

POSTER SESSION I

LECTURE HALL
THURSDAY, FEBRUARY 12, 2015
13:00 - 15:00

<u>Chairpersons</u>	Prof. Alaa El-Asiuty	(Sohag University)
	Prof. Mohamed Abdel-Kader	(Assiut University)
	Prof. Mahmoud Mostafa	(Assiut University)
	Prof. Safwat Abdel-Kader	(Cairo University)

MIRIZZI SYNDROME ERRATIC CASES

Presenting Author: Farouk Mekky
Affiliation: Alexandria University

WHIPPLE OPERATION IN YOUNG PATIENT

Affiliation: Sergical Oncology Department, National Cancer Institute, Cairo
Presenting Author: Ashraf sobhy MSc

USING THE CLAVIEN GRADING SYSTEM TO CLASSIFY
THE COMPLICATIONS OF HEPATECTOMY IN LIVING DONORS

Presenting Author: Amr Mostafa Aziz
Affiliation: National Liver institute

LAPAROSCOPIC CHOLECYSTECTOMY VERSUS MINI-LAPAROTOMY
CHOLECYSTECTOMY FOR TREATMENT OF GALL STONES

Presenting Author: Wael Barakaat AHMED
Affiliation: Sohag University

SOLID PSEUDOPAPILLARY TUMOR: A RARE NEOPLASM OF THE PANCREAS

Presenting Author: Ashraf Sobhy
Affiliation: Sergical Oncology Department, National Cancer Institute, Cairo

GIANT HEMANGIOMA OF THE LIVER WITH HEMANGIODUDENAL FISTULA: THE FIRST
REPORTED CASE IN LITERATURE

Affiliation: Rajhy liver Hospital, Assiut University Hospitals
Presenter Author: Ahmed Zidan

POSTER SESSION II

LECTURE HALL
FRIDAY, FEBRUARY 13, 2015
13:00 - 15:00

<u>Chairpersons</u>	Prof. Ah med El-Toony	(Assiut University)
	Prof. Bakr Mohie El-Deen	(Minia University)
	Prof. Samir Ammar	(Assiut University)

PARASITIC INFESTATION AS A CAUSE OF ANO-RECTAL DYSFUNCTION

Prof. Mohamed Essam Mousa

MALIGNANT OBSTRUCTIVE JAUNDICE

Presenting Author: Ashraf Sobhy Zakaria
Affiliation: National Cancer Instituter

BENEFICIAL EFFECTS OF COFFEE CONSUMPTION ON CHRONIC LIVER DISEASES

Presenting Author: Tarek E. Korah
Affiliation: Int. Medicine Department, Menoufiya University

ANALYSIS OF DONOR MOTIVATIONS IN LIVING DONOR LIVER TRANSPLANTATION

Presenting Author: Amr Mostafa Aziz
Affiliation: National Liver institute

RISK FACTORS FOR POST ERCP PANCREATITIS:
A PROSPECTIVE MULTICENTER STUDY IN UPPER EGYPT

Presenting Author: Mohammed A. Omar
Affiliation: Sohag Faculty of Medicine

MICORNA 17~92 CLUSTER AND ITS TARGET PHOSPHATASE AND TENSIN (PTEN) IN CHRONIC
HEPATITIS C VIRUS INFECTION

Presenting Author: Sally Ismail El Demiry
Affiliation: Hepatobiliary unit, Internal medicine department, Medical Biochemistry department, Pathology department, Faculty of Medicine, Alexandria university, Alexandria, Egypt.

ABSTRACTS

ANALYSIS OF DONOR MOTIVATIONS IN LIVING DONOR LIVER TRANSPLANTATION

Authors: Hesham Abdeldayem*, Samy Kashkoush, Bassem Soliman Hegab, Amr Mostafa Aziz, Hany Shoreem and Shereef Saleh

Affiliation: National Liver institute

Presenting Author: Amr Mostafa Aziz

Objectives: The introduction of the living donor liver transplantation (LDLT) in Egypt as in elsewhere, has raised important psychological conflicts and ethical questions. The objective of this study was to get better understanding of the potential donors' motives toward LDLT.

Methods: This study was conducted on consecutive 193 living-liver donors who underwent partial hepatectomy as donors for LDLT during the period between April 2003 and January 2013, at the National Liver Institute Menoufeya University, Egypt. Potential donors were thoroughly evaluated preoperatively through a screening questionnaire and interviews as regard their demographic data, relationship to the potential recipient, and motives toward proceeding to surgery. They were assured that the information shared between them and the transplant center is confidential.

Results: The donors' mean age was 25.536.39 years with a range of 18–45 years. Males represented 64.7% and females were 35.3%. The most common donors (32.1%, n=62) were sons and daughters to their parents (sons: n=43, daughters: n=19) while parents to their offsprings represent 15% (mothers: n=21, fathers: n=8). Brothers and sisters represent 16.5% (brothers: n=22, sisters: n=10). Nephews and nieces giving their uncles or aunts were 14%. The number of wives donating to their husbands was 11 (5.7%). Interestingly, there was no single husband who donated his wife. Among the remaining donors, there were 11 cousins and 1 uncle. Unrelated donors were 20 (10.4%). Several factors seemed to contribute to motivation for donation: the seriousness of the potential recipient condition, the relationship and personal history of the donor to the potential recipient, the religious beliefs, the trust in the health care system, and family dynamics and obligations.

