PROPOFOL-BASED DEEP SEDATION FOR ERCP AND EUS PROCEDURES IN GERIATRIC PATIENTS IN THAILAND

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Gastrointestinal endoscopy (GIE) procedures in geriatric patients are rising and play an important role for diagnosis and management of various gastrointestinal diseases. The use of deep sedation in these patients has been established as a safe and effective technique in Western countries. It is uncertain if the situation holds true among Asians. This study aimed to evaluate the outcome of propofol-based deep sedation (PBDS) for ERCP and EUS procedures in geriatric patients (â‰¥65 years old) and to compare the clinical efficacy of PBDS between the very old patients (>80 years old) and those younger (â‰¤80 years old) for this procedure in a tertiary-care teaching hospital in Thailand. Methods: We undertook a retrospective review of the anesthesia or sedation service records of patients who underwent GIE procedures. All procedures were performed by senior endoscopists and fellows in GI endoscopy. All sedations were administered by anesthetic personnel in the endoscopy room. Results: Sedation was provided for 1,779 patients in 2,061 GIE procedures. Of these, 252 patients (mean age, 45.1 (11.1) years, range 17-65 years) were in the younger than 65 years old group, 209 patients (mean age, 71.7 (4.3) years, range 65-80 years) were in the age 65-85 years old group, and 30 patients (mean age, 84.6 (4.2) years, range 81-97 years) were in 81 years of age and older group. Common indications for the procedures were cholelithiasis (30.0%) in the very elderly and pancreatic tumor (33.7%, 20.1%) in the younger, respectively. The majority of pre-sedation problems were hypertension, hematologic diseases and diabetes mellitus. Fentanyl, propofol and midazolam were the most common intravenous sedative drugs used in all three groups. Mean dose of propofol and midazolam in the very old patients was statistically significantly lower than the other young groups.

PROSPECTIVE STUDY ON THE EFFECT OF RECIPIENT NUTRITIONAL STATUS ON THE OUTCOME OF LIVING DONOR LIVER TRANSPLANTATION

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End stage liver disease (ESLD) is almost always associated with protein energy malnutrition, estimating the degree of malnutrition in patients with ESLD is a difficult job, due the associated different patterns of edema which mask the actual body weight, previous reports regarding the impact of the nutritional status of the recipient of liver transplantation on the operation outcome are controversial and very few, more researches are needed especially in viral liver cirrhosis and in living donor liver transplant. **Aim:** To detect the effect of the recipient nutritional status on the outcome of the operation of living donor liver transplant and whether there is a parameter of dependence of the nutritional assessment parameters or not. **Subjects and methods:** Liver transplantation recipients (N=30) had underwent nutritional assessment-preoperatively- by Subjective global assessments (SGA) score and divided into 2 groups (Moderately malnourished n=16 and severely malnourished n=14), Nutritional risk screening 2002 (NRS 2002) score also, divided into 2 groups (â‰¥4 n=19 and < 4 n=11), Anthropometric measures Triceps skin fold, Mid-arm circumference and Mid leg circumference (TSF, MAC, MCC) and bioelectrical impedence analysis to be compared with the parameters of outcome (post operative ALT & AST, INR hospital, ICU stay, Infective episodes and antibiotics usage). Results: Patients who encountered prolonged post operative ICU stay , more infective episodes and received more antibiotic courses were declared (preoperatively) more malnourished by SGA (P= 0.02,0.02,0.005 respectively), those who had a score of â‰¥4 NRS 2002 (p=0.00,0.00,0.00 respectively). While patients with lower TSF had higher post-operative INR (P=0.01), more infective episodes (P=0.03) and antibiotic courses (P=0.03), lower MAC was accompanied by higher total billirubin (P=0)

RANDOMIZED DOUBLE-BLINDED PLACEBO-CONTROLLED STUDY FOR ERADICATION OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS NASAL CARRIAGE

