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THE EGYPTIAN SOCIETY OF
HEPATOLOGY, GASTROENTEROLOGY
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in collaboration with
The Egyptian Hepato-Pancreato-Biliary Society
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Arab Medical Association Against Cancer



ACUTE PANCREATITIS: ROLE OF EARLY ENDOSCOPIC SPHINCTEROTOMY

Authors: MY Taher

Affiliation: Alexandria University HPB Unit, Egypt

Acute pancreatitis is a discrete episode of inflammation resulting from intrapancreatic activation of digestive enzymes.

It is a disease of wide spectrum of severity complications and outcome. Acute edematous or interstitial Pancreatitis : mild , self limited in most patients. Inflammation results in edema of the pancreas. Parenchymal damage is minimal. Pancreas recovers its function after resolution. Necrotising (hemorrhagic) pancreatitis may be extensive with progressive coagulative necrosis of the pancreas and surrounding tissues. Auto digestion of the organ leads to hemorrhage . The mass of inflamed pancreas and surrounding tissues is termed phlegmon. Urgent Endoscopic Sphincterotomy is a must as soon as possible within 72 hours of onset of symptoms

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ADJUVANT INTERFERON THERAPY AFTER CURATIVE THERAPY FOR HCC

Authors: Mohamed S.Kohla

Affiliation: National liver Institute, Menofya University

Adjuvant anti-viral therapy after curative therapy for HCC has been studied extensively but the true clinical benefit and the predictors of efficacy remain unclear. 13 studies were included in meta-analysis. All studies used conventional interferon as antiviral therapy. Overall, interferon improved the 1-year, 2-year, and 3-year recurrence-free survival by 7.8%, 35.4% and 14% respectively

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ADOPTION OF NEW SELECTION CRITERIA ON LIVING DONOR LIVER TRANSPLANTATION (LDLT) FOR HEPATOCELLULAR CARCINOMA (HCC) AND THEIR IMPACT ON THE OUTCOME

Authors: Ayman Z Azzam a, Koichi Tanaka b

Affiliation: a Lecturer of General Surgery, Department of General Surgery, Alexandria University, Alexandria, Egypt b Director, Institute of Biochemical Research and Innovation, Kobe, Japan

Presenting Author: Ayman Azzam

BACKGROUND: In cadaveric liver transplantation, the Milan criteria have been accepted as the selection criteria for HCC in considering organ allocation. However, the situation in LDLT is different **AIM OF THE WORK:** Adoption of new selection criteria for recipients with HCC and their impact on the outcome. **PATIENTS AND METHODS:** A retrospective study on 518 recipients who underwent LDLT in the Department of Liver Transplantation and Immunology, Kyoto University Hospital, from May 1999 to May 2004. The exclusion criteria included; HCC with extrahepatic spread and HCC extending to the major hepatic vessels detected during the preoperative evaluation. **RESULTS:** HCC was the indication in 96 patients (18.5%). Fifty two/96 patients (54.2%) were fulfilling Milan criteria and 44/96 patients (45.8%) were outside Milan criteria. The 5-year survival rate among patients fulfilling Milan criteria was 40/52 (77.0%) while those who were beyond the Milan criteria were 30/44 (68.0%). Although these results show better survival rates among patients with HCC within the Milan criteria, yet, they were insignificant (p value 0.01) and they clearly demonstrate that patients with HCC outside the Milan criteria could survive nearly the same as patients with HCC within Milan criteria. **CONCLUSION:** Transplantation is the best treatment option for patients with HCC, if a careful search reveals no extra-hepatic disease. The application of the Milan criteria for all patients with HCC would have denied many patients who can survive after transplantation. In LDLT programs, where the patient has his special living donor, the Milan criteria are not necessarily relevant.

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ANEMIAS AND INTERFERON

Authors: Medhat S. Elhosary, MPH&TM, TQM

Affiliation: Director of Kafr Elsheikh Liver Research Center (KLRC)

WHO estimates that about 200 million (almost 3% of world population) are infected with HCV. Chronic HCV infection remains a major health problem in Egypt. Pegylated Interferon combined with oral Ribavirin still is the standard and the only approved therapy of chronic HCV.

Current HCV treatment regimens can cause serious side effects and toxicities even at therapeutic doses, many of these adverse effects are hematologic. We have to learn how to deal with these hematological side effects in order to enable our patients to stay on therapy to achieve SVR.

This presentation helps us to know in some details the types of these side effects, mechanisms by which IFN and Ribavirin cause them and how to manage such cases according to the updated EBM "Evidence-based medicine".

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ANEMIA IN IBD

Authors: Ezzat Aly

**Affiliation: Alexandria University Gastroenterology Unit, Medical Department
Alexandria ,Egypt**

The etiology of inflammatory bowel disease (IBD) is multifactorial. Chronic blood loss from the colon and intestines, along with poor nutrient and iron absorption, can lead to iron deficiency anemia. A number of inflammatory cytokines, such as tumor necrosis factor- α , interferon- γ , interleukin-1 α , and interleukin-1 β , contribute to disease progression.. As with rheumatoid arthritis, it is likely that in addition to causing the characteristic signs and symptoms of IBD, these cytokines trigger anemia of chronic disease. The enhanced production of these proinflammatory mediators may both inhibit the production of erythropoietin and the stimulatory effect of erythropoietin on the proliferation and maturation of erythroid precursors. It has been found that patients with anemia and IBD had inadequate serum erythropoietin levels in relation to the degree of anemia they exhibited. We will discuss all aspects of anemia in IBD patients .

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ASSESSMENT OF DIFFERENT LOCOREGIONAL TREATMENT MODALITIES IN PATIENTS WITH HEPATOCELLULAR CARCINOMA IN EGYPT

Authors: Eldorri A, Shaker MK, Abdel Ghaffar S, Barakat E, Ghareeb M, Abdella H, Eltohamy A, Sobhy M, Omar M, Elbreedy A.

Affiliation: Ain Shams University Hepatoma Group, Egypt

Background: Hepatocellular carcinoma (HCC) is the 5th most common malignancy in the world. Its incidence is increasing worldwide. The therapies that are known to offer a high rate of complete response and thus, a potential for cure, are surgical resection, transplantation and percutaneous ablation. The aim of this work is to assess the survival of patients subjected to different locoregional treatments for HCC in Egyptian population with HCC. **Patients and methods:** The study was performed in the hepatoma unit, Ain Shams University. It included the patients attending the out-patients clinic of the unit during the period from March 2002 to December 2006. A total of 221 patients with HCC were included in the study, 105 patients were treated with radiofrequency ablation (RFA), 98 patients were treated with transarterial chemoembolization (TACE), and 18 patients were treated with Intralesional Ethanol (ILE) injection. **Results:** The one and 3 years survival rates were 80% and 47% respectively for RFA, 73 % and 28 % respectively for TACE, and 97% and 23 % for ILE injection. The one and 3 years disease free survival rates were 43% and 24% respectively for RFA, 9% and 4.5% respectively for TACE, and 16% and 11.7% respectively for ILE injection.

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AUTOIMMUNE PANCREATITIS A TREATABLE DISEASE

Authors: Ahmed Zeid

Affiliation: Alexandria University HPB Unit ,Egypt

Pancreatitis is inflammation of the pancreas that causes severe abdominal pain. It occurs when proteins (enzymes) produced to help digest food in the small intestine are prematurely activated and irritate the pancreas. Pancreatitis can be acute (sudden) or chronic (slow developing). Severe pancreatitis can have serious consequences, including malnutrition, diabetes, kidney failure and death.

The term "autoimmune pancreatitis" was first used in Japan in 1995 to describe a newly recognized form of Chronic pancreatitis . Since then, Mayo Clinic has played a major role in identifying, describing and treating the disorder in the United States. Corticosteroids are the standard treatment for autoimmune pancreatitis. Many patients respond quickly, even dramatically. Autoimmune pancreatitis can cause complications outside the pancreas, including enlarged lymph nodes and salivary glands, scarring of the bile ducts, liver inflammation, and kidney disease. Although these complications may diminish or disappear completely with steroid therapy, follow up is highly recommended. Autoimmune pancreatitis (AIP) can be particularly challenging to diagnose because it closely resembles pancreatic cancer.. A common feature of autoimmune pancreatitis is elevated blood levels of an antibody called IgG4.

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BIOLOGIC THERAPIES: COMPETING ROLE WITH SURGERY

Authors: M Yousry Taher

Affiliation: Alexandria University, HPB Unit ,Egypt

Targets of biologic therapy is to achieve steroid free remission and change outcomes. Currently available drugs include 3 Anti TNF therapies and one anti integrin therapy. Positioning of treatment has been for patients with moderately to severely active IBD who have failed conventional therapies; but now we are moving to a model of prognosis to choose therapy .Treating earlier increases benefits and decreases risks. Waiting for failure of all other therapies is often too late to use biologics. Challenges to Biologics in IBD remains especially ;safety, maintenance therapy and its cost, loss of response, Immunogenicity, and Tolerability

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CASE PRESENTATION OF BOUVERET'S SYNDROME

Authors: Hanan Badawy

Affiliation: Egyptian Society Of hepatogastro-enterology

Presenting Author: Hanan Dadawy

38 years old ,male patient,
working as a pediatrician.

Complaining of : *nausea. *vomiting *epigasric pain *loss of weight *Intolerance to solid food. Partial relief of symptoms by proton pump inhibitors during the last two monthes. After examination ,investgations and upper gastrointestinal endoscopy diagnosis was Bouveret â€™s syndrome Bouveret â€™s syndrome is a gastric outlet obstruction produced by a gallstone impacted in the distal stomach or proximal duodenum after migration through a cholecysto- or choledocho-duodenal fistula. It was described by Leon Bouveret in 1896 and occurs most commonly in elderly women with a mean age of 68.6 years There are only 300 cases recorded along the literature

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CHANGING PATTERNS IN THE MANAGEMENT OF SPLENIC TRAUMA

Authors: Abdel Hamid Ghazal, Ayman Z Azzam, Magdy A Sorour, El-Sayed El-Khashab

Affiliation: GIT Surgical Unit, General Surgery Department,
Faculty of Medicine, University of Alexandria

Introduction: Strategies for splenic preservation for trauma patients have gained acceptance. Increasing awareness of the risk of post-splenectomy sepsis and postoperative complications were the major incentives for non-operative management of splenic trauma. **Objectives:** This work aimed to study the changing patterns of managing splenic injuries. **Patients and Methods:** This study was carried out on 25 patients presented with traumatic splenic injuries to the Gastrointestinal Surgery Unit in the Main Alexandria University Hospital during the period from July 2007 till July 2008 (one year). All patients were subjected to history taking, clinical examination, abdominal ultrasonography and abdominal CT. **Results:** Mechanisms of splenic injury were blunt trauma in 24 patients (96%) and penetrating injury in one patient (4%). Abdominal ultrasonography was able to detect splenic trauma in 11 patients and showed free intraperitoneal fluid in the rest of cases. An abdominal CT scan was performed in all patients to confirm and classify splenic injuries. By CT the grade of splenic injury was grade I in 9, grade II in 7 and grade III in 4 patients, grade IV in 5 patients. Thirteen patients (52%) were hemodynamically stable and were treated conservatively. Twelve patients (48%) underwent laparotomy; splenectomy was performed in 6 patients and splenorrhaphy in the remaining 6 patients. The mean hospital stay was 6.2 days (range 5-10 days). The mean number of blood units transfused was 3.6 units/patient (range 2-6 units). One patient died in the fifth day of conservative treatment. **Conclusion:** Non-operative management of blunt splenic trauma is feasible and safe for haemodynamically stable patients. Patients with low grade splenic injuries and limited extra-abdominal trauma can be safely observed in a regular ward with no follow-up imaging studies. Patients with high grade splenic injury that are not amenable to angiographic therapy and who have extra-abdominal injuries have a higher probability of operative treatment and should be managed in ICU environment.

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CHRONIC HEPATITIS C IN CHILDREN: CLINICAL SPECTRUM AND HISTOPATHOLOGICAL STUDY

Mona Abbdelkader M Salem, Manal Mohamed A H Abdelgawad
From the Departement of Pathology and Pediatrics, Faculty of medicine,
Univeristy of Alexandria , Egypt.

AIM: To study the clinical presentation and histologic features in children with HCV infection. **METHODS:** At the Hepatology Unit, Alexadria University Children's Hospital. In addition to routine liver functions tests and abdominal sonogram, a single liver biopsy was performed to 40 children with HCV infection after an informed consent, their age was range from 2 -16 years at the time of liver biopsy. **RESULTS:** Among the 40 patients' biopsies, 26 (65%) were having no fibrosis, 10 (25%) mild fibrosis, 4 (10%) moderate to severe fibrosis and all were having mild necro-inflammatory process. Developing fibrosis was significantly associated with age ($P = 0.015$). **CONCLUSION:** Children with chronic HCV infection are generally asymptomatic. Significant hepatic fibrosis was present in 10% of children with HCV infection. Fibrosis stage was significantly higher in older age children. There was no significant association between fibrosis stage and any biochemical parameters.

