IMPROVING THE DETECTION RATE OF MICROSCOPIC COLITIS BY INTRODUCING A COLONOSCOPY QUALITY-ASSURANCE PROGRAMME

Authors: Ahmed Gado a, Basel Ebeid b, Aida Metwali c, Anthony Axon d

Affiliation: a Department of Medicine, Bolak Eldakror Hospital, Giza, Egypt, b Department of Tropical Medicine and Infectious Diseases, Faculty of Medicine, Banysweef University, Banysweef, Egypt, c Department of Public Health, National Research Center, Giza, Egypt, d Department of Gastroenterology, The General Infirmary at Leeds, Leeds, United Kingdom

Presenting Author: Ahmed Gado

Microscopic colitis (MC) is diagnosed when a patient with chronic watery non-bloody diarrhoea (CWND) has an endoscopically normal colon (ENC) but colonic biopsies (CBs) show unique inflammatory changes. A colonoscopy quality-assurance programme (CQAP) was instituted in 2003 in our institution. The aim of this study was to determine the effect of instituting a CQAP on the alertness of the endoscopist in detecting MC in patients with CWND and ENC. Patients and methods: Initial assessment was performed in 2003. A total of 10 patients with CWND had ENC; however, ileoscopy was not performed. CBs were obtained for further investigations in 40% of the patients. MC was diagnosed in 10% of the patients. A quality-improvement process was instituted which required both ileoscopy to be routinely performed and CB to be routinely obtained in all patients with CWND and ENC. A total of 41 patients for the period 2004â€“2009 were assessed retrospectively. Results: Ileoscopy was performed in 25% of patients in 2004, 57% in 2005, 67% in 2006, 67% in 2007 and 100% of patients in 2008 and 2009. Ileoscopy rates increased significantly ($p < 0.001$) from 53% of patients in 2004â€“2006 to 92% in 2007â€“2009. CBs were obtained in 50% of patients in 2004, 71% in 2005, 83% in 2006 and 100% of patients in 2007, 2008 and 2009. The number of patients in which CBs were obtained increased significantly ($p < 0.001$) from 71% of patients in 2004â€“2006 to 100% in 2007â€“2009. MC was diagnosed in 0% of patients in 2004, 14% in 2005, 33% in 2006, 50% in 2007, 50% in 2008 and 80% of patients in 2009. The frequency of diagnosing MC increased significantly ($p < 0.001$) from 18% of patients in 2004â€“2006 to 63% in 2007â€“2009. Conclusion: The implementation of a quality-assurance and improvement programme enhanced the quality of colonoscopy, increased the alertness of the endoscopist in detecting MC and improved the detection rate of MC.
Published in: Arab Journal of Gastroenterology

LAPAROSCOPIC SURGERY FOR GIANT HIATAL HERNIA

Author: Saed A El-kyal

Affiliation: Alexandria University, Laparoscopic surgery UNIT, Egypt

A hiatal, or diaphragmatic, hernia occurs when the lower part of the esophagus and a portion of the stomach slide up through the esophageal hiatus, In a small percentage of cases, the junction of the esophagus and stomach remains in place, but a portion of the stomach rolls up and through the esophageal hiatus alongside the esophagus(Para esophageal Hernia). When the hiatus in the muscle is too large, some of the stomach can slip up into the chest cavity. This can cause heartburn (gastro-esophageal reflux: GER) as gastric acid backflows from the stomach into the esophagus. GER can, over many years, damage the mucosa of the esophagus and in a minority of cases, is thought to lead to cancer of the esophagus. Histal hernias are repaired using a procedure known as Nissen fundoplication.This may be performed laparoscopically. In a laparoscopic fundoplication, small (1 cm) incisions are made in the abdomen, through which instruments and a fiberoptic camera are passed.We present, the results of laparoscopic repair of neglected large hiatal hernia

LIVER TRANSPLANTATION IN PATIENTS WITH HEPATOCELLULAR CARCINOMA (HCC): A SINGLE CENTER EXPERIENCE

Authors: Ayman Azzam, Bassem Hegab, Hatem Khalaf, Hamad Al-Bahili, Hazem Mohamed, Yasser Kamel, Faisal Abul-Khail, Waleed Al-Hamoudi, Mohammad Al Sofayan, Mohammed Al-Sebayel