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Nasal carriage of methicillin- resistant Staphylococcus aureus is a major reservoir for subsequent invasive nosocomial auto-infections in patients undergoing surgery, or on dialysis or with intravascular devices, and those with liver cirrhosis or in intensive care. Because of the serious consequences of these infections, using effective treatment and prevention strategies are essential. However, the worldwide emergence of multidrug-resistant strains renders the prevention and treatment of *S. aureus* infections a difficult task. **Objective:** To evaluate the effectiveness of different active topical nasal agents in comparison with inactive placebo nasal ointment in the eradication of MRSA nasal carriage. **Methods:** We conducted a randomized, double-blinded, placebo-controlled study on 210 proven MRSA nasal carriers who randomly divided into 7 groups, each group of 30 carriers. Six groups received 6 different active topical nasal agents as prescribed by the physician (6 different treated groups), and one control group received inactive placebo nasal ointment. MRSA nasal carriage was considered to have been eradicated when two consecutive nasal swabs, taken from each participant on fifth and fourteenth days following treatment, was negative. **Results:** MRSA nasal carriage was eradicated in (83.3%) of carriers treated with calcium mupirocin 2%, (76.7%) of carriers treated with vancomycin 1%, (66.7%) of carriers treated with honey, (26.7%) of carriers treated with neomycin sulphate 0.5% with chlorhexidine dihydrochloride 0.1%, (20%) of carriers treated with chlorhexidine gluconate 0.3 %, and (26.7%) of carriers treated with tap-water, as compared with (10%) of carriers who received inactive placebo ointment (control group). Eradication of MRSA nasal carriage was highly significant ($p < 0.001$) in the groups treated with mupirocin calcium 2%, vancomycin 1%, or honey, respectively in order of effectiveness. **Conclusions:** We concluded that the use of prophylactic topical antibacterial nasal agents is clearly an important infection control measure in eradication of MRSA nasal carriage and subsequent invasive MRSA nosocomial auto-infections. Mupirocin is the most effective topical antibacterial agent used to achieve eradication of MRSA nasal carriage. Moreover, honey has highly significant promising effect in MRSA nasal carriage eradication. Tap-water nasal washing has satisfactory but not significant effect in eradication of MRSA nasal carriage.

RECURRENT VARICEAL HEMORRHAGE AFTER SUCCESSFUL SELECTIVE SPLENORENAL (WARREN) SHUNT OPERATION

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The distal splenorenal shunt (DSRS) is widely known as the Warren shunt, and was introduced in 1966 by W. Dean Warren. The concept of selective decompression of the gastroesophageal segment to control variceal bleeding was combined with maintenance of portal perfusion to the cirrhotic liver for good liver function. In the long-term follow-up the loss of shunt selectivity was observed in several cases. The recurrent variceal bleeding following DSRS, either from esophageal varices, and from gastric varices. Endoscopic therapy is currently the definitive treatment of choice for active variceal hemorrhage. Methods: This study was carried out on 15 patients presented with recurrent variceal hemorrhage following Warren shunt operation. The Fifteen patients underwent DSRS at the Upper Gastrointestinal Tract Surgery Unit in the Main Alexandria University Hospital in the period from 2000 to 2008, all patients with Child-Pugh class A and class B liver cirrhosis. The male and female ratio was 12:3 with a mean age of 46.7 years (range, 20-60 years). The follow up period ranged from 1 to 10 years with an average of 4.3 years. Postoperative radiologic evaluation (duplex study) of portal vein, superior mesenteric vein, shunt patency, and pressure gradient to illustrate the cause of bleeding, was carried out within 30 postoperative days in 5 patients, within 1 year in 6 patients, and within 5 years in 4. Change in diameter of the PV was assessed. Upper GI endoscopy was done for all patients. Two forms of endoscopic treatment are commonly used: sclerotherapy and variceal band ligation. Results: Ten (66.7%) had esophageal varices grade III, IV, one patients (6.7%) had varices isolated to the stomach, 3 patients (20%) had both esophageal and gastric varices, and one patient (6.7%) had portal hypertensive gastropathy. The overall perioperative morbidity rate was 46.7% (7/15). Most of these complications were minor and easily treated postoperatively. One patient (6.6%) developed Liver decompensation followed by hepatic encephalopathy and renal failure after recurrent variceal bleeding. The survival rate for all patients followed up from 1-10 years was 93.3% (14/15). Shunt thrombosis was found in 3 patients after 1 year from the operation. Shunt stenosis in one patient. Postoperative shunt selectivity occlusion (Kinking or twisting) was found in 2 patients. Bleeding caused by portal hypertensive gastropathy was found in one patient. The role of continued liver disease, the documented higher loss of portal perfusion, loss of selectivity of Warren shunt and development of numerous collaterals around stomach and pancreas responsible for recurrent variceal bleeding for the remaining 8 (53.3%) patients. Four patients with rebleeding upon Sengstaken balloon deflation after 48 hours, emergency upper endoscopy was performed and injection sclerotherapy was done for 3 patients and