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**CLINICAL RELEVANCE OF SERUM VASCULAR ENDOTHELIAL GROWTH
FACTOR AND INTERLEUKEN-6 IN PATIENTS WITH COLORECTAL CANCER**

Authors: Ayman Eldesoky M.D., Ashraf Shouma M.D., Yousef Mosaad M.D. and
Amira Elhawary M.D., Departments of Internal Medicine¹, General Surgery,
Clinical pathology, and Pathology, Faculty of Medicine, Mansoura University,
Egypt

Affiliation: Please Kindly for publication of this abstract in 12th International
Congress of the Egyptian Society of Hepatology, Gastroenterology and
Infectious Diseases in Alexandria With my great thanks

Presenting Author: 1-Ayman A. Eldesoky, M.D.

ABSTRACT: **Background:** Some biological factors play a role in stimulation of malignant growth, metastasis and angiogenesis, however, their clinical relevance has not yet been well established for most of them. **Aim of the work:** Study the clinical relevance of serum Vascular Endothelial Growth Factor (VEGF) and Interleuken-6 (IL-6), in patients with colorectal cancer (CRC). **Patients and Methods:** Preoperative serum levels of VEGF and IL-6 were measured by enzyme-linked immuno-assay in 35 CRC patients and in 30 healthy controls. **Results:** CRC patients with or without metastasis had significantly higher VEGF and IL-6 levels than healthy controls (all P=

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COLON CANCER ASSOCIATED WITH OBESITY

Authors: Seham Abdel Reheim

Affiliation: Alexandria University, Department of tropical medicine

Obesity has been defined as excess body fat, and is the result of interactions of the environment with multiple genes [1]. The modern high-fat, high-calorie diet combined with physical inactivity has resulted in an epidemic of obesity and overweight. Many parameters for documenting the incidence of obesity are the body mass index (BMI) which is expressed as body weight in kilograms divided by the height in meters squared { kg/m² } or waist to-hip ratio or waist circumference.

The effects of excess weight on mortality and morbidity have been recognized for more than 2,000 years. It was Hippocrates who recognized that “sudden death is more common in those who are naturally fat than in the lean. Many studies have reaffirmed high BMI levels as risk factors for all cause mortality [2,3,4,5,6]. Significant positive associations were found between obesity and higher death rates for the following cancers: esophagus; colon and rectum; liver; gallbladder; pancreas; kidney; stomach (in men); prostate; breast; uterus; cervix; and ovary.

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CURCUMIN AND BOSWELLIA PREPARATION FOR HCV

Authors: SAMIA HAWAS 1, AMR SARHAN 2, ASHRAT ABD ELBASET 2, FATHY ELBATOUTY 3, ATEF ELGAWEET3 SALAH HAWAS 3, SAMIR KIRALLAH 1, MEDHAT MOHAMED ALI 1, MOHAMED SABRI RIZK 1, FIKRY EL MORSY1, MOHAMAD ABOU ELA 1, MEDHAT ELDAKER 1, WALEED ELDARS 1, GHADA BARAKAAT 1, NIVINE ELWAKEEL 1, DOAA MASALLAT 1, DALIA MOEMEN 1, HEBA ELDEGLA 1 and MOHSEN NASR 1 Affiliation: . Department of Medical Microbiology and Immunology, Mansoura University 2 Department of Pediatrics, Mansoura University Children Hospital 3 Department of Rheumatism and Rehabilitation, Mansoura University Hospital 4 Department of Herbal and Alternative Medicine, Faculty of Pharmacy, Mansoura University
Presenting Author: SAMIA HAWAS

Introduction Curcumin from Turmeric (*Curcuma longa*), and the gum resin of *Boswellia* (*Boswellia carteri*) have produced anti inflammatory effect in acute and chronic models of inflammation. Curcumin exerts potent biological effects *in vitro* and *in vivo*. Curcumin is emerging as a potential therapeutic compound in chronic liver disease, a major cause of morbidity and mortality worldwide. Curcumin exerts beneficial effects in animal models of liver injury and cirrhosis. Emerging evidence suggests that fibrosis and cirrhosis are potentially reversible. Induction of HSC apoptosis is associated with reversal of fibrosis and therefore targeting HSC activation and proliferation may help to prevent or reverse fibrosis. In HSCs, curcumin exerts several antioxidative, anti-inflammatory, antifibrogenic and antiproliferative effects. Recently, Bruck et al. (2007) demonstrated that curcumin inhibited hepatic fibrosis in a rodent model by reducing oxidative stress and inhibiting HSC activation and collagen 1(I) gene expression. *In vitro*, curcumin induces apoptosis and inhibits activation and proliferation of HSCs. **MATERIALS AND METHODS** Plant material *i*,— The oleogum resin of *Boswellia carterii* Birdwood and curcumin was purchased from the local herbal stores in mansoura. Animals *i*,— Six groups of adult male albino rats (150-200 g), each consists of 10 rats, were used to perform this experiment. Biochemical evaluation of liver function *i*,— After 4 weeks experiment, rats were sacrificed and blood was collected for estimation of ALT activity, alkaline phosphatase (AP), total bilirubin and albumin. Histopathological studies *i*,— Liver specimens of were fixed then stained with Haematoxylin and Eosin (H x. and E.) and Masson trichroine stains. Biological assay *i*,— Antiviral and cytotoxicity assay *i*,— Assessment of the iminunomodulatory activity *i*,— Hepatoprotective assay *i*,— Induction of indogenous gamma interferon *i*,— which determined by the 5

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CYSTOBILIARY FISTULA IN HEPATIC HYDATID DISEASE

Authors: FathAllah Sidkey

Affiliation: HPB Unit, Alexandria University

The cystobiliary fistula manifests clinically only when its diameter reaches five mm or more allowing hydatid contents to pass into the common bile duct causing life-threatening cholangitis.

The medical records of 63 patients treated for hepatic hydatid disease between January 1996 and September 2003 at:

- 1- Department of surgery of the National Liver Institute, Menoufeya University.
- 2- Hepatobiliary unit, Alexandria University

were retrospectively reviewed.

Patients were divided into three groups according to the clinical presentation:

- 1- **Group A:** Nine patients presented with cholangitis
- 2- **Group B:** Five patients presented with history of jaundice
- 3- **Group C:** Three patients presented with jaundice.

Abdominal US complemented by CT imaging demonstrated the presence of HCLs with dilated biliary tree in all 17 patients; with CBD obstacles in group A, without CBD obstacles in group B and with bile duct stretching and compression by the cyst in group C. Endoscopic retrograde cholangiography was done for all 17 patients

CBF was demonstrated in 14 patients (groups A and B). The remaining 3 patients (group C) in whom CBF was not demonstrated were excluded from the current study. EST was not performed in group B as no duct obstacles were detected by either US, CT or ERC

All patients had received Albendazole (oral benzimidazole) in a dose of 10 mg /kg/day for six weeks perioperatively Surgery still remains the treatment of choice for hydatid cysts of the liver complicated with CBF.

Therapeutic ERC has a place in the treatment algorithm of CBF as it was found to be a safe and a reliable therapeutic alternative especially in high risk patients for surgery.

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DAY- CASE LIMBERG FLAP FOR RECURRENT PILONIDAL SINUS: DOES OBESITY COMPLICATE THE ISSUE? RUNNING HEAD: DAY-CASE LIMBERG FLAP IN PILONIDAL SINUS

Authors: Khaled M. Madbouly MD., Ph.D.,

Affiliation: FASCRS*Department of Surgery, University of Alexandria, Egypt *

Purpose: To analyze the long term outcome of rhomboid excision (RE) with Limberg flap reconstruction (LF) as one day surgery in treatment of recurrent pilonidal sinus (RPS). The effect of obesity on outcome will be addressed.

Methods: 49 patients with RPS were treated by RE and LS as one day surgery. Data collected included demographics, body mass index (BMI), operative (OR) time, flap ischemia, wound infection, length of hospital stay (LOS), time till complete healing and recurrence.

Results: Patients' mean age was 33.4 years and mean number of previous operations was 3.4 times. Operative time ranged from 40–70 minutes. Two patient developed sterile seroma (4.1%) and 2 patients (4.1%) had wound infections. No wound dehiscence or flap ischemia was reported. All patients returned to normal activity within 7 days. No recurrences were reported after a mean follow up of 32.1 months. Obesity significantly increased the operative time, however, it affected neither the postoperative outcome nor the long term recurrence.

Conclusions: Rhomboid excision and LF as one day surgery is safe and reliable method for treatment of RPS. It guarantees low morbidity, short hospital stay, short time off work, and carries low risk of recurrence even in obese patients.

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DEVELOPMENT OF ALOPECIA AREATA UNIVERSALIS IN A PATIENT RECEIVING INFlixIMAB: CASE REPORT

Authors: MY Taher

Affiliation: Alexandria University HPB Unit, Egypt

Alopecia areata (AA) is characterized by nonscarring patchy hair loss on the scalp that can progress to involve the entire scalp (AA totalis) and eventually the entire body (AA universalis). Increasing evidence indicates that multiple cytokines—such as tumor necrosis factor (TNF) α , interleukin-1 α , and interferon- γ —might be relevant to the autoimmune pathogenesis of AA because peribulbar inflammation is believed to inhibit hair growth by the actions of inflammatory cytokines.¹ Novel biologic therapies that block TNF- α -mediated processes are used in the treatment of autoimmune diseases, including AA.² Adalimumab, a human monoclonal TNF- α antibody, is administered by subcutaneous injection for the treatment of rheumatoid arthritis. Owing to the suspected involvement of TNF- α in the pathogenesis of AA, one might expect adalimumab therapy to be beneficial for patients with AA. We describe a patient who developed rapidly progressive AA universalis during treatment with adalimumab for rheumatoid arthritis. We report a case of severe ulcerative colitis who received infliximab and developed alopecia areata universalis. It is a rare complication of such an antitumor necrosis factor antibody treatment.

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DIEULAFOY'S LESION IN THE COLON : A RARE CAUSE FOR LOWER GIT BLEEDING

Authors: M Yousry Taher

Affiliation: Alexandria University ,HPB Unit ,Egypt

Dieulafoy's lesion is an uncommon cause of major gastrointestinal bleeding and may be difficult to recognise. It consists of an arteriole that protrudes through a tiny mucosal defect, usually within 6 cm of the gastroesophageal junction on the lesser curve of the stomach. Similar lesions have also been described in the distal oesophagus, small intestine, colon, and rectum. Awareness of the condition and experience in endoscopy are the mainstay of diagnosis. Therapeutic endoscopy is the first line of treatment. It is safe, effective and has very good long term results.

We present a case of Dieulafoy lesion of the colon and its endoscopic management

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DRUG INDUCED CHOLESTASIS SOMETIMES IS A FATAL SIDE EFFECT

Authors: Ihab Hassuna

Affiliation: Alexandria University HPB Unit, Egypt

Drugs are an important cause of liver injury. More than 900 drugs, toxins, and herbs have been reported to cause liver injury, and drugs account for 20-40% of all instances of fulminant hepatic failure. Approximately 75% of the idiosyncratic drug reactions result in liver transplantation or death. Drug-induced hepatic injury is the most common reason cited for withdrawal of an approved drug. Physicians must be vigilant in identifying drug-related liver injury because early detection can decrease the severity of hepatotoxicity if the drug is discontinued. The manifestations of drug-induced hepatotoxicity are highly variable, ranging from asymptomatic elevation of liver enzymes to fulminant hepatic failure. Knowledge of the commonly implicated agents and a high index of suspicion are essential in diagnosis.

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ELASTOGRAPHY STRETCHES HORIZONS OF PANCREATIC ENDOSONOGRAPHY

Authors: MY Taher

Affiliation: Alexandria University HPB Unit, Egypt

Elastography refers to the measurement of elastic properties of tissues, based on the known fact that malignant tissue is harder than benign tissue. The technique is typically performed with EUS. Endosonoelastography is a recent ultrasound method used for the calculation of tissue elasticity distribution in real-time. The method allows the reconstruction of tissue elasticity (i.e. the elasticity modulus) and reveals directly the physical properties of the tissue, consequently showing different tissue hardness patterns that are determined by diseases. Elastography typically calculates the axial strain along the direction of insonification / compression by analyzing ultrasonic signals obtained with standard ultrasonographic system. It can be easily performed real-time with conventional probes, including the linear EUS probes used for the examination of the pancreas. Ultrasound elastography was previously used for the diagnosis of breast lesions, prostate cancer and thyroid nodules. The value of endoscopic ultrasound elastography for the diagnosis of pancreatic focal masses is not clear for the current moment. EUS elastography is superior compared to conventional B-mode imaging and appears to be able to distinguish benign from malignant pancreatic masses and lymph nodes with a high sensitivity, specificity and accuracy. It might be reserved as a second line examination to help characterise pancreatic masses after negative EUS-FNA and might increase the yield of EUS-FNA for lymph nodes.