Affiliation: Liver Transplantation and Hepatobiliary-Pancreatic Surgery Department, King Faisal Specialist Hospital and Research Center, Riyadh, Saudi Arabia

Presenting Author: Ayman Azzam

Liver transplantation has become one of the best treatment options for early hepatocellular carcinoma in cirrhosis **OBJECTIVE:** Study the results of liver transplantation in patients with HCC and to express our institutional experience and to evaluate the outcome of the patients **METHODS:** The medical records of a total of 256 recipients who underwent liver transplantation from April 2001 to January 2010 were reviewed. One hundred and seventy six patients received their livers from deceased donors (DDLT) and 80 from living donors (LDLT). Fifty two patients underwent liver transplantation for HCC. **RESULTS:** In the period from the start of the program of liver transplantation in our department from April 2001 till now, 52 patients (20.3%) underwent liver transplantation for HCC. Eighteen patients (34.6%) performed from living-related donors and 34 (65.4%) from deceased donors. The patients were 37 males and 15 females. Ages ranged from (5-68 years) median 55. Model for end stage liver disease (MELD) score ranged from (6-40) median 14. All the patients were within the Milan criteria by the preoperative evaluation. Hospital stay ranged (6-338 days) median 14. Operating time range (4-15 hours) median 7.5. Blood transfusion range (0-19 units) median 5. Thirty four complications occurred in 23 patients (46%). Recurrence of HCC in 7 patients (14%), recurrent cholangiocarcinoma in one (2%) accidentally discovered in the explant. One cadaveric donor had HBcAB. One explant showed macrovascular invasion. Sixteen patients died, 8/52 (15.4%) from HCC recurrence, one from cholangiocarcinoma recurrence (1.9%). **CONCLUSION:** Apart from the common complications that can occur with any transplantation, still liver transplantation remains the most promising solution for patients with HCC among all the available and represents a corner stone in the management of HCC. It is the only acceptable option for complete eradication of both the disease and the predisposing factor.

MALIGNANCIES AFTER LIVER TRANSPLANTATION: A SINGLE CENTER EXPERIENCEÂ

Authors: Bassem Hegab, Hatem Khalaf, Naglaa Allam, Ayman Azzam, Yasser Kamel, Mohammad Al Sofayan, Mohammed Al-Sebayel

Affiliation: Department of Liver Transplantation and Hepatobiliary-Pancreatic Surgery, King Faisal Specialist Hospital and Research Center (KFSH&RC), Riyadh, Saudi Arabia

Presenting Author: Bassem Hegab

Recurrent liver tumors or De-novo malignancies are of great concern after Liver Transplantation (LT). This concern is due to the need of Immunosuppressive medications which suppress the natural defense mechanisms against tumor formation. Herein, we present our experiences with malignances encountered after both Deceased (DDLT) and Living liver transplantation (LDLT). **Patients & Method:** Between April 2001 and December 2009, a total of 242 LT procedures were performed (165 DDLTs and 77 LDLTs) in 232 patients (10 retransplants). Out of these 232 recipients, 48 patients (19.8%) had hepatic focal lesions suspicious of hepatocellular carcinoma (HCC). Almost all patients were within the Milan â€™s criteria except 3 who exceeded the criteria. None of the patients had past history of extrahepatic malignancies. **Results:** Fourteen patients (6%) had post-liver transplant malignancies. Out of these 14, 8 (47.2%) had de novo extrahepatic malignancies, and 6 (42.8%) had recurrent liver tumors. De-novo malignancies included; (1) Post-liver transplant lymphoprolifeartive disorders (PTLD) in 4 patients who were all Epstein Bar virus (EBV) positive; two pediatric patients presented with nasopharyngeal masses while the remaining 2 adults presented with abdominal masses, all 4 patients had B-cell type PTLD, all 4 patients were successfully treated by Anti-CD20 monoclonal antibody therapy (Rituximab), reduction of immunosuppression, and control of EBV activity. (2) Urinary bladder cancer in one patient who was treated by radical surgical resection and chemotherapy but unfortunately died from bone and lung metastasis within one year of diagnosis; (3) Endometrial carcinoma in one patient who was treated by radical surgical resection but unfortunately died from aggressive tumor recurrence one year of diagnosis; (4) Kaposi sarcoma in one patient who was successfully treated by surgical excision and reduction of Immunosuppression. Recurrent liver tumor included (1) recurrent cholan

