

ABSTRACTS

in alphabetical order

A SECOND LOOK TO ANTI-TNF α TREATMENT IN ACUTE PANCREATITIS (AP): THUMB DOWN?

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Anti-inflammatory drugs have a potential application in AP but anti-TNF- α antibodies treatments remain conflicting. Since worsening of pulmonary and pancreatic edema has been reported. The aim of this study was to assess an anti-TNF- α monoclonal antibody either in the prevention and treatment of experimental AP while also probing its effect on heat shock protein (Hsp)70-mediated protection, given its recent reported relevance. Specific pathogen free 8-week old mice were housed in a light/temperature controlled vivarium with ad libitum access to chow and water. AP was induced by hourly intraperitoneal injection of 50microg/kg caerulein for 4h. Group A mice received concomitant i.p. injections of anti-mouse TNF- α mAb (25microg/kg or 50microg/kg); Group B as A but starting 1h after last caerulein injections; Group C was administered anti-mouse IgG mAb (25microg/kg) i.p. as IgG control; Group D served as disease control and given saline while Group E were healthy control mice given only sham saline injection. At sacrifice (4h after the full blown AP) serum samples were obtained to test: routine blood tests, IL-1, IL-6 and inducible Hsp. Histology of the pancreas and the lung was blindly assessed as well Results. As compared to healthy control, either Group C and Group D showed significantly increased level of amylase, lipase and cytokines tested (C vs E: $p < 0.01$; D vs C and E: $p < 0.01$). These parameters were improved in both TNF- α mAb regimens ($p < 0.01$ but A vs B: $p < 0.05$). No dose-dependency was reported. The same picture among different groups applied when examining pancreas wet weight and necro-inflammatory scores. However, either pre and post-treatment with TNF- α mAb yielded comparable beneficial results. Hsp70 plasma level significantly decreased during AP ($p < 0.01$) remaining unaffected by TNF- α mAb, whatever the dosage employed. Conclusions: Within the limitation of an experimental study, the present data point out a significant beneficial effect of anti-TNF- α treatment in AP even when applied soon after its onset. However, it is a matter of interest and concern that it doesn't seem to improve the protective stress response system.

ALAGILLE SYNDROME

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A four years' old child presented with cholestatic jaundice dating since birth. Abdominal US revealed cholelithiasis with impacted stone at the papilla. Patient was submitted to surgery, cholecystectomy and CBD exploration. Liver biopsy was also taken during surgery. After surgery jaundice was relieved completely. However after removal of the T tube, the child started suffering from persistent itching. Laboratory investigation revealed pattern of anicteric cholestasis with normal serum bilirubin and very high serum alkaline phosphatase (above 1000), together with hypercholesterolemia. Postoperative US Evaluation and T tube Cholangiography were normal. Liver Biopsy revealed paucity of the intrahepatic bile ducts. Plain X-ray of the vertebral column showed butterfly shaped thoracic vertebrae. Review of the literature regarding this rare disease was included.

ANTIVIRAL TREATMENT OF EGYPTIAN PATIENTS WITH ADVANCED CIRRHOSIS DUE TO HCV GENOTYPE 4; USING PEGINTRON AND RIBAVIRIN**Shendy Mohammed shendy****Theodor Bilharz Research Institute**

No data until now are available regarding the effect of therapy in Egyptian patients with advanced cirrhosis due to HCV genotype 4, the predominant type. The aim of this work is to assess the therapeutic effect of combination therapy with pegylated interferon alfa-2b and ribavirin in Egyptian patients with advanced cirrhosis due to HCV. Patients and method: 29 patients of advanced cirrhosis due to HCV were included in the study. All are of Child-Pugh grade B but without any contraindications to both drugs. They were given treatment and followed by clinical, biochemical, hematological and virological evaluation. Results: One male patient died from brain stem hemorrhage due to care accident after 8 weeks of treatment. Four patients were withdrawn due to severe side effects of therapy within first 2 months (one due to severe thrombocytopenia, another one due to severe neutropenia and recurrent chest infection, severe Rheumatoid factor positive polyarthritis in one and thyrotoxicosis in the fourth). Treatment is continued in other all patients for the recommended period of time (24 patients). The virus titer was not significantly reduced after 12 weeks in 8 patients who were considered non-responders and therapy was stopped. Viral response was detected in the remaining 16 cases (initial responders) who continued treatment for 48 weeks. They all showed biochemical and virological response at end of treatment (end of treatment responders). Sustained response was evaluated after 6 months of the end of treatment. Four patients showed virological relapse and sustained response was present in 12 cases (41.38% of intention to treat patients, 50% of the protocol treatment patients). The only predictive response in these cases was the original viral load which was significantly less in sustained response cases in comparison to the non-responsive and relapsing cases. Conclusion: It is concluded from this study that patients with advanced cirrhosis but with no contraindication to combination therapy can be managed in the same way as earlier cases with pegylated IFN and ribavirin showing nearly similar responses and tolerability.

APOPTOSIS- RELATED PROTEIN (BCL-2 AND P53) EXPRESSION IN EGYPTIAN GASTRIC CANCER PATIENTS

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Apoptosis and the genes regulating this process have recently become 2 fouds of interest in the study of cancer development and progression. Therefore, we evaluate the correlation between apoptosis and its related gene products (Bcl-2 and p53) with the clinicopathological parameters of patients with gastric cancer. Forty gastric cancer patients were examined for Apoptosis in H&E stained section and expressed as AI. Bcl-2 and p53 were immunohistochemically localized by using monoclonal antibodies and avidin-biotin peroxidase technique in paraffin-embedded gastric cancer tissue of all case. Also, serum Bcl-2 antigen was detected by ELISA. Apoptosis was detected in 90% (36/40) of gastric cancer patients and increased with the progression gastric cancer. Serum Bcl-2 protein antigen was detected by ELISA assay in 32.5% (13/40) of gastric cancer patients and the concentration of Bcl-2 positive cases averaged 61.47 ± 10.99 unite/ml with significant elevation ($p < 0.0001$) compared to the negative cases (47.55 ± 3.5 unite/ml). Bcl-2 and p53 were immunohistochemically localized in 45% and 63% respectively. Immunostaining for Bcl-2 was statistically significant with the histological grade ($p < 0.02$) and lymph duct invasion ($p < 0.02$) and lymph duct invasion ($P < 0.02$). Also P53 was statistically significant with the histological grade ($P < 0.009$), stonal reaction ($P < 0.02$) and lymph duct invasion ($P < 0.001$). However the loss of both Bcl-2 and p53 expression is indicative of highly deregulated state of apoptosis control and thus reflect more aggressive tumor behavior. Therefore, analysis of apoptosis and its related gene products; Bcl-2 and p53 may help in studying the tumor aggressiveness and to predict their behavior.

CLINICAL SIGNIFICANCE OF P53 ANTIGEN LEVELS IN THE SERUM OF GASTRIC CANCER PATIENTS

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Introduction: Mutation of the p53 tumor suppressor gene often leads to the accumulation p53 protein in the nuclei of tumor cells, which can be released into the extracellular environment. Therefore this study deals with the detection of serum p53 antigen concentrations by enzyme linked immunosorbent assay (ELISA) as a marker for p53 gene mutation in gastric cancer patients and its correlation with p 53 protein expression detected by immunostaining.

Materials and Methods: Eighty serum samples were obtained preoperatively and the tissue specimens were obtained at surgery from patients with gastric cancer. Serum p53 protein concentration were detected by (ELISA), 40 matched formalin fixed tissue sections were stained by an anti-p53 monoclonal antibody (DO-7).

Results: Serum concentration of p53 ranged from 0.28 to 0.59 ng/ml and averaged 0.40 ± 0.08 ng/ml with a statistical significant elevation ($p < 0.001$) compared to the normal control 0.19 ± 0.11 ng/ml. Positive serum p53 protein concentration were detected in 29/80 (36.3%) of gastric cancer patients, according to adopting cut off value for serum p53 protein concentration of 0.42 ng/ml. Expression of p53 protein was detected in 62.5% in the nuclei of carcinoma cells of gastric patients. the average serum p53 protein concentration in the positive immunostained cases was 0.42 ± 0.08 ng/ml with significant elevation than that in the negative immunostained cases 0.36 ± 0.06 ng/ml ($p < 0.02$). Positive serum p53 antigen was detected in 45% of positive immunostained cases and in 21.7% of negative immunostained cases ($p < 0.002$). On the other hand, positive immunostaining for p53 protein was found in 18 (78.3%) out of 23 cases positive in serum.

In conclusion: serum concentration of p53 are expected to be more closely correlated with p53 antigen in tumor cells and the ELISA for serum p53 antigen concentration would expected to be a useful screening procedure for detecting the mutant p53 gene in gastric cancer.