variceal band ligation for one patient and bleeding was stopped. In one patient (6.7%) who bleed from gastric fundal varices, endoscopic variceal obturation using cyanoacrylate (Histoacryl) is preferred after control of the bleeding by Linton tube. 9 patients (60%) with esophageal and gastroesophageal varices treated by band ligation after control of the bleeding. Follow up of all patients with varices after 3 weeks and then after 1month and then every 2 month by variceal band ligation except patients with gastric varices followed up by cyanoacrylate (Histoacryl) injection till complete obliteration of varices. Conservative management of bleeding caused by portal hypertensive gastropathy (one patient). Decongestion splenectomy operation was done for one patient with gastroesophageal varices (there is no change in size of varices, grade III-IV), complained of two attacks of bleeding after about 3 years follow up by band ligation for esophageal varices and injection of cyanoacrylate for gastric varices. Conclusion: This clinical study suggests the advantage of endoscopic variceal band ligation over sclerotherapy in the long-term follow up with significantly lower complications. It has been our experience that, in the active hemorrhage, both procedures are reasonable choices for active hemorrhage. It may be more convenient to perform sclerotherapy acutely and follow-up with band ligation in three weeks.

REFRACTORY ASCITES MANAGEMENT

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A proposed definition of refractory ascites is as follows: ascites that cannot be mobilized or the early recurrence of which (ie, after therapeutic paracenteses) cannot be satisfactorily prevented by medical therapy. It was then further proposed that refractory ascites includes 2 different subtypes: (1) diuretic-resistant ascites -- ascites that cannot be mobilized or the early recurrence of which cannot be prevented because of lack of response to dietary sodium restriction and maximal doses of diuretics; and (2) diuretic-intractable ascites -- ascites that cannot be mobilized or the early recurrence of which cannot be prevented because of the development of diuretic-induced complications that preclude the use of effective diuretic dosages. If maximal doses of diuretics fail, the usual next step in the algorithm for managing refractory ascites is large-volume paracenteses. Procedure-related complications (ie, primarily bleeding) occur in less than 1% of cases. Although the literature remains undecided regarding its benefit, intravenous albumin (6-8 g per liter of fluid removed) is commonly used for plasma expansion after large-volume paracenteses. Another alternative when maximal doses of diuretics fail to control refractory ascites is transjugular intrahepatic portosystemic shunt (TIPS). Multiple studies show better control of refractory ascites with TIPS than with large-volume paracenteses, but without a survival benefit. However, TIPS cannot be used in patients with advanced, decompensated cirrhosis (eg, Child's class C), because shunting portal blood away from the liver often

precipitates liver failure in this group of patients. Finally, any patient with refractory ascites should be evaluated for potential candidacy for liver transplantation.

RELATIONSHIP BETWEEN HELICOBACTER PYLORI AND BRONCHIAL ASTHMA

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Asthma is a chronic inflammation of the lungs in which the airways are reversibly narrowed. Asthma affects 7% of the population, and 300 million worldwide. Helicobacter Pylori participates significantly in the pathology of duodenal and gastric ulcer, carcinoma and lymphoma of the stomach. Moreover, mechanisms underlying HP responsibility in some extragastric diseases such as cardiovascular diseases, may be ascribable to direct bacterial effects, systemic effects provoked by soluble inflammatory mediators released by HP, or cross-mimicry between bacterial and host antigens. **Objective:** study the relationship between Helicobacter pylori infection and Bronchial Asthma.
Patients and **Methods:** This study was conducted on 90 asthmatic patients and 54 subjects as a control group. Helicobacter Pylori was diagnosed with C^{13} UBT. **Results:** Urea breath test was positive in 73.3% of asthmatic patients versus 55.5% in control group, with no significant difference between both groups. The percentage of patients with upper GIT symptoms was significantly higher in HP+ve patients compared to HP-ve patients. The percentage of patients with GERD was significantly lower in HP +ve asthmatic patients compared to HP-ve asthmatic patients. The percentage of patients with nocturnal asthma was significantly higher in asthmatic patients with GERD (81.8%) compared to those without GERD (52.6%). **Conclusion:** There is no significant difference in the prevalence of Helicobacter Pylori infection in asthmatic patients compared to normal controls. GERD is an important factor in precipitating in asthma especially nocturnal asthma. There is an inverse relation between HP infection and GERD.