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EOSINOPHILIC ESOPHAGITIS, ROLE OF PPIS

Authors: M Yousry Taher

Affiliation: Alexandria University ,HPB Unit ,Egypt

Eosinophilic Esophagitis (EoE), a disorder characterized by a dense esophageal eosinophilia that occurs in association with upper gastrointestinal symptoms, is increasing in prevalence in many countries and is often under-diagnosed or misdiagnosed. This presentation will provide an update to physicians on the cutting-edge research, diagnostic techniques and novel treatments It will allow practitioners to provide better care for patients suffering from EoE. Also Role of PPIs will be discussed.

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ESOPHAGEAL DYSMOTILITY IN DIABETIC PATIENTS WITH VARICES

Authors: Ayman Eldesoky M.D. and Afaf Abd El-Hafez M.D. Department of
Affiliation: Department of Internal Medicine, Faculty of Medicine, Mansoura
University

Presenting Author: Ayman Eldesoky M.D.

Abstract: Complications involving the gastrointestinal tract are important causes of morbidity in cirrhotic patients with diabetes mellitus. Our aim was study the possible influences of varices on the esophageal motility in diabetic patients. Forty diabetic patients were recruited into group 1 (19 patients without varices) and group 2 (21 patients with varices). Twenty healthy volunteers were selected as control. Esophageal manometry was performed for patients and control. In comparison to controls; group 1 had lower resting and residual pressures with incomplete relaxation of the lower esophageal sphincter (LES) (P= 0.01, <0.001& 0.005), longer wave duration and lower velocity in the distal esophagus (P= 0.014& 0.028) and lower wave velocity in the proximal esophagus (

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EVALUATION STUDY OF FEVERS IN PATIENTS WITH DECOMPENSATED LIVER CIRRHOSIS

Authors: Mohamed Mohamed Azab * Hesham Fawzy ** Shaaban Salah Al-Azhary
* Sobhy Abdel-Hamid Ismail * El-Sheety A G*, Abdo Mabrouk* and Ahmed Ali Gomaa*

Affiliation: *Tropical Medicine and**Clenical Pathology Department, faculty of medicine, Al-Azhar University

Background: Fever is a common symptom in patients with decompensated liver cirrhosis. There are many causes lead to fever in patients with chronic liver disease

AIM: To study the common causes of fever in patients with decompensated liver cirrhosis
Methods: One hundred patients presenting with decompensated liver cirrhosis suffering from fever, all patients were submitted to full medical history and clinical examination, laboratory investigation and imaging studies.
Results: All patients had documented fever exceeding or equal to 38.5 C among the studied group. There was insignificant relation between duration of fever and age & sex of patients. There were significant differences between cases as regarded child classification in relation to the duration of fever; fever was prolonged in child C cases. There was no significant relation between child classification and the sequels of fever. There was no significant relation between toxic manifestation and site of infection. Infection was the commonest cause of fever in our studied group (95%). In 5% definite infectious cause was not detected.

The most frequent cause of fever in infection was bacterial infection (93%). While non bacterial infection was recorded in 2% only. Spontaneous bacterial peritonitis (SBP) was the commonest cause of fever in the studied group (31%) followed by urinary tract infection (25%) chest infection (21%) gastro-intestinal infection (9%).

The commonest micro-organisms were gram negative bacteria (67%) gram positive bacteria (26%).
Conclusion: The fever was a common finding in patients with chronic liver disease especially patients in child-pugh class C and B are more prone to this problem. Bacterial infection was the commonest cause of fever in cirrhotic patients. Gram negative bacilli were the offenders in the majority of these infections.

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GASTRO-INTESTINAL ASTHMA

Authors: Mostafa Yakoot

Affiliation: MOH

Presenting Author: Mostafa Yakoot

Eosinophilic digestive diseases (EDD), including eosinophilic esophagitis, eosinophilic gastroenteritis, and eosinophilic colitis, are becoming increasingly recognized and an area of increasing interest of research. It is postulated that exposure of the gastrointestinal mucosa to antigens promotes a Th-2 mediated immune response. Th-2 cells produce Interleukin (IL)-4, IL-5 and IL-13, and promote the production of eosinophils as well as IgE. Eosinophilic esophagitis is the most commonly recognized EDD. Patients often present with symptoms similar to gastroesophageal reflux disease but not responsive to traditional antireflux therapy. Eosinophilic gastroenteritis should be considered in the differential diagnoses of any patient who presents with abdominal pain or other nonspecific gastrointestinal complaints without any clear etiology on diagnostic evaluation. The clinical symptoms of eosinophilic colitis may vary depending on the intestinal layer affected, similar to eosinophilic gastroenteritis. Eosinophilic colitis affecting the mucosa often presents with malabsorption, diarrhea, and protein wasting, whereas disease affecting the muscularis often manifests as intestinal obstruction and colonic thickening. Eosinophilic colitis affecting the serosa mainly presents as ascites with fluid analysis showing the majority of cells to be eosinophils. Here, we will present 2 cases presenting to us with recurrent abdominal pain, malabsorptive manifestations and ascitis. One had been diagnosed as a case of secondary and the other as a primary eosinophilic gastroenteritis. Differential diagnosis, diagnostic criteria and updated management will be discussed in the lecture with special emphasis on comparison with IBD, IBS and Celiac disease.

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HAND - ASSISTED LAPAROSCOPIC LIVER RESECTION USING HABIB'S TECHNIQUE: A NOVEL APPROACH

Authors: Ahmed El Gendi, MD, MRCS, PhD1,, Petr Vavra, MD, PhD2, Angeliki Papaevangelou, MD3, Jan Dostalík, MD, PhD2, Michaela Vavrova, MD2.

Affiliation:

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Background: Hand-assisted laparoscopic liver surgery, newly developed technique based on an innovative concept, has proved useful and safe for a variety of less invasive hepatectomies. Radiofrequency assisted hepatic resection has been reported to be safe associated with minimal morbidity and mortality and decreased intraoperative blood loss and transfusion requirements.

Method: We describe how we perform hand assisted laparoscopic radiofrequency assisted hepatic resection using a bipolar radiofrequency device.

Results: The use of the hand port has allowed the surgeon to use his hand in direct liver manipulation, mobilization, and retraction. It was also useful for tactile tumor localization. Radiofrequency assisted hepatic parenchymal transaction was performed using bipolar device (Habib 4X) with minimal blood loss (35 mL), and reduced operative and resection times (75 min, 17 min respectively). The hand port was also useful as a fast oncological way of specimen retrieval.

Conclusion: This combined procedure seems to offer a safer, more effective, and less time-consuming means of resection of hepatic tumours. This might encourage surgeons to perform more frequently a laparoscopic approach for liver resection.

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HEPATOCTYTE SPECIFIC MR CONTRAST IN ASSESSMENT OF BILIARY TREE

Authors: Rafik Mohamed

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Alexandria. Egypt

Because of their dual route of excretion through the kidneys and the liver, gadolinium-based, hepatocyte-specific MR contrast agents can be used to evaluate the biliary tract as an off-label use. Images are obtained during the hepatocyte phase, which usually occurs within 20–40 minutes after injection depending on the specific contrast agent selected. Potential uses include showing variant biliary anatomy and choledocholithiasis. Evaluation for acute cholecystitis is possible by assessing for reflux of contrast material across the cystic duct. Additionally, these agents have value in both presurgical and postsurgical imaging for showing anatomy and complications. Finally, these agents are useful in the evaluation of choledochal cysts.

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IMPACT OF PEGINTERFERON AND RIBAVIRIN ON HCC: INCIDENCE AND SURVIVAL IN PATIENTS WITH ADVANCED FIBROSIS

Authors: Mohamed S.Kohla

Affiliation: National liver Institute, Menofya University

SVR developed in 33% of patients, the SVR rates were not different between patients with bridging fibrosis (37%) and those with cirrhosis (30%). During a median follow-up of 3.5 years, after the last treatment, the incidence rates per 100-person years of HCC, liver related complications and liver related deaths were 1.24, 0.62, and 0.61 among SVR patients respectively, and 5.85, 4.16 and 3.76. among non SVR patients. SVR has a strong independent positive influence on the incidence of HCC and on the prognosis of these patients.

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IMPACT OF ULTRASOUND IN THE MANAGEMENT OF HEPATOCELLULAR CARCINOMA

Authors: Yousry Taher ,Ahmed Zeid
Affiliation: Alexandria University

Hepatocellular carcinoma (HCC) is becoming more prevalent malignant tumor worldwide. Hepatitis B- and C-related liver cirrhosis patients are at high risk of developing HCC. They should be entered into surveillance programs, which should be performed using both ultrasonography and 3 tumor markers (AFP, PIVKA-II, AFP-L3). The surveillance interval for such super-high-risk patients should be 3- to 4-month intervals Tong et al showed that the positive predictive value for AFP to detect HCC was only 12% or less for all AFP cut-off values, and the maximum joint sensitivity and specificity as determined by receiver operator characteristic (ROC) analysis were approximately 65% and 90%, respectively. The positive predictive value for US to detect HCC was 78%, while sensitivity and specificity were 100% and 98%, respectively(1) The use of imaging modalities is essential for the screening, diagnosis and treatment of HCC. Ultrasound (US) plays a major role especially in screening, because it provides real-time and non-invasive observation by a simple noninvasive technique. US-guided needle puncture methods are frequently used for the diagnosis and/or treatment of HCC.

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INTRAHEPATIC LITHIASIS A DIFFICULT PROBLEM: ALEXANDRIA EXPERIENCE

Authors: Hasan ElBahrawi

**Affiliation: Gastrointestinal surgery Unit, Alexandria University Main Hospital
Alexandria ,Egypt**

Among the various benign biliary tract diseases, intrahepatic lithiasis is the most refractory condition to treat surgically. Recently, endoscopic treatment (mainly cholangiofiberscopic lithotomy) has been more and more frequently employed. Intrahepatic stones (IHS) have been described as early as the 16th century; however, the first detailed

Description of the disease in English literature was not until 1906. IHS is more prevalent in eastern Asia, with the highest incidence being in Taiwan, followed by China, Hong Kong, Korea, Malaysia and Japan. There also seems to be a high incidence in Brazil. On the other hand, the Western world and India have a low incidence of IHS. Secondary to stones originating in the gall bladder or primarily resulting from benign strictures, sclerosing cholangitis, choledochal cysts or malignant biliary tumors. In the East, however, IHS is regarded as a separate entity altogether. The majority of IHS is associated with recurrent pyogenic cholangitis (RPC). RPC affects both genders equally and has a peak incidence in the third and fourth decades of life. We will present our experience in dealing with hepatolithiasis .

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IS IT CROHN'S DISEASE (CD) OR INTESTINAL TB (ITB) , DILEMMA THAT CAN LEAD TO A CATASTROPHE : CASE REPORT

Authors: MY Taher

Affiliation: Alexandria University HPB Unit, Egypt

A female patient 35 yr presented with chronic diarrhea , loss of body weight(she lost 10 Kg during last year) and severe anemia (Hb was 6gm) ,There was mild elevation of liver profile and negative history of any chest problems . ESR was elevated as well as CRP .Stool analysis for occult blood was positive . Crohn's Disease (CD) and intestinal Tuberculosis (iTB) are granulomatous bowel diseases that are difficult to differentiate due to similarity in clinical, radiological , endoscopic and histological aspects .iTB is a curable diseases as compared to lifelong CD Misdiagnosis can be grave. In tropical areas CD may be mistakenly treated as iTB in about 50% of cases .Inappropriate use of immunosuppressive treatment in misdiagnosed cases of CD may have catastrophic outcome. If iTB is reactivated it is atypical in more than 50% of patients ⁽¹⁾More than 50 % will be extra pulmonary and in 25 % it will be disseminated with a mortality 13 % .Rapid diagnosis of iTB can be made by identifying caseating granulomas and acid fast bacilli .In iTB diagnosis depend mainly upon high clinical suspicion and isolation of mycobacterium tuberculosis(MT). The diagnosis of CD is based on clinical ,laboratory, endoscopic, and pathological findings .ANCA and ASCA are unreliable in differentiating CD from iTB ⁽²⁾Treatment with tumour necrosis factor- α inhibitors increases the risk of tuberculosis (TB). Screening for latent TB infection (LTBI) and prophylactic treatment has become mandatory before starting infliximab. The tuberculin skin test (TST) is essential .Also chest radiography should be done for screening .Risk of TB activation should be considered in patients with known risk factors for TB The recent use of other immunosuppressive drugs and systemic illness in infliximab treated patients may increase the risk of a variety of opportunistic infections, including fungal infection, but tuberculosis was reported much more frequently than other opportunistic infections. Since tuberculin tests may have false negative results in systemically ill or immunosuppressed patients, a detailed assessment of the risk of tuberculosis should be performed in every case. In patients with suspected latent infection should be given prophylactic treatment to prevent active disease before infliximab is administered. This patient was badly managed, she passed away mostly as a result of INH toxicity .