CYSTOBILIARY FISTULA IN HEPATIC HYDATID DISEASE: DIAGNOSTIC AND THERAPEUTIC CHALLENGE

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Background: In Hydatid disease of the liver cystobiliary fistula (CBF) constitutes an anatomic and a clinicopathologic entity characterized by the occurrence of a life-threatening cholangitis with increased morbidity and the prolongation of hospital stay. An accurate preoperative diagnosis of this complication is essential for its prompt surgical management. The diagnosis of hydatid disease and the existence of CBF is based primarily on both of the clinical presentation and the characteristic appearance on ultrasonographic (US) and/or computed tomographic (CT) imaging, and confirmed by endoscopic retrograde cholangiography (ERC). **Aim:** The aim of this work was to study the different diagnostic and therapeutic aspects of cystobiliary fistula in hydatid disease of the liver. **Patients and methods:** From 1996 to 2003, among 63 patients treated for hydatid cysts of the liver, 17 with complicated cysts were included in the current study. They were 11 males and 6 females with a mean age of 34.5 years (range: 12-72). According to the clinical presentation, they were divided into 3 groups; group A: nine patients presented with cholangitis, group B: five patients had history of jaundice and group C: three patients presented with jaundice. In 14 patients (groups A&B), the diagnosis of CBF was suspected by abdominal US and /or CT imaging and confirmed by ERC. In the remaining 3 patients (group C), CBF was not documented and they were excluded. Preoperative endoscopic sphincterotomy ES was done in group A with retrieval of hydatid daughter cysts. Among the patients of group A, Seven patients (subgroup A1) were subsequently submitted to surgery entailing endocystectomy in 5 and hepatic resection in two. The remaining 2 patients in group A (subgroup A2), they were managed by endoscopic therapy only. Patients of group B (n=5), were not submitted to preoperative ES and were subsequently managed by hepatic resection in one patient and endocystectomy in four. **Results:** There was no mortality in the studied group. Postoperative bile leak occurred in four cases; one after hepatic resection and three after endocystectomy in group B for whom preoperative endoscopic sphincterotomy (ES) was not done. In contrast, none of the patients who were submitted to preoperative ES (subgroup A1) had bile leak. Postoperative wound infection was reported in three patients And minimal subphrenic collection that was aspirated under US guidance was in two. A chest complication in the form of atelectasis was recorded in one patient. The mean hospital stay was 12.4 days. All patients received albendazole treatment. **Conclusion:** Surgery still remains the treatment of choice for hydatid cysts of the liver complicated with cystobiliary fistula (CBF). The results of this work highlight the validity of diagnostic ERC in confirming the diagnosis of CBF in suspected patients with complicated hydatid cysts of the liver. Also, therapeutic ERC has a place in the treatment algorithm of CBF as it was found to be a safe and a reliable therapeutic alternative especially in high risk patients for surgery.

DIRECT REPAIR OF THE COMMON BILE DUCT (CBD) IN IATOGENIC INJURIES

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It has long been considered that iatrogenic injuries can best be repaired with biliary enteric anastomosis between a Roux loop of jejunum and the proximally dissected segment of the extra hepatic biliary tree.

The traditional teaching includes a mucosa to mucosa tension free anastomosis with or without stenting between the biliary segment and the defunctionalized jejunal loop, to avoid ascending reflux cholangitis .

The idea of using the proximal and the distal biliary tree is tempting because of the use of the mechanism of the sphincter located down around the insertion of the CBD to avoid reflux cholangitis and to regulate the entry of bile into the duodenum together with pancreatic secretion to effect the best mix between digestive enzymes and food .

It has long been considered that the distal part of the CBD is not dissectible from within the pancreas which proved not to be true because of the presence of a definite fascial sheath around it helping dissection without endangering the blood supply and helping with proper Khorization of the duodenum to compensate for at least 3 cm length reaching the proximal segment without tension and enabling the surgeon to do a mucosa to mucosa tension free anastomosis usually with a stent inserted in the distal segment and bridging the anastomotic line with part of the horizontal limb of the Ttube inserted . the results of nine cases done within the last year (August 2004 to July 2005) are presented with summing up of instructions to do the job without pitfalls.

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DUODENOGASTRIC REFLUX AND SYMPTOMATOLOGY BEFORE AND SIX MONTHS AFTER CHOLECYSTECTOMY IN PATIENTS WITH SYMPTOMATIC GALL STONE DISEASE.

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The aim of this work was to address possible factors that initiate, maintain or worsen the symptoms of duodenogastric bile reflux in patients with gallstones and to evaluate the effect of surgical removal of the gall bladder on the duodenogastric reflux. The study was carried out on 30 female patients with symptomatic gallstone disease who were admitted to Medical Research Institute Hospital for elective cholecystectomy. Preoperative upper GIT endoscopy revealed the presence of duodenogastric bile reflux in 70%, gastritis in 53.3% and duodenitis in 46.7%. The mean value of the body mass index (27.69 ± 3.04) was in the overweight range. All of the females included in the study were parous and high multiparity was associated more with complications (obstructive jaundice and acute cholecystitis) with a strong association between multiparity and duodenogastric bile reflux. Positive family history of gallstone disease was associated more with symptoms purely related to gallstones. Follow up by clinical assessment and endoscopy after 6 months revealed persistence of duodenogastric bile reflux in 76.7 %, gastritis in 56.7% and duodenitis in 53.3% with a significant increase in the occurrence of both epigastric and right upper quadrant pain as the main symptom post operatively in 18 patients (60%) compared to 12 patients (40%) preoperatively . We concluded that duodenogastric bile reflux is responsible for the initiation of most of the gallbladder symptoms and most of those symptoms may persist or appear post operatively.

E-LIBRARY AND INTERNET FOR PHYSICIANS

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Introduction: Using the internet today is like trying to use a library where all the books have been dumped on the floor and the light turned out. Everything's there, but we need better flashlights (browsers), search times (bandwidths), and room directions (directories) to find it.

When you talk to physicians from different generations you will find many of them either ignore the importance of internet or realize its significance without using it because of lack of interest. Lack of time or lack of computer skills, this presentation is to achieve the following objectives:

The importance of internet for medical staff.

How health professionals use the internet.

Quality of medical information on the internet.

Planning a strategy for searching the web.

Browser the medical sites and building the personal internet.

E library for the medical professionals.

EVALUATION OF SERUM GAMMA-INTERLEUKIN INDUCING FACTOR (IL18) LEVELS IN PATIENTS WITH CHRONIC LIVER DISEASE

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IL18 is a novel cytokine currently regarded as inducer of INF gamma in inflammatory reactions, it is likely to play a role in inflammatory liver diseases. The current study aimed to evaluate the serum levels of IL18 in patients with CLDs and to assess its role in the clinical outcome in patients with liver injury. The cohort consisted of 60 subjects, they were divided into three groups: G1: 15 Patients with CLD G2: 15 patients with liver cirrhosis G3: 15 patients with HCC Gc: 15 apparently healthy age & sex matched individuals serving as a control group. All subjects were tested for LFTs, HCV & HBV markers and autoantibodies (ANA, AMA, ASM), in addition to liver biopsy in some patients beside determination of IL18 using Elisa kit. Significant elevation of s-IL18 was found in all groups compared to control group, IL18 was sig. higher in G3: HCC than in G2: Liver cirrhosis, it is also sig. higher in G2 than in G1. IL18 showed also a significant positive correlation with s-AST, s-TB, DB & PT concentration. Results concluded IL18 likely to be involved in the pathogenesis of liver diseases so restriction of secretion of IL18 may be a useful strategy for controlling the inflammatory process during chronic diseases that affect liver.

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ESOPHAGEAL VARICES: A COMMON UPPER ENDOSCOPIC FINDING IN EGYPTIAN CHILDREN UNDERGOING UPPER ENDOSCOPY

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Acute upper gastrointestinal bleeding continues to be a common cause of hospital admission and morbidity and mortality. Bleeding esophageal varices is a life-threatening complication in children with portal hypertension. This study is a one year retrospective study, aimed at identifying the prevalence of esophageal varices—as an upper endoscopic finding—in children performing UGE, and also presenting the results and experiences with 937 fiberoptic esophago-gastro-duodenoscopy (EGD), which were performed at the endoscopy unit in Cairo university children hospital (CUCH), between 1st of August 2003 and 31st of July 2004. Among the 937 UGEs done for 730 patients, 313 (33.4%) revealed esophageal varices. These were done for 147 patients. There was some male predominance, where 88 of the 147 patients with esophageal varices were males representing (59.8%) and the remaining 59 (40.2%) were females. Their ages ranged between 7 months and 14 years. Eighty three (56.5 %) of the 147 patients with esophageal varices were diagnosed as having prehepatic portal hypertension secondary to portal vein thrombosis (PVT), and the remaining 64 (43.5%) had intrahepatic causes of portal hypertension. Hematemesis occurred more frequently and earlier in the former group who were also lacking stigmata of liver disease.

Conclusion: esophageal varices were encountered in one third of the studied patients. A baby presenting with hematemesis and lacking stigmata of liver disease, particularly jaundice and hepatomegaly, should be suspected of having PVT and an endoscopic experienced in sclerotherapy and/or band variceal ligation in this young age has to perform the upper endoscopy.