Conclusion: Absolute absence of coercion on the living-liver donor's motives may not be realistic because of the serious condition of the potential recipient. It is mandatory that the donor is truly willing to donate.

**ANALYSIS OF MORTALITY POST LIVING RELATED LIVER TRANSPLANT
FOR HEPATOCELLULAR CARCINOMA**

Authors: Amr Mostafa Aziz, Said Soliman, Taha Yassen, Ibrahim Alnager

Affiliation: National Liver Institute

Presenting Author: Amr Mostafa Aziz

Summary Background Data: Living donor liver transplantation (LDLT) has become one of the chief methods of saving patients with end-stage liver disease due to liver cirrhosis. HCC patient selection for liver transplantation remains controversial and deciding exclusively on the strength of criteria such as number and size of nodules appears prognostically inaccurate.

Objective: to analyze retrospectively the factors impacting the mortality of hepatocellular carcinoma patient post living donor liver transplant.

Methods: Data were collected on 205 patients, who underwent living related donor liver transplantation at the National Liver Institute, Menofia University, between April 2003 and the end of December 2013. Recipient age and sex, donor age and sex, etiology, preoperative model of end-stage liver disease (MELD) score, hepatocellular carcinoma (HCC), graft versus recipient weight ratio (GRWR), cold and warm ischemic time, operation time, blood loss, ABO compatibility, rejection, cytomegalovirus (CMV) infection, biliary stricture, and calcineurin inhibitor (FK506 or cyclosporine A) were the factors investigated.

Results: 61 patients (29.7 %) had hepatic focal lesions in preoperative investigations, but only 53 patients (86.8 %) were confirmed to have HCC based on pathological examination of the explanted liver. There were 50 (94.3%) men and 3 (5.7%) women with a mean age was 48ys ± 6.1 (ranging from 36 to 60 years). Fifty two patients (98.1%) had HCV infection and one patient had HBV infection. Twenty eight patients (52.8%) died in the postoperative period. In univariate analysis as regarding the preoperative data there was significant statistical relation between mortality of HCC patients and donor Rh, recipient Rh, CMV IgG, ALP, PET scan site of focal lesion (bilobar), BCLC staging (D), and TNM classification (III B) (p-value < 0.05). Child score was sensitive at score of 6.5 by using of ROC curve. As regarding the operative data there was significant statistical relation between mortality of HCC patients and type of the graft (right lobe graft), actual graft weight, actual graft GRWR, blood transfusion units, and plasma transfusion units. As regarding the post-operative data there was significant statistical relation between mortality of HCC patients and focal lesion differentiation (moderate), grading (II), recurrent disease, hepatic complications, renal complications, sepsis, other causes of death (neurological, etc). In multivariate analysis, CMV IgG, TNM, Type of graft, Actual graft weight and number of Blood transfusion units are independent predictors of mortality, while other variables are dependent predictors of mortality.

Conclusions: CMV IgG, TNM, Type of graft, Actual graft weight and number of blood transfusion units are strong predictors of mortality, while other variables are dependent predictors of mortality.

BENEFICIAL EFFECTS OF COFFEE CONSUMPTION ON CHRONIC LIVER DISEASES

Affiliation: Int. Medicine Department, Menoufiya University

Presenting Author: Tarek E. Korah

Beneficial effects of Coffee Consumption on Chronic Liver Diseases

Coffee consumption is a part of daily life in most areas of the world. Recent studies demonstrated a significant inverse association between coffee consumption and reduced risk for NAFLD. Also, other studies suggest that regular coffee may modulate the risk for fibrosis in chronic liver disease.

Mechanisms by which coffee exerts its beneficial effects have not been clearly defined. Apparently, these effects extend across the spectrum of liver disease, ranging from hepatic steatosis to fibrosis, cirrhosis, and HCC.

Currently, coffee is considered the largest source of dietary antioxidants. Also, caffeine has been shown to exert direct hepatoprotective effects. Coffee has been also shown to decrease liver fat and collagen content and reduce the hepatic concentrations of proinflammatory TNF- α and interferon- γ as well as increase anti-inflammatory interleukin-4 and interleukin-10 in an animal model of steatohepatitis. Furthermore, there is evidence suggesting that coffee can attenuate the progression of liver fibrosis by inhibiting hepatic stellate cells.

Moreover, the risk of HCC was reduced with coffee consumption. This is likely the result of reduced cirrhosis evident in coffee drinkers, as well as improvement in the metabolic syndrome, because diabetes is known risk factor for HCC.

**BENIGN TRUE PANCREATIC CYSTS:
CLINICOPATHOLOGICAL OBSERVATION AND SURGICAL TREATMENT**

Presenting author: Ahmed Nabih Anwar El-Ghawalby

Affiliation: Gastroenterology Surgical Center, Mansoura

Background: Diagnosis of benign cystic lesions of pancreas is increasing and required a diagnostic and therapeutic challenges.