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LAPAROSCOPIC SURGERY FOR COLORECTAL CANCER: A 12 YEARS EXPERIENCE IN A SINGLE INSTITUTION.

Authors: Petr Vavra, M.D., Ph.D.¹, Ahmed El Gendi, M.D., M.R.C.S.², Peter Ihnat, M.D.¹, Michaela Vavrova, M.D.², Prof. Jaroslav Horacek, M.D., Ph.D.⁴

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Background: The aim of this study is to evaluate the short and long term outcomes of laparoscopic surgery for colorectal cancer.

Patients and Methods: We have evaluated the data of 451 colorectal cancer patients operated using the laparoscopic approach in a retrospective-prospective analysis. Men were prevailing in the analyzed group (59%), the mean age of the patients was 65 years (ranging from 24 to 97 years). Colon cancer was present in 70% of cases, and 30% were rectal cancer. Most of the patients were classified using the American Society of Anesthesiologist (ASA) as ASA II or ASA III. The second and third stages were predominant accordingly UICC classification.

Results: In 78% of the cases the procedure was curative. Morbidity of Colon cancer and rectal groups were 25% and 34% and mortality of 4.5%, 5.1% respectively. Re-operation was necessary in 8.9% in colon cancer group and 8.7% in rectal cancer group. The mean length of hospital stay was 11 days (3 – 8 days) for colon cancer group and 14 days (3 – 49 days) for rectal cancer group. Three patients with colon cancer (1.2%) and six patients with rectal cancer (5.9%) had local recurrence. Distant metastases occurred in 11.3% and 17.8% respectively. Five-year disease free survival was 80% for colon cancer and 68% for rectal cancer. Three port-site metastases (0.7%) were observed in our study.

Conclusions: Laparoscopic surgery for colorectal cancer is a safe procedure with more favorable post-operative course. The long term outcomes are at least comparable with open surgery.

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

Authors: Ayman Azzam, Bassem Hegab, Hatem Khalaf, Hamad Al Bahili, Mohammad Al Sofayan, Mohamed Al Sebayel

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Presenting Author: Ayman Azzam

BACKGROUND: Liver transplantation has become one of the best treatment options for early hepatocellular carcinoma in cirrhosis **OBJECTIVE:** Study the results of liver transplantation in patients with HCC and to express our institutional experience and to evaluate the outcome of the patients **METHODS:** A total of 245 recipients who underwent liver transplantation from April 2001 to January 2010. One hundred and sixty eight patients underwent deceased donor liver transplantation (DDLT) and 77 living donor liver transplantation (LDLT). Forty nine patients underwent liver transplantation for HCC within Milan criteria. **RESULTS:** In the period from the start of the program of liver transplantation in our department from April 2001 till now, 49 patients (20%) underwent liver transplantation for HCC. Eighteen patients (36%) performed from living-related donors and 31 from deceased donors. The patients were 34 males and 15 females. Ages ranged from (5-68 years) median 55. Model for end stage liver disease (MELD) score ranged from (6-40) median 14. All the patients were within the Milan criteria by the preoperative evaluation. Hospital stay ranged (6-338 days) median 14. Operating time range (4-15 hours) median 7.5. Blood transfusion range (0-19 units) median 5. Thirty four complications occurred in 23 patients (46%). Recurrence of HCC in 7 patients (14%), recurrent cholangiocarcinoma in one (2%) accidentally discovered in the explant. One cadaveric donor had HBcAB. One explant showed macrovascular invasion. Sixteen patients died, 8/49 (16%) from HCC recurrence, one from cholangiocarcinoma recurrence. **CONCLUSION:** Apart from the common complications that can occur with any transplantation, still liver transplantation remains the most promising solution for patients with HCC among all the available and represents a corner stone in the management of HCC. It is the only acceptable option for complete eradication of both the disease and the predisposing factor

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MANAGEMENT OF ASCITES

Authors: P Sanganalmath, R Warburton, A Douds

Affiliation: Department of Gastroenterology, The Queen Elizabeth Hospital, Kings Lynn, Norfolk, UK.

Presenting Author: P Sanganalmath

INTRODUCTION- Ascites is a major complication of cirrhosis (1), occurring in 50% of patients over 10 years of follow up (2). Mortality from liver cirrhosis in UK has increased from 6 per 100 000 population in 1993 to 12.7 per 100 000 population in 2000 (3). With a rising frequency of alcoholic and non-alcoholic fatty liver disease, a huge increase in burden of liver disease is expected over the next few years with an inevitable increase in the complications of cirrhosis (4). There have been several changes in the clinical management of cirrhotic ascites over recent years, and British Society of Gastroenterology (BSG) has published the guidelines for management of ascites in cirrhosis (5) to promote a consistent clinical practice throughout the UK. **OBJECTIVE** To evaluate the compliance of management of ascites in liver cirrhosis with 2006 BSG guidelines (5). **METHODOLOGY** This is a retrospective audit conducted from January 2009 to December 2009. Patients admitted to medical emergency with ascites secondary to liver cirrhosis were included in the audit. Patients with malignant ascites or those with liver cirrhosis admitted electively for ascetic drainage were excluded. Data collected were measured for ascitic fluid analysis, therapeutic ascitic fluid drainage and management of Spontaneous Bacterial Peritonitis (SBP). **RESULTS** 28 patients met the inclusion criteria. 21 (75%) had alcoholic liver disease, 4 (14%) had NASH cirrhosis, 2 (7%) had Hepatitis C and 1(4%) with Primary Biliary cirrhosis. 15 (54%) patients had ascetic fluid analysis, 3 (10%) patients had documented consent, 15(100%) had cell count, 4 (25%) had serum ascites albumin gradient and 3 (10%) had ascetic fluid inoculated into blood cultures bottles. 9 (33%) patients had SBP. 9 (100%) had antibiotics according to the local guidelines. 4 (44%) had acute renal failure, none of them were prescribed albumin and 2 (50%) of them died. 3(33%) were prescribed prophylactic antibiotics on discharge

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MANAGEMENT OF ASCITES IN CIRRHOSIS : FROM RESEARCH TO PRACTICE

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**Affiliation: Professor of Hepatology and Gastroenterology Faculty of Medicine,
Tanta University , Egypt.**

Ascites is a pathological accumulation of free fluid in the abdominal cavity. Ascites is the most common of the 3 major complications of cirrhosis; the other complications are hepatic encephalopathy and variceal hemorrhage(1)The majority (75%) of patients who present with ascites have underlying cirrhosis, with the remainder being due to malignancy (10%), heart failure (3%), tuberculosis (2%), pancreatitis (1%), and other rare causes.(2)

Fifty percent of patients with compensated cirrhosis will develop ascites within 10 years of diagnosis.⁵ The development of ascites is an important landmark in the natural history of cirrhosis as it is associated with a 50% mortality over two years.(3)

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MANAGEMENT OF SMALL HCC NOT AMENABLE FOR PERCUTANEOUS RFA

Authors: El-Gendi AM, El-Shafei M, Abdel Aziz F, Bedewy E”

In a recent meta-analysis of 5224 liver tumors treated by RFA, the treatment approach was found to be a significant independent factor for local recurrence, and the authors recommended the open surgical approach because of its superior local tumor control.

However, the impact of the analysis is limited by the fact that tumors with different pathologic diagnoses with variable biological behavior were combined and various types of electrodes and techniques were used in different studies. Recent advances in RFA technology have enabled clinicians to use RFA for larger tumors.

There is controversy regarding the choice of approach for HCC larger than 3 cm in diameter.

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MILTEFOSINE, A PROMISING NOVEL PROPHYLACTIC AND THERAPEUTIC AGENT FOR SCHISTOSOMIASIS MANSONI

Authors: Maha M. Eissa, Mervat Z. El azzouni, Eglal I. Amer & Nahed M. Baddour.
Affiliation: Department of Medical Parasitology and Pathology, Faculty of Medicine, Alexandria University, Alexandria, Egypt.
Presenting Author: Maha Eissa

Schistosomiasis is one of the greatest Neglected Tropical Diseases in the world (NTDs). It continues to rank - following malaria - at the second position of the world's parasitic diseases in terms of prevalence, morbidity and mortality rates. The treatment and control rely on a single drug, praziquantel (PZQ), being the drug of choice. The prospect of having a single drug available to treat a population of over 200 million people infected, and close to 800 million people at risk, over three continents, is quite alarming when considering the threat of drug resistance. Therefore, there is pressing need to develop alternative antischistosomal drugs while PZQ remains effective. Interestingly, in this study, miltefosine, used in the treatment of leishmaniasis, another NTD, was found to exhibit antischistosomal properties. Oral administration of a daily dose of 20 mg/kg for five successive days to mice infected with either, invasive, juvenile, or adult stage of *Schistosoma mansoni* resulted in significant reduction of worm burden, tissue egg load, hepatic granulomata size, and amelioration of hepatic pathology. Moreover, it induced severe tegumental damage of adult schistosomes as revealed by Scanning Electron Microscope (SEM). This is the first study highlighting miltefosine as a promising novel agent for prophylaxis and treatment of schistosomiasis mansoni

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**MULTIPOLAR LOCAL ABLATIVE THERAPIES FOR HEPATIC FOCAL
NEOPLASTIC LESIONS: THE PAST, THE PRESENT AND THE FUTURE.**

Authors: Olivier Serror

**Affiliation: the Departments of Radiology (O.S., M.I., Y.A., C.B., E.C., N.S.) and
Hepatogastroenterology (G.N., N.G., J.C.T., M.B.), Centre Hôpitalo-Universitaire
Jean Verdier**

The field of local ablative therapy for hepatic tumors is a rapidly evolving field, since its introductions in the 1980s “the era of chemical ablations” to the 2000s “era of physical/thermal ablations” that is currently dominating the loco-regional ablation practice. New devices are being invented and introduced, including classic Radio Frequency ablation (RFA), laser-induced thermotherapy (LITT), microwave ablations, High-intensity-focused Ultrasound (HIFU) and cryo-ablation. In the past few years, multi-polar RFA have been described, offering for the first time a curative potential for lesions exceeding 3 cm and heralding a re-structure of the traditionally accepted guidelines for treatment of liver malignancies, moreover, opening the door for the so-called no-touch technique allowing tumor ablation without transfixing the tumor mass, thus abolishing the risk of seedling along RFA track. Understanding the basic principles and the mechanism of action of each modality not only allows us to refine our techniques, but it will also allow us to identify and invest in the proper modalities that carry a real hope in improving our whole medical practice.

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MULTI-POLAR RADIOFREQUENCY ABLATION OF HEPATOCELLULAR CARCINOMA: LONG-TERM RESULTS AND PROGNOSTIC FACTORS IN 235 WESTERN PATIENTS WITH CIRRHOSIS

Authors: Jean Verdier

Affiliation: Departments of Radiology (O.S., M.I., Y.A., C.B., E.C., N.S.) and Hepatogastroenterology (G.N., N.G., J.C.T., M.B.), Centre Hôpitalo-Universitaire

For the treatment of small hepatocellular carcinoma (HCC), radiofrequency ablation (RFA) is in some centers considered a first-line therapeutic option. However, such a strategy is still under debate with regard to tumor and patient characteristics. In this single-center study we assessed the 5-year survival and prognosis factors in 235 consecutive patients with cirrhosis (Child-Pugh A/B: 205/30) who received RFA as first-line treatment for up to three HCC ≤ 5 cm (307 tumors; mean diameter: 29 ± 10 mm; 53 multinodular forms). Among these patients, 67 satisfied the criteria for resection according to the Barcelona Clinic Liver Cancer. Complete ablation was obtained in 222 patients (94%). Overall, 337 RFA sessions were performed including iterative RFA for recurrence. Major complications occurred in three patients (0.9%), including one treatment-related death. After 27 ± 20 months of mean follow-up, local or distant, or both, tumor recurrence occurred in 16, 88, and 11 patients, respectively. Twenty-nine patients underwent transplantation and were removed from the study at this point. Overall 5-year, recurrence-free, and tumor-free (including results of iterative RFA) survival rates were, respectively, 40%, 17%, and 32%. The overall 5-year survival rate was 76% for operable patients. Factors associated with overall survival were prothrombin activity (hazard ratio [HR] = 0.97, 0.96–0.98; $P < 0.0001$) and serum levels of α -fetoprotein (AFP) (HR = 1.02, 1.02–1.02; $P < 0.0001$), and factors associated with tumor recurrence were multinodular forms (HR = 2.34; 1.52–3.6; $P = 0.0001$) and serum AFP levels (HR = 1.015, 1.014–1.016; $P = 0.015$). Tumor size was associated with local recurrence but not with overall and tumor-free survival. Conclusion: RFA is a safe and effective first-line treatment of HCC up to 5 cm in diameter, especially for patients with a single tumor, a low serum AFP level, and well-preserved liver function. (HEPATOLOGY 2009.)