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EVIDENCE-BASED APPROACH TO GMP-PHYTOTHERAPEUTICS IN LIVER DISEASE: IN VIEW OF INTEGRATING SINERGIES FOR COMMON TASKS

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In the past few years a new integrative therapeutic modality has gained such a widespread popularity in the industrialised countries to be probably the most quantitatively represented medical approach in the west. At the University of Milan it has since long been established a WHO-collaborating Center which holds a 3-year post-graduate course in Biotechnology and Natural Medicine where experts in “non-conventional” medicine and “conventional” physicians interplay along a teaching pathway. Herbal remedies for chronic liver diseases play a prominent role with a steady increase of their use. However, sound experimental researches are overshadowed by unsubstantiated empirism while clinical studies are often of poor significance. We herewith report on the status of art of herbal remedies from an established perspective starting from the bench to bedside viewpoint while considering the important socio-economic advantage of this approach. In particular, we'll report on updated data regarding a quality-controlled phytotherapeutic compound, i.e. SNMC (glycyrrhizin acid) which has been shown in vitro, in vivo and in clinical studies to hold a strong applicability in clinical practice in HCV liver disease. We'll present some new basic science data pointing out the multifaceted physiological action of this compound and some breakthrough unpublished data on its activity on liver microcirculation. On the other hand, novel applications in liver disease (replacement of Ribavirin in IFN-associated regimes, subacute hepatitis, cholestatic hepatitis, NASH and post-renal transplant) will be provided. Moreover, the long-term anti-genotoxic efficacy in liver disease will be discussed when considering that published studies have shown that patients with HCV-positive chronic liver disease and with transaminases over 80IU have a 2- to 3-fold higher risk of HCC transformation and to date, patients with established liver cirrhosis are not amenable to any conventional drug treatment while current empirical “hepatoprotective” agents or bile acids haven't proven to be of any benefit.

**GASTRO-ESOPHAGEAL VARICEAL BLEEDING IN DIABETIC PATIENTS:
ROLE OF DIABETES AND PROGNOSTIC INDICATORS OF OUTCOME**

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Variceal bleeding is a dangerous complication of patients with portal hypertension. We have identified diabetes mellitus (DM) as a new risk factor for rebleeding from gastroesophageal varices. The aim of present study was to investigate the underlying prognostic indicators for rebleeding and mortality within diabetic patients with variceal bleeding after 7 weeks of follow up. In series of 469 patients admitted to Mansoura Emergency Hospital with acute variceal bleeding, 70 diabetic were (15%) and were compared to 399 nondiabetic patients. After resuscitation, patients were treated endoscopically by sclerotherapy, band ligation or Histoacryl injection. Clinical, laboratory and endoscopic data were studied in all patients in relation to the occurrence of variceal rebleeding and mortality. Diabetic patients had significant higher mean age (53.5+ 8.3 year) and higher rate of female patients (24.3%) than nondiabetic patients. Also, diabetic patients had significant higher level of Hb, WBCs, ALT; and lower level of albumin; higher rate of hepatitis C (HCV) infection and higher rate of Child class B&C than nondiabetic patients. Diabetic patients showed significant higher rebleeding rate (31.4% vs 20.1%, $p=0.03$), which was associated with male gender ($p=0.018$) and Child C ($p=0.006$) by multivariate analysis. Also diabetic patients showed significant higher mortality rate (22.9% vs 10.3%, $p=0.003$) which was associated with: male gender ($p=0.003$), interval between attack and admission ($p=0.01$), smoking ($p=0.01$), ascites ($p<0.001$) and encephalopathy ($p<0.001$) analysis. Univariate analysis of data of total patients showed that DM is a risk factor for rebleeding ($p=0.02$) and for mortality ($p=0.004$). We concluded that DM could be an independent risk factor for rebleeding and mortality in patients with variceal bleeding. In diabetic patients with variceal bleeding, male gender and advanced liver disease are independent risk factors for variceal rebleeding; while male gender, delay in endoscopic treatment after attack, smoking ascites and encephalopathy are independent risk factors for mortality.

**HCV DISASTER, ARE WE A PART OF THE PROBLEM OR THE SOLUTION?
(SUPPORTED BY A COMMUNITY – BASED SURVEY)**

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Introduction & Background: We all know that viral hepatitis presents a challenge for practicing physicians and the WHO has declared HCV a global health problem. HCV is a major public health problem in Egypt and presents a burden on the economy of the country. There are many different methods of HCV transmission, some are more efficient than others but for sure the community plays an important role in HCV transmission, furthermore, health-care related transmission (nosocomial transmission) should be highly considered when we talk about transmission of hepatitis.

Methods: A survey had been done in 2001 using a standard questionnaire for interviewing 4197 persons living in 720 households from 6 rural villages and 2 urban cities in Qena and Sharkia. Analyses of data have included the percentage and types of among the interviewed persons, types of providers who administer injections and types of prescribe as well.

Conclusion:

- 1- HCV infection is a serious major public health problem in Egypt.**
- 2- Potential for transmission of blood borne pathogens in health care facilities is high.**
- 3- Unsafe injections favor spread of HCV.**
- 4- We highly recommend a national strategy for primary prevention of BBP, for promoting injection safety among the public, for using the standard guidelines of IC and also recommend more studies on sexual, perinatal and cultural practices and incidence studies should be encouraged as well to describe recent transmissions.**

HPB SURGERY IN GREECE

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AIM of this study is to resume the current view of Hepato-Pancreato-biliary Surgery in Greece Material - methods: A questionnaire was distributed in 80 surgeons, specialists and trainees. Answers were taken from 12 different hospitals in Greece. Results: Many surgeons (75%) believe that operations of advanced difficulty can be executed in any Hospital since "good name of surgeons and of Surgical Departments" depends on them (25%). In a percentage 33%, doctors consider that pancreatic or liver surgery is often pointless, while the rest believe that only old and weak patients might lose the chance of surgical therap, if indicated. The surgeon who performs a pancreatectomy or hepatectomy may be a young surgeon according to the 60%, while according to the rest surgeons must be experienced and should have been titled for at least 10 years. In total, surgeons are not opposite to the institutions of Excellence (100%).Almost all the trainees and half of the specialists wish to work in a Center of HPB surgery, even circumstantially. Conclusions: Surgeons believe that HPB surgery should mainly be performed in general hospitals, however accept the value of Centers of Excellence, when special indications appear

IMMUNE MEDIATED LIVER DISORDERS

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Liver can be considered as an effector immune organ because kupffer cells account for 80% of the capacity of the tissue resident monocytes. Liver can also be affected by immunity as manifested in autoimmune liver diseases, in unique hepatic disorders with immuno-compromised patients, as well as in chronic hepatitis due to HBV or HCV where the hepatic insult is mainly immune mediated. Autoimmune liver diseases include autoimmune hepatitis, primary biliary cirrhosis, primary sclerosing cholangitis, autoimmune cholangitis and overlap syndromes.

The clinical significance of autoimmune hepatitis comes from the fact that it is one of the causes of chronic hepatitis and cirrhosis, it overlaps with and simulates other chronic liver diseases, it can be initiated or exacerbated by acute viral hepatitis, and the most improtant is that proper diagnosis and initiating steroid therapy is life saving in acute exacerbations.

Histopathology is not pathognomonic but it is helpful before starting therapy to assess staging and grading of activity, as mild cases do not need therapy. Liver biopsy is also needed before termination of therapy to ensure absence of activity. Criteria to diagnose autoimmune hepatitis type I include high liver enzymes (may reach 10 folds), high serum gamma globulins > 2.5 gm/dl, ANA and ASMA in high titre " >1/80 ", and clinical manifestations of other autoimmune disorders. Overlap syndromes fulfill only some of these criteria with features of other chronic liver disorders

LAPAROSCOPIC SPLENECTOMY

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Laparoscopic surgery was added to the armamentarium of the general surgeons in the early 1990s, and laparoscopic cholecystectomy was the earliest procedure to gain popularity owing to benefits it offered to patients. With refinement in surgical technique and availability of better instrumentation laparoscopic surgery is today being increasingly used for performance of a variety of complex operations, including splenectomy .

Patients with haematological disorders requiring splenectomy from ideal candidates for the laparoscopic approach. laparoscopic splenectomy was first reported by Carroll and colleagues 1992,[1] and since then several series documenting its utility for a variety of conditions have appeared in the surgical literature [2- 4] laparoscope splentectomy seems to be best suited for patients with normal-size or moderately enlarged spleens, e.g. for ITP, hereditary spherocytosis, anaemias and Hodgkin's lymphoma .

Aim of the work: assessment of feasibility and safety of laparoscopic Splenectomy Patients: four patients were included in this study.

Methods: all patients were subjected to thorough investigations, and to laparoscopic Splenectomy.

Results: the mean operative time was 71.1 minutes, no postoperative fever, and patients discharged home in the second postoperative day.

Conclusion: Laparoscopic Splenectomy is feasible and safe.

LESSONS FROM PANCREATECTOMY FOR NESIDIOBLASTOSIS

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Review of our experience in Pancreatectomy for nesidioblastosis in the pediatric surgical center, University, Egypt. Methods: 10 cases of nesidioblastosis were seen during the period between 1998 -2004 .Paired glucose /insulin samples taken during hypoglycemia .near total pancreatectomy was performed for cases who failed aggressive medical treatment.

Close monitoring of blood glucose was performed pre and post operatively. Cases were divided into early onset and late onset according the age at presentation.

Results: age ranged between 3 weeks and 3 months. 6 males 4 females. Three patients were controlled by medical treatment alone. Near total pancreatectomy was performed for 7 cases that had intractable hypoglycemia despite aggressive medical treatment 3 cases had irreversible brain damage.