NEW ASPECT OF HBSAG CLEARANCE

Author: Yousry Taher

Affiliation: Alexandria University HPB Unit, Egypt

The likelihood of spontaneous HBsAg seroconversion during acute HBV infection varies according to patient age and immune competence. Up to 97% of healthy adults with acute HBV will clear the infection. In contrast, HBsAg seroconversion in chronically infected patients is a relatively uncommon event, with an incidence of only 0.8%-2% per annum. Chronically infected white patients who typically acquired HBV infection in adulthood have a higher rate of spontaneous HBsAg loss than Asian patients with presumed vertical acquisition of HBV. Clearance of HBsAg has been perceived to be a specific benefit of interferon therapy for chronic HBV infection because HBsAg clearance was not initially recognized with oral therapy. Greater experience with oral therapy has made it apparent that HBsAg seroconversion can be induced by drugs other than interferon.In recent reports, 5% of entecavir-treated patients , 6% of tenofovir-treated patients and <5%of adefovir treated patients seroconverted and cleared HBsAg. It seems reasonable to consider combination therapy in cases in which the consequences of viral resistance may be poorly tolerated. (Due to a flare in hepatitis activity, such as in a patient with cirrhosis)

PARASITIC INFECTION AND EMERGENCY MEDICINE

Authors: Amal Rashad Nimir

Affiliation: Cyberjaya University College of Medical Sciences, Malaysia

Presenting Author: Amal Rashad Nimir

Massive lower gastrointestinal bleeding due to trichuriasis and/or typhoid fever is rarely reported. We reported a case of a 29-year-old male presented with per rectal bleeding, diarrhea, generalized abdominal pain and fever for two weeks. After diagnosis suspicion, emergency exploratory laparotomy was performed, where resection of the ulcerated part of the caecum and terminal ileum was performed. Microscopically analysis, diagnosed heavy infestation with Trichuris trichiura. It was complicated with Salmonella typhi infection confirmed later from the blood culture result.

PERCUTANEOUS MICROWAVE ABLATION USING COOLED-SHAFT ANTENNA FOR MANAGEMENT OF UNRESPECTABLE HEPATOCELLULAR CARCINOMA

Authors: Khaled Farid*, Talal Amer**, Amany Ezzat ***, Tharwat Saad Kandil ****

Affiliation: Lecturer of Tropical Medicine, Mansoura Faculty of Medicine Professor of Radiodiagnosis, Mansoura Faculty of Medicine** Assistant Professor of Radiodiagnosis, Mansoura Faculty of Medicine ***Assistant Professor of Gastro-intestinal Surgery, Mansoura Faculty of Medicine

Presenting Author: Khaled Farid

Microwave ablation is one of the common thermal ablation therapies for treatment of liver malignancies. The purpose of our study was to evaluate the therapeutic effectiveness of percutaneous microwave coagulation therapy using cooled-shaft antenna for the treatment of unresectable hepatocellular carcinoma (HCC). This study included fifteen patients (9 males, 6 females; mean age, 48 years; age range, 35–71 years) with radiologically proved hepatocellular carcinoma. Baseline contrast–enhanced computed tomography (CT) images were performed. The patients were followed up for 8-20 months using the same imaging technique. All patients underwent US-guided percutaneous microwave ablation with cooled-shaft antenna. Contrast-enhanced CT was obtained at one week, one month and three months after MW ablation and then at 6-month intervals. Complete ablation (CA) was detected in 100% (9/9) of the treated tumors with size $\leq$ 3 cm and in 91.7% (11/12) of the treated tumors with size 3.1- 5 cm by complete absence of enhancement in the ablation zone on contrast-enhanced CT. Local tumor progression (LTP) was observed in one patient with tumor size 5 cm during the follow-up period. No major complications occurred in our study group. In conclusion, microwave ablation using cooled-shaft antenna is safe and effective technique and has a promising potential in the treatment of hepatocellular carcinoma. It should be one of the nonsurgical modalities available to clinicians.