Objectives: Study of true benign pancreatic cysts and methods of preoperative diagnosis, operative management, pathological features, effects of surgery and long term follow up.

Material and Methods: 23 Patients diagnosed clinically and radiologically as true benign pancreatic cysts in the period between January 2011 and January 2014 were included in this study. They were subjected to surgical treatment in gastrointestinal surgical center. All clinical, radiological data, surgical procedures, pathological examination and follow up data were studied.

Results: 23 cases were included in this study with mean age of 35years(range 20-45years), Females were 19 (82.6%) cases and males were 4(17.4%) cases .The cysts locations were commonly in the tail of pancreas (13)(56 %) cases, 9 (40%) cases were in the body and one case(4.4%) was in the head of pancreas. The mean cysts size was 7cm range (4-14cms). The operations done were distal pancreatectomy in 11 (48. 8%) cases, mid body pancreatectomy in 3 (13%) cases, enucleation of the cysts in 8(34.3%) cases, and cystjejunostomy Roux-en-Y in one case (4.35%) of pancreatic head cyst .The cysts were unilocular in 20 (87%) cases and multilocular in 3 (13%)cases. Microscopical examination revealed nonneoplastic epithelial cysts in 16 (70%) cases and benign neoplastic cysts in 7(30%) cases (2 serous cystadenomas and 5 mucinous cystadenomas).No mortality (hospital or in follow up period). Postoperative morbidities were, wound infection in 2 cases (8.7%), subphrenic collection in 2 (8.7%) cases drained by insertion of US guided tube, pancreatic fistula in one (4.35 %) case and treated conservatively. On the long term follow up no recurrence of cysts or development of diabetes.

Conclusion: The diagnosis of cystic lesions of the pancreas is increasing, serous cystadenomas and mucinous cyst adenomas represent one third of our cases of benign true cysts of the pancreas. High quality CT imaging and cyst aspiration fluid cytology can help in diagnosis of benign true cysts of pancreas. Surgical treatment of benign true cysts of pancreas can be done without mortality and minimal complications which can be managed conservatively. No mortality and no recurrence of cysts in our cases.

**COMPARATIVE STUDY BETWEEN DUCT TO MUCOSA AND INVAGINATION
PANCREATICOJEJUNOSTOMY AFTER PANCREATICODUODENECTOMY: A PROSPECTIVE
RANDOMIZED STUDY**

Presenting author: Tallat Abd Allah

Affiliation: Gastroenterology Surgical Center, Mansoura

Background: The ideal technical pancreatic reconstruction following pancreaticoduodenectomy (PD) is still debated. The aim of the study was to assess the surgical outcomes of duct to mucosa pancreaticojejunostomy (PJ) (G1) and invagination PJ (G2) after PD.

Methods: Consecutive patients treated by PD at our center were randomized into either group. The primary outcome measure was the rate of postoperative pancreatic fistula (POPF); secondary outcomes included operative time, day to resume oral feeding, postoperative morbidity and mortality, exocrine and endocrine pancreatic functions.

Results: One hundred and seven patients treated by PD were randomized. The median operative time for reconstruction was significantly longer in G1 (34 vs. 30 minutes, $P=0.002$). POPF developed in 11/53 patients in G1 and 8/54 patients in G2, $P=0.46$ (6 vs. 2 patients had a POPF type B or C, $P=0.4$). Steatorrhea after one year was 21/50 in G1, and 11/50 in G2, respectively ($P=0.04$). The albumin level after one year was 3.4 gm% in G1, and 3.6 gm in G2 ($P=0.03$). There was no statistically significant difference regarding the incidence of DM preoperatively and one year postoperatively.

Conclusion: Invagination PJ is easier to perform than duct to mucosa especially in small pancreatic duct. Soft friable pancreatic tissue can be problematic for invagination PJ as the parenchymal laceration. Invagination PJ was not associated with a lower rate of POPF but was associated with a decreased severity of POPF and a decrease in incidence of postoperative steatorrhea.

DELAYED GASTRIC EMPTYING AFTER PANCREATICOUDENECTOMY. RISK FACTORS, PREDICTORS OF SEVERITY AND OUTCOME. A SINGLE CENTER EXPERIENCE OF 588 CASES

Presenting author: Aly Salem

Affiliation: Gastroenterology Surgical Center, Mansoura

Background: Delayed gastric emptying (DGE) is a common complication after pancreaticoduodenectomy (PD). This study was designed to evaluate perioperative risk variables for DGE after PD and analyze the factors that predict the severity of it.

Patients and method: Demographic data, preoperative, intraoperative, postoperative variables were collected.