Conclusion: Aggressive approach to the problem of persistent neonatal hypoglycemia is required to prevent the devastating effects of CNS injury .Early surgical treatment for cases not responding to aggressive medical treatment is indicated. Early onset disease is more aggressive than onset disease and need 95% resection.

LIVER AND ENDOCRINE SYSTEM CLINICAL ASPECTS

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Liver interacts with the hypothalamo-pituitary-endocrine axis to achieve optimum hormonal homeostasis. Liver is responsible for inactivation and modification of several hormones like insulin, glucagon, T₃, T₄, steroids and sex hormones as well as for synthesis of somatomedins which are the mediators for action of growth hormone.

Endocrinal manifestations of liver cirrhosis is mainly due to disturbance in gonadal hormones metabolism despite the fact that nearly the levels of all other hormones are also increased in liver cirrhosis. These manifestations include spider naevi in sexes, gynaecomastia and feminization in males and gonadal failure in females.

Liver is the glucostat of the body through fine adjustment of several metabolic processes. Hypoglycemia is a feature of fulminant or severe acute hepatitis, while glucose intolerance is the main carbohydrate metabolic abnormality in liver cirrhosis. Insulin resistance is a salient factor in pathogenesis of NASH.

Thyroid disorders may occur with HCV infection and the incidence increases with interferon therapy. Autoimmune thyroiditis occurs after 4-6 months of therapy, so monitoring of thyroid profile is essential. Pre-existing anti-microsomal antibodies is a risk factor for developing thyroiditis with INF therapy. Contraceptive pills are widely used all over the world and they may impose some hepatic side effects such as intrahepatic cholestasis which occurs more frequently in families with benign cholestasis of pregnancy. Other less common side effects include peliosis hepatis, and benign hepatic neoplasia.

Most of the hormones are metabolized in the liver so drugs that induce or inhibit the hepatic microsomal enzymes like P₄₅₀ may affect the metabolism of some hormones causing some clinical problems which needs adjustment and modification of the hormonal or the drug therapy.

LIVER FAILURE TRAGDY IN EGYPT

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Purpose: To investigate the failure tragedy in Egypt and how to combat it. Little information is available concerning the relation between the two main causes of liver failure *Shistosoma* Parasite and hepatitis virus B.C.D &E. Therefore, the present work was designed to study the relationship between *shsitosoma* and hepatitis Virus infection in liver failure patient in the Haematemesis Unite. At Damanhour Teaching hospital as well as to identify the various risk factors associated with its occurrence.

Patients and Methods: Three tools were used in this study for identifying the liver failure cases between the 168 target patients.

Tool1. A questionnaire was developed by the researches after reviewing literature. This questionnaire was developed by the researchers after reviewing literature. This questionnaire composed of two parts. The first part elicited general biological data about sex, age. The second part included questions covering the general risk factor that leads to schistosomiasis or HCV infection (the two main causes of liver failure) occupation, home address, previous operation, blood transfusion, injection. **Tool 2.** Laboratory investigations. *Ultra Sound (U/S) for schistosomiasis diagnosis *Liver Function tests ALT,AST, prothrombin time, total protein and serum albumin.

Tool 3. Clinical examination.

Results & Discussion: The results showed that out of 168 patients studied 129 (76.8%) of them showed evidence of liver failure. The risk factors in these patients were surgical operation, blood transfusion and injection. This last one was considered as the main risk factor in (98.3%) of cases. In addition this result showed that patients infected with HCV on top of schistosomiasis were more likely to have liver failure.

LOWER GIT BLEEDING

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Lower GIT bleeding may be overt or occult, acute or chronic, mild or severe, and may originate from the anal canal, the colon or the small intestine. Lower GIT bleeding presentations include fresh red bleeding per rectum “hematochezia” indicating left colon source, maroon colored dark blood pointing to right colon origin, melena if blood comes from the small intestine, occult bleeding with iron deficiency anemia, or shock if bleeding is severe.

The most common causes of acute lower GIT bleeding include diverticular disease and angiodysplasia of proximal colon, while chronic bleeding common sources include anal fissures and piles, colon infections and inflammatory bowel disease, but the most serious source is colo-rectal neoplasia. So, any sign of rectal bleeding is considered as a red flag or a danger sign that indicates total colonoscopy to pick up premalignant adenomas or early curable colo-rectal cancer.

Fecal occult blood test is a valuable test for screening of colo-rectal cancer, but it must not delay imaging of GIT in case of danger signs, as bleeding is intermittent and FOBT is positive in only 25% of cases of colo-rectal neoplasia.

Diagnostic tools for lower GIT bleeding include colonoscopy, enteroscopy, enteric capsule, barium studies, angiography, isotopic scan and intra-operative endoscopy, but still the detection of source of bleeding particularly in the small bowel is still problematic in some cases.

Management of lower GIT includes resuscitation for acute bleeding, then colonoscopy to identify source of bleeding. Endoscopic therapy includes polypectomy for bleeding polyps, adrenaline saline injection, clipping, argon beam, sclerotherapy or band ligation. Surgery and angiographic therapy may be needed in some intractable situations.

MELD SCORE AND HEPATIC ENCEPHALOPATHY PREDICTS VARICEAL BLEEDING IN PATIENTS WAITING FOR LIVER TRANSPLANTATION

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Francisco Durazo, MD,1,2 Steven Han, MD,1,2 Jonathan Hiatt, MD,2 Douglas G. Farmer, MD,2 R. Mark Ghobrial, MD, PhD,2 Leonard I. Goldstein, MD,2 Myron Tong, MD, PhD4 Ronald W. Busuttil, MD, PhD2 1Department of Medicine and 2Department of Surgery, David Geffen School of Medicine, University of California Los Angeles; 3 Olive-View Medical Center. MELD Score and Hepatic Encephalopathy Predicts Variceal Bleeding in Patients Waiting for Liver Transplantation

Background: Esophageal variceal bleeding is an important cause of morbidity and mortality in patients with liver cirrhosis. However, the factors associated with variceal bleeding are not well understood. Thus, our aim was to identify predictors of variceal bleeding in patients while on the liver transplant (LT) list. **Methods:** We evaluated risk factors in 334 adult patients on the wait list for liver transplantation at UCLA between June 1, 2002 and July 30, 2004. Analysis of the retrospective data included demographic (including disease etiology), laboratory values (sodium, platelet count, albumin, and MELD score), and manifestations of portal hypertension (ascites, hepatic encephalopathy, hydrothorax, spontaneous bacterial peritonitis, hepatorenal syndrome). We used Proportional Hazard Cox regression analysis to evaluate potential variables in univariate analysis and multivariate analysis, and we report the final Multivariate model Results: There were 226 (68%) men and 108 (32 %) women, with mean age of 54.4 + 10.95 years and mean follow-up period of 1.77 + 0.99 years. 60/334 (18%) patients had changes of at least 5 MELD score points in either direction (Delta MELD). Laboratory values, previous history of variceal bleeding, delta MELD, and etiology of liver disease did not predict variceal bleeding while on the LT list. In a multivariate final Cox Model, the MELD score (Hazard ratio [HR] 1.06, p = 0.002, 95 % CI 1.02 to 1.10), and the history of hepatic encephalopathy while on the LT list (HR 3.70, p= 0.01, CI 1.33 to 10.29) were independent predictors of variceal bleeding. **Conclusion:** Our results indicate that the MELD score and hepatic encephalopathy while on the LT are independent predictors of variceal bleeding. These patients should be considered for variceal screening and continual close-follow-up.

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MULTIMODALITY MANAGEMENT OF SEVERE PEDIATRIC LIVER INJURIES; PERIHEPATIC ABSORBABLE MESH WRAPPING AND PERIHEPATIC PACKING

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Background: Management of liver trauma in childhood represents a rare but formidable challenge. This study reviews the treatment of severe pediatric liver injuries with absorbable mesh wrapping and perihepatic packing in Suez Canal university hospital. **Methods:** In a 5-year period between 1999 and 2004, 82 children (aged 1 year to 15 years) were admitted to Suez Canal University hospital with blunt hepatic trauma. Clinical presentation, grade of liver injury and Injury Severity Score (ISS) were studied in these cases of blunt liver trauma to examine factors influencing outcome. A total of 52 children were treated conservatively, and 30 (37%) were operated on. The operated group included 7 cases of additional intraabdominal injuries and 23 cases of isolated massive liver injuries the subject of this study. Eight children of them were treated with mesh wrap technique, and other fifteen children were treated with perihepatic packing. **Results:** The perihepatic mesh wrap technique controlled the bleeding in all children. In 5 of them the right lobe was wrapped, and, in 3 cases, total liver wrapping was performed. Hepatic enzymes and bilirubin levels were elevated in the first 3 to 7 days and declined gradually to normal levels. The perihepatic mesh was not an obstacle to a transcutaneous drainage of an intrahepatic biloma. One child die one week post operative from chest problems and other 7 children returned to normal physical activities. The perihepatic packing technique was employed in 15 children with severe liver injury and trial of removal of packs 24-48 hours post operative. 7 of 15children died postoperative. **Conclusions:** Selected children with liver trauma can be managed non-operatively using established trauma guidelines. Liver mesh wrap is a simple, effective, and rapid way to obtain homeostasis and to conserve parenchyma in severe traumatized liver. Perihepatic packing is still has a place in unstable patients with complex injuries, followed by delayed definitive repair.

