

AMPULLARY ADENOCARCINOMA: DIAGNOSTIC AND THERAPEUTIC CHALLENGE

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

APOPTOTIC INDEX: A PROGNOSTIC FACTOR FOR COLORECTAL CARCINOMA

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Purpose: This study was undertaken to clarify the relationship between the apoptotic index (AI) as a prognostic factor in patients with colorectal carcinoma (CRC). **Methods:** between January 2002 and August 2004, we performed this prospective study over sixty patients with CRC. They were 39 males and 21 females. The mean age was 49.2years. Operative intervention was in the form of right hemi-colectomy in 13 patients, transverse colectomy in 2 patients, left hemi-colectomy in 9 patients, low anterior resection in 18 patients, abdominoperineal operation in 13 patients, total colectomy in 2 patients and just colostomy (for non-resectable cases) in 3 patients. Postoperative specimens ' sections from formalin-fixed -paraffin -embedded blocks were immuno-histochemically assessed using MEB stain to estimate the degree of apoptosis and calculate the AI. Patients were followed up for at least 2 years. **Results:** It was found that there was a positive significant relationship between AI and the overall survival (P-value 0.01), positive past history of CRC (P-value: 0.05), neo-adjuvant chemotherapy (P-value: 0.005). Meanwhile, there was no significant relationship between AI and patients' age, sex, site of the tumor, positive family history of CRC, metastases, local recurrence, histological type of the tumor, grade, TNM staging or BCL-2 expression.

Conclusion: In patient with CRC, AI was found to be a significant prognostic indicator for overall survival. Neo-adjuvant chemotherapy is highly recommended for all patients with CRC as it was found that it increases the AI and hence, improves patient survival.

ASSESSMENT OF THE CLINICAL SIGNIFICANCE OF SERUM ENDOTHELIN 1 AND ATRIAL NATRIURECTIC PEPTIDE IN PATIENTS WITH HEPATORENAL SYNDROME

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Objective and Aim: Hepatorenal syndrome (HRS) is the development of renal failure in patients with advanced liver disease. The hallmark of hepatorenal syndrome is renal vasoconstriction . Although the pathogenesis is not fully understood , multiple mechanisms are probably involved and include activation of the vasoconstrictor system and reduction in activity of the vasodilator system . the study aimed at studying the serum level of endothelin I and atrial natruiretic peptide in patients with type 2 hepatorenal syndrome. **Subject:** The study was conducted on 20 patients with HRS and liver cirrhosis, 20 patients with liver cirrhosis without HRS and 10 healthy control subject . **Results:** The mean serum levels of endothelin I in groups I,II and III were 20.8 ± 2.91 , 9.6 ± 3.29 and 3.7 ± 0.34 pg/ml. Endothelin I was significantly higher in patients with HRS than in those with liver cirrhosis and the healthy subjects . As regards ANP, the mean sermon levels of ANP were 82.70 ± 6.15 , 43.7 ± 5.86 and 34.6 ± 3.02 pg/ml in groups I,II and III respectively . ANP was significantly higher in groups I,II than in groupIII and also in group I than in group II . Furthermore a statistically significant negative correlation was observed between endothelin I and creatinine clearance in group I ($r = 0.97$, $p=0.00$) and also between ANP and creatinine clearance in the same group ($0.59, p=0.02$). **Conclusion :** Endothelin I and atrial natriuretic peptide are increased in cirrhotic patients and the significant increase of endothelin I in patient with associated HSR suggests its role in rental vasoconstriction of renal function.

CELL-BASED THERAPY FOR LIVER DISEASES

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In recent years the interest in liver cell therapy has been increasing continuously, since the demand for whole liver transplantation in human beings far outweighs the supply. Transplantation of hepatocytes or hepatocyte-like cells may represent an alternative to orthotopic liver transplantation in acute liver failure, for correction of genetic disorders resulting in metabolically deficient states and for late stage liver disease such as cirrhosis. Cell transplantation is less invasive than whole organ transplantation and can be performed repeatedly. One major limitation of cell based therapy in liver diseases is the availability of human hepatocytes.

In recent years, numerous studies have reported about the generation of liver cells or hepatocyte-like cells from different types of extrahepatic stem or precursor cells, this appears to provide exciting new opportunity for cell therapy as some types of stem cells proliferate efficiently in vitro and may help to generate a larger supply of human hepatocytes or precursor cells for transplantation.

This lecture describes different types of extrahepatic stem or precursor cells, which liver diseases are first line candidate for cell therapy, route of administration, number of cells and route of administration, the need of immunosuppression.

CHALLENGES IN IBD

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Inflammatory bowel disease is a chronic disorder of the GIT with a protracted relapsing and remitting course. Ulcerative colitis and Crohn's disease are the main components, but indeterminate colitis comes in-between. Diagnosis is reached by a set of clinical, endoscopic and histological criteria, but no single finding is diagnostic.

Interaction of genetic and environmental factors leads to disruption of the enterocyte barrier and leak of bacteria and other antigens that induce up-regulation of the immune cells in the lamina propria with release of cytokines and the autoimmune cascade is triggered. There is a challenge about the value of auto-antibodies and new genetic markers in pathogenesis, diagnosis and prognosis of IBD.

Different systems for classification of IBD according to anatomical involvement, clinical presentation, behavior of the disease and impact on quality of life may help in selecting patients with bad prognostic criteria for more aggressive therapy. Chemo-prevention and endoscopic surveillance programs for colorectal cancer in IBD specially in U.C. is also an important issue.

Many points of challenge exist in therapy of IBD. Conventional step-up therapy versus tailored therapy, the need for maintenance therapy after medical or surgical remission, colectomy versus cyclosporine in fulminant colitis, and the early introduction of biologic therapy in fistulising C.D. are still hot points of challenge.

**CLINICAL PREDICTORS OF BLEEDING FROM ESOPHAGEAL VARICES:
A RETROSPECTIVE STUDY**

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Objectives: Bleeding from gastroesophageal varices is the most serious and life-threatening complication of cirrhosis and accounts for 10% of all cases of bleeding from the upper GI tract. It is essential to identify and treat those patients at highest risk because each episode of variceal hemorrhage carries a 20% to 30% risk of death, and up to 70% of patients who do not receive treatment die within 1 year of the initial bleeding episode. The aim of this study is to determine the clinical predictors of bleeding esophageal varices. **Methods:** A case record review was done to all patients with esophageal varices admitted at Phillipine General Hospital between January 2003 to August 2005 . Various clinical, biochemical and endoscopic criteria were applied retrospectively to determine the predictors of esophageal bleeding. **Results:** Among 128 patients with esophageal varices, 40% was due to HBV , 37 % was due to alcohol related cirrhosis , 22% had Schistosomiasis, 2% had TB of the Liver, 2% had HCC per biopsy, 5% had both Hepatitis B and alcohol related cirrhosis, 3% had both Hepatitis B and Schistosomiasis and 2% had Cyrtogenic cirrhosis as etiologic factor for their liver disease. The majority of patients were Child's B with only 23% being Child-Pugh class C. The mean arterial pressure on admission was 85(+/-10)mmHg, hemoglobin was 108(+/- 117)g/l, platelet count 148,730(+/- 93350)x10⁹/l, protime 0.65(+/-0.16)% activity, INR of 1.40(+/- 0.32), albumin 24(+/- 6)g/l, AST 64(+/- 45)u/l, ALT 60(+/- 35)u/l, Total Bilirubin 66(+/- 130)umol/l and Creatinine of 104(+/- 72)umol/l. Splenomegaly was reported on 40%, 51% had no ascites, 27% had mild ascites, 13% had moderate ascites and 9% had massive ascites. Majority of the population had Gr III esophageal varices, 35% had 3 columns esophageal varices on endoscopy, 23% had concomitant gastric varices, 78% had portal gastropathy. Platelet count, presence of red color sign, number of columns of esophageal varices, presence of portal gastropathy and gastric varices on EGD showed a significant positive correlation with bleeding. **Conclusion:** Thrombocytopenia, presence of encephalopathy and endoscopic findings large varices, presence of red color sign, fundal varix and portal gastropathy are predictors of esophageal variceal bleeding. This stratification may help clinicians identify cirrhotic patients who will need aggressive pharmacologic and endoscopic intervention for variceal bleeding.