Results: A total of 588 consecutive patients underwent PD. One hundred and five patients (17.9%) developed a DGE of any type. 43 patients (7.3%) had a type A, 53 patients (9.01%) had a DGE type B and the remaining 9 patients (1.5%) had a DGE type C. BMI > 25, diabetes mellitus (DM), preoperative biliary drainage, retrocolic reconstruction, type of pancreatic reconstruction, presence of complications, postoperative pancreatic fistula (POPF), and bile leaks were significantly associated with a higher incidence of DGE. Thirty three (31.4%) patients were diagnosed as primary DGE while 72 (68.5%) patients had DGE secondary to concomitant complications. Type B and C DGE were significantly noticed in secondary DGE (P=0.04). Hospital stay were significantly shorter in primary DGE.

Conclusion: Retrocolic GJ, DM, presence of complications, and severity of POPF, were an independent significant risk factors for development of DGE. Type B and C DGE were significantly more in secondary DGE.

**GIANT HEMANGIOMA OF THE LIVER WITH HEMANGIODUDENAL FISTULA: THE FIRST
REPORTED CASE IN LITERATURE**

Author: Ahmed Zidan

Affiliation: Lecturer of HBP and liver Transplantation Surgery, Rajhy liver Hospital, Assiut university hospitals

Presenter Author: Ahmed Zidan

Giant liver hemangiomas are usually asymptomatic with normal liver function, which make the course is long and uneventful. The most commonly reported complications of giant hemangiomas are, rupture with intraperitoneal hemorrhage either traumatic or non-traumatic, consumption coagulopathy, Budd-Chiarri syndrome and congestive heart failure. In our case we describe the first reported complications of giant liver hemangioma as a fistula between the hemangioma and the GIT.

**IATROGENIC BILIARY INJURIES:
MULTIDISCIPLINARY MANAGEMENT IN A MAJOR TERTIARY REFERRAL CENTER**

Authors: Ibrahim Abdelkader Salama

Affiliation: Department of Hepatobiliary ,National Liver Institute, Menophya University

Presenting Author: Ibrahim Abdelkader Salama

Background: Iatrogenic biliary injuries are considered as the most serious complications during cholecystectomy. Better outcome of such injuries have been shown in cases managed in a specialized center.

Objective: Evaluation of biliary injuries management in major referral hepatobiliary center.

Patients& Methods Four hundred seventy two consecutive patients with post-cholecystectomy biliary injuries were managed with multidisciplinary team (hepatobiliary surgeon, gastroenterologist and radiologist) at major Hepatobiliary center in Egypt over 10 years period using endoscopy in 232 patients, percutaneous techniques in 42 patients and surgery in 198 patients.

Results: Endoscopy was very successful initial treatment of 232 patients (49%) with mild/moderate biliary leakage (68%) and biliary stricture (47%) with increased success by addition of percutaneous (Rendezvous technique) in 18 patients (3.8%). However, surgery was needed in 198 (42%) for major duct transection, ligation, major leakage and massive stricture. Surgery was urgently in 62 patients and electively in 136 patients. Hepaticojejunostomy was done in most of cases with transanastomatic stents. One mortality after surgery due to biliary sepsis and postoperative Stricture was in 3 cases (1.5%) treated with percutaneous dilation and stenting.

Conclusion: Management of biliary injuries was much better with multidisciplinary care team with initial minimal invasive technique to major surgery in major complex injury encouraging for early referral to highly specialized hepatobiliary center

IMPACT OF CIRRHOSIS ON SURGICAL OUTCOME AFTER PANCREATODUODENECTOMY

Presenting author: Rami Said

Affiliation: Gastroenterology Surgical Center, Mansoura

Aim: To elucidate surgical outcomes of pancreaticoduodenectomy (PD) in patients with liver cirrhosis.

Methods: We studied retrospectively all patients who underwent PD in our centre between January 2002 and December 2011. Group A comprised patients with cirrhotic livers, and Group B comprised patients with non-cirrhotic livers. The cirrhotic patients had Child- Pugh classes A and B (patient's score less than 8). Preoperative demographic data, intra-operative data and postoperative details were collected. The primary outcome measure was hospital mortality rate. Secondary outcomes analysed included duration of the operation, postoperative hospital stay, postoperative morbidity and survival rate.

Results: Only 67/442 patients (15.2%) had cirrhotic livers. Intraoperative blood loss and blood transfusion were significantly higher in group A ($P = 0.0001$). The mean surgical time in group A was significantly longer than that in group B ($P = 0.0001$). Wound complications ($P = 0.02$), internal haemorrhage ($P = 0.05$), pancreatic fistula ($P = 0.02$) and hospital mortality ($P = 0.0001$) were significantly higher in the cirrhotic patients. Postoperative stay was significantly longer in group A ($P = 0.03$). The median survival was 19 mo in group A and 24 mo in group B. Portal hypertension (PHT) was present in 16/67 cases of cirrhosis (23.9%). The intraoperative blood loss and blood transfusion were significantly higher in patients with PHT ($P = 0.001$). Postoperative morbidity (0.07) and hospital mortality ($P = 0.007$) were higher in cirrhotic patients with PHT

CONCLUSION: Patients with periampullary tumours and well-compensated chronic liver disease should be routinely considered for PD at high volume centres with available expertise to manage liver cirrhosis. PD is associated with an increased risk of postoperative morbidity in patients with liver cirrhosis; therefore, it is only recommended in patients with Child A cirrhosis without portal hypertension.