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NEUROLOGICAL MANIFESTATION OF HEPATITIS C: DOUBLE BLIND CLINICAL AND ELECTROPHYSIOLOGICAL STUDY

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Background and Aims: Neuropathy in association with chronic liver disease is recognized, however, there are differences in the incidence and type of neuropathy reported. The aim of this work was to study different neurological findings in patients with chronic hepatitis C.

Patients and Methods: the study was carried out on seventy subjects classified into three groups ; Group I :30 patients with chronic hepatitis C , Group II : thirty cases with chronic hepatitis C and liver cirrhosis and group III : 10 healthy volunteers selected matching the general somatic features of groups I and II patients to constitute a control group. Apart from the complete clinical evaluation the following electrophysiological study were carried out for all the involved subjects. This include motor and sensory nerve conductions were also evaluated.

Result: the study revealed those significant sensory – motor dysfunctions in 3 group I patients (10%) and 6 group II ones (20%). Detectable cryoglobulinaemia was found in 2 group I cases (66.7%) and 5 group II ones (83.3%). Moreover, cognitive function abnormalities were recorded in 2 cases in group I (6.66%) and 4 in group II (13.33%).

Conclusion: Patients with chronic hepatitis C with and without cirrhosis exhibit significant sensory, motor, cortical somatosensory evoked potential abnormalities that were significantly correlated with cryoglobulinaemia. Moreover, cognitive functions impairments were detected.

NEUROPSYCHIATRIC SYMPTOMS ASSOCIATED WITH HEPATITIS C INFECTION.

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Background: Neuropsychiatric symptoms have been reported in association with hepatitis C and interferon therapy. During both the acute and chronic stages of hepatitis C, malaise, fatigue and depressive symptoms are frequently reported. (*Johnson ME et al., 1998*). It is important that psychiatrists become familiar with hepatitis C infection and the psychiatric management of its complications.

Aim of the study: The aim of our study is to describe the psychoneurotic traits in patients with chronic hepatitis C infection and to correlate these traits with clinical, ultrasonographic and laboratory findings.

Patients and Methods: This field study was conducted in a rural village (Sallam) Assuit Governorate. Study subjects: Patients with chronic hepatitis C infection according to the following criteria: Hepatitis C antibodies positive, polymerase chain reaction positive, and normal or raised level of liver enzymes. Age range from 15-60 year and both sex were included. All selected cases were subjected to the following:

Complete history taking, clinical and ultrasonographic examinations. Laboratory investigations: complete liver function tests, HCV antibodies, PCR, HBs Ag, random blood sugar. Psychiatric assessment by Middle sex hospital sheet. Data collection and analysis were done.

Results: The total number of cases included was 392 individual with documented HCV infection (239 male, 153 female), Anxiety was found in 112(28.6%), phobia in 158(40.3%), obsession in 311(79.3%), psychsomatic disorders in 167(42.6%), depression in 99(25.3%) and hysteria in 80(20.4%). The most frequent pshiatric a change was detected in the age group is 20-40year. Normal liver size and bright echopattern were the most frequently reported findings in cases with psyconeurotic trait. High level of liver enzymes was detected in cases with anxiety, obsession and depression.

NON PARASITIC LIVER CYSTS IN CHILDREN: DIFFERENT PRESENTATION AND DIFFERENT TREATMENT MODALITIES

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Objective: to study cases of symptomatic non-parasitic liver cysts in pediatric age group concerning their presentation, methods of diagnosis and to highlight the different modalities used for these uncommon lesions.

Patients, methods & results: seven children with symptomatic liver cysts were reported in the last ten years. All patients were studied concerning their clinical presentation and investigatory work –up, including serological tests to exclude hydatid disease of the liver. The different modalities of treatment including surgery, ultrasound guided aspiration and conservative treatment were reported

Conclusion: Non-parasitic liver cysts in children are uncommon lesions. They should put in mind in our clinical practice. Different modalities of treatment can be used for treatment.

OBESITY AND CHRONIC HEPATITIS C: A HORMONAL AND CLINICOPATHOLOGICAL STUDY

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This study was carried out on twenty male patients with chronic hepatitis C (Group I), and twenty male control subjects of matched age and body built (Group II). The patients' group (group I) was further divided into two groups: Group Ia which included ten overweight and obese CHC patients with BMI more than 25, and group Ib which included ten normal-weight CHC patients with BMI equal to or less than 25. The control group (group II) was similarly divided into group IIa and group IIb according to BMI. All patients and control subjects were examined clinically with stress on anthropometric measurements, particularly BMI and WHR. Also basal plasma insulin level and serum leptin level were measured in all patients and controls, and insulin resistance index was assessed by the HOMA equation. Percutaneous ultrasound-assisted needle liver biopsies were obtained from all patients. The results showed that steatosis is a common histological feature in chronic hepatitis C, which is significantly related to host factors as obesity, insulin resistance and leptin hormone. The severity of the necroinflammatory grading in CHC is strongly influenced by the presence of steatosis, insulin resistance and leptin level. Obese and non-obese CHC patients are more insulin resistant compared to their matched control subjects, suggesting a perpetuating effect of HCV-infection on insulin resistance. Hyperleptinemia is a feature of obesity, both in CHC patients and control subjects. Leptin hormone level seems not to be altered by viral factors in chronic hepatitis C. From this study we recommend weight reduction by diet control and physical exercise, which may provide a helpful therapeutic strategy in patients with chronic hepatitis C through reducing fatty changes, insulin resistance and leptin hormone level.

Abbreviations: CHC = chronic hepatitis C, BMI = body mass index, WHR = waist/hip ratio.

OBESITY IN YEMEN, CLINICAL PATTERN

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Background: The aim of this study was to estimate the prevalence of obesity among patients in medical wards in Yemen, to determine ecological factors for the problem including Khat chewing habits (Sympathomimetic-amphetamine-like) which believed to prevent obesity in Yemen, and to assess the patients' knowledge about the medical effects of obesity, and attitudes towards loss of weight and medical actions against obesity, including the use of anti-obesity drugs.

Methods: 200 patients in general medical wards in Althawra Modern Teaching Hospital in Sana'a, the capital of Yemen in a period of 6 months and 100 doctors were evaluated for obesity and those who found to be obese or overweight (BMI > 30 and > 25 respectively) and abnormal Waist/Hip (W/H) ratio were subjected to an interview protocol, which has been obtained on the ground of American Gastroenterological Association medical position statement on obesity 2002 (1), with an addition of the relation of obesity to some local habits such as Khat chewing.

Results: Obese patients were 16.7% of all patients with more prevalence in women 24.4% and 10.3% in gentlemen. Comparison with the prevalence of obesity in doctors and in the other countries may suggest local environmental factors in addition to the nutritional factors, the use of Khat chewing may play a role especially in males where it is more frequent. Most patients were superficially knowledgeable about obesity and many patients explained their obesity as the Arabic word MURTAH and had no favorable attitudes against it. However, most patients did not received any special advice or actions about obesity, and most lost weight due either to diseases (60%) or ageing (20%). Diabetes (55%) and deep vein thrombosis (40%) accounted for the majority of obesity associated diseases. The advice from doctors to loss weight or to have anti-obesity drugs was so low, reflecting the need for further anti-obesity actions and programs.

Conclusion: Obesity constitutes a major problem among people in Yemen and the Arabic regions as that in the world. Recently there is an increasing knowledge of its hazards and the association with many medical diseases. This may be due to the effect of life style and the environmental factors. There is a need to implement an anti-obesity program for all people but especially medical patients.

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OCCUPATIONAL HEALTH HAZARDS “BLOOD BORNE VIRAL HEPATITIS IN HAEMATEMESIS UNIT”

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Purpose: A study was done in haematemesis unit (HU) to evaluate the risk factors for the staff workers to get infection with hepatitis B&C viruses due to exposure to contaminated patients blood & fluids the efficiency of joint infection control/occupational health program for the follow-up of accidental blood or bloody body fluid exposures in health care workers the purpose this study was to determine.

Methods: In our study, we have three groups of population: Group I: Twenty of haematemesis unit staff, included doctors, nurses & paramedical workers, were subjected to a questionnaire, with a guarantee of anonymity to the respondents. Group II: Twenty of official employers were not in direct contact with patients. Group III: Twenty attendants of blood bank for blood donation.

Results & Discussion: Questionnaire was done to find the general risk factors which were minimum and environmental risk factors which were very high because of absent good policy of protection against exposure for the workers. The disappointing position was the very low number of vaccinated staff against HBV which was one (50%) comparable to USA hospital vaccination program (50-75) Screening this group of HU for HB&HCV infections & comparing with another two groups of hospital employers & blood donors from blood bank, we found that prevalence of infection was higher (10%) in HU staff more than other groups with low risk of exposure. This study shows that there should be an efficient joint infection control / occupational health program for the follow-up of accidental blood or bloody fluid exposures in health care workers.