POST LAPBAND COMPLICATIONS

Author: Yousry Taher

Affiliation: Alexandria University, HPB UNIT, Egypt

A laparoscopic adjustable gastric band, commonly referred to as a lap band, is an inflatable silicone device that is placed around the top portion of the stomach, via laparoscopic surgery, in order to treat obesity. Adjustable gastric band surgery is an example of bariatric surgery designed for obese patients with a body mass index (BMI) of 40 or greater—or between 35–40 in cases of patients with certain comorbidities that are known to improve with weight loss, such as sleep apnea, diabetes, osteoarthritis, GERD, Hypertension (high blood pressure), or metabolic syndrome.A commonly reported occurrence for banded patients is regurgitation of non-acidic swallowed food from the upper pouch, commonly known as Productive Burping (PBing)[1]. Productive Burping is not to be considered normal. The patient should consider eating less, eating more slowly and chewing their food more thoroughly. Occasionally, the narrow passage into the larger, lower part of the stomach might also become blocked by a large portion of unchewed or unsuitable food. Other complications include: Ulceration,Gastritis (irritated stomach tissue),Erosion-The band may slowly migrate through the stomach wall. This will result in the band moving from the outside of the stomach to the inside. This may occur silently but can cause severe problems. Urgent treatment may be required if there is any internal leak of gastric contents or bleeding.Slippage- An unusual occurrence in which the lower part of the stomach may prolapse through the band causing an enlarged upper pouch. In severe instances this can cause an obstruction and require an urgent operation to fix. Malposition of the band - This can cause a kink in the stomach, or (rarely) the band may not encircle the stomach at all, giving no restriction to the passage of food.Band was not placed on the stomach - (very rare - especially with an experienced bariatric surgeon.) Problems with the port and/or the tube connecting port and band - The port can "flip over" so that the membrane can no longer be accessed with a needle from the outside (this often goes hand in hand with a tube kink, and may require repositioning as a minor surgical procedure under local anaesthesia); the port may get disconnected from the tube or the tube may be perforated in the course of a port access attempt (both would result in loss of fill fluid and restriction, and likewise require a minor operation).Internal bleeding and Infection are other important complications.

PPIS IN PORTAL HYPERTENSIVE BLEEDING; CHANGING CONcepts

Author: Mohamed Yousry Taher

Affiliation: Alexandria University, HPB Unit, Egypt

The role of gastric secretion in cirrhosis is controversial. Some studies report reduced acid production while others reported normal production.
PPI are important drug therapy for UGIT bleeding.It has an impact in decreasing the rate of recurrence of bleeding .It enhances healing of UGIT ulcers .It is of great value when combined with endotherapy in non variceal bleeding and variceal .Evidence for this role is evolving.

PREDICTIVE FACTORS FOR SUCCESS AND FAILURE OF PEGYLATED INTERFERON/RIBAVIRIN THERAPY IN CHRONIC HEPATITIS C PATIENTS

Authors: Adel A. Al-Rakkeeb*, Abdel-Moneim M Barrak* Abdel-Hamid A. khalil* and Gamal E. Esmat**

Affiliation: *Internal medicine, Al-Azhar university and **Tropical medicine, Cairo university

To determine the clinical, biochemical, virological and histological predictive factors for success and failure of pegylated interferon/Ribavirin therapy among Egyptian patients infected by hepatitis C virus (HCV). **Patients and Methods:** This retrospective study included 100 patients with HCV infection who underwent clinical, biochemical and virological assessments before treatment and at 12, 24 and 48 weeks from the beginning of treatment. The selected patients were divided equally into two groups according to the seroconversion state after receiving a course of pegylated interferon and ribavirin. Group •: 50 patients with CHC who show seroconversion after 12, 24 and 48 weeks of treatment. Group I•: 50 patients with CHC who did not show good virological response after 12 and 24 weeks of treatment and they further divided into two groups: Group I• A: 25 patients who stop treatment at 12 weeks due to absence of virological response (• 2 log decline in HCV RNA by Quantitative PCR) and Group I• B: 25 patients who stop treatment at 24 weeks due to presence of detected HCV RNA by Qualitative PCR. **Results and Conclusions:** The best positive predictor factors that were associated with good virological response before treatment included: male sex, younger age, low BMI, low AFP, low viremia and low grade of activity and fibrosis in liver biopsy. The positive predictive factors that were associated with good virological response after 12 weeks of treatment included: low liver enzymes low viremia and rapid virological response.