**ISOLATED ROUX LOOP PANCREATICOJEJUNOSTOMY VERSUS PANCREATICOGASTROSTOMY
AFTER PANCREATODUODENECTOMY: A PROSPECTIVE RANDOMIZED STUDY**

Presenting author: Ayman El Nakeeb

Affiliation: Gastroenterology Surgical Center, Mansoura

Objectives: The optimal strategy for the reconstruction of the pancreas following pancreaticoduodenectomy (PD) is still debated. The aim of this study was to compare the outcomes of isolated Roux loop pancreaticojejunostomy (IRPJ) with those of pancreaticogastrostomy (PG) after PD.

Methods: Consecutive patients submitted to PD were randomized to either method of reconstruction. The primary outcome measure was the rate of postoperative pancreatic fistula (POPF). Secondary outcomes included operative time, day to resumption of oral feeding, postoperative morbidity and mortality, and exocrine and endocrine pancreatic functions.

Results: Ninety patients treated by PD were included in the study. The median total operative time was significantly longer in the IRPJ group (320 min versus 300 min; $P = 0.047$). Postoperative pancreatic fistula developed in nine of 45 patients in the IRPJ group and 10 of 45 patients in the PG group ($P = 0.796$). Seven IRPJ patients and four PG patients had POPF of type B or C ($P = 0.710$). Time to resumption of oral feeding was shorter in the IRPJ group ($P = 0.03$). Steatorrhea at 1 year was reported in nine of 42 IRPJ patients and 18 of 41 PG patients ($P = 0.029$). Albumin levels at 1 year were 3.6 g/dl in the IRPJ group and 3.3 g/dl in the PG group ($P = 0.001$).

Conclusions: Isolated Roux loop PJ was not associated with a lower rate of POPF, but was associated with a decrease in the incidence of postoperative steatorrhea. The technique allowed for early oral feeding

LAPAROSCOPIC CHOLECYSTECTOMY VERSUS MINI-LAPAROTOMY CHOLECYSTECTOMY FOR TREATMENT OF GALL STONES

Authors: Wael Barakaat Ahmed, Waleed Mohamed Elmogazy, Ahmed Gaber Mahmoud, Kamal Abdelal Elsharkawy

Affiliation: Sohag university

Presenting Author: Wael Barakaat AHMED

The aim of our study to compare the results and outcomes of the laparoscopic cholecystectomy (LC) with the minilaprotomy cholecystectomy for treatment of gallstones. Patients with symptomatic gallstones that were referred and enrolled in the study for LC or ML. Operation, anaesthesia, analgesics and postoperative care were standardized. The patients were assessed for operation time, postoperative pain, hospital stay and complications in the postoperative period on day 1, 1 week, 1 month and 3 months, postoperatively.

Result; Of 220 patients, 110 underwent LC and 110 underwent ML between October 2013 and October 2014 at Sohag University Hospital, Sohag in Egypt. In laparoscopic cholecystectomy group (LC) 91 of 110 patients were female and in mini laprotomy group (ML) 75 of 110 were female (p value 0.018). The patient's age for LC group was 37.34 ± 10.88 and for ML group was 32.60 ± 10.55 (p value 0.558). As regards operative time the mean operative time for ML group was 42.3182 ± 14.66252 which is significantly lower than LC 52.1364 ± 19.52955 (p value 0.018). Common bile duct injury was significantly lower in ML group 1 out of 110 cases in comparison to LC 7 out of 110 cases (p=0.031). No statistically detected significant difference in both groups as regards hospital stay, intraoperative, postoperative complication mortality rate, conversion rate or postoperative pain.

Conclusion: we recommend using ML in our hospitals as the method of choice for most of the patients.

Key words: Gallstone. Laparoscopic cholecystectomy. Small incision cholecystectomy. Complications.

MALIGNANT OBSTRUCTIVE JAUNDICE

Authors: Mohammed Gamil MD; Nelly Hassan Ali Eldin MD; Ali Hassan Mebed MD; Ashraf Sobhy Zakaria* M.Sc.

Affiliation: National Cancer Instituter

Presenting Author: Ashraf Sobhy Zakaria

Background: Obstructive jaundice is a common problem in the medical and surgical gastroenterological practice.

Malignant obstructive jaundice can be caused by cancer head of pancreas, periampullary carcinoma, carcinoma of the gall bladder and cholangiocarcinomas.

Objective: to review the etiological spectrum of malignant obstructive jaundice in NCI Cairo university during a period of 3 years (2008 till 2010).

Patients and methods: retrospective study including 232 patients who presented with malignant obstructive jaundice between (2008 to 2010).Data were collected from the biostatistics and cancer epidemiology department.

Results: out of 232 patients; 156 (67.2%) were male and 76 (32.8%) were female; the median age of the study population was 49 years (range 19_80years).

The commonest cause of malignant obstructive jaundice was pancreatic head cancer, 72% (167/232), followed by the ampullary carcinoma 15% (36/232).The last cause was cholangiocarcinoma12.5% (29/233).Regarding the commonest symptom; clay colored stools (98.7%) was more frequent in patients with malignant disease whereas abdominal pain (97.7%) was 2nd common symptom.