PREVALENCE OF SEN VIRUS IN POLYTRANSFUSED CASES

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SENV is the latest viral agent that has been proposed as a cause of NANE hepatitis. It appears to be endemic throughout the world since it has been found in many countries, although with different prevalences. Eight subtypes of SENV are known, but only genotypes D and H seem to be clinically relevant for developing transfusion associated hepatitis. This acute hepatitis is self limited. There is no indication that SENV can cause chronic hepatitis, end-stage cirrhosis or is a risk factor for the development of HCC.

The aim of the present work was to detect the prevalence of SENV-D and SENV-H in polytransfused cases such as acute leukaemias and thalassaemias that are transfusion dependent diseases.

This study was conducted on 75 subjects; 50 polytransfused cases and 25 healthy controls. The 50 cases were divided into a thalassaemia major group (25 cases) and a leukaemia group (25 cases). Blood samples were collected and sera were separated and stored at -20°C until investigated. PCR was performed for detection of SENV-D and SENV-H.

The results of the present study revealed only one SENV-H positive patient in the leukaemia group. He was a 60 years old male suffering from resistant ALL with extramedullary infiltration. He received more than 50 units of blood, his haematological and biochemical data were normal. He was HCV positive but the other viral markers were negative.

PROLINE ANALOGUES DECREASE COLLAGEN DEPOSITION AND BILE DUCTS PROLIFERATION IN FASCIOLA INFECTED ANIMALS

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The amino acid proline is a major constituent of collagen, and an excretory product released in large quantities by fasciola. Collagen increases occur in the bile ducts during fascioliasis, the hyperplasia and fibrous infiltration of the bile ducts producing thickened duct wall and enfolded epithelial lining surrounding the duct lumen were found to be collagenous. Azetidine and 3,4-dehydropoline are two proline analogues were used in this experimental study. It is found that these analogues counteracted the effects of proline produced by the liver fluke (Fasciola) and consequently inhibited collagen deposition and bile ducts hyperplasia that used to occur with fasciola infection.

RARE GASTRIC TUMORS: CLINICAL PRESENTATIONS, ENDOSCOPIC ASPECTS AND MANAGEMENT CHALLENGES

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Nine patients, five males and four females, presenting with rare gastric tumors were included in the study. Their age ranged between 42 and 73 years. Upper gastro intestinal tract bleeding was the main presentation in 4 patients, vague epigastric pain, dyspeptic manifestation not responding to medication were the presentation in two, these vague symptoms were modified by a known primary malignant tumor in the other 3 patients. Esophago-gastro-duodenoscopy was done for all patients; the number, site and appearance of the lesions were described. Endoscopic biopsy could not be taken in two patients, and was inconclusive in another two (CT guided core liver biopsy settled the diagnosis in one patient while surgical resection specimen was the only option in the other three patients). Metastatic gastric tumors were found in three patients, mesenchymal tumors in two, and hepatoid adenocarcionoma, gastric carcinoid, and high grade MALT lymphoma one patient each. Adenocarcinoma and mesenchymal tumor were simultaneously present in one patient (synchronous tumors). The primary tumor was cutaneous melanoma, breast adenocarcinoma, and pancreatic adenocarcinoma in the three patients with metastatic gastric tumors. Five patients were treated surgically; two by chemotherapy, one by percutaneous biliary drainage followed by chemo-radiotherapy, and one patient received supportive medication. Three patients are still alive during a follow up period of 18 - 24 months, while seven patients died within 6 to 28 weeks from time of diagnosis.

RESPIRATORY SYMPTOMS AND LUNG FUNCTIONS IN PATIENTS WITH CHRONIC HEPATITIS C VIRAL INFECTION

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Study objectives: Extra-hepatic manifestations of hepatitis C virus (HCV) infection are common. The interaction between chronic hepatitis C virus (HCV) infection and chest diseases is of considerable interest. Chronic hepatitis C viral infection has been incriminated as an aetiological agent that increases the risk for development of COPD and idiopathic pulmonary fibrosis. This prospective study was designed to determine chest symptoms and the effects of chronic hepatitis C virus (HCV) infection on lung function in two groups of patients.

Design: Prospective observational study.

Setting: Assiut University Hospital.

Patients: Fifty-two patients with chronic hepatitis C viral infection (group 1, 35 HCV-positive patients with liver cirrhosis; group 2, 17 HCV-positive patients without liver cirrhosis).

Measurements and results: the most common reported chest symptom among either group was dyspnea (52.29%) for group 1, and (29.41%) for group 2. Arterial blood gases (ABGs) results were pH of 7.39 ± 0.4 for group 1 and 7.38 ± 0.3 for group 2, partial arterial tension of carbon dioxide (PaCO_2) of 37.9 ± 7.19 mm Hg for group 1 and 43.07 ± 5.39 for group 2, partial arterial tension of oxygen (PaO_2) of 87.0 ± 9.58 mm Hg for group 1 and 89.12 ± 8.5 for group 2, arterial O_2 saturation (O_2 Sat) of 96.1 ± 2.2 for group 1 and 96.85 ± 1.39 for group 2, and alveolar-arterial gradient of 22 ± 11 mm Hg for group 1 and 13 ± 1.2 for group 2. Despite higher impairment of ABGs levels among group 1, this was statistically not significant for all parameters ($P > 0.05$). Eight patients (15.4%), 5 in group 1 and 3 in group 2 had pulmonary function tests parameters that were within normal range, 9.6% had obstructive airway disease, 51.9% had restrictive lung impairment, 15.4% had combined obstructive and restrictive dysfunction and 7.7% had small airway obstruction. Restrictive lung impairment was significantly the commonest type of pulmonary dysfunction ($p < 0.05$). Various pulmonary function test abnormalities did not lead to significant differences in arterial blood gases.

Conclusions: Our findings suggest that pulmonary changes were frequent in patients with chronic hepatitis C virus infection. Chronic HCV infection.

Might be a cause for impaired lung function in infected patients whether they have developed liver cirrhosis or not. The commonest form of pulmonary dysfunction is restrictive pattern. Despite the lack of much pulmonary symptoms; however, dyspnoea was the most commonly reported one.

ROLE OF COLONOSCOPY IN COLORECTAL NEOPLASTIC SYNDROMES

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Most of colorectal cancers “70-90%” arise from adenomas (adenoma-carcinoma sequence) over 5-10 years. The risk of subsequent malignant change in colorectal polyps is higher in large polyps “>2cm”, with villous architecture, with dysplasia and with multiple polyps. Colonoscopic polypectomy considerably reduces the risk of subsequent malignancy. Once all polyps are removed surveillance colonoscopy at 3-5 year intervals is needed as new polyps develop in 50% of patients. When cancer cells are found within 2mm of the resection margin of the polyp, when the polyp cancer is poorly differentiated or when lymphatic invasion is present, segmental colonic resection is recommended. Discovery of a polyp at sigmoidoscopy is an indication for full colonoscopy because proximal polyps are present in 40-50% of such patients.

Familial adenomatous polyposis accounts for only 1% of cases of colonic cancer, while 10% of colon cancer cases occur in patients with strong family history of colorectal cancer at an early age “hereditary non-polyposis colon cancer”. Long standing extensive ulcerative colitis also may predispose to colon cancer.

Colorectal cancer is a preventable disease as the premalignant lesion is well known at least in 70% of cases “adenoma” and the malignant change occurs over years, but unfortunately adenomas are usually asymptomatic. Different screening programs are suggested for both average risk and high risk groups for diagnosis of premalignant lesions “mainly adenomas” and for detection of early cancers in a curable stage. Programs for average risk groups include annual digital rectal examination, annual fecal hemoccult test, flexible sigmoidoscopy, ras proto-oncogene mutations of DNA in stool, then full colonoscopy is needed for patients with positive tests. Full colonoscopy is also indicated for high risk groups, for danger signs and when barium enema shows filling defect, or structure. Magnifying chromo-endoscopy helps to detect early non-polypoidal flat or depressed cancers.

ROLE OF OXIDATIVE STRESS, GST-PI ISOENZYME AND P35 GENE MUTATION IN DEVELOPMENT OF HEPATOCELLULAR CARCINOMA IN PATIENTS WITH CHRONIC VIRAL HEPATITIS C WITH AND WITHOUT SCHISTOSOMIASIS