CLINICAL SIGNIFICANCE AND LABORATORY MANAGEMENT OF HBV GENOTYPES*Faten Mahmoud*

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Hepatitis B virus, a DNA virus, is a member of the family Hepadnaviridae that replicate by reverse transcription of the encapsidated pregenomic RNA by the viral encoded polymerase. Phylogenetic analysis has led to the classification of HBV into eight genotypes, defined by an inter-group divergence of >8% in the complete genome sequence and of >4% in the S gene. Subsequently, it has become increasingly evident that the heterogeneity in the global distribution of HBV genotypes may account not only for differences in the prevalence of HBV mutations in the different populations but also be responsible for differences in the clinical outcomes of HBV infections and the response to antiviral treatment. Immunogenetic factors may have a role in determining the susceptibility of an individual to viral infection. The first instance of genotype related differences in the biological properties of HBV was the observation that the precore 1896 stop codon mutant was commonly found in genotype D. However, other factors such as differences in ethnic/racial background, age at onset and duration of infection, and exposures to alcohol/environmental toxins rather than HBV genotypes may have contributed to the differences in clinical manifestations.

CLINICAL SPECTRUM OF HELICOBACTER PYLORI IN: A COMPARATIVE STUDY IN SOME ARABIAN COUNTRIES*Shendy Mohammed Shendy Sherif and Nihal Alasaly, TBRI,*

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Abstract: *Helicobacter pylori* represents one of the most common infections worldwide. It has been established as an etiologic factor in the development of peptic ulcer disease and chronic gastritis; and associated firmly with development of gastric neoplasia, including gastric adenocarcinomas and gastric mucosa-associated lymphoid tissue lymphomas. Several extradigestive pathologies have been linked to *H. pylori* infection including cardiovascular, cutaneous, autoimmune, esophageal and other diseases such as sideropenic anaemia, growth retardation, and extragastric MALT-lymphoma. The aim of this work is to evaluate the contribution of *H. pylori* infection to the uncommon; digestive and extra-digestive; manifestations of patients in GIT clinics in some Arabian countries. Patients and methods: a total of 623 *H. pylori* positive patients from three Arabian countries including 225 Egyptian patients, 188 Kuwait patients and 210 Saudi patients were studied and evaluated for all the possible manifestations of this infection. Evaluation was done by history, medical examination, routine and specific laboratory investigations, endoscopic and histopathological diagnosis. Follow up after eradication was done to evaluate the response and improvement of such manifestations. Results: this study included 339 males and 274 females distributed in the three countries. Recurrent *H. pylori* infection was found in 10.9 % of all patients and was significantly more common in Saudi patients and associated with significantly higher incidence of thyroid dysfunction and pancreatitis. Mouth ulcers, vertigo, diabetes, gastric polyps and low serum iron were significantly more common in Egyptian patients than other population. Constipation, history of atypical chest pain, pancreatitis, thyroid dysfunction and ALT elevation were significantly more common in Saudi patients than other populations. Presence of GERD and migraine were found significantly more common in both Saudi and Kuwaiti than Egyptian patients. Diabetes mellitus was one of the commonest associated manifestations in this study and was found in 16.5 % of all patients. Duodenal ulcer was found significantly more common in younger age group. Autoimmune haemolytic anaemia was found the only disease associated with significantly higher Cag A positivity. Constipation was also common in this population (11.9 % of all patients) and was directly correlated with the presence and severity of gastritis. Pancreatitis was directly correlated with history of past infection, gastric ulcer, GIT malignancy, gastric outlet obstruction, arthritis and skin rash. Low serum iron and hemoglobin were more significant in patients with peptic ulcer disease and GIT malignancy. After eradication of infection, marked improvement during follow up was noticed in patients with skin rash (28/37), mouth ulcer (37/59), and constipation (51/73) while mild to moderate improvement was noticed in those with migraine (11/260 and vertigo (19/49). Also, highly significant increase in serum iron and hemoglobin levels ($P < 0.001$) was found in all patients after eradication of infection when analyzed altogether and as separate groups without iron supplementation. The most sensitive and specific diagnostic tests for *H. pylori* in this cohort was the microscopic examination, followed by rapid urease test; both depend on gastric biopsies. Conclusion: It is concluded from this study that *H. pylori* infection is present in most Arabian countries nearly with similar, but of somewhat variable extent, manifestations wither digestive or extradigestive. The associated extradigestive manifestations described cannot be attributed to *H. pylori* in all cases, but it is recommended to screen for this infection and eradicate it particularly if there are additional upper GIT complaints. The presence of GERD should not affect the decision of treatment of this infection. Finally, diagnosis and treatment of *H. pylori* might be considered in the workup in the management of diseases with autoimmune pathogenesis such as ITP, autoimmune haemolytic anaemia, skin diseases, thyroid dysfunction, diabetes mellitus, and others.

**CONCENTRATION OF TOTAL MATRIX METALLOPROTEINASE-2
IN THE SERUM OF PATIENTS WITH COLORECTAL CANCER**

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Background : The processes of basement member degradation and remodeling of extracellular matrix (ECM) involves proteolytic enzymes called metalloproteases. Among the numerous metalloproteases enzymes of this group the key role is played by matrix metalloproteinase -2 (MMP-2).

Objective: The purpose of this study was To evaluate the concentration of MMP-2 in blood serum of patients with colorectal cancer and effect of surgical treatment on this parameter in the postoperation period as well as assessment whether MMP-2 serum concentration correlate with clinicopathological variable .

Patients and Methods: We measured , prior to primary surgery and 4 weeks after surgery, the concentration of MMP-2 in serum samples of 40 patients with colorectal statistically significant correlation was found between the circulating MMP-2 and the other clinicopathological factors. Comparing the blood serum concentration of MMP-2 before and after operation reveals a significant decrease after radical surgery .

Conclusion: Plasma concentration MMP-2 was correlated with clinical staging in colorectal cancer, and falling to the normal ranged following curative surgery.

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

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In liver cirrhosis the splanchnic and systemic circulations show increased cardiac output and hyperdynamic circulation which result in increased flow into the portal circulation hereby perpetuating portal hypertension. Vascular remodeling and angiogenesis occurs at the portosystemic interface in attempt to relieve the resulting excess portal pressure and allow decompression by redistribution flow through oesophageal and haemorrhoidal collaterals. Unfortunately the resulting generation of varices is a major contributor to morbidity and. Nitric oxide is a central mediator of these vasoreactive and angiogenic abnormalities.

Aim of the work : Correlation between the changes in systemic ,portal haemodynamics and serum nitric oxide profile in cirrhotic patients before and after endoscopic variceal obliteration by ligation . **Material:** This study included 20 patients with mixed liver cirrhosis who had a definite history of bleeding or Melena . **Methods:** History taking clinical examination , laboratory investigations , endoscopic .Also real time Doppler flowmetry ,Echocardiography, Doppler study and determination of serum levels of nitrite . **Results :** There was a significant decrease in serum nitrate and nitrite levels 2 weeks after variceal obliteration . **Conclusion:** Endoscopic variceal ligation is promising for long term management of oesophageal varices associated with significant reduction in serum nitrate, nitrite level with beneficial input on portal and systemic haemodynamics.