RETINOPATHY ASSOCIATED WITH INTERFERON AND RIBAVIRIN COMBINATION THERAPY IN EGYPTIAN PATIENTS WITH CHRONIC HEPATITIS C INFECTION

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Many side effects of combination therapy using pegylated interferon and ribavirin for treatment of chronic HCV infection has been well described. Ocular complications are fairly common. Diabetes Mellitus and systemic hypertension are possible suggested risk factors for development of these complications. **Aim:** to determine the frequency of Retinopathy and its risk factors in patients treated with combined pegylated interferon and ribavirin for chronic hepatitis C infection. **Methods:** Eligible 98 patients for HCV treatment with pegylated interferon a-2a, a-2b and ribavirin between October 2008 and March 2010 were included. All patients underwent a baseline full ophthalmological examination and any visual complaints during treatment prompted a repeat eye examination. **Results:** Out of the eligible 98 patients, 48 (48.78%) patients received pegylated interferon alfa-2a and the other 50 (51.21%) patients were treated with pegylated interferon alfa-2b. Of 98 patients, 21 (21.42 %) had diabetes, 19 (19.38%) patients had hypertension and 16 (16.32%) patients had both diabetes and hypertension. Only 8 patients (8.16%) had documented retinopathy (two had diabetes mellitus, one had hypertension, 4 had both hypertension and diabetes and one patient without DM or hypertension). Univariate logistic regression analysis revealed that diabetic, hypertensive patients are at increased risk for development of interferon-associated retinopathy (P = 0.007, Odds ratio = 6.5, 95% CI = 1.56-27.3). **Conclusion:** Retinopathy in chronic HCV infected patients undergoing treatment with combination of pegylated interferon alfa and ribavirin therapy appears to be relatively low and treatment cessation is rarely needed. Diabetic, hypertensive Patients are at increased risk for Interferon-associated retinopathy and are recommended to be ophthalmologically followed-up.

SIGNIFICANCE OF C3 IN EGYPTIAN CIRRHOTIC PATIENTS WITH ASCITES COMPLICATED BY SPONTANEOUS BACTERIAL PERITONITIS

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In cirrhotic patients, the bactericidal and opsonic activity of the ascitic fluid is lower than that observed in non cirrhotic ascites. **Aim of the work:** to assess the association between serum and ascitic fluid levels of C3 in patient with cirrhotic ascites complicated by spontaneous bacterial peritonitis(SBP). Patients and Methods:study was conducted on 50 subjects,Group I: (20) patients with cirrhotic ascites complicated by SBP,Group II: (20) patients with cirrhotic ascites without SBP,Group III: (10) patients with non cirrhotic ascites. All patients were subjected to clinicolaboratory investigations,serum,ascetic C3, examination of ascitic fluid and abdominal ultrasonography. **Results:** Patients with cirrhotic ascites complicated by(SBP)had significantly low levels of ascitic and serum C3 compared to those without SBP and with non cirrhotic ascites. There was a statistically significant difference in serum C3 level between Child's B and Child's C. There was a positive correlation between serum C3 with ascitic C3 and albumin. **Conclusion:** The deficiency of serum complement concentrations of C3 is influenced with more progress of the disease and presence of ascites. In patients with cirrhosis and ascites, follow up of complement concentrations may help to recognize patients with increased risk for the development of SBP. Serum C3 of 45g/L and ascitic C3 of 11g/L was the best cutoff value for discriminating patients with SBP from patients without SBP.

STUDY OF AETIOLOGY OF HAEMATOCHEZIA IN MENOUFIYA UNIVERSITY HOSPITAL

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Lower gastrointestinal bleeding means bleeding from sites distal to the ligament of trietz and presents as rectal bleeding and it is usually diagnosed when patients complain of passage of maroon or bright red blood or blood clots per rectum. **Aim of the work:** The aim of the present work is to study the aetiology of bleeding per rectum in menoufiya university hospital patients. **Patients and methods:** This study was conducted on 50 patients referred to endoscopy unit of Tropical Medicine Department in menoufiya university hospital suffering from haematochezia, 32 males and 18 females, their age ranged from 18 to 78 years. Patients were divided into three groups according their age, group I: Consists of 17 patients with age ranged from 18-40 years, group II Consists of 22 patients with age >40-60 years and group III Consists of 11 patients with age > 60 years, all patients were subjected to thorough history taking, full clinical examination, abdominal ultrasonography, laboratory investigations, proctoscopy and colonoscopy, histopathological examination and statistical analysis. **Results:** We found that, haemorrhoids were the most common causes of bleeding (24%), inflammatory bowel diseases (16%), bilharzial polyps and ulcers were in (6%), adenomatous polyps were in (6%), inflammatory polyps in (4%), leiomyoma in (2%) and colonic diverticulosis in (4%) of cases. The most common causes of bleeding per rectum in group I were anorectal piles in 6 cases, ulcerative colitis in 5 cases and colorectal cancers in 3 cases, the most common causes of rectal bleeding in group II were colorectal polyps in 8 cases, anorectal piles in 5 cases and ulcerative colitis in 3 cases and the most common causes in group III were unexplained rectal bleeding in 3 cases, upper gastrointestinal bleeding in 3 cases and chronic non specific colitis in 2 cases. **Conclusion:** It was conclude that, hemorrhoids were the commonest cause of bleeding, ulcerative colitis was the commonest ulcerative colonic lesion, unexplained bleeding is not uncommon and may need further investigations and double colonic lesions were common.