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NEW TREATMENT FOR LIVER CANCER: RADIOACTIVE MICROBEADS USE BODY'S PATHWAYS TO DESTROY TUMOR CELLS

Authors: SAMIA HAWAS 1, AMR SARHAN 2, ASHRAT ABD ELBASET 2, FARID BADRIA 4, FATHY ELBATOUTY 3, ATEF ELGAWEET3 SALAH HAWAS 3, SAMIR KIRALLAH 1, MEDHAT MOHAMED ALI 1, MOHAMED SABRI RIZK 1, FIKRY EL MORSY1, MOHAMAD ABOU ELA 1, MEDHAT ELDAKER 1, WALEED ELDARS 1, GHADA BARAKAAT 1, NIVINE ELWAKEEL 1, DOAA MASALLAT 1, DALIA MOEMEN 1, HEBA ELDEGLA 1 and MOHSEN NASR 1 Department of Medical Microbiology and Immunology, Mansoura University 2 Department of Pediatrics, Mansoura University Children Hospital 3 Department of Rheumatism and Rehabilitation, Mansoura University Hospital 4 Department of Herbal and Alternative Medicine, Faculty of Pharmacy, Mansoura University

Affiliation: NONE

Presenting Author: SAMIA HAWAS

Introduction The most common form of primary liver cancer is hepatocellular carcinoma, which is commonly caused by the hepatitis B or hepatitis C viruses. It is the fifth most common form of cancer in the world and is increasing globally due to an increase in the incidence of hepatitis. This new treatment involves radioembolization procedure for primary liver cancer. This technique combats the tumor in patients who can not be treated with surgery and are awaiting an organ transplant. The procedure, called TheraSphere, involves the insertion of millions of microscopic radioactive glass beads into the vascular system near the tumor. The tiny, glass microspheres, about one-half the diameter of a human hair, attack cancerous cells while minimizing the impact on healthy tissue. Interventional radiologists and radiation oncologists collaborate to calculate the precise dosage and deliver the microspheres filled with yttrium-90, the radioactive isotope that destroys the cancer. **Methods** The TheraSphere treatment can be administered on an outpatient basis and does not usually require an overnight hospital stay. The procedure involves extensive imaging to determine the exact location of the tumor and the arteries and vessels leading into the cancerous lesion. To direct TheraSphere treatment at tumors in the liver, a physician first makes a small incision in the patient's leg and places a long, flexible plastic tube (a catheter,) into the femoral artery, the major blood vessel in the leg. Guided by X-ray imaging, the physician then moves the catheter up through the blood vessels to the hepatic artery, which is one of two blood vessels that feed the liver. The physician guides the catheter into the branch of the hepatic artery that feeds the cancerous tumor in the liver and infuses the microscopic glass beads through the catheter into the blood that supplies the tumor.

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NITAZOXANIDE, AS AN ADJUVANT TREATMENT FOR CHRONIC HCV

Authors: M Yousry Taher

Affiliation: Alexandria University ,HPB Unit ,Egypt

Nitazoxanide which is known in various trade names like Annita, Alinia, Paramix, Pacovanton, Kidonax, Dexidex, Daxon, Nitazox, Nitax, Zox, and so forth, is both an anti-protozoal agent and a manmade nitrothiazolyl-salicylamide offshoot. The medication itself comes in a pale yellow crystalline powder form that's barely soluble in ethanol and is high-insoluble in water. This medication of many brand names is the first-line option for *Giardia lamblia* infection or *Cryptosporidium parvum* therapy in immunocompetent children and adults. It's also a viable second or third option for infectious diarrhea treatment, particularly diarrhea caused by the abovementioned *Giardia lamblia* and *Cryptosporidium parvum* in patients a year of age and older. Nitazoxanide is also in the second phase of clinical trials that are testing to see if it could treat Hepatitis C alongside ribavirin and peginterferon alfa-2a. Nitazoxanide, the first in a new class of antiviral drugs known as thiazolides, has been shown in vitro to have activity against influenza, HCV, and rotavirus. It has been shown to be a potent inhibitor of HCV in replicon systems and it has the advantage of not giving rise to HCV-resistant mutations in HCV replicons. It has also demonstrated effectiveness against telaprevir-resistant and 2'-c-methylcytidine-resistant HCV strains. The antiviral method of action of nitazoxanide is still being researched, but it is believed that it inhibits viral glycoproteins at the posttranslation level. This would prevent the final assembly of the virus before it can exit the cell to infect another cell. Monotherapy with nitazoxanide has been shown, in a phase 2 study, to yield a 17% SVR rate for chronic HCV genotype 4 patients. Two phase 2 studies of nitazoxanide plus peginterferon, with or without ribavirin, yielded SVR rates of 79% and 80% in treatment-naïve genotype 4 patients, and 25% and 8%, respectively, in treatment-experienced patients.

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NON INVASIVE EVALUATION OF FIBROSIS PROGRESSION BY BIOCHEMICAL MARKERS IN EGYPTIAN PATIENTS WITH CHRONIC HEPATITIS B

Authors: Tarek Besheer 1, Mahmoud Elbendary 1,* , Khald Zalata 2, Hossam zaghalol 3

Affiliation: 1tropical medicine, 2pathology, 3clinical pathology, Faculty of medicine , mansoura university, Egypt

Presenting Author: Tarek Besheer

INTRODUCTION/OBJECTIVES: About 350 million individuals are chronically infected with hepatitis B virus (HBV) worldwide. Liver biopsy can help decide the treatment modality for patients infected with HBV, but its value is questioned because of its potential risk and the concern of sampling errors. Therefore, Non invasive biochemical markers will help to evaluate histological damage and monitor the progression of fibrosis. **OBJECTIVES:** evaluate the usefulness of biochemical markers for prediction of fibrosis in chronic hepatitis B. **SUBJECTS & METHODS:** study was carried out on 133 with chronic hepatitis B and 35 healthy controls. The diagnostic accuracy of 4 noninvasive liver fibrosis markers including matrix metalloproteinase-2 (MMP-2), hyaluronic acid (HA) levels, serum aspartate aminotransferase (AST) to platelet ratio index (APRI) and FIB-4 were evaluated. The histology was assessed according to the METAVIR score **RESULTS:** both HA and MMP-2 were significantly elevated in chronic hepatitis than the control. HA was increased with the severity grades of liver inflammation (minimal; mild inflammation and moderate inflammation) whereas MMP-2 was not ($P = 0.21$). HA and MMP-2 were increased with the severity of fibrosis stages (F1, F 2, F 3, and F 4) $P < 0.001$ and cut-off value for HA was 265ng/ml could predict cirrhosis (F4) according to AUROC curve at which sensitivity 83%, specificity 89.2% whereas cut-off value for MMP-2 860ng/ml at which sensitivity 84% and specificity 87.1%. The APRI showed a significant correlation with advanced liver fibrosis (p

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OCCULT HEPATITIS C AND HEPATITIS B VIRUS INFECTIONS IN PATIENTS WITH HEPATITIS C SUSTAINED VIROLOGICAL RESPONSE AND PATIENTS WITH ELEVATED LIVER ENZYMES OF UNKNOWN ETIOLOGY

Authors: Walid El-Sherbiny¹ and Mohammad Hosam Eldeen Zaghloul²

Affiliation: Lecturer of Tropical Medicine¹ and Assistant Professor of Clinical Pathology², Mansoura University.

Background/Aims: Occult hepatitis C virus (HCV) & occult hepatitis B virus (HBV) infections have been described in patients with abnormal liver function tests of unknown origin who are anti-HCV, HBV markers (HBsAg, HbeAg & HBeAb), serum HCV RNA & HBV DNA negative but with HCV RNA & HBV DNA in peripheral blood mononuclear cells (PBMCs). Occult HCV infection was also diagnosed in patients with sustained virological response (SVR) after interferon/ribavirin treatment for HCV by the presence of HCV RNA and/or HBV DNA in their PBMCs. The aim of this study is to investigate the problem of occult HCV & HBV infections in those two groups of patients. **Methods:** The study included 40 patients with persistently elevated liver enzymes, in addition to 62 patients with sustained virological response 6 months after end treatment with interferon and ribavirin. HCV RNA status was tested by reverse-transcription polymerase chain reaction (RT-PCR) and by PCR in PBMCs.

Results: In patients with elevated liver enzymes, PCR in PBMCs was positive for HCV RNA in 4 patients with elevated liver enzymes & HBV DNA was positive in PBMCs in 3 patients. In patients with SVR, 7 patients were positive for HCV RNA in PBMCs. **Conclusions:** Patients with long-standing abnormal results of liver-function tests with unknown etiology may have HCV RNA or HBV DNA in their PBMCs in the absence of anti-HCV antibodies, HBV markers, serum HBV DNA and serum HCV RNA. Patients with SVR, HCV RNA in PBMCs is recommended to detect residual infection especially in those with high serum HCV RNA levels before treatment.

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OGILVIE'S SYNDROME COMPLICATED BY BURST ABDOMEN AFTER RENAL TRANSPLANTATION

Authors: Khaled Katri, MD, FRCSI

Affiliation: Alexandria University Surgical department

As post-transplant population increases, a general surgeon with no experience in transplantation is more likely to encounter these patients either electively or as an emergency. Ogilvie's syndrome is a rare complication following liver or renal transplant. We present a case of Ogilvie's syndrome following renal transplantation that was complicated by burst abdomen.

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ORAL ARTEMETHER FOR TREATMENT AND PREVENTION OF INFECTION IN SCHISTOSOMA HAEMATOBIIUM IN EXPERIMENTAL ANIMALS

Authors: .ADEL.AHMED.ELSAHAR

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Presenting Author: ADEL AHMED ELSAHAR

Artemether and artesunate, two derivatives of artemisinin that are using against malaria have also shown to be active against *Schistosoma japonicum* and *S. mansoni*. The aims of this work: • Evaluation of prophylactic effect of Artemether against *S.haematobium*. • Evaluation of the antibilharzial effect of Artemether. • To study possible changes in hepatic fibrosis. Laboratory inbred hamsters of similar age and weighting 80-100 gm, were used in this work. A batch of 210 hamsters (80-100 gm) were used in this work, they were divided into the following groups. • Group I (normal control) : Included 30 hamsters. • Group II (infected control) : Included 30 hamsters infected with (300±20) *S-haematobium cercariae*. • Group III : Included 30 hamsters infected with (300±20) *S-haematobium cercariae* and treated with Artemether 24 hrs before infection. • Group IV : Included 30 hamsters infected with (300±20) *S-haematobium cercariae* and treated with Artemether 24 hr. before infection and 4 weeks post infection. • Group V : Included 30 hamsters infected with (300±20) *S-haematobium cercariae* and treated with Artemether 4 weeks post infection. • Group VI : Included 30 hamsters infected with (300±20) *S-haematobium cercariae* and treated with Artemether 12 weeks post infection. • Group VII : Included 30 hamsters infected with (300±20) *S-haematobium cercariae* and treated with praziquantel 12 week post infection . Each hamster was infected by abdominal skin exposure technique. *S-haematobium cercariae* were obtained from the Schistosome Biological Supply Program (S.B.S.P) at Theodor Bilharze Research Institute (T.B.R.I). Parameters of Assessment include : I. Parasitological Parameters: a. Worm burden and distribution .b. Ova count . II. Biochemical Parameters: • Liver function tests :-Serum - Î»GT concentration.-Serum - ALT concentration. • Kidney function test : -Serum urea concentration. III. Histopathological.

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**PEGINTERFERON ALFA-2A IN PLUS RIBAVIRIN FOR CHRONIC HEPATITIS
C VIRUS INFECTION IN CHILDREN AND ADOLESCENTS**

Authors: Mohamed S.Kohla

Affiliation: National liver Institute, Menofya University

Eighteen children with genotypes 2 and 3 (group A), were assigned to medications for 24 weeks. 47 children with genotypes 1, 4, 5 and 6 (group B) for 48 weeks. Sustained virological response was maintained 89% of patients in group A and 57% of patients in group B. These results show an improved SVR as compared to reference series in adults with similar regimen.

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PEGYLATED INTERFERON, RIBAVIRIN COMBINATION IS ASSOCIATED WITH SERIOUS PSYCHIATRIC MANIFESTATION IN HCV PATIENT WITH WILSON DISEASE, A CASE REPORT

Authors: Amany S ELYAMANY, MD¹, Soha A GOBASHY, MD², Sameh A LASHIN ¹.
Affiliation: 1 Hepatology Department, Faculty of Medicine, Alexandria University.
2 Neuropsychiatric Department, Faculty of Medicine, Alexandria University.
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Abstract: Chronic infection with the hepatitis C virus (HCV) is a common and growing problem. Neuropsychiatric symptoms are commonly associated with chronic HCV infection, its sequelae, and its treatment. In particular, interferon, a primary component of treatment for chronic hepatitis C and well known to be associated with significant adverse effects as depressive symptoms. **Case report:** We report a 24-year-old female who developed psychiatric symptoms after the second pegylated interferon dose and ribavirin for treatment of chronic hepatitis C infection, genotype 4. Therapy was promptly discontinued. Correction of possible etiological factors did not improve the condition. Wilson disease was found to be the undiagnosed etiological factor for these psychiatric manifestations, and was presented for the first time. D- Penicillamine treatment started with marvelous response.