CROHN'S DISEASE AND PREGNANCY: A CRITICAL SITUATION

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CD often occurs in young adults and therefore caring for patients who are also pregnant is not uncommon. The influence of disease activity on the course of pregnancy and vice versa is established in different ways. Even the mode of delivery is changed according to the disease activity. The medical treatment during pregnancy is essentially according to the FDA approval of the drugs. Although surgical indications are similar as in non-pregnant CD women.

**DIAGNOSIS AND MANAGEMENT OF HYDATID DISEASE OF THE LIVER:
EXPERIENCE WITH 63 PATIENTS**

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The treatment of choice of hepatic hydatid disease is surgery, but the optimal Surgical procedure remain unsettled. The medical records of 63 consecutive patients who presented to our departments with hepatic hydatid disease were reviewed. Four asymptomatic patients with small intrahepatic Cysts were excluded from the study and discharged on medical treatment. The remaining 59 patients (34 men and 25 women) ranged in age from 7 to 72 years with a median of 36. three patients (5 %) had recurrent hepatic hydatid cysts. Cysts were solitary in 43 patients (73%) and multiple in 16. Six patients (10%) had concomitant splenic cysts. All diagnoses were established by ultrasound and/or computed tomography. In 14 patients (24%), communication between the cyst and biliary tree was found on endoscopic retrograde cholangiography (ERC) with migration of daughter cysts in nine patients. Two of the 9 patients were declined from surgery as complete evacuation of the common bile duct was performed in the remaining 7 patients. Radical procedures in the form of pericystectomy or liver resection were performed in 22 patients while conservative procedure were employed in 35 patients. There was no mortality. Morbidity consisted of biliary leak in 4 patients (one liver resection and 3 endocystectomy), subphrenic collection in 3, and wound infection in three patients. the biliary leak was controlled after ES. Within a mean follow up of 84.3 months, there is no evidence of recurrence. Ultrasound and CT are the most reliable diagnostic modalities in hepatic hydatid disease. Perioperative ERC and related therapeutic maneuvers have a place in the diagnosis and management particularly when cystobiliary communication is expected from the history or the clinical presentation. Radical procedures are safe and valid options for patients with hepatic hydatid disease.

DNA PLOIDY AND P53 OVEREXPRESSION IN PAPILLA OF VATER IN CASES WITH OBSTRUCTIVE JAUNDICE; A CLINICOPATHOLOGICAL STUDY

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Carcinoma of the papilla of Vater has a relatively good prognosis when compared with the case of other biliary tract neoplasm such as pancreatic carcinoma or bile duct carcinoma. The adenoma–carcinoma development hypothesis is generally accepted for colorectal tumors. Recently, a genetic alteration model during colorectal tumor development has attracted much attention, leading to various studies. Our aim is to evaluate the clinicopathologic features, and the alteration of the p53 tumor suppressor gene using p53 immunohistochemical staining and the DNA ploidy of papilla of Vater epithelium in patients with obstructive jaundice. Patients and methods: The study included 70 patients had obstructive jaundice due to papillary lesions. The patient's papillary lesions were 40 adenocarcinoma, 10 cases pure adenoma of the papilla of Vater and 15 chronic papillitis as well as 5 patients had normal papilla as a control. We used immunohistochemistry technique to stain the tissue slides with p53 suppressor gene and Cell image analyzer to detect the DNA content of the epithelium through staining the tissue by felgin stain which stain the nuclei blue. Results: The patients were 34 to 76 years (mean age was [52.5 y]. There were 42 male and 28 female. The papillary lesions were benign in 30 cases and malignant in 40 cases. The papillary adenocarcinoma was well differentiated in 10 cases, moderately differentiated in 22 cases, and poorly differentiated in 8 cases. Positive staining for p53 protein was found only in the nuclei of tumor cells. Positive reaction for p53 were 0% on papillitis and in normal mucosal tissue, 20%(2/10) in adenomas, 50% (20/40) in adenocarcinoma. The percentage of p53 overexpression in the twenty cases of adenocarcinoma was 48% (7/15) for early carcinomas and 51.8% (13/25) for advanced carcinomas. The all cases of papillitis and adenoma exhibit DNA diploid histogram, while 16/40 (40%) of adenocarcinoma cases exhibit diploid histogram and the rest of cases 60% (24/40) exhibit aneuploid histogram. There was increase in the number of cells at the proliferative S phase in the chronic papillitis, adenoma and adenocarcinoma compared to control cases $p < 0.01$ and $p < 0.05$ respectively. In conclusion, The p53 immunohistochemical staining may be useful in the diagnosis of carcinoma of the ampulla of Vater if the submitted specimen contains adenomatous areas. It is most likely that the molecular events leading to p53 accumulation in neoplasms of the ampulla of Vater occurred relatively late during the oncogenetic process. The DNA ploidy can help in diagnosis and outcome of papillary neoplasm. Our results confirm that this group of tumors is heterogeneous and underline the need for earlier markers of an aggressive behavior.

Keywords: DNA content, P53 expression, Papilla of vater

EFFECT OF TRIPLE THERAPY FOR H. PYLORI ERADICATION ON HEPATIC ENCEPHALOPATHY: A RCT

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Introduction H. pylori infection could potentially contribute to the development and severity of hepatic encephalopathy (SHE) due to strong urease activity in the stomach of H. pylori infected cirrhotic patients. **Objectives:** To assess the effect of triple therapy for H. pylori on SHE. **Methods** Design: Open randomized controlled clinical trial with 4 arms Setting: liver diseases unit in Suez Canal University Hospital – tertiary care Subjects: Forty four H. pylori +ve (Group 1) and 44 H. pylori –ve patients (Group2) [based on rapid urease test of gastric biopsy] with SHE grade 1 – 3. **Interventions:** Triple Therapy (TT) for H. Pylori versus standard treatment for hepatic encephalopathy (ST) in group 1 and Antimicrobial Therapy (AMT) (without Omeprazole) versus ST in group 2. **Main outcome measures:** Blind assessment of the grade of encephalopathy before and within three days from end of treatment. One grade improvement was considered treatment success. **Results** Success rate was 18.2% in ST and 63.6% in TT ($p < 0.001$) in H. Pylori +ve patients. While in H pylori –ve the success was 9.1% in ST versus 59.1 ($P < 0.001$) in AMT. Success rate was not significantly different between ST or between TT and AMT among both groups. Among other factors in logistic regression models both TT (OR: .03<6.22<37.69, $P = 0.047$) and AMT (OR: 2.09<11.42<59.46, $P = 0.02$) were significant predictors of success in the respective groups. **Conclusion** Both TT and AMT improve the outcome of management of SHE. The improvement may be attributed to the effect of antimicrobial therapy on ammonia producing gut flora rather than H. pylori eradication. H pylori eradication adds no benefit in hepatic encephalopathy

EFFECTS OF LOVASTATIN ON THE LIVER IN HYPERLIPIDAEMIC PATIENTS

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Effects of Lovastatin on The Liver in Hyperlipidaemic Patients. Isam Hamo Mahmood (Ph.D. Pharmacology). Zena Sattam Haemed Al_Jubori (M.Sc. Pharmacology). College of Medicine, Mosul, Iraq. Abstract The study was undertaken to evaluate the adverse effect of lovastatin on the liver in forty- two hyperlipidaemic patients. They received lovastatin for a period ranged from one month to four years, with doses ranged from 10 mg to 20 mg daily. Another fifty, apparently healthy subjects, were also involved as a control group. Serum ALT (Alanine aminotransferase), AST (Aspartate aminotransferase) and ALP (Alkaline phosphatase) activities and serum bilirubin concentration were determined by using colorimetric methods available as kits obtained from commercial sources. Results of the study revealed a significant elevations of the means of ALT and AST activities and bilirubin concentraions in the lovastatin group compared with the control group. The results also showed a minor elevations of ALT, AST and ALP activities and bilirubin concentration above upper normal limits in a number of patients taking lovastatin therapy (8, 7, 3 and 5 patients , respectively) . Stratification of the patients according to age, duration of therapy and dose revealed a non significant elevations of the means of ALT, AST and ALP activities and bilirubin concentrations according to age groups and a significant elevations of the means of ALT, AST and ALP activities and bilirubin concentrations according to duration of therapy and dose groups. The study concluded that therapy with lovastatin is associated with a minor effect on the liver and the effect is correlated with duration of therapy and doses.