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The present work was aimed to study the etiopathological factors for the development of hepatocellular carcinoma in patients with chronic viral Hepatitis C with and without schistosomiasis by evaluating the detoxification capacity of serum glutathione (GSH) and its related enzymes, plasma glutathione S-transferase-pi isoenzyme (GST-pi) as well as gene p53 mutation state in liver biopsies in patients suffering from chronic hepatitis C with and without schistosomiasis and in those associated with hepatocellular carcinoma (HCC) and its correlation with histopathological examination of liver biopsies. Therefore, three groups of patients were included in this study, non- schistosomal -HCV group (15 patients), schistosomal -HCV group (20 patients) and HCC-HCV group (11 patients), in addition to a healthy control group (13 persons). To approach the aim of the present study, liver function tests (serum bilirubin, ALT, AST, GGT, albumin and prothrombin activity) and virological markers were carried out. Also, the biochemical parameters involved in glutathione (GSH)-detoxification enzymes including glutathione, γ -glutamyl transferase (GGT), glutathione reductase (GSH-RD), glutathione peroxidase (GPx) and glutathione S-transferase (GST), as well as glutathione S-transferase-pi isoenzyme (GST-pi) were measured. The three groups of patients were subjected to : clinical examination, abdominal Ultrasonography as well as liver biopsies were performed to all patients for histopathological study and immuno-histochemical detection of the alterations in P53 gene expression. The results showed that the mean activity levels of blood glutathione and of GSH-RD were significantly decreased in non- schistosomal HCV and in HCC patients when compared to healthy control subjects. The mean serum levels of GST & GST-pi activity were significantly higher in the three studied groups of patients when compared to healthy control group. According to the histopathological study of HCV patients, the P53 protein expression has been found in 13.3% (2/15 cases) in chronic mild active hepatitis, 40% (8/20 cases) in chronic active hepatitis and in 72.3% (8/11 cases) in HCC patients. In patients with positive p53 expression, the serum AST and plasma GST-pi levels were significantly higher when compared to patients with negative p53 expression. Form the present study it could be concluded that the modulations of GSH-detoxifying enzyme system occurs due to HCV infection either associated or not with schistosomal infection. These modulations lead to depletion in GSH level, decrease in both GSH-RD and GPx activity and increase in the GGT, GST and GST-pi level. This in turn affects the oxidant/antioxidant balance in favor of the increased oxidative stress. Unneutralized free radicals will react with cellular macromolecules, e.g., DNA causing mutations in oncogens as P53 tumor suppressor gene which is represented by its overexpression. Accordingly, this could lead to enhance the susceptibility of the biotransformation of normal hepatocytes into malignant one and in addition, GST-pi level could be used as indication for the silent transformation of hepatocytes from normal cells into malignant one.

SMOKING AND PANCREATIC CANCER: A BENCH EXERCISE AIMING TO A NUTRAGENOMIC INTERVENTION**Francesco Marotta****SG Hospital, Hepato-Gastroenterology, Italy**

Smoking is a known risk factor for pancreatic cancer and nutrigenomic may act as new therapeutic strategies also in pancreatic carcinogenesis. The project was to test the potential of a novel phytotherapeutic compound, i.e. DTS (Denshichi-To-Shusei, Tokyo, Japan) as a protective agent against smoke-induced DNA damage in rat pancreas. Wistar rats were exposed to sidestream cigarette smoke (27 +/- 3mg total particulate matter/m³) for 6h/day for 6 weeks. Rats were allocated into 3 groups: A) supplemented with DTS 200mg/kg/day since 1 week prior smoke exposure; B) standard food; C) healthy smoke-free as control. After sacrifice lungs, trachea and pancreas were excised and lipophilic DNA adducts were analysed by 32P-postlabeling technique followed by computerized visual quantification. Results: Qualitative smoke-induced DNA adducts pattern was similar in lung, trachea and pancreas. However, while lungs mainly expressed adduct n. 5, the major adduct in trachea and pancreas was n. 3, the levels (10 x10 nucleotides) being 279 +/- 67, 88 +/- 11 and 71 +/- 14, respectively (p<0.001 vs group C). Group C rats showed a low baseline level of similar DNA adducts. DTS-treated rats showed a statistically significant decrease of major adducts in all tissues with an inhibition ranging from 36% to 48% (p<0.05). However, DTS did not affect the baseline level of DNA adducts in healthy rats. Conclusions: Such in vivo data follow prior in vitro findings of tobacco-specific genotoxic amines damaging also the pancreatic tissue. A nutrigenomic intervention, amenable to routine dietary use, with DTS showed to significantly lower the carcinogenesis risk. Although the pathogenesis of pancreatic cancer and its interplay with environmental factors still remain unfolded, the present nutraceutical, by acting via mechanisms such as antioxidative and/or enhancement of carcinogen-detoxifying activity, may be worth taking into consideration for future research development with an eye on clinical application

SEVERE INTRAHEPATIC CHOLESTASIS: PROSPECTS OF HIGH DOSE URSO THERAPY

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Intrahepatic cholestasis is characterized by a decrease in bile flow in the absence of overt bile duct obstruction, resulting in the accumulation of bile constituents in the liver and blood. The pathogenesis of cholestasis is unclear and several mechanisms have been hypothesized, without convincing evidence that any of these play a role in clinical cholestasis. Despite the uncertainty about the pathophysiology of intrahepatic cholestasis, several forms of therapy have been employed. Ursodeoxycholic acid is currently the only established drug for the treatment of chronic cholestatic liver diseases. It has cytoprotective, anti-apoptotic, membrane stabilizing, anti-oxidative and immunomodulatory effects. Prolonged administration of ursodeoxycholic acid in patients with primary biliary cirrhosis (PBC) is associated with survival benefit and a delaying of liver transplantation. There is evidence that it might even prevent progression of the histologic stage of PBC. It also has a beneficial effect on primary sclerosing cholangitis, intrahepatic cholestasis of pregnancy, liver disease associated with cystic fibrosis, chronic graft versus host disease, total parenteral nutrition associated cholestasis and various pediatric cholestatic liver diseases. A recent review concerning the efficacy and safety of high dose ursodeoxycholic acid therapy in patients with severe intrahepatic cholestasis of various etiologies was included.

SPONTANEOUS BACTERIAL PERITONITIS (SBP)

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Patients with liver cirrhosis and ascites are more susceptible to spontaneous bacterial peritonitis (SBP). Spontaneous bacterial peritonitis is the prototypical ascitic fluid infection occurring in patients with advanced liver disease and ascites (Hillebrand 2002). The diagnosis of SBP depends on clinical picture, ascitic fluid analysis and culture which is accurate but pending. Recently it has been suggested that plasma and ascitic fluid nitrate levels are implicated in early diagnosis of SBP (Coskun et al., 2001). SBP doubled the mortality risk of patients with liver cirrhosis (Jepsen et al., 2003). Nitric oxide (NO) is a messenger molecule involved in pathogen suppression. Cirrhosis is characterized by an increased risk of infection including spontaneous bacterial peritonitis (SBP) (Garcia et al., 1998). Bories et al., 1997 stated that SBP in cirrhotic patients leads to a long-lasting increased local production of NO. This overproduction may contribute to maintaining splanchnic vasodilation and thus worsen the hyperkinetic state in these patients.

Aim of the work: The aim of this study is to evaluate the role of plasma and ascitic fluid nitrate level in early diagnosis of SBP in comparison with other SBP diagnostic parameters.

The study showed that patients of SBP had turbid ascitic fluid and high LDH, total Protein, WBCs and PNL count. Serum levels of nitrate and nitrites were elevated in patients with ascites and markedly elevated in the patients of SBP. Ascitic fluid nitrates and nitrites were markedly elevated among patients of SBP. So, the plasma and ascitic fluid nitrate levels may be helpful in early diagnosis of SBP.

SPONTANEOUS RUPTURE OF HEPATOCELLULAR CARCINOMA: DIFFERENT THERAPEUTIC OPTIONS.

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Background: Spontaneous rupture of hepatocellular carcinoma (HCC) is a potentially life-threatening complication. Different treatment modalities have been proposed, yet it is still uncertain which procedure is the best treatment option. **Aim:** The aim of this study is to analyze the results of different therapeutic options for the management of spontaneous rupture of HCC. **Patients and Methods:** Twenty four patients with rupture HCC treated at our Institution during the period from January 2000 to December 2002 were divided according to the initial treatment modality into 3 groups: group I (10 patients) underwent emergency surgery; group II (8 patients) treated by transarterial embolization (TAE), and group III (6 patients) were treated conservatively; two of them received additional octreotide drip infusion. **Results:** All patients had chronic viral "C" liver disease. Six patients (25%) were Child grade A, ten patients (42%) grade B, and eight patients (33%) grade C. In group I, non anatomical limited resection was done in 5 patients, suture plication in 2, enucleation of the extruded ruptured tumour in 2, and pressure gauze packing in one patient. Three patients died within one month from liver failure. In group II, initial haemostasis was successful in all patients. Thereafter; one of them underwent delayed liver resection and 3 had received transarterial chemo-embolization (TACE). Hospital mortality consisted of 2 patients. In group III, patients were treated conservatively; two of them received additional octreotide drip infusion for 5 days. Thereafter; one patient had received TACE 3 weeks after admission. Two patients of this group died within one week. **Conclusion:** Treatment options of ruptured HCC should be individualized according to the patient's general condition, hepatic reserve, experience of the surgeon, and the availability of an interventional radiologist. Staged approach with noninvasive initial haemostasis (either by TAE or octreotide drip infusion) followed by the appropriate treatment modality after full assessment of the patient seems to be the most ideal option for the treatment of ruptured HCC. The administration of octreotide in such patients carries a new promise, but awaiting a larger group of patients to reach a definite conclusion.

SURGICAL ASPECTS IN THE TREATMENT OF PORTAL HYPERTENSIVE BLEEDERS

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Abstract: Surgery is indicated in bleeding varies mainly in secondary prophylaxis of variceal bleeding, could it have a place in primary prophylaxis and control of an acute attack? The spectrum of surgery is wide, devascularizations procedures has the highest rate of recurrent variceal bleeding . Selective shunts (warren) are the golden standard.