PRETREATMENT SERUM INTERFERON- GAMMA-INDUCIBLE PROTEIN (IP-10) LEVELS PREDICT THE RESPONSE TO TREATMENT IN EGYPTIAN PATIENTS INFECTED WITH HCV GENOTYPE 4A

Authors: Walled M. El-Dars*, Mahmoud El-Bendary**, Samia Hawas*, Ghada El-Nady*, Medhat Ali*, Khaled Zalata***

Affiliation: * Medical Microbiology and Immunology Department, ** Tropical Medicine Unit, *** Pathology Depratment, Faculty of Medicine, Mansoura University

Presenting Author: Samia Hawas

Egypt has a high prevalence of hepatitis C virus (HCV) and a high morbidity and mortality from chronic liver disease, cirrhosis, and hepatocellular carcinoma. The most prevalent Genotype is 4a, which responds less successfully to treatment. We investigated associations between serum Interferon-Î³-inducible protein (IP-10) and liver histological features, viral load and treatment outcome among patients infected with HCV genotype 4a. Methods: Subjects were 40 chronic genotype 4a-infected patients (Group A), 20 patients having positive HCV antibodies but with undetectable HCV RNA (Group B), finally 20 healthy subjects as control group (Group C). Serum IP-10 levels in three groups were measured by a solid phase sandwich enzyme linked immunosorbent assay. For group A, HCV genotyping (LiPA), viral load estimation (RT-PCR), liver biopsies and histological examination were carried out according to Metavir score Then, they receive standard doses of pegylated interferon alpha 2a and ribavirin (800-1200 mg) for 48 weeks after complete workup in tropical medicine unit- mansoura university hospital. Results: Serum IP-10 levels were higher among the first group than the other groups. (P< 0.001). Furthermore, positive correlation exist between serum IP-10 levels and both viral load and liver fibrosis grade, respectively (r= 0.87, P< 0.001 and r=0.6, P< 0.001). Among group A, Sustained virological response (SVR) (16/40) were significantly associated with lower baseline IP-10 levels (P< 0.001). We proposed cutoff value < 165 pg/mL, mean +2 SD IP-10 level in healthy controls, for predicting SVR. By using univariate regression analyses for studying the relation between different parameters and SVR, OR (95%CI) for baseline serum IP-10 level < 165 pg/mL, baseline viral load < 800,000 IU/mL, female gender and fibrosis grade â‰¤ 2, it was founded that the values were 5.25 (2.11-13.09), 1.93 (0.91-4.11), 1.88 (0.95-3.71) and 1.83 (0.99-3.39), respectively.

PROPOFOL-BASED DEEP SEDATION FOR ENDOSCOPIC ULTRASONOGRAPHY IN SICK PATIENTS IN A DEVELOPING COUNTRY

Authors: 1Somchai Amornyotin, 2Udom Kachintorn, Siriporn Kongphlay

Affiliation: 1 Department of Anesthesiology and Siriraj GI Endoscopy Center, Faculty of Medicine, Bangkok, Thailand. 2 Department of Medicine, Faculty of Medicine, Bangkok, Thailand

Presenting Author: Somchai Amornyotin

In a developing country, endoscopic ultrasonography (EUS) procedure is being performed at increasing rate. There is no recent information on deep sedation of this procedure in sick patients. The aim of this study was to evaluate the clinical efficacy of propofol-based deep sedation, and to compare between ASA physical status I-II and III-IV for EUS procedure in a teaching hospital in Thailand. **Methods:** We undertook a retrospective review of the sedation service records of patients who underwent EUS procedures from December 2006 to May 2009. All patients were classified into two groups according to ASA physical status. In group C, ASA physical status was I-II, and ASA physical status in group S was III-IV. The primary outcome variable of the study was the successful completion of the procedure. The secondary outcome variables were sedation related adverse events. **Results:** Sedation was provided for 197 patients. Of these, 156 patients were in group C, and 41 patients were in group S. There were no significantly differences in gender, weight, procedure time and indication of endoscopy between the two groups. All patients were concluded with the successful completion of the procedure. Combination of fentanyl, propofol and midazolam was used in both groups. Mean dose of propofol and midazolam in both groups was not significantly different. Mean dose of fentanyl in group S was significantly lower than in group C. Overall adverse event in group C was significantly occurred less common than in group S. Hypotension was the most adverse event in both groups. All complications were easily treated, with no adverse sequelae. **Conclusion:** In the setting of the developing country, propofol-based deep sedation for EUS procedure in sick patients by anesthetic personnel with appropriate monitoring was relatively safe and effective. Serious adverse events were rare in our population.