FECAL INCONTINENCE: HOW TO THINK***Ezzat Ali Ahmed*****Internal Medicine Department, Gastroenterology Unit, Alexandria University****Presenting author: *Ezzat Ali Ahmed***

Fecal Incontinence (FI) is a debilitating condition, affecting people of all ages and significantly impairs quality of life. It is the second most common cause of institutionalization in the elderly. Patients with advanced incontinence should be evaluated by anorectal physiology testing to establish the severity and type of continence. Our study about anorectal motility (ARM) in FI signifies this step. Also different pathophysiological mechanisms of FI should be evaluated by clinical and various investigations as recently several treatment options with promising results exist.

HEPATOBIILIARY MANIFESTATIONS OF SICKLE CELL DISEASE

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Sickle cell disease (SCD) is a common genetic disorder which poses a major medical problem in certain parts of the world. It is characterized by chronic haemolytic anaemia and vaso-occlusive crises, which can lead to widespread vascular occlusion by sickled red blood cells leading to multiple organ infarctions. In this respect, SCD can be considered as a multisystem disease presenting, to various surgical disciplines, with a wide variety of surgical ailments. One of the most common manifestations is hepato-biliary complications which occur as a result of the increased risk of hepatic injury from sickling. These range from abnormal liver function tests to focal nodular hyperplasia, hepatic crises, cholelithiasis, choledocholithiasis and acute hepatic failure. Hepatic crisis affect 10% of patients with SCD admitted to hospital. It may be difficult to distinguish hepatic crisis from viral hepatitis. Acute hepatic failure presents with abdominal pain, severe jaundice and tender hepatomegaly. Prothrombin time is very prolonged and patients may develop progressive coma and die.

Patients with SCD are also at high risk of developing pigmented gallstones due to chronic haemolysis and they can be treated safely by laparoscopic cholecystectomy even if asymptomatic.

Choledocholithiasis occurs in 14% of SCD patients with gallstones. It is essential to exclude choledocholithiasis in any patient with dilated biliary tree on ultrasonography by performing endoscopic retrograde cholangiopancreatography (ERCP). Endoscopic sphincterotomy is performed to clear the common bile duct (CBD) prior to cholecystectomy to avoid CBD exploration. It is worth however advocating routine endoscopic papillotomy in patients undergoing ERCP before LC even if it is normal, but this needs further evaluation.

Finally, patients with SCD presenting with hepatobiliary complications should be managed by a multidisciplinary team (experienced surgeon, gastroenterologist with experience in management of SCD & a haematologist) to reduce the morbidity and mortality associated with this high risk group of patients.

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

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

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

AST (first 4 days postoperative), ALT and albumin levels for the infected groups were significantly higher than the noninfected controls ($p=0.001$, $p=0.001$, $p=0.02$ respectively).

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

HEPATOPULMONARY SYNDROME IN NON-CIRRHOTIC PATIENTS WITH CHRONIC HCV INFECTION: EGYPTIAN STUDY

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Hepatopulmonary syndrome (HPS) is defined as a triad of chronic liver disease, hypoxaemia and intrapulmonary vasodilatation in the absence of primary cardiopulmonary disease. The aim of this study was to determine the extent of pulmonary dysfunction and evaluate the frequency of HPS in non-cirrhotic patients with chronic HCV infection. Pulmonary function tests and arterial blood gas analyses were carried out in 34 non-cirrhotic patients with chronic HCV infection and 10 control subjects . Contrast- enhanced echocardiography was performed in all patients with hypoxaemia ($paO_2 < 70$ mmHg) for detecting intrapulmonary vascular dilatations. Our results revealed that the mean values of pulmonary function parameters (FVC, FEV1 and FEV1/ FVC) and blood gas analysis were normal and no correlation was found between inflammatory activity or extent of fibrosis and pulmonary function. Despite normal lung function, hypoxaemia was observed in 7 of 34 patients (20.6 %). Intrapulmonary shunting was found in only two of these patients who fulfilled the diagnostic criteria of HPS. In conclusion, subclinical intrapulmonary vascular dilatations and gas- exchange abnormalities can occur in non-cirrhotic patients with chronic HCV infection despite normal pulmonary function parameters. Since HCV is reported to induce the expression of hepatic inducible nitric oxide synthase, it is tempting to speculate that nitric oxide may contribute to the observed intrapulmonary dilatation in some of our patients. Thus, hepatopulmonary syndrome may be found even in non-cirrhotic patients with chronic hepatitis C and not restricted to patients with liver cirrhosis , portal hypertension or acute liver failure. From this study, we suggest that patients with chronic HCV infection particularly those with unexplained hypoxaemia might be carefully evaluated by contrast - enhanced echocardiography for detecting intrapulmonary vascular dilatations in the early stages of hepatic insufficiency .

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 important 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 auto-immune disorders. Overlap syndromes fulfill only some of these criteria with features of other chronic liver disorders.

IMMUNOMODULATION OF PULMONARY AND HEPATIC GRANULOMATOUS RESPONSE IN MICE IMMUNIZED WITH PURIFIED LUNG-STAGE SCHISTOSOMULAE ANTIGEN

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Presenting author: Mona Mostafa Nosseir

The objective of the present work was to investigate the possible effect of immunization protocol against *Schistosoma mansoni* infection using purified lung-stage schistosomulae antigen. Two experimental models (lung & liver) were used, each of three groups: Immunized group (10 mice), infected control group (10 mice) and normal control group of purified schistosomulae antigen followed by two booster doses each of 50 μ g antigen and at one week interval were injected intraperitoneally into Swiss albino mice three days prior to intravenous injection of 3000 viable *S. mansoni* eggs (lung model) or to exposure to 100 cercariae (hepatic model). Mice were sacrificed 16 days post-injection (lung model) and 8 weeks post-infection (hepatic model). Various parasitological parameters, histopathological assessments and immunological studies were carried out. Our findings revealed that immunization with purified lung-stage schistosomulae antigen induces protective effect against *S. mansoni* infection. The marked reduction in worm burden, egg load, granuloma diameter and collagen content were accompanied by increased percentage of degenerated ova and amelioration of the associated pathological changes in pulmonary and hepatic tissue. Increased levels of specific immunoglobulins particularly IgG & IgM and decreased ratio of T cell subsets (CD4⁺/CD8⁺) in granulomas of both models were also noticed.