Small diameter shunts (Sarfeh and inf. Meso-renal) are promising procedures. Liver transplantation is the pest option. In the present ,work the results of 119 cases of shunt surgery presented ,the follow-up period ranged form 12 to 60 months .The mortality, encephalopathy and recurrence of bleeding after DSRS is 6.5 , 4.3 , 6.5, after sarfeh 10.5 , 0 , 15.7 , after inf. Meso-renal 2.8, 4.8 ,11.4 . It seems that in countries when liver transplantation is not available selective and small diameter shunts are the best lines of treatment of variceal bleeding .

SURGICAL TREATMENT OF HYDATID CYST OF THE LIVER OUR EXPERIENCE IN SUZE CANAL UNIVERSITY HOSPITAL

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Echinococcosis is a zoonotic disease that occurs throughout the world. The aim of this study was to assess the clinical features and results of surgical treatment of hepatic hydatid cysts .Thirty five patients operated on between 1997 and 2004 were reviewed retrospectively. The patient demographic data, location, number and size of the cysts, type of surgical procedure performed, morbidity, recurrence and duration of hospital stay were recorded. There were 25 male and 10 female patients with ages ranging from 15 to over 60 years. The most frequent symptom was abdominal pain. From the total of 44 hepatic cysts, 20 (45%) were managed by cystotomy and drainage, 15 (34%) by cystotomy and omentoplasty, Four (9%) by total cystectomy and Five (12%) by lift or right hepatic resection.

Postoperative comphcations were more frequent following cystostomy with omentoplasty, 10 out of 15 patiants compared with cystectomy, none of the 4 patiants (p 0.005) chledochootomy increased the length of hospital stay in patient having cystostomy and drainage (p 0.021) and in those having cystostomy with omentoplasty (p 0.028). One recurrence was observed.

Surgery combined with medical treatment by albendazole is effective in eradication of hepatic Hydatid disease and in prevention of local recurrence.

THE IMPACT OF THE PRIMARY LIVER DISEASE ON THE EARLY OUTCOME OF LIVING RELATED LIVER TRANSPLANTATION

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14 pediatric cases had done Living related liver transplantation in National Liver Institute, in the last 2 years. The primary liver disease in these patients was: 5 cases Biliary atresia (BA) {37%}; 2 cases Byler's disease {14%} ; 3 cases Venous outflow obstruction (VOD) {21%} ; 2 cases congenital hepatic fibrosis(CHF){14%} ; one case chronic hepatitis C (CHC) {7%} and one case hepatoblastoma{7%}.

Morbidity was observed in 4 {28%} cases: 3 pts with chronic ductopenic rejection (2 of them were associated with CMV infection); 1 patient with biliary leak which managed by ERCP and stent, 1 patient with renal impairment and hypertension. 5 deaths occurred {36%} ; one patient with CHF(50%) , two patients with VOD (66.6%), one patient with Byler's disease(50%), and one patients with chronic HCV infection {50%} .No deaths were encountered among BA cases. IN conclusion: BA is not only the most common indication in LRLT in pediatric but also have the best result after operation; CMV prophylaxis should be started early in the postoperative time to avoid its role in induction of rejection.

THE ROLE OF INTETRLEUKIN 6 AND INTERLEUKIN 8 IN PATIENTS WITH NON ALCOHOLIC FATTY LIVER

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Non alcoholic fatty (NAFL) has an extensive clinical spectrum ranging from asymptomatic fatty liver to non alcoholic steatohepatitis(NASH) and cirrhosis.

In contracts to benign course of NAFL, NASH may progress to cirrhosis and result in liver related deaths. The pathogenesis of NAFL is multifactorial in origin but oxidative stress, lipid peroxidation, hyperglycemia and cytokine up regulation are proposed factors in the pathogenesis of the disease . We studied serum levels of IL—6, IL-8 and TNF- α in 20 patients with NAFL with no history of alcohol intake. The results showed that in contrast to IL-6, IL-8 and TF- α were significantly elevated in patients with NAFL than in the control group.

In conclusion: TNF- α IL-8 may play an important role in the pathogenesis of hepatic steatosis as compared to IL-6 and therapeutic modalities involving these cytokines may be of great help in the management of patients with non alcoholic fatty liver.

VALSARTAN PLUS SCLEROTHERAPY COMPARED WITH SCLEROTHERAPY ALONE IN CIRRHOTIC PATIENTS AFTER VARICEAL BLEEDING: CLINICAL AND HAEMODYNAMIC RANDOMIZED TRIAL

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Background & Aims: Cirrhotic patients who have bleeding from oesophageal varices are at high risk for rebleeding if no definite therapy to prevent rebleeding has been initiated. Angiotensin II type 1 receptor blockers (ARBs) have been proposed as new drugs for portal hypertension. This randomized prospective clinical trial aimed to assess the efficacy and safety of long-term valsartan (one of ARBs) treatment for prevention of variceal rebleeding in cirrhotic patients when added to endoscopic sclerotherapy (ES) comparing with ES alone and to assess the effect of valsartan on systemic and portal haemodynamics. **Methods:** Sixty hospitalized cirrhotic patients (Child A & B) with endoscopically proved first episode bleeding oesophageal varices were included into the study. After control of index variceal bleeding, patients were randomized into 2 groups: group I included 30 patients, treated by regular ES every 2 weeks plus valsartan 80mg once daily orally, and group II included 30 patients, treated by regular ES alone every 2 weeks. All patients were subjected to thorough history taking and full clinical examination beside the following investigations at the start and after 8 weeks (end of the study): complete blood picture, liver & kidney function tests, K⁺ & Na⁺ levels, and hepatic venous pressure gradient (HVPG). Hepatitis B & C markers, I.H.A for schistosomal affection, abdominal ultrasonography were done only at the start of the study. **Results:** Initially, the 2 groups of patients were matched for age, sex, aetiology of liver disease, severity of liver disease (Child-Pugh score), biochemical, haematological and endoscopic data at randomization. At the end of the study, group I had a higher variceal obliteration rate (66.6% vs 6.7% in group II, P < 0.001) and lower variceal rebleeding (6.7% vs 40% in group II, P = 0.005). Portal haemodynamic results showed significant decrease of HVPG in group I (from 20 ± 3 to 12 ± 3 mmHg, P < 0.001) with insignificant increase in HVPG in group II. Insignificant correlation between MAP and (HVPG) was observed. No deterioration of kidney or liver functions was observed. No recorded hypotensive attacks or deaths in both groups.

Conclusions:

- (1)** Combination of endoscopic sclerotherapy and valsartan is superior to sclerotherapy alone in inducing variceal obliteration and decreasing variceal rebleeding in class A & B cirrhotic patients with ruptured oesophageal varices.
- (2)** Valsartan, in an oral dose of 80 mg orally, has a significant portal pressure lowering effect and well tolerated in Child A & B cirrhotic patients.

ULTRASONOGRAPHIC TRIANGULAR CORD (TC) SIGN: A PREDICTOR OF THE TYPE AND OUTCOME OF BILIARY ATRESIA

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Biliary atresia (BA) is an obliterative cholangiopathy of infancy which is fatal if untreated. Therefore, it is vitally important to diagnose BA early in the course of the disease to prevent progressive hepatic damage. Defining the type of BA is challenging. Ultrasonographic detection of a triangular cord (TC) sign was recently found to be of diagnostic value with sensitivity and a specificity of 93.3% and 100% respectively. The aim of this work was to study the accuracy of TC sign in the diagnosis of biliary atresia and its validity in predicting the type and outcome of BA. Patients and Methods: Patients treated for BA at the department of surgery, National Liver Institute, were included. Pre-operatively, the same radiologist examined all patients, with special emphasis on detecting the TC sign if present. Operative findings included the presence or absence of fibrotic remnants at the porta-hepatis for correlation with the TC sign detected by US. The type of BA was diagnosed and confirmed after intra-operative cholangiography. Postoperative data included routine laboratory work-up, which was done weekly for a month, and monthly thereafter. Results: Thirty-eight patients treated for BA were included. They were 21 males and 17 females with a mean age of 81.4 days (range 50-130). The TC sign was detected in 93.3% of infants with type III BA, and absent in all cases of type II and I. The sensitivity and specificity of the TC sign in the diagnosis of type III BA were 93.3% and 100% respectively. The positive and negative predictive values were 100% and 80% respectively. The outcome of patients was categorized according to the achievement of bile flow restoration, and the presence or absence of jaundice into three groups: group A; became non-icteric (n=7), group B; stool became colored but remained icteric (n=23), and group C; remained icteric with clay stool (n=5). Attacks of acute cholangitis were more frequent (17/28) among the icteric patients in groups B and C (60.7%) than the non-icteric patients in group A (2/7; 28.6%). Among the patients with type III BA, the TC sign usually indicates advanced fibrosis. All patients older than 60 days had a positive TC sign, and in whom, only 1 out of 27 patients (3.7%) achieved complete biliary drainage. Two of the 3 patients with a negative TC sign and type III BA achieved complete biliary Flow restoration. Overall mortality was 16 out of 38 (42.1%); four of them were lost during follow-up and considered as mortality.

Conclusion: This study showed that detecting the triangular cord (TC) sign ultrasonographically might be a bad prognostic index, predicting failure of restoring biliary flow after surgery. Further large studies with longer follow-up period are recommended.