Conclusion: Obstructive jaundice is more common among males and cancer head of pancreas is the commonest malignancy.US, ERCP and CT-Scan are important diagnostic modalities for evaluation of patient with obstructive jaundice with ERCP having the additional advantage of being therapeutic as well.

Keywords: Obstructive jaundice, ERCP, Ca Head of pancreas, Ca gall bladder.

MICORNA 17~92 CLUSTER AND ITS TARGET PHOSPHATASE AND TENSIN (PTEN) IN CHRONIC HEPATITIS C VIRUS INFECTION

Authors: Hoda Abdel Meguid El Aggan, Sabah Abdel Hady Mahmoud, Nevine Mohamed Farid El Deeb, Ehab Mustafa Hassona, Sally Ismail El Demiry.

Affiliation: Hepatobiliary unit, Internal medicine department, Medical Biochemistry department, Pathology department, Faculty of Medicine, Alexandria university, Alexandria, Egypt.

Presenting Author: Sally Ismail El Demiry

Background/Aim: The host gene of the human miR-17~92 cluster, also known as miR 17 host gene (*MIR17HG*). The miR-17~92 cluster induces down-regulation of PTEN. Our aim is to evaluate plasma levels of *MIR17HG* protein, encoded by miR-17~92 cluster host gene, and the hepatic expression of its target PTEN in patients with chronic HCV infection in relation to hepatic steatosis, inflammation and fibrosis.

Patients & methods: The study included 30 treatment-naïve patients and 15 age- and sex-matched healthy subjects. Quantitative determination of plasma levels of *MIR17HG* protein was performed using ELISA kit. Core liver biopsies obtained from patients were evaluated regarding METAVIR scoring system and immunohistochemical staining using antibodies against PTEN and NF-κB.

Results: Patients showed a significant increase in the mean plasma *MIR17HG* protein levels compared with healthy subjects. Also, plasma *MIR17HG* protein levels were inversely correlated with intrahepatic PTEN expression, which showed significant inverse correlations with METAVIR fibrosis stage and steatosis grade. Also plasma *MIR17HG* protein levels were positively correlated with intrahepatic NFκB expression. The intrahepatic PTEN expression also showed an inverse correlation with intrahepatic NFκB expression.

Conclusion: HCV infection can induce hepatic pathology by several mechanisms and miR-17 ~ 92 cluster is one of these mechanisms.

MIRIZZI SYNDROME ERRATIC CASES

Authors: Farouk Mekky

Affiliation: Alexandria University

Presenting Author: Farouk Mekky

He wants to introduce recently operated rare cases of a rare condition; The first is Cholecystitis, twisted gall bladder, massive infestation with Fasciola worms at the porta hepatis and the common bile duct and 5 stones intrahepatic and stones in the common bile duct.

this was operated as Cholecystectomy, Hepatico-Pancreatico duodenostomy and clearance of the common bile duct from Fasciola worms and crystalline stones

The second is a case of cholangitic abscess at the common bile duct, stone impacted at the lower end of the common bile duct, stone in the common pancreatic duct, gangrenous calculus cholecystitis and cholecysto-choledochal fistula / type VI Mirizzi Syndrome.

This was operated as Cholecystectomy and Hepatico-duodenostomy.

PANCREATIC ANASTOMOTIC LEAKAGE AFTER PANCREATODUODENECTOMY. RISK FACTORS, CLINICAL PREDICTORS, AND MANAGEMENT (SINGLE CENTER EXPERIENCE)

Presenting author: Waleed Askr

Affiliation: Gastroenterology Surgical Center, Mansoura

Background: Postoperative pancreatic fistula (POPF) after pancreaticoduodenectomy (PD) remains a challenge even at high-volume centers.

Methods: This study was designed to analyze perioperative risk factors for POPF after PD and evaluate the factors that predict the extent and severity of leak. Demographic data, preoperative, intraoperative, and postoperative variables were collected.

Results: A total of 471 consecutive patients underwent PD in our center. Fifty-seven patients (12.1 %) developed a POPF of any type; 21 patients (4.5 %) had a fistula type A, 22 patients (4.7 %) had a fistula type B, and the remaining 14 patients (3 %) had a POPF type C. Cirrhotic liver ($P = 0.05$), BMI ≥ 25 kg/m² ($P = 0.0001$), soft pancreas ($P = 0.04$), pancreatic duct diameter ≥ 3 mm ($P = 0.0001$), pancreatic duct located ≥ 3 mm from the posterior border ($P = 0.02$) were significantly associated with POPF. With the multivariate analysis, both BMI and pancreatic duct diameter were demonstrated to be independent factors. The hospital mortality in this series was 11 patients (2.3 %), and the development of POPF type C was associated with a significantly increased mortality (7/14 patients). The following factors were predictors of clinically evident POPF: a postoperative day (POD) 1 and 5 drain amylase level $\geq 4,000$ IU/L, WBC, pancreatic duct diameter ≥ 3 mm, and pancreatic texture.