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

Taher MY, Sidkey F*, and Ahmed Shawki**Moussa ME**

****Medicine and**Surgery Departments, Alexandria University***

Presenting author: Fathallah Sedky

Background & Aims: Despite Treatment With corticosteroids, severe ulcerative colitis has a high colectomy rate. In this study we report the challenging Effect of inflixima against surgery, as a rescue treatment for five cases of cases of severe UC whom initially were admitted to hospital for colectomy to control their disease patients and methods: five patients with severe ulcerative colitis (Mayo score 10-12) refractory to medical treatment were included in the study. They were given IV Inflixmab in a dose of 5mg/kg at weeks 0, 2, and 6 and maintained on 8 weeks interval dosage. Patient's response was evaluated at week 8 and 30. **Results:** Three patients had complete clinical remission with significant mucosal healing as evidenced endosmotically, and two patients showed marked improvement with reduction of mayo score by half or more no treatment related complications were reported clinical improvement was sustained throughout a follow up period of 11 months. **Conclusions:** infliximab 5mg /kg is an effective and safe rescue therapy in patients experiencing severe ulcerative colitis not responding to conventional treatment.

LIVER TRANSPLANTATION: PATHOLOGICAL ASPECT*Nahed Baddour*

Pathology Department, Alexandria University

Presenting author: *Nahed Baddour*

OLTx is the final line of treatment for a groups pf otherwise fatal diseases. Its indications among adults and children, contraindications and complications following transplantation categorized according to the time frame of their occurrence is discussed. Also, the role of histopathology in the diagnosis of each of these complications, the changing microscopic findings with passing time post-Tx are highlighted.

LOWER GIT BLEEDING

*Ahmed Abd El-Samie M.D.,
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Presenting author: Ahmed Abd El-Samie

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.

ABSTRACTS

in alphabetical order

MANAGEMENT OF LEAKING UMBILICAL HERNIA IN ASCETIC PATIENTS DUE TO DECOMPENSATED HEPATIC DISEASES; OUTCOME OF THE NEO TECHNIQUE OF UMBILICAL HERNIORRHAPHY

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Presenting author: Sobhy Kishta

AIM: Evaluation of leaking umbilical hernia [UH] in ascetic patients due to decompensated liver disease, its complications, its management by Modified Stone's Herniorrhaphy [MSH] and outcome of the repair. **METHODS:** We have been studied 112 patients with leaking UH in ascetic hepatic patients. Perioperative evaluation has been done. All cases have been prepared by antibiotics, albumin, FFP and repeated sterile dressing. Herniorrhaphy have been done by our new technique of MSH as an emergency by Local anesthesia (LA) in most of the cases. **RESULTS:** The patients with the leaking UH were 36 males, 20 females and their ages were 28 to 72 years. They were Child C, in 96 cases Child B in 18 of them & had diuretic resistant ascites in 80 patients. Unhealthy skin with pigmentation and discoloration has been found in 98% cases & irreducible in 53.6% cases. Leaking was due to skin ulceration and infection in 96% cases and sudden increase intra-abdominal or pressure/ external trauma in 4%. The mean operative time was 35+-9 minute and small hernial defect in 78.6% with Caput medusa 71.4% cases were found causing irreducibility. Staphylococcus epidermidis [SE] organisms have been isolated also from the turbid ascetic fluid in 35.7% cases with portal bacteraemia in 17.9% cases. There was neither operative mortality nor postoperative leaking in all cases. There was a postoperative wound infection in 22.3 % cases. During follow up to 3 years, recurrence was found in 10.7% and late postoperative mortality in 17.8% cases mainly due to hepatic causes. **CONCLUSION:** Management of leaking umbilical hernia in ascites due to liver diseases is an emergency life saving procedure. Our new technique of Modified Stone's Herniorrhaphy can be done safely as an emergency away from infected area by LA with minimal complications.

NUTRITIONAL SUPPORT IN GIT SURGERY & IN GIT DISEASES

Hoda El-Rifai

Internal Medicine, GIT Department

Presenting author: *Hoda El-Rifai*

One of the big problems is how to supplement diet after common GIT surgery . after cholecystectomy the patient takes some time in order to feel comfortable this is probably due to sphincter of oddi dysfunction, patients who had done either of total or partial colectomy needs special care in nutrition. Short bowel syndrome occurs either to crohn disease ischaemia, irradiation enteritis. This review discuss the needs & care of patient after GIT surgeries and GIT disease as inflammatory bowel diseases, celiac Disease.

OBESITY AND CHRONIC HEPATITIS C: A HORMONAL AND CLINICOPATHOLOGICAL STUDY

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Departments of Internal Medicine, Chemical Pathology and Pathology Medical Research Institute and Internal Medicine department, Alexandria University

Presenting author: Gamal Amin

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 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.

ABSTRACTS

in alphabetical order

OSTEOPONTIN, CYSTATIN C AND ORNITHINE CARBAMOYLTRANSFERASE ARE CLOSELY RELATED TO THE PROGRESSION OF LIVER FIBROSIS IN CHRONIC LIVER DISEASES

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Presenting author: Sahar S. Bessa

This study included 45 patients with chronic liver diseases [chronic hepatitis (group II), liver cirrhosis (group III), and hepatocellular carcinoma (group IV)] and 23 healthy controls (group I). Serum levels of osteopontin, cystatin C, and ornithine carbamoyltransferase (OCT) were determined, and their correlations with the results of histological examination of liver biopsy were examined. The results showed that both serum osteopontin and cystatin C levels were significantly increased in all groups of liver diseases. OCT levels showed a significant difference between the different groups except when we compared its level in groups I & IV and groups II & IV which showed no significant difference. There was a positive correlation between levels of both cystatin C, and osteopontin and the stage of liver fibrosis, however the correlation was positive only between levels of osteopontin but not cystatin C and the necro-inflammatory activity of the disease process. OCT was positively correlated with both the stage of fibrosis, and the necro-inflammatory activity of the disease process only when the correlation was done in the groups II & III. We concluded that serum levels of osteopontin and cystatin C were increased in chronic liver diseases, and could be used as non-invasive monitoring biomarkers for assessment of the progression of liver fibrosis. Moreover, serum osteopontin levels were increased with progression of necro-inflammatory process and may give an idea about the degree of disease activity. The value of OCT was similar to osteopontin but when used only before development of advanced cirrhosis.

**PLASMA VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) AS A
DIAGNOSTIC MARKER IN PATIENTS WITH COMPLICATED LIVER CIRRHOSIS**

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MD , Internal Medicine ¹/ MD ,Biochemistry ²

Presenting author: Ghada Mohamed Hasan El Kanishy

BACKGROUND: Liver cirrhosis constitutes a major health problem in Egypt . Its sequelae particularly esophageal varices and hepatocellular carcinoma are of high morbidity and mortality . Early diagnosis of these complications may favour survival or even be life saving . **AIM:** The study aimed at evaluating the measurement of plasma levels of vascular endothelial growth factor (VEGF) in cirrhotic patients complicated with esophageal varices (OV) and/or hepatocellular carcinoma (HCC) as a diagnostic tool in such patients as well as to compare between serum α -feto protein and plasma VEGF as useful markers for HCC . **SUBJECTS & METHODS:** plasma levels of VEGF and seum levels of α -feto protein were determined in 28 patients with liver cirrhosis divided into three groups: group 1 (G1) included 8 patients with uncomplicated cirrhosis , group 2 (G2) included 10 patients with cirrhosis complicated with OV and group 3 (G3) included 10 patients with cirrhosis complicated with OV and non metastatic HCC . Ten age and sex matched healthy controls were chosen . **RESULTS:** Comparison of plasma level of VEGF in different groups revealed a statistically significant increase in G2 and G3 groups than the control . Although the difference between patients groups was statistically significant , the lowest values in G2 overlapped with that in G1 group . VEGF plasma levels were significantly higher in patients with risky variceal signs in G2 and G3 groups . α -feto protein serum levels were significantly higher in all patients groups than the control . The difference was highly significant in G3 when compared to G1 or G2patients groups .There was no correlation between VEGF plasma level and α -feto protein serum levels in all patients groups . **CONCLUSION:** α -feto protein is still the most useful follow up marker for detection of HCC in patients with cirrhosis . Although VEGF can not be used for follow up to suspect occurrence of OV in patients with cirrhosis ; however VEGF may be useful in suspecting appearance of risky variceal signs in cirrhotic patients with OV .