Recommendation: Consideration for a possible etiology for psychiatric manifestations during Interferon therapy is advisable.

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PHARMACOGENETICS OF COLON CANCER

Authors: Mohamed El-Sawi

Affiliation: Clinical pathology Department ,Alexandria University

Pharmacological treatment of colorectal cancer has improved survival rates in recent years. Individual genetic variation in genes associated with metabolism and targets of commonly used drugs can be responsible for variability in treatment outcome and toxicity. Diverse study designs have been used and heterogeneous end points evaluated by studies assessing the association of genetic markers with treatment outcome. Overall, evidence indicates associations of the UGT1A1(*) 28 variant genotype with toxicity after irinotecan treatment, mutations in GSTP1-105 with improved treatment outcome and the XPD-751 variant genotype with poor treatment outcome after oxaliplatin treatment, and amplification of the EGFR gene with improved treatment outcome after therapy with monoclonal antibodies. Adequately powered prospective investigations designed specifically for pharmacogenetics are needed.

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PHYSICAL REMOVAL OF HEPATITIS C VIRUS PARTICLES FROM INFECTED BLOOD BY NEUTRALIZING ANTIBODY COATED POLYMER BEADS

Authors: Mostafa K. El Awady¹, Mahmoud A Ghafar², Ashraf A. Tabll¹, Noha G. Badreldin¹, Mona Samir², Mohamed Reda¹, Samy B. Khalil³, Mohsen Hegab¹

Affiliation: Departments of Biomedical Technology¹ and Polymer²s, National Research Center and NAMRU-3³ Cairo Egypt

Introduction: The fundamental problem with development of immunogenic reagents against HCV infection is the great genetic heterogeneity among different viral strains. Besides, non neutralizing antibodies were shown to mask the neutralizing antibodies in chronic HCV infection thus explaining, at least in part, low rates of viral clearance. Current therapy of HCV is based on a combination of interferon + ribavirin and is only effective in 50% of patients where efficacy increases in those cases having very low viral loads. Hepatitis C virus (HCV) encodes two glycoproteins, E1 and E2 that are essential for viral entry and are the major targets for neutralizing antibodies. Aim We aimed at utilizing multiple sequence alignments of HCV database to design and synthesize genetically conserved peptides from envelop domains located C-terminal to the Hypervariable Region-1(HVR-1). Immunogenic properties of those synthetic peptides and neutralizing capacities of respective antibodies were evaluated as indispensable steps towards immobilizing only neutralizing antibodies on beads made of several matrices including Alginate natural polymer and sepharose 4 B before testing the kinetics of viral removal followed by use in a clinical trials for viral adsorption and removal from patients` circulation..
Materials and Methods. We designed and synthesized 4 peptides derived from conserved E1 and E2 epitopes (termed p35, p36, p37 and p38). Goats were immunized with Keyhole Lambert Hemocyanin (KLH) conjugated peptides in a protocol of initial + two poster subcutaneous doses. Specific Caprine immunoglobulins G (IgG) were subjected to a series of purification protocols including caprylic acid and affinity on peptide bound Sepharose mini-columns. Purified antibodies were immobilized on different matrices such as Alginate polymer or Sepharose 4B beads . Coated polymers were packed in 50 ml syringes and the blood infected with virus was allowed to pass through the packed beads at a constant speed controlled by a peristaltic pump. Results. All 4 peptides were immunogenic in goats. Caprine antibodies against p35, p37 and p38 exhibited significant neutralizing capacities using immunocapture assays. Anti p36 antibody failed to display viral neutralization properties. Both Sepharose and Alginate polymer beads coated with neutralizing antibodies were able to remove significant portion of HCV particles from blood, a finding that open a new avenue for physical removal of HCV which if followed by IFN + Ribavirine will significantly enhance chances of viral eradication. Conclusion. We here present a novel in house method for treatment of HCV infection based on specific and high affinity binding to neutralizing antibodies immobilized on polymer beads. This approach is expected to posses specific and greater capture capacity than the previously described method based upon random capture on cellulose acetate beads.

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PPIS IN PEDIATRICS

Authors: M Yousry Taher

Affiliation: Alexandria University, HPB Unit ,Egypt

Proton pump inhibitors are often used to treat disorders associated with gastric hypersecretion in children, despite the lack of pediatric formulations. They are highly effective in the treatment of ulcers, gastro-esophageal reflux disorders and hypersecretory diseases. They provide a high level of gastric acid inhibition with few adverse effects.

In children as well as in adults, there are clinical conditions (i.e., severe esophagitis or eradication of *Helicobacter pylorii*) in which proton pump inhibitors offer clear advantages over histamine-2 receptor antagonists. The relatively common use of acid inhibitors (proton pump inhibitors and histamine-2 receptor antagonists) in uncomplicated gastro-esophageal reflux disorders or in the prevention of non-steroidal anti-inflammatory drugs/steroid gastropathy is often unsubstantiated and should be limited to very specific situations.

Gastro-oesophageal reflux (GOR) and gastro-oesophageal reflux disease (GORD) have a higher prevalence among infants than among children or adults. This is linked to the immaturity of the oesophagus and stomach and the higher liquid intake of infants. Genetic factors could also be contributory in some families. Clinical symptoms in infants are mainly regurgitation and vomiting, which usually disappear between 1 and 3 years of age. Symptoms in children are similar to those in adults. Treatment in children depends on age and GORD severity. PPIs, have proven efficacy in infants and children. They are well tolerated, with pharmacokinetics similar to those in adults. However, dosages should be adapted in neonates and children under 10 years old. Fundoplication should be avoided before 2 to 3 years of age if possible.

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

**Authors: Adel A. Al-Rakkeeb^{*}, Abdelmoneim M Barrak^{*} Abdelhamid A. Khalil^{*}
And Gamal E. Esmat^{**}**

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

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

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PREVALENCE OF GALL STONES IN EGYPTIAN PATIENTS WITH CHRONIC HEPATITIS C AND CIRRHOSIS

Authors: Ibrahim AM.

Affiliation: Internal Medicine Department, Faculty of Medicine, Alexandria University, Egypt

Aim of the work: to identify the incidence of gall stone disease in Egyptian patients with chronic hepatitis C and cirrhosis and compare the incidence with healthy control. Subjects: 100 patients well known to hepatitis C complicated with chronic hepatitis and cirrhosis (32 patients categorized as child-Pugh A, 68 patients decompensated cirrhosis and the child – Pugh was B, and C). 77 control healthy subjects. Method: blood samples were tested for liver enzymes, bilirubin, serum albumin, ultrasonographic examination of upper abdomen was performed to detect gall stone disease in those patients. Results: gall stones were found more often in cirrhotic patients (24.0%) than in controls (6.9%, $P < 0.001$). the prevalence of gall stones in decompensated cirrhotic patients was higher than that of compensated cirrhotic patients ($P < 0.001$). The presence of gall stones was significantly higher among patients with mixed liver cirrhosis, and schistosomal hepatic fibrosis, than in patients with only liver cirrhosis (66% VS 32% Chi-square= 14; $p < 0.001$). Advanced

age, female sex, family history of gall stones, duration of illness, thickness of gall bladder 4 mm or more and portal vein diameter of 13 mm or greater were significantly associated with gall stone disease in patients with cirrhosis.

Conclusions: this study prove the high incidence of gall bladder disease in liver cirrhosis secondary to hepatitis C virus infection in compared to the healthy controls. The incidence increases with progression of liver cirrhosis, and with association with SHF.

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RISK FACTORS FOR THE DEVELOPMENT OF HEPATOCELLULAR CARINOMA

Authors: Prof. Helmy Abaza

Affiliation: Department of Tropical Medicine, Faculty of Medicine, Alexandria University.

HCC is the commonest tumour worldwide today constituting 4% of all human cancers.

Its incidence is increasing with a rapid course and grave prognosis. HCC ranks the fifth in frequency to other tumours, the fourth in men and the seventh in women. It is estimated that one million deaths occur per year and 5-year survival rate is less than 5%. (1)

Programs for screening and early diagnosis of HCC have become normal clinical practice and are probably useful in patient with liver cirrhosis for detecting tumours in their initial stages, thus allowing early treatment with curative intention. (2)

The risk factors of hepatic carcinogenesis in patients with cirrhosis have been studied by various investigators. The identification of groups of patients with different risk factors for the development of HCC could be useful to gravity the increasing cost of performing periodic ultrasonographies and alpha fetoproteins testing. (3)

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SATURATION BAND LIGATION FOR OESOPHAGEAL VARICES ALEXANDRIA UN EXPERIENCE

Authors: Ftahalla Sedki

Affiliation: Alexandria University HPB Unit , Egypt

Bleeding esophageal varices account for up to 30% of patients with major upper gastrointestinal hemorrhage and are associated with mortality rates of 15% to 40%. Patients bleeding from esophageal varices have higher rebleeding rates, transfusion requirements, lengths of hospitalization, and greater risk of death than do patients bleeding from nonvariceal sites. Endoscopic variceal band ligation (EVL) is the preferred method of treating variceal hemorrhage in adults. Endoscopic ligation causes statistically fewer local complications than sclerotherapy and achieves variceal eradication more rapidly. Ligation is a viable alternative to sclerotherapy and may have some advantages as a treatment for bleeding esophageal varices. The results of saturation Variceal band ligation will be presented .Also the effect of this procedure on portal hemodynamics will be declared

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SIGNIFICANCE OF CD90+ CANCER STEM CELLS IN HUMAN LIVER CANCER

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Presenting Author: SAMIA HAWAS

Introduction Cancer stem cells (CSCs) are the source of many solid tumor types, including hepatocellular carcinoma. This study characterized cancer stem cells (CSCs) in hepatocellular carcinoma (HCC) cell lines, tumor specimens, and blood samples. The CD90+ cells, but not the CD90- cells, from HCC cell lines displayed tumorigenic capacity. All the tumor specimens and 91.6% of blood samples from liver cancer patients bore the CD45-CD90+ population, which could generate tumor nodules in immunodeficient mice. **Materials and methods** Six human HCC cell lines, specifically HepG2, Hep3B, PLC, Huh7, MHCC97L, and MHCC97H, and one immortalized nontumorigenic normal human hepatocyte cell line, MIHA (Pang et al., 2006), were used to screen for the expression of stem cell markers by flow cytometry. **Results** The CD90+CD44+ cells demonstrated a more aggressive phenotype than the CD90+CD44- counterpart and formed metastatic lesions in the lung of immunodeficient mice. CD44 blockade prevented the formation of local and metastatic tumor nodules by the CD90+ cells. Differential gene expression profiles were identified in the CD45-CD90+ and CD45-CD90- cells isolated from tissue and blood samples from liver cancer patients and controls.

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SMALL BOWEL STOMAS

Authors: Ahmed Shawki

Affiliation: Alexandria University Hospital, Department of surgery

The word 'stoma' has its origins in the ancient Greek language, meaning mouth (Nugent 1999). Although the word stoma is sometimes used to describe an anastomosis, a stoma by definition is an artificial mouth like opening, done by a surgeon, to create an opening to an internal organ (usually the intestinal or urinary tract) to the surface of the body to allow a convenient and practical means of emptying the bowels or voiding urine (Kodner 1978, Shiel & Hecht 2003).

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SPLENOMEGALY, PERPLEXING IMAGING, SURPRISING PATHOLOGY

Authors: Galal AbouElnagah FRCS MD*, Ahmad Zeid MDM Yosry Taher MD****

**Affiliation: *Surgical Oncology Department, ** Internal Medicine Department,
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Multiple hypodense splenic nodules are uncommon. Lymphoma, infection, non-lymphomatous metastatic disease, benign tumor and Sarcoid nodules are rare disorders that affect the spleen. Lymphoma tends to have larger, more variable nodules, whereas infection tends to occur with smaller, more uniform nodules. Sarcoid is intermediate in appearance and usually has perplexing appearance. We here present a very rare case of splenic diffuse nodularity with surprising final diagnosis. A 56-year-old female, Married and has 5 children, eldest 21 year, youngest 11 year.