Conclusions: Cirrhotic liver, BMI, soft pancreas, pancreatic duct diameter ≥ 3 mm, pancreatic duct near the posterior border are risk factors for development of POPF. In addition a drain amylase level $\geq 4,000$ IU/L on POD 1 and 5, WBC, pancreatic duct diameter, pancreatic texture may be predictors of POPF B, C.

PROBIOTICS IN GASTROINTESTINAL DISORDERS

Affiliation: Int. Medicine Department, Menoufiya University

Presenting Author: Tarek E. Korah

The enteric microbiota contribute to gastrointestinal health, and their disruption has been associated with many disease states. Probiotics are microorganisms that have beneficial properties for the host. Most commercial products have been derived from food sources, especially cultured milk products. The list of such microorganisms continues to grow and includes strains of lactic acid bacilli (eg, *Lactobacillus* and *Bifidobacterium*).

Probiotics has potential efficacy in several gastrointestinal illnesses, including inflammatory bowel diseases (particularly pouchitis), antibiotic-related diarrhea, *Clostridium difficile* toxin-induced colitis, infectious diarrhea, and irritable bowel syndrome.

Probiotic consumption is considered to be generally safe. However, the situation may be different in immunocompromised, hospitalized patients who may be at a greater risk of developing probiotic sepsis.

Patients and physicians should expect modest effects and consider using probiotics as a supplement to, rather than a replacement for, conventional therapy. Though challenges exist, ongoing investigations offer great promise for the future.

PROGNOSTIC FACTORS AFFECTING SURVIVAL AFTER PANCREATODUODENECTOMY FOR PANCREATIC HEAD ADENOCARCINOMA (SINGLE CENTER EXPERIENCE)

Presenting author: Mohamed El-Sayed El-Desoky

Affiliation: Gastroenterology Surgical Center, Mansoura

Background: Pancreatic cancer is considered to have the worst prognosis of the periampullary carcinomas. This retrospective study was to determine prognostic factors for survival after pancreaticoduodenectomy in patients had pancreatic carcinoma

Methods: We retrospectively studied all patients who underwent PD for pancreatic adenocarcinoma originating from the head, neck or uncinata process from January 1996 to January 2011 in our center. Preoperative variables, intraoperative variables and postoperative variables were collected

Results: The study included 480 patients (282 males and 198 females with a median age of 53 years. At the time of analysis, 180 (37.5%) patients were still alive. The median survival was 19 months. This corresponded to a 1-, 3-, and 5-year actuarial survival of 44 %, 20%, and 15% respectively. Mass size less than 2 cm ($P=0.0001$), lymph node ratio ($P=0.0001$), safety margin ($P=0.0001$), perineural, perivascular infiltration, age above 60 years ($P=0.03$), gender, preoperative bilirubin, SGPT, liver status, pre and postoperative CEA, CA19-9 ($P=0.0001$) were significant predictors of survival.

Conclusion: Mass size less than 2 cm, lymph node ratio, safety margin, perineural, perivascular infiltration, age above 60 years, gender, liver status, pre and postoperative CEA, CA19-9 are important predictors of survival in patients undergoing PD for pancreatic cancer.

**RISK FACTORS FOR POST ERCP PANCREATITIS:
A PROSPECTIVE MULTICENTER STUDY IN UPPER EGYPT**

Authors: Mohammed A. Omar, Ahmed E. Ahmed, Omar A. Said, Hussein El-Amin

Affiliation: Sohag Faculty of Medicine

Presenting Author: Mohammed A. Omar

Background and Study Aims: Endoscopic retrograde cholangiopancreatography (ERCP) has become widely available for diagnosis and treatment of pancreatic and biliary diseases. Pancreatitis is the most common and serious complication to occur after ERCP resulting in substantial morbidity and occasional mortality. The aim of this study is to evaluate the potential patient and procedure-related risk factors for post-ERCP pancreatitis (PEP) in a prospective multicenter study.

Patients and Methods: Consecutive ERCP procedures were prospectively studied at 5 centers (2 universities, 3 private). Data were collected on patient characteristics and endoscopic techniques prior to the procedure, at the time of procedure and 24-72 h after discharge. Post-ERCP pancreatitis was diagnosed and its severity graded according to consensus criteria.

Results: Pancreatitis occurred after 104 (8.9%) of 1162 consecutive ERCP procedures and was graded mild in 66 (63.5%), moderate in 30 (28.8%), and severe in 8 (7.7%) cases. By univariate analysis, 11 of 18 evaluated variables were found to be significantly associated with PEP. By multivariate analysis, significant risk factors with adjusted odds ratios (OR) were: difficult cannulation (OR: 10.2), previous PEP (OR: 8.1), previous pancreatitis (OR: 7.9), ≥ 2 pancreatic duct injection (OR: 3.1), pancreatic duct cannulation (OR: 2.7), difficult stone extraction (OR: 2.2), and precut sphincterotomy (OR: 1.2).

Conclusion: Technique-related risk factors are probably more numerous and potent than patient-related ones in determining high-risk predictors for post-ERCP pancreatitis.