PREDICTORS OF REBLEEDING AFTER ENDOSCOPIC HAEMOSTASIS OF BLEEDING PEPTIC ULCERS

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Presenting author: Hussein A El Amin

Background: The effectiveness of endoscopic manipulation in the control of bleeding in peptic ulcers have been established and currently early endoscopy is the best management for acute ulcer bleeding. During endoscopy we can identify the bleeding site and stratify the risk of recurrent bleeding.

Aim of the work: to study endoscopic findings as factors for prediction of rebleeding after endoscopic hemostasis of bleeding peptic ulcers. These factors were evaluated versus clinical factors.

Materials and Methods: This study was performed in Assuit University Hospital. and included 71 cases with bleeding peptic ulcer. All patients were subjected to thorough history and clinical examination, written consent, laboratory investigations as liver functions, prothrombin time and full blood count and upper endoscopy.

Results: Initial hemostasis was achieved in 67(94.4%) cases while permanent hemostasis in 63(88.7%) cases. 20(28.2%) cases experienced rebleeding. The risk factors for rebleeding were age above 55 years 11(55%) and shock at the onset of bleeding which was observed in 19(95%) rebleeders. Endoscopic evaluation revealed that duodenal ulcer was observed more than gastric ulcer in the rebleeder as 12(60%) cases had duodenal ulcer versus 8(40%) had gastric ulcer. Also, the presence of the ulcer in the posterior wall of the duodenum 10 (83.3%) compared to only 2(12.7%) in the anterior wall was statistically significant $P < 0.00$. Spurting was detected in 8(40%) of rebleeding cases and in one (1%) case in the patients who did not rebleed with a highly statistical significant $P < 0.000$. The ulcer size was > 1.5 cm in 14(70%) out of the 20 bleeders and < 1.5 cm in 6(30%) of them with statistical significance $P = 0.01$. On the other hand other factors as the shape, depth, vessel color, shape of margin and color of ulcer base showed no statistical significance. On performing multiregression analysis the risk factors for rebleeding included the site of the ulcer being more in the rebleeders in case of duodenal ulcer especially in the posterior wall $P < 0.001$ and the presence of spurting as a risk for rebleeding $P < 0.001$.

Conclusion: Age above 55 years, shock on admission are important predictors of rebleeding after endoscopic hemostasis of bleeding ulcers but endoscopic features as type of ulcer, size and site of ulcer and spurting activity are more important predictors of rebleeding after endoscopic hemostasis.

RADIOFREQUENCY ABLATION OF SPLEEN IN PATIENTS WITH HYPERSPLENISM AND LIVER CIRRHOSIS

Sameh Fathy Abdou

Radiology Department, Alexandria University

Presenting author: Sameh Fathy Abdou

Partial splenic artery embolization (PSE) has been widely used in patients with cirrhosis and hypersplenism caused by portal hypertension.

Radiofrequency ablation is one of the recent techniques used for ablation of inoperable tumors. The impact of radiofrequency ablation for hypersplenism and its effect on liver function in patients with liver cirrhosis and portal hypertension were investigated.

METHODS: Percutaneous Radiofrequency ablation (RFA) of spleen has been done on 6 patients with liver cirrhosis and hypersplenism caused by portal hypertension. Laboratory and radiological investigations were used follow up those patients for 6 months.

RESULTS: There was significant improvement of platelet count , liver function , and hepatic artery blood flow had gained significant improvement .

Minor complications have been encountered in the form of post

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

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Presenting author: Mohamed Karam El-Saiedy

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 the three patients, mesenchymal tumors in two, and hepatoid adenocarcinoma, gastric carcinoid, and high grade MALT lymphoma one patient each. Aden carcinoma and mesenchymal tumor weresimultaneously present in one patient (synchronous tumors). The primary tumor was cutaneous melanoma, breast adenocarcinoma, and pancreatic adenocarcinoma in the three patients with metastaic gastric tumors. Five patients were treated surgically, two by chemotherapy, and one patient received supportive medication. Three patients died within 6 to 28 weeks from time of diagnosis.

REVERSIBILITY OF FIBROSIS AND CIRRHOSIS*Yousry Taher**Alexandria University*

Presenting author: Yousry Taher

Hepatic fibrosis is the wound healing response of the liver to repeated injury. Hepatic stellate cells (HSCs) are the main extra - cellular matrix producing cells in the injured liver .Following chronic injury the quiescent HSCs activate or transdifferentiate into myofibroblast like cells , acquiring contractile , proinflammatory and fibrinogenic properties . The demonstration that hepatic fibrosis and even cirrhosis may regress (1 , 2) has accelerated enthusiasm for developing antifibrotic therapies .

ROLE OF LIPIDS IN HCV REPLICATION

Ibrahim Baghdadi

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Presenting author: Ibrahim Baghdadi

Lipoproteins are closely connected to the process of HCV infection . Several cellular receptors are responsible for the adsorption and penetration of virus particle into the target cells especially LDL-R, CD81-R and SR-B1. All of which are associated with lipid and lipoprotein metabolism.

LDL-R is a receptor that transports lipoprotein mainly cholesterol rich lipoprotein by endocytosis forming a viro-lipo-particles that would allow the virus to adsorb and penetrate into the target cells. Identification of the HCV receptors on the surface of the susceptible cells especially hepatocytes remains a major challenge for the design of successful therapies.

RISK FACTORS FOR INTRAFAMILIAL TRANSMISSION OF HEPATITIS C

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Presenting author: Laila Abdelbaki

Background: the country wide 14% to 18% prevalence of antibodies to hepatitis C virus (anti-HCV) in Egypt is among the highest in the world. Transmission of HCV is mainly by contact with infected blood. However in up to 50% of cases the transmission route cannot be identified and the role of sexual route or horizontal transmission of the virus is still controversial.

Patients and methods: Study population: 1577 subjects representing the household contact of 375 employee of Assuit Cement Company. Of the 375 employee, 170 were anti-HCV Ab positive and 205 were anti-HCV Ab negatives all were HBsAg negative.

All the households were systematically recruited over a period of 4 years. The index cases were males age ranged from 20 to 60 years, mean 36.8 ± 6.3 years. The household contacts represented 362 wives, 996 offspring, 217 parents and 2 sisters.

A full medical history was performed according to a previously designed questionnaire and data collection for liver disease. Physical examination aimed at detecting hepatobiliary diseases or physical signs suggestive of liver diseases. Blood sampling was withdrawn from all participants test for hepatitis markers (HbsAg and HCV –Ab by third-generation (ELIZA)).

Results : The total number of household contacts were 1577 classified into 2 groups:

Group I: represented the household of the 205 employee with negative anti-HCV Ab and included 835 subjects.

Group II: represented the household contacts of the 170 employee with anti-HCV Ab positive and included 742 subjects.

The overall prevalence of anti-HCV Ab among household contacts was higher in group II (51.3%) than in group I (41.7%) with $P < 0.001$.