She was none insulin dependent Diabetic since 7 years controlled by oral pogylicemic drugs. Also she had operation for Lumber disc prolapse 5 year ago. She Presented complaining of generalized fatigue, weight loss since one year. Three months later she started to complain of Nausea, mild epigastric pain. On clinical examination, She was within average body built, no loss of body weight or cachexia She had lax abdomen with just palpable spleen, there was no ascites, and no other abdominal masses. Both

Axillae neck and inguinal regions were clinically free without any palpable superficial

lymph node enlargement. Routine laboratory tests were within normal except slight

elevated total serum bilirubin 1.7 mg / dl, mildly raised liver enzymes , SGOT was 49

/SGPT was 68. CBC showed noticeable relative neutropenia. Serological tests for hepatitis A, B ,C as well as AIDS were negative. US Abdominal examination revealed: homogenous liver, thickened wall gall bladder with multiple asymptomatic stones, normalcommon bile duct and portal vein measurements. Enlarged upper abdominal Lymph nodes were detected mainly in gastro-hepatic ligaments and porta-hepatis. Spleen was enlarged (19 cm in longitudinal axis) with smooth texture. (figure 1) Conventional CT abdominal examination confirmed what was seen in ultrasound examination with no localized masses

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SPONTANEOUS REGRESSION OF HEPATOCELLULAR CARCINOMA ;CASE REPORT

Authors: Ehab Moustafa Hassouna, MD, M Y Taher

**Affiliation: Department of Internal Medicine ; Hepatology Unit ,
Faculty of Medicine, Alexandria University**

Although very infrequent, spontaneous regression is not an extraordinary event among patients with hepatocellular carcinoma. This is a rare event whose underlying mechanism is still unclear. We describe the changes observed in contrast-enhanced computed tomographic (CT) images and the possible mechanism of the spontaneous regression of a case of HCC.

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SPY GLASS IS OF CLINICAL VALUE OR AN ACADEMIC TOY?

Authors: Walid Attia

Affiliation: Alexandria University ,HPB Unit, Egypt

Development of ductoscopy has been achieved over several years...the cost , feasibility and durability had been obstacles in the way of development of perfect ductoscope.

The indications of ductscope..the operator selection...how is it done... other techniques that can be combined with spy glass ...value in diagnosis of difficult situations.... are questions we are trying to approach in the following presentation ...

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STAGING, RESECTABILITY, AND OUTCOME IN PATIENTS WITH GALLBLADDER CARCINOMA: INSTITUTIONAL EXPERIENCE.

Authors : Ahmed El Gendi(1), Osama Damrah(1), Andrea Lauretta(1), Madhava Pai (1)Nagy A Habib (1), Long R Jiao (1).

Affiliation: (1) HPB Surgery Hammersmith Hospital, London, United Kingdom

Introduction: Carcinoma of gallbladder is the most common biliary tract malignancy. Unfortunately it presents late and it is usually detected at an advance stage. The prognosis of patient with gallbladder cancer hence remains poor, as radical surgical treatment is achievable in a small number of them. It is generally accepted that curative resection with tumor free resection margins is the only chance for long term-survival. The authors analyze and assess the management and outcome in patients with gallbladder cancer in a single tertiary referral center.

Methods: Between 2002 and 2007, database of all patients with gallbladder cancer treated at our institution was reviewed. Demographics, results of imaging studies, pathology, and survival were analyzed. Biliary drainage was achieved by endoscopic stenting and/or percutaneous transhepatic drains in all jaundiced patients. To assess the resectability, when CT scan and MRI were not conclusive, selective angiogram was done. Depths of tumor invasion (T) and presence of lymphonode metastasis (N) have been examined as factors influencing survival. Patients who were deemed unresectable on pre-operative imaging, if having good performance status, were treated with chemotherapy and, if jaundice, managed with metallic stent. Curative resections included extended cholecystectomy (hepatic wedge resection of the gallbladder bed), more extensive hepatectomy (excision segments IVa and V or right hepatectomy) and extra-hepatic biliary ducts excision.

Results: There were 31 patients (10 men, 21 women) with a mean age of 63.9. The overall survival was 17±16 months. Eighteen (58%) patients had unresectable disease; 4 patients had laparoscopic cholecystectomy done elsewhere and then were referred to our institution where they were offered hepatic wedge resection of segments IVa and V. Two patients had open cholecystectomy and gallbladder bed resection done at the same time. Five patients underwent extended cholecystectomy with cbd excision. Two patients were treated with just laparoscopic cholecystectomy. A total of eight liver resections has been performed (6 wedge resections of gallbladder bed, one resection of segments IVa and V and 1 right hepatectomy). No post-operative mortality has been recorded. The median survival for patients who underwent surgery was 24 months, which was significantly longer than that for not-operated patients (P<0.003). Depth of tumor invasion (T) significantly affected survival(P<0.01). The 1- and 3-year survival rates for T1/T2, and T3/T4 were 100%, 67% and 66% and 0% respectively. In absence of lymphonode metastasis (N0) the 1-and 3-year survival were 100% and 47% respectively. The 1- and 3-year survival rates for patient with N1 status were 50% and 24% respectively. Lymphonode metastasis was a significant prognostic factor (P<0.003). Chemotherapy offers significant benefit in term of survival in patients who were unresectable and managed by palliative care.

Conclusion: Although much progress has been made in the diagnosis and management of gallbladder carcinoma, the long-term outlook for most patients is

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still dismal. Only complete tumor resection, including hepatic resection, enables long-term survival for patients. Chemotherapy has a significant benefit in term of survival rate compared with no treatment.

STEM CELLS UPDATE IN LIVER DISEASES

Authors: Laila Montaser

Affiliation: Clinical Pathology, Menoufiya University

Presenting Author: Laila Montaser

Abstract Stem cells are the parent cells of all tissues & organs of the body & exist mainly to maintain & replace cells in the areas where they are found . So these cells are a unique source of self-renewing cells within the human body. Human embryonic stem cells (hESCs) provide access to the earliest stages of human development & because of their high proliferation capability , pluripotency & low immunogenicity may serve as a potential source of specialized cells for regenerative medicine. hESC-derived hepatocyte like cells exhibit characteristic hepatocyte morphology , express hepatocyte markers & hepatocyte functions. Hepatocyte transplantation to increase the number of functional hepatocytes , could be employed as an alternative therapeutic approach to whole organ transplantation for liver failure. So the potential to differentiate hESC in vitro to provide an unlimited source of human hepatocytes for use in biomedical research , drug discovery & the treatment of liver diseases holds great promise.

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STUDY OF SOME PARAMETERS OF ENDOTHELIAL DAMAGE IN CHRONIC HEPATITIS C

Authors: Ayman El-Shayeb¹, Reem Shafeh² and Akram Deghady³

Affiliation: Tropical Medicine department¹, Internal Medicine department² and Clinical Pathology department³, Alexandria University, Egypt

Objectives: To assess plasma level of von Willebrand factor (vWF) and thrombomodulin (TM) in patients with chronic hepatitis C with and without liver cirrhosis.

Methods: The study was carried out at Tropical Medicine and clinical pathology departments, Alexandria Main university hospital, Alexandria, Egypt. The study was conducted on 40 patients with chronic hepatitis C virus (HCV) infections, divided into 2 groups: Group I included 10 patients with chronic HCV without liver cirrhosis, Group II included 30 patients with chronic HCV with cirrhosis, subdivided into three subgroups according to Child Pugh classification. Moreover 10 healthy subjects with matching age and sex were enrolled as a control group. Plasma vWF and thrombomodulin were measured by ELISA.

Results: Mean plasma vWF and TM were significantly higher in patients with liver cirrhosis than in those with chronic HCV without cirrhosis and controls ($P < 0.05$). In group II patients, both plasma vWF and TM were significantly higher in those with Child C than those with Child B&A. Furthermore, a significant positive correlation was observed between Child Score and each of TM and vWF levels. ($r=0.95, 0.89$ respectively, $P < 0.05$). In patients within liver cirrhosis, plasma TM was significantly higher in those with bleeding tendency than in those without it ($P < 0.05$). **Conclusion:** Increased plasma levels of von Willebrand factor and thrombomodulin in patients with chronic HCV and specially, in those with advanced cirrhosis suggest a role for endothelial cells. Moreover, measurements of plasma TM and vWF could be used as useful markers for detection of advanced liver disease.

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SURGICAL CONSIDERATIONS IN MUCOSAL ULCERATIVE COLITIS

Authors: Madbouli K

Affiliation: Department of colorectal surgery, Alkalexandria University, Egypt

Nearly half of patients with chronic ulcerative colitis undergo surgery within the first 10 years of their illness, mainly because of the chronic nature of the disease and the tendency for relapse. In addition, occasional fulminant complications occur with ulcerative colitis, and a significant risk of malignant degeneration exists. The indications for surgery vary widely, and these differing indications have different implications for the timing of surgery and the choice of operative procedure. Indications for surgical intervention include (1) massive unrelenting hemorrhage, (2) toxic megacolon with impending or frank perforation, (3) fulminating acute ulcerative colitis that is unresponsive to steroid therapy, (4) obstruction from stricture, (5) suspicion or demonstration of colonic cancer, (6) systemic complications, and (7) intractability. In children, an additional indication for surgery is failure to mature at an acceptable rate. With sphincter-sparing operations available for patients with ulcerative colitis, it has become critically important to avoid standard proctectomy wherever possible and to distinguish diagnostically patients with ulcerative colitis from those with Crohn's disease.

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THE PREVALENCE AND IMPACT OF SERUM ANTINUCLEAR ANTIBODY AMONG CHRONIC HEPATITIS C (HCV) PATIENTS ATTENDING A NATIONAL CENTER OF HCV TREATMENT PROGRAM IN EGYPT

Authors: Manal El-Hamamsy and Hassan El-Batae

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Tropical and infectious diseases department, Faculty of Medicine Tanta University, Tanta, Egypt.

HCV infection is the most common cause of chronic liver disease in the world as well as in Egypt, serum autoantibodies such as antinuclear antibody (ANA) are frequently detected in HCV patients but its impact is a matter of debate.

Aim of the work: We aimed to determine the prevalence of anti-nuclear (ANA) and assess their impact on the response to antiviral therapy among chronic HCV patients attending a national center of HCV treatment program in Egypt. **Patients and Methods :** One thousand and sixty two naive HCV patients were reviewed retrospectively in kafr-Elsheik Research liver institute for antinuclear antibody and response to treatment. All patients received combined antiviral therapy in the form of Pegylated Interferon alpha 2 (a or b) plus Ribavirin (1000-1200 mg l day) for 48 weeks, the duration of treatment was 48 weeks.

Results: ANA was present in 18% of the total patients .HCV patients showed women had a higher prevalence of ANA than men (57.4% vs 42..5%)with no difference related to the age at which the treatment began.ANA +ve patients had significant higher levels of ALT than ANA-ve patients. The study showed a highly statistically significant correlation between HCV patients with ANA and the degree of hepatocellular injury as well as the degree of fibrosis. (P < 0.001). HCV patients with ANA postivity showed insignificant lower rate of SVR as well as statistically insignificant increase in relapsers and non-responders to combined treatment.

Conclusion: Although there was a significant association between the grade of activity and degree of fibrosis in HCV patients with ANA positivity we can conclude that ANA postivity in HCV patients did not predict change in response to HCV combined PEG-IFN and ribavirin treatment.

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THE ROLE OF MDCT IN CROHN'S DISEASE

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Affiliation: Professor of Radiology, Menoufyia University, Egypt. Senior Consultant at Omegascan Radiology Center, Alexandria, Egypt. Fellow of Radiology at Toledo Medical

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Presenting Author: Mohamed El-Zawawi, MD

Objective: The aim of this study is to assess the role of MDCT in the evaluation of Crohn's disease. **Materials and Methods:** This study was conducted upon 25 patients with Crohn's disease, presenting to Omegascan Radiology Center, Alexandria- Egypt, for performing MDCT of the abdomen and pelvis. MDCT features of the Crohn's disease and its various complications were studied. The final diagnosis was confirmed in all cases by surgery and/or histopathology. **Results:** The commonest site of involvement was the ileocecal region in 12 cases (48%). Mural thickening of the involved bowel and permeation of the surrounding fat occurred in all cases (100%). The length of the involved segment ranged between 3 and 12 cm with a mean of 6 cm. Skip lesions occurred in 8 cases (32%) The complications encountered in the current study were: strictures in 21 cases (84%), 13 peri-ileal and pericolic abscesses, 2 perinephric abscesses and one sub-hepatic abscess with a total of 16 abscesses (64%), psoas sheath involvement 12 (48%), anterior abdominal wall involvement 9 (36%), and intestinal obstruction 6 (24%). Phlegmon and entero-vesical fistula each occurred in one case (4%). **Conclusions:** It was concluded that MDCT is an important imaging modality for assessment of Crohn's disease. It is the imaging modality of choice for the evaluation of complications of Crohn's disease.