SOLID PSEUDOPAPILLARY TUMORS OF THE PANCREAS (SPTS): RETROSPECTIVE ANALYSIS OF 8 CASES AND REVIEW OF THE LITERATURE

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Solid-pseudopapillary tumors (SPTs) of the pancreas represent a rare form of pancreatic cancer that carries excellent prognosis and are increasingly diagnosed. However, the preoperative discrimination between malignant & benign forms is still unmet need. Therefore, the exact surgical management in terms of the extent of resection is not well defined. ***Aim:*** To retrospectively analyze 8 consecutive cases of SPTs and to review the literature shedding light on the clinicopathological, radiological features and surgical options of these tumors. ***Patients and Methods:*** Retrospective analysis of the records of 8 consecutive patients with SPTs treated from 2001 to end of 2010, at the Eastern Province Hospitals (king Fahad Specialist Hospital and Dammam Central Hospital). ***Results:*** There was one (12.5%) male and 7(87.5%) females, with mean ages of 19.4 ± 4.7 years (range 12-27 years). Chief complaints were abdominal pain and abdominal swelling which occurred in 75% and 25% of cases, respectively. On CT imaging, the median diameter of the tumors was 10.8 ± 1.1 cm. (range 6.5 cm –15 cm). Tumors were located in the pancreatic tail in 4 cases (50%), in the body and tail in 2 cases (25%) and in the head of the pancreas in 2 cases (25%). Preoperative FNA was done; US-guided in 2 cases and CT-guided in 1 case. Distal pancreatectomy with splenectomy was done in 4 cases (50%), distal pancreatectomy with splenic preservation in 2 cases (25%) and pancreaticodeuodenectomy (PD) in 2 cases (25%). Postoperative complications in the form of pancreatic leak occurred in 1 case after PD and managed conservatively. The median follow-up period of 57 months (range 6-123 months) for all 8 patients, no mortality or local recurrence or distant metastasis were found. ***Conclusion:*** Solid pseudopapillary tumors of the pancreas should be suspected when a young female patient, whether having pain or asymptomatic, presents with a mixed solid and cystic pancreatic mass, located in any portion of the pancreas. The characteristic imaging features can help to make the correct diagnosis of SPTs and differentiate from other pancreatic tumors. Malignant degeneration does occur and cannot be predicted either by on serologic or radiological data. Therefore, surgical resection of all SPTs is justified.

THROMBOCYTOPENIA AND SHORT TERM OUTCOME IN EGYPTIAN LIVER TRANSPLANT RECIPIENTS

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Thrombocytopenia post liver transplantation is a well recognized and prevalent early postoperative complication. It may contribute to postoperative morbidity and mortality. **Aim:** This work aimed to study changes in platelet count early after orthotopic liver transplantation (OLT), and their relation to short term outcome. **Patients and methods:** This study was carried on twenty seven {27} liver transplant (LTx) recipients. Pretransplant laboratory data were collected. Child-Turcotte-Pugh (CTP) and Model for End-Stage Liver Disease (MELD) scores were calculated. Postoperative platelet counts on postoperative days (POD) 1, 3, 5,7,9,14,21, 30 and the survival at the end of the first and third month were assessed. **RESULTS:** There were 24 males (88.8%) and 3 females (11.1%) with their ages ranged from 37 to 57 years with a mean age of 47.32 years. The nadir day was on POD 5 and the mean nadir platelet count was 37.16 Ã— 10Â³/cmm in the range of 11.000-99.000/cmm. The mean percentage of platelets fall was 53.11% in the range of 0.0% to 91.63%.The fall in mean platelet count following living-donor liver transplantation (LDLT) was from 88.22 Ã— 10Â³/cmm pre-operatively to a nadir of 37.16 Ã— 10Â³/cmm on POD 5, and then the mean platelet count raised and exceeded the mean preoperative levels to a mean of 144Ã— 10Â³/cmm by POD 14. Nadir platelet count was found to have statistically highly significant inverse correlation with maximum total bilirubin ($p < 0.05$). Statistically highly significant negative correlations have been found between percentage of platelet fall and nadir platelet count as well as postoperative maximum total bilirubin ($p < 0.01$). Platelet count on POD 14 and 1st two weeks platelet count were found to be highly statistically significant risk factors for both 1st and 3rd month mortality