A female predominance was observed in both groups as 68.4% of cases were female and 31.6% were males. The prevalence of anti-HCV Ab was more in age less than 40 years in both groups with statistical significance $P < 0.001$. the prevalence of anti-HCV Ab in age less than 10 years was 6.6% in group I and 9.6% in group II with no statistical significance between the two groups. While in the age group 20-30 years the prevalence of anti-HCV Ab was higher in group II (22.2%) than in group I (10.6%) with statistical significance $P = 0.01$. A higher prevalence of anti-HCV Ab was detected in wives of group II (20.6%) compared to wives of group I (10.6%) with statistical significance $p < 0.001$. The prevalence of anti-HCV Ab was more in wives less than 40 years of age in both groups than wives more than 40 years with statistical significance $P = 0.02$. A significant higher anti-HCV Ab prevalence was observed to be increased with the increases in the duration of marriage (>20 yrs it was 24.1% (OR 1.91 95% CI (0.7-10.2)) Vs 22% (OR 1.69 95% CI (0.3-4.3)) for duration from 10-20 yrs Vs 14.3% (OR 1 95% CI (0.2-5.3)) for duration less than 10 yrs with $P < 0.001$). Possible risk factors was reported for the anti-HCV Ab positive cases and revealed that history of blood transfusion was reported in 6.2% ($P < 0.001$, OR 7.18 95% CI (2.0-29.7)) , history of operations in 19.8% ($P < 0.01$ OR 2.07 95% CI (1.13-3.47)), and history of dental procedure was reported in 38.5% ($P < 0.001$ OR 2.00 95% CI (1.25-3.2)). Multivariate logistic regression analysis for confounders revealed that the parental exposure were the only independent predictors of the likelihood of HCV positivity among household contact. Transmission to wives and duration of marriage were negative by regression analysis. On conclusion the sexual transmission doesnot seem to play a role in the intrafamilial spread of HCV infection.

SERUM SOLUBLE TRANSFERRIN RECEPTORS IN PATIENTS WITH CHRONIC HEPATITS C

Ahmed Abd El-Samie, Ayman El-Shayeb, Khaled Mohie El-Din, Hanan Hosni, Nasser Yehia Abdel-Hamid, Akram Deghahdy**, Hanan Tayel****

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Presenting author: Ayman El-Shayeb

Background: recently, it has been found that iron is an important element in the natural history of hepatitis C. serum markers of iron stores are frequently increased in chronic hepatitis C infected patients. Therefore, detection of serum soluble transferrin receptor (sTfR) may allow for quantitative evaluation of intracellular iron. **Objective:** The aim of the present work was to study serum levels of soluble transferrin receptors in patients with chronic HCV. **Methods:** the study was carried out on 40 patients classified into three groups. Group I enrolled 10 chronic HCV with high serum iron and ferritin, Group II included 10 patients with chronic HCV with normal serum iron and ferritin (both Group I, and II had no cirrhosis), Group III comprised of 20 patients with chronic HCV and liver cirrhosis, also 10 healthy subjects were taken as control. Serum soluble transferrin receptors were measured in patients sera using humans TfR ELISA Kit. **Results:** the mean serum sTfR was significantly lower in group II than in group I, II and IV. Also, it was significantly lower in group I than in group II and IV. On the other hand, no significant difference was found between group II and group IV. Correlation study revealed significant negative correlation serum sTfR and serum iron and ferritin in group I, II and III. Moreover, in group III significant negative correlation was noticed between serum sTfR and staging ($r=0.83$, $p=0.00$). **Conclusion:** sTfR can be regarded as valuable and specific tool for investigating tissue iron and can be used to predict the degree of hepatocellular damage and progression into advanced fibrosis and subsequent cirrhosis.

**SPONTANEOUS RUPTURE OF HEPATOCELLULAR CARCINOMA:
DIFFERENT THERAPEUTIC OPTION**

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Department of Surgery, Radiology*, and Anaesthesiology** National Liver Institute, Menoufiya University

Presenting author: Maher Osman

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 option for the management of spontaneous rupture 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 trans arterial 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%) C . In group I, non anatomical limited resection was done in 5 patients , suture placcation in 2, enucleation of the extruded rupture tumor in 2, and pressure gauze packing in one patients . 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 trans arterial chmo-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 rupture HCC . The administration of octreotide in such patient carries a new promise , but awaiting a larger group of patients to reach a definite conclusion .

ABSTRACTS

in alphabetical order

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

Taher MYT, Sidkey F

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Presenting author: Fathallah Sedky

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

ABSTRACTS

in alphabetical order

STUDY OF CHROMGRANIN EXPRESSION IN COLORECTAL CARCINOMAS; ASSESSING ITS PROGNOSTIC SIGNIFICANCE

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*General Surgery Department (Colorectal Surgery Unit), Pathology Department,
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Presented author: Sabry Mahmoud

Aims and Background: There is evidence that colorectal carcinomas with extensive neuroendocrine features have a substantially worse prognosis than those without, but the frequency and clinical significance of neuroendocrine features in conventional carcinomas has not been settled since few studies have been performed, with conflicting results. The aim of the study was to investigate neuroendocrine differentiation in colorectal carcinomas in relation to its prognostic significance. **Methods:** The distribution of chromogranin positive cells using immunohistochemical staining with monoclonal antibody was studied by immunohistochemical methods in colorectal carcinoma of different grades and stages and its role in prognosis was determined.

Methods: In 62 patients with colorectal carcinoma, the extent and intensity of staining with antibody (chromogranin A) was determined and correlated with the histologic type, grade, stage and recurrence of the tumour.

Results: We observed chromogranin A expression is focal in 71% of cases and diffuse in 29% of cases. Chromogranin A positivity was correlated with grade and stage of the tumours and was associated with increased recurrence.

Conclusion: Our results show that chromogranin A is a sensitive and specific neuroendocrine marker.

Chromogranin A positivity appears to bear a poor prognosis in patients with colorectal cancers.

ABSTRACTS

in alphabetical order

STUDY THE EFFECT OF CHRONICITY OF FACIOLIASIS AND BILIARY TRACT STONES IN LABORATORY

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Presenting author: Abdulsalam Almukhtar

The main objective of this work were to study the risk factors by which biliary tract stones development due to chronic infection with Liver fluke in laboratory rats. The results revealed that the presence of pigmented biliary stones were increased with increased rat weight, increased number of flukes in the bile duct and increase of chronicity of infection.

THE DILEMMA OF CHOICE AMONG DIFFERENT SURGICAL PROCEDURES IN TREATMENT OF MORBID OBESITY

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Obesity is the most common form of malnutrition and has been increasing over the past few decades ;not only in western society but also globally .1-3 Various treatment have been in use , with varying results . however , massive or clinically severe obesity is a major challenge , in that standard conservative treatments do not result in or sustain meaningful weight loss in these individuals , 4-7 This degree of obesity has been called "morbid obesity ". Morbid obesity is associated with progressive , serious and debilitating co-morbidities .8-11It has generally been designated as obesity with a body mass index (BMI) 40 kg/ m2 , or 35 with significant secondary diseases.

Co-morbidities of morbid obesity : Progressive type II diabetes , hypertension , accelerated atherosclerosis debilitating arthritis of weight –bearing joints , alveolar hypoventilation , sleep apnea syndrome , gastro esophageal reflux disease , infertility and urinary stress incontinence in females , certain cancer and sudden death are among the major co-morbidities .8-17 Inability to take part in activities of daily living , immobility , psychosocial and economic problems , and disability are accompaniments . These co-morbidities are responsible for more than 2.5 million deaths per year worldwide.18 The loss of life expectancy due to obesity is profound – in comparison with a normal –weight individual , a 25 – year-old morbidly obese man has a 22% reduction in expected remaining lifespan , representing an approximate loss of 12 years of life .19

Surgical treatment : Recognizing the failure of non surgical treatments to obtain a sustained weight loss in morbidly obese , the bar iatric surgery began in the 1950s with the injunoileal bypass which had dramatic weight loss but with serious complications. Since then , many surgical procedures have developed to treat severe obesity.