SOLID PSEUDOPAPILLARY TUMOR: A RARE NEOPLASM OF THE PANCREAS

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Solid pseudopapillary tumor: a rare neoplasm of the pancreas.

Solid pseudopapillary tumor is a rare primary neoplasm of the pancreas that typically affects young women. It is a relatively a benign tumor, with a favorable prognosis. We here report a 17-year-old girl with solid pseudopapillary neoplasm, who presented with vomiting for 1 month, epigastric pain. CT abdomen large heterogenous upper abdominal mass was found in the head of pancreas measuring 9*11*11cm. CT guided biopsy revealed solid pseudopapillary tumor.

The patient underwent central pancreatectomy and implantation of the pancreatic stump into the stomach. Post-operative histopathology revealed malignant pseudopapillary tumor. The patient was not given any adjuvant therapy. She remained asymptomatic and showed no signs of disease recurrence after 2 years follow-up.

KEYWORDS: Pancreas; abdominal pain; pseudopapillary tumor

SURGICAL TREATMENT OF GIANT CAVERNOUS HEPATIC HAEMANGIOMAS

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Background: Haemangiomas are the most common benign liver tumors. Treatment is indicated for symptomatic tu-mors, rapid increase in size, rupture or doubt in diagnosis. Objective: Evaluation the efficacy of surgical treatment of giant cavernous hepatic haemangioma in tertiary hepatobiliary center. Patients and Methods: Retrospective study of 34 patients with giant hepatic haemangioma operated upon. The diagnosis was proved preoperatively in 27 patients and confirmed by histopathology postoperatively in all patients. The indication of surgery was abdominal pain with large sizes tumors, rapid growth, and spontaneous rupture with haemoperitoneum. Surgical treatment either liver resection or living liver transplantation. Results: 23 cases (67.6%) were females & 11 cases (32.4%) were males, median age 38.8 years. Haemangiomas located in right lobe in 19 patients (55.9%), left lobe in 12 patients (35.4%) in both lobe in 2 pa-tients (5.8%), scattered all over both lobe in one patient (2.9%), solitary in 27 cases (79.4%) and multiple in 7 patients (20.6%). The diameter was 8 - 27 cm, mean 18.6 cm in diameter. 33 patients had liver resection (29 elective resection and 4 emergent resection for rupture). One patient had haemangioma irresectable; the living liver transplant was per-formed. No mortality during 18 months follow up and complication occurred in 8 patients out of 34 patients. Conclu-sion: Hepatic resection is an effective treatment option for giant cavernous hepatic haemangioma, in selected patient living related liver transplantation may be the only therapeutic option

**USING THE CLAVIEN GRADING SYSTEM TO CLASSIFY THE COMPLICATIONS
OF HEPATECTOMY IN LIVING DONORS**

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Background: Several large centers have reported outstanding outcomes of LDLT to decrease waiting list mortality. Although the ratio of complications differ widely, Moreover, there is still no consensus on how to define and stratify complications by severity.

Aim: perioperative complication after donor hepatectomy will be stratified according to the Clavien classification of postoperative complications.

Materials and methods: This study retrospectively analyzed the outcomes of 205 consecutive living donor hepatectomies performed between April 2003 to October 2013 using a standardized classification of the severity of complications. They used a modified Clavien system: Grade I=minor complications; Grade II=potentially life-threatening complications requiring pharmacologic treatment; Grade III=complications requiring invasive treatment; Grade IV=complications causing organ dysfunction requiring ICU management; Grade V=complications resulting in death.

Results: They were 129 males (63.2%) & 75 females (36.8%) with The donor's mean age was 27.72 ± 6.4 years with a range of 19-45 years. There were 64 donors (31.4%) who developed postoperative complications totally 74 complications. Ten donors (4.9%) had more than one complication. Twenty-nine donors had Clavien grade I complications, Thirty-eight donors had Clavien grade IIIa, five donors had Clavien grade IIIb complications and only one donor had Clavien grade IVa complication. There was one case of mortality (Clavien grade V).

Conclusions: The Clavien grading system is useful to compare surgical outcomes. This study demonstrated that donor hepatectomy was a relatively safe procedure, but reducing donor complications after hepatectomy has to be the first priority during the entire process of living related transplantation.

WHIPPLE OPERATION IN YOUNG PATIENT

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Periampullary tumor is a rare primary neoplasm of the ampulla of Vater that occurred in young people. It is a relatively benign tumor, with a favorable prognosis. We here report a 19-year-old boy with Periampullary adenocarcinoma, who presented with right upper quadrant pain, mildly elevated liver function tests and, however, on CT abdomen, a heterogeneous mass was found in the head of pancreas. Upper GIT endoscopy revealed Periampullary tumor and biopsy was adenocarcinoma.

The patient underwent pancreaticoduodenectomy and pancreaticojejunostomy, choledocojejunostomy, jejunojejunostomy, gastrojejunostomy. Post-surgical specimen showed adenocarcinoma; Margins free; LN 0/12. The patient was not given any adjuvant therapy. She remained asymptomatic and showed no signs of disease recurrence through 3 years.