showed that : most of the students (%89.3) that injected B.C.G vaccine had negative reaetion (under 5mm). Also of this number (1672 (79.4%) students) had not any reaction. Therefore, according to results we can say that PPD test is not suitable for determining the effective ness of B.C.G vaccination. Key word: students, , tuberculous test , health

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THE ROLE OF (HACCP) HAZARDS ANALYSIS CRITICAL CONTROL POINT FOR PREVENTING FOOD BORNE INFECTION DISEASES DURING FOOD PROCESSING

Author: Mohamd.M.Tabekhia.
Mansoura University

HACCP is a system which identifies specific hazards and preventative measures for their control. The seven principles
HACCP plans for each food product / productions lines combination. When developing a specific HACCP plan, the identification of all potential hazards which are of such a nature that their elimination or reduction to acceptable of a safe food is required.
HACCP offering detailed advice on the use of this system to identify hazards in food preparation and storage and focus control procedures on these critical points.
Technical advice on the steps to follow when looking for hazards and assessing their severity supplemented by series of tables which identify most commonly implicated in outbreaks of food borne diseases and outlines the test that should be considered for 27 specific high-risk foods.
This hazards assessment will result is a list of the significant hazards witch would be addressed within the HACCP plan.
The results of HACCP are needed and have important implication in preventing and assessing for food borne infection during food processing.