THE ROLE OF HYPOADIPONECTINEMIA IN HEPATIC STEATOSIS ASSOCIATED WITH CHRONIC HCV INFECTION

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The mechanisms underlying hepatic steatosis during HCV infection are multifactorial and poorly understood . The endocrine function of adipose tissue could be in part responsible for HCV - related steatosis . The aim of this study was to evaluate the clinical significance of serum adiponectin ; an adipose - specific protein in hepatic steatosis associated with chronic hepatitis C virus infection . The study was conducted on 41 untreated chronic hepatitis C patients and 10 control subjects. Body mass index was calculated and serum levels of adiponectin and insulin were measured . Hepatic steatosis and fibrosis were determined in liver biopsy tissue. Our results revealed that hepatic steatosis was present in 23 patients with chronic hepatitis C (56.1 %) and patients with hepatic steatosis had a significantly lower adiponectin serum level as compared to those without steatosis and control group. However, there was no significant difference in adiponectin serum levels between patients without steatosis and control . Adiponectin serum levels were negatively correlated with steatosis as graded by percentage of cells with fatty changes. In conclusion, hypoadiponectinemia significantly predicted the presence of hepatic steatosis in chronic hepatitis C patients and may be a novel prognostic biomarker for hepatic steatosis progression and liver injury . The important clinical implication from this study is that therapy to increase adiponectin concentration, such as thiazolidinediones, provides the potential to improve steatosis in chronic hepatitis C infection.

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

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Objective and Aim: Non alcoholic fatty liver (NAFL) has an extensive clinical spectrum ranging from asymptomatic fatty liver to non alcoholic steatohepatitis (NASH) and cirrhosis . In contrast to the 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 per oxidation , hyperglycemia and cytokines up regulation are proposed factors in the pathogenesis of the disease. The aim of this study was to investigate the serum level of some cytokine, namely IL-6 , IL-8 and TNF-a in patients with NAFL.

Patients and methods: The study was carried out on 20 patients with NAFL, 10 patients with NASH and 10 healthy subjects as control, serum levels of IL-6 , IL-8 and TNF-a were measured by ELISA .

Results:

Serum levels of IL-6 were 5.05 ± 2.41 , 5.10 ± 2.02 and 4.3 ± 2.26 pg/ml. in patients with NAFL, NASH and healthy control respectively. It was not significantly different between the three studies groups .As regards IL-8, the mean levels were 44.15 ± 17.2 , 73.5 ± 22.3 and 15.9 ± 9.1 pg/ml. in groups I, II and III respectively . IL-8 was significantly higher in those with NASH and NAFL than in healthy controls. Moreover ,it was significantly higher in NASH cases than in those with NAFL ones. Regarding serum level of TNF-a , the mean value in group I was 17.15 ± 12.1 , in group II 34.4 ± 20.3 , while in group III it was 6.1 ± 2.07 pg/ml. Serum level of TNF-a was significantly higher in group II than in groups I and III. Furthermore , it was significantly higher in group I than in group III significant positive correlation was noticed between TNF-a and grading of NASH in group II ($r=0.85$, $p=0.00$) . Moreover, significant positive correlation was observed between serum TNF-a and BMI in groups II and I ($r=0.85$, $p=0.002$) and ($r=0.62$, $p=0.003$) respectively .

Conclusion: IL-8 and TNF-a may play an important role in the pathogenesis of hepatic steatosis as well as in the progression of fatty liver to steatohepatitis. Moreover ,therapeutic modalities aiming at modifying these cytokines should be taken in consideration in the treatment of such condition.

THE USE OF INTRAGASTRIC BALLOON TO REDUCE WEIGHT IN THE MANAGEMENT OF NON-ALCOHOLIC LIVER DISEASE AND ITS EFFECT ON GASTRIC GHRELIN LEVEL

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Papper 2 Abstract: Non-alcoholic liver disease is one of the components of the metabolic syndrome. Obesity and insulin resistance are the most important etiological factors of accumulation of hepatocellular fat, hepatic inflammation and fibrogenesis. The most important effective treatment of NAFLD is weight reduction by all means, including diet and exercise. However, many patients do not respond to these lines of treatment and ask for medical or surgical intervention to lose more weight. The aim of this study is to evaluate the availability, the compliance, the efficacy and the safety of IGB as a method of weight reduction in patients with NAFLD. The effects of weight reduction by this manoeuvre on the liver affection, metabolic abnormalities and fasting ghrelin level are also studied. Patients and methods: the study included 36 adult obese or morbid obese patients with clinical evidences of steatohepatitis. All the patients are subjected to complete physical examination, including weight, height, waist size, calculated BMI, waist hip ratio, and other vital signs. Complete biochemical investigations, liver functions, abdominal ultrasound and H pylori were done repeatedly before and after insertion of Intra gastric balloon and for 6 months after removal of the balloon. Results: The most common complaints of the patients after insertion were nausea for 2-12 days (in 100%), vomiting for 3-7 days in 89% of patients and epigastric pain for 3-34 days in 67% of patients. Symptomatic reflux was reported by 31% of patients. The effects of Intra gastric balloon on all parameters of body weight, BMI, waist and waist/hip ratio, triceps skin fold, fasting serum gherlin level serum cholesterol, triglycerides, uric acid, fasting blood sugar and liver enzymes were highly significant ($P < 0.01$). The mean weight loss was 20.98 ± 5.89 kg and the mean reduction of BMI was 7.55 ± 2.03 after 6 months. Normalization of liver enzyme ALT was found in 30/36 patients after 6 months and 32/36 patients 3-6 months after balloon removal. All patients showed reduction of ALT to below 1.5 the upper limit of normal. AST was normalized in all patients except two after 6 months. In all patients, AST was normalized after 3-6 months of balloon removal. The grade of liver echogenicity was also significantly decreased towards normal in all patients. The liver spans showed highly significant decrease after treatment ($P < 0.01$). Conclusion: It is concluded from this study that intra gastric balloon is an available, effective, acceptable as regards safety, and applicable method of weight reduction. It was also proved that sustained weight loss by intra gastric balloon, diet restriction and exercise; is one of the key therapeutic interventions to limit the risks and comorbidities associated with the metabolic syndrome including clinical manifestations of steatohepatitis such as elevated liver enzymes, enlargement of the liver and increased echogenicity. The significant reduction in fasting ghrelin level may be related to the decreased appetite and improved some metabolic parameters.

TRYPSIN LIKE IMMUNOREACTIVITY IN CHRONIC HEPATITIS B & C

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Objective: to evaluate both serum trypsin concentration and trypsin activity in duodenal fluid as indicators of the exocrine pancreatic functions in patients with chronic hepatitis B and C. **Methods:** the study included 45 subjects divided into three equal groups. Group I: 15 patients with chronic hepatitis, group II: 15 patients with chronic hepatitis B, and group III: 15 healthy controls. All the groups were subjected to through history taking and physical examination, routine laboratory investigations, renal and liver function tests. Other investigations for diagnosis and exclusion including, liver biopsy, and abdominal ultrasonography. Serological study for hepatitis B and C upper endoscopic examination and collection of duodenal aspirate for estimation of both trypsin and trypsin like immuno-reactivity. **Result:** Liver function tests showed significant changes between patients groups as regards their serum bilirubin, ALT, AST, alkaline phosphatase and prothrombin activity levels. The mean serum trypsin concentrations and duodenal fluid trypsin activity in the patients groups (I&II) were significantly lower than those in controls. In addition, they were markedly reduced in patients of group I than group II. **Conclusion:** the present study indicates the presence of a relationship between chronic viral hepatitis and exocrine pancreatic functions. Pancreatic hypofunction should be considered in chronic HCV or HBV infections could represent a newly recognized syndrome which can provide new insights into the etiopathogenesis of some immune-mediated disorders.