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THROMBOCYTOPENIA IN CLD: ROLE OF TROPHIC FACTORS

Authors: Ahmed Zaid

Affiliation: HPB Unit Alexandria University ,Egypt

Thrombocytopenia (platelet count $<150,000/\mu\text{L}$) is a common complication in patients with chronic liver disease (CLD) that has been observed in up to 76% of patients. Moderate thrombocytopenia (platelet count, $50,000/\mu\text{L}$ - $75,000/\mu\text{L}$) occurs in approximately 13% of patients with cirrhosis. Multiple factors can contribute to the development of thrombocytopenia, including splenic platelet sequestration, bone marrow suppression by chronic hepatitis C infection, and antiviral treatment with interferon-based therapy. Reductions in the level or activity of the hematopoietic growth factor thrombopoietin (TPO) may also play a role. Thrombocytopenia can impact routine care of patients with CLD, potentially postponing or interfering with diagnostic and therapeutic procedures including liver biopsy, antiviral therapy, and medically indicated or elective surgery. Therapeutic options to safely and effectively raise platelet levels could have a significant effect on care of these patients. Several promising novel agents that stimulate TPO and increase platelet levels, such as the oral platelet growth factor eltrombopag, are currently in use for the prevention and/or treatment of thrombocytopenia. The ability to increase platelet levels could significantly reduce the need for platelet transfusions and facilitate the use of interferon-based antiviral therapy and other medically indicated treatments in patients with liver disease.

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THYROID FUNCTION IN PATIENTS WITH CHRONIC HEPATITIS-C VIRUS INFECTION UNDER INTERFERON THERAPY

Authors: Muhammad Azmy*, Mahmoud Hassan*, Galal El-Kasas, Mousa Hussein*, Tarek Eldahshan** and Abedelraouf AbouNar**

Affiliation: Departments of Internal Medicine*, and Clinical Pathology**

Faculty of Medicine (Al-Azhar University)

and, Tropical medicine department (Tanta University)

Thyroid dysfunction is a known extrahepatic manifestation of hepatitis C virus (HCV) infection and can be affected as a complication of interferon therapy due to HCV infection. The aim of the present study was to investigate the effect of interferon therapy on the thyroid function on Egyptian patients with HCV infection.

The study included 60 HCV infected patients with normal baseline levels of TSH (32 males and 28 females). The patients received subcutaneous pegylated interferon alfa-2b weekly in addition to oral ribavirin (1000-1200 mg/d). The patients were suspected to complete history and clinical examination, with special emphasis to hepatic and thyroid disorders. Before the start of interferon therapy, serum TSH, thyroglobulin-Ab (TG-Ab) and antiperoxidase antibodies (TPO-Ab) were measured. Three months after interferon therapy serum levels of TSH were performed to all patients, patients with abnormal TSH were suspected to the measurements of FT3, FT4, TPO-Ab, TG-Ab and thyroid stimulating immunoglobulin levels (TSI).

After 3 months of therapy, 48 patients (80%) had normal TSH and 12 patients (20%) had abnormal TSH. 8 (66.6%) females and 4 (33.3) males. Out of 12 patients had abnormal TSH, 10 patients (16.6%) had high serum levels of TSH (hypothyroidisms), while the remaining 2 patients (3.4%) had low serum levels of TSH (hyperthyroidism). Out of 10 patients with hypothyroidism, 6 patients (10%) had overt hypothyroidism and 4 patients (6.6%) had subclinical hypothyroidism. All patients with abnormal TSH had a significant higher levels of TG-Ab, TPO-Ab and STI (in cases with hyperthyroidism only) than the patients with normal levels of TSH ($p < 0.001$); The levels of TPO-Ab only of the most patients with abnormal TSH were above the normal reference range before the start of interferon therapy. Out of two patients with hyperthyroidism, one patient presented by clinical pictures of overt hyperthyroidism, while the other patient presented by subclinical hyperthyroidism. All patients with overt hypo and hyperthyroidism received medical treatment, with normalization of serum levels of TSH and improvement of clinical symptoms and completed their course of interferon therapy. In our study 40 patients (66.6%) were responder to interferon therapy (-ve PCR for HCV), while 20 patients (33.3%) were non-responder, 5 of them had TSH abnormalities that were significantly higher than those in patient with normal TSH {5/12 (41.6%) versus 15/48 (31%); $p < 0.01$ }.

In conclusion, the incidence of thyroid dysfunction during pegylated interferon therapy in patients with HCV is 20%; hypothyroids was more common than hyperthyroidism. The patients most at risk for thyroid dysfunctions were female sex and people with preexisting TPO-Abs. The numbers of non-responder patients were significantly higher in patients with abnormal TSH than those with normal TSH. Patients with HCV infection under pegylated interferon and ribavirin therapy should be screened for thyroid dysfunction before and during treatment.

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TIMING OF CHOLECYSTECTOMY FOR ACUTE BILIARY PANCREATITIS

Authors: Mohamed Elkhishen, Mohamed Yousry Taher

Affiliation: Alexandria University Main hospital

Biliary stones are the leading cause of acute pancreatitis. Although cholecystectomy and selective endoscopic retrograde cholangiography (ERC) comprise the current treatment in patients with acute biliary pancreatitis (ABP), the time of intervention is still controversial. In this study we evaluated the outcomes of cholecystectomy on first admission for ABP and two weeks later after endoscopic sphincterotomy with subsidence of pancreatic inflammation. A series of 38 patients with ABP between were evaluated retrospectively. Delayed cholecystectomy was associated with less morbidity. Also endoscopic sphincterotomy safeguarded further attacks .

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TRANS-ARTERIAL THERAPEUTIC MODALITIES FOR PRIMARY HEPATIC NEOPLASMS, AN EVIDENCE BASED MEDICAL REVIEW.

Authors: Omar Elaaser

Affiliation: Radiology department Alexandria University

Trans-arterial therapeutic modalities for primary liver neoplasms gained increasing role in the Past few years. Starting from the TAE (trans-arterial embolization) in the late seventies, that eventually became replaced by the classical/conventional TACE (trans-Arterial chemo-embolization). Advancements in micro-catheter manufacturing and introduction of 3D Digital subtraction angiography machines allowed unprecedented improvement in TACE procedures and their outcomes. In 2003, meta-analysis of RCTs proved that conventional (lipiodol / gel-Foam dependent) TACE has positive impact on patient survival in addition to its already established palliative, anti-rupture and pain relieve benefits. In 2005, TACE became internationally acknowledged as the mainstay of treatment for group B BCLC patients (according to the AASSLD, BCLC and EASL combined guidelines). Recently, more recent advances in TACE procedures are being proposed and gaining increasing acceptance among medical communities, using the non-absorbable drug eluting beads (precision TACE) with prolonged sustained release of chemotherapy. Precision TACE allowed tackling more advanced patients and minimized side effects. Long term survival advantage over conventional TACE is yet to be proven. The trans-arterial brachytherapy (known as radio-embolization) using microscopic radioactive beads (Yttrium 90) permitted the long-awaited opportunity for treating malignant portal vein thrombosis and miliary forms of hepatic malignancies. This evidence based medical review is destined to discuss the indications, contra-indications, limitations and outcomes of each of these promising modalities.

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TREATMENT OF FATTY LIVER DISEASE WITH MEDICATIONS

Authors: Seham Abder Reheim

Affiliation: Alexandria University

Fatty liver disease can range from fatty liver alone (steatosis) to fatty liver associated with inflammation (steatohepatitis). This condition can occur with the use of alcohol (alcohol-related fatty liver) or in the absence of alcohol (nonalcoholic fatty liver disease [NAFLD]). The reason that NAFLD is prefaced by the word “nonalcoholic” is because the results of liver biopsies from people with NAFLD are frequently identical to those from people with alcoholic liver disease. Yet people with NAFLD do not have a history of alcohol use.

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ULCERATIVE COLITIS UPDATE : IS IT ENVIRONMENTAL DISEASE OR IMMUNOLOGIC ONE ?

Authors: Saber Ismail

Affiliation: Faculty of Medicine, Tanta University

Presenting Author: Saber Ismail

Ulcerative colitis is an idiopathic chronic inflammatory disorder limited to the colon. UC is a lifelong illness that has a profound emotional and social impact on patients who are affected. The cause of UC is unknown . UC is thought to be a multifactorial disease. Genetic epidemiologic studies strongly support the role of genetic factors in UC. Several environmental factors have been implicated in the pathogenesis of UC. Environmental factors such as infections are suspected of triggering ulcerative colitis in people who have a genetic susceptibility. For unknown reasons, ulcerative colitis is more common in people who live in northern climates and in developed countries. Environmental factors such as diet, intestinal microbes or their components; appendectomy; breastfeeding; public sanitation; early domestic hygiene, including running hot water supplies and fixed bath or shower; smoking; contraceptives; and a Western lifestyle have been proposed as candidates for inducing the abnormal immunological response of the digestive tract. A strong inverse association between previous appendectomy and the development of UC has been proven in many studies . Cow's milk protein may initiate an immune response in the intestinal mucosa and could be responsible for the activation of cell-mediated immunity after enteric infection or inflammation . Psychological stress by some 40% of patients with UC, has been reported to be a potential trigger. Epidemiological data indicate that non-steroidal anti-inflammatory drugs can trigger exacerbations of UC and even, occasionally, induce de novo disease. Several scientific studies have posted that Accutane (isotretinoin) which is used in treatment of acne is a possible trigger of Ulcerative colitis in some individuals. The studies have also shown links between intake of oral contraceptive pills and Ulcerative colitis. In a patient with chronic ulcerative colitis in remission, occupational exposure to MERCURY VAPOR led to episodes of dis

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URSODEOXYCHOLIC ACID IN CHOLESTASIS OF INFANCY AND CHILDHOOD

Authors: Magd Ahmed Kotb Professor of Pediatrics,
Affiliation: Cairo University, Egypt
Presenting Author: Magd Ahmed Kotb

Background: Ursodeoxycholic acid (UDCA) is a hydrophilic steroid bile acid with immune-suppressive properties. Its use is associated with decrease in liver enzymes, but has no effect on progression of disease or long term survival, or need for transplantation. **Purpose:** To review role of UDCA in infants and children with cholestasis. **Methods:** Statistical analysis of data of records of infants and children having cholestasis who attended Hepatology Clinic, New Children's Hospital, Cairo University, Egypt, from May 1985 until June 2005. **Results:** Files of 496 infants with neonatal hepatitis, 97 with intrahepatic bile duct paucity, and 141 with extrahepatic biliary atresia were included; of them 241 (48.6%), 52 (46.4%), and 108 (76.6%) received 20–40 mg/kg/day UDCA for 319.2 \pm 506.9 days, 480.3 \pm 583.3 days, and 252.6 \pm 544.9 days respectively. Of the 333 who did not receive UDCA 218 (65.5%) achieved cure. Of the 401 who received UDCA, only 144 (39.9%) achieved cure. Upon abiding by 95% confidence interval; the outcome of infants who received UDCA had more than two and a half fold increase in risk of deterioration of disease, liver cell failure, development of life threatening complications and death, where the likelihood of deterioration, failed outcome and death with UDCA intake in those with neonatal hepatitis was 2.76 ($P = 0.000$), and 2.64 ($p=0.028$) for those having intrahepatic bile duct paucity. Absence of UDCA intake in infants with biliary atresia was predictive of a 2.82 likelihood of a successful outcome compared with UDCA intake ($P = 0.04$). **Conclusion;** UDCA was not effective in controlling cholestasis of any aetiology in infancy and childhood. UDCA use was associated with more than double fold risk of development of serious adverse reactions and life threatening complications.

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VASCULAR ENDOTHELIAL GROWTH FACTOR IN HELICOBACTER PYLORI RELATED ULCER AND NON "ULCER DYSPEPSIA

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ABSTRACT Background: A broad consensus has been reached on the prominent role of *H. pylori* infection in up-regulation of serum Vascular Endothelial Growth Factor (VEGF) and enhances angiogenesis which is one of important mechanisms in chronicity of gastric inflammation and gastric malignancy predisposition. **Objective:** This work aimed to measure serum VEGF in *H. pylori* infected patients with chronic gastritis and gastroduodenal ulcers. **Subjects and methods:** The study was conducted on 60 patients, 20 of them were *H. pylori* related chronic gastritis (Group I), and 20 patients had *H. pylori* related gastritis and duodenal ulcers (Group II), as well as 20 patients negative for *H. pylori* infection but complaining of functional dyspepsia served as control group (Group III). All patients and control subjects were subjected to complete clinical examination, routine laboratory investigations, viral markers, abdominal ultrasonography, upper gastrointestinal endoscopy and serum VEGF, Erythrocyte Sedimentation Rate (ESR) and C- Reactive Protein (CRP). **Results:** Inflammatory markers as ESR and CRP were significantly higher in patients with *H. pylori* related chronic gastritis (group I) and *H. pylori* related gastric and duodenal ulcers (group II) compared to patients with functional dyspepsia (group III) ($p < 0.01$) while serum VEGF in group II (peptic ulcer patients) was not significantly higher than the control group (patients with functional dyspepsia) ($p > 0.05$). Serum VEGF was not significantly different in gastric and duodenal ulcers ($p > 0.05$). In patients with chronic gastritis (group I) a positive significant correlation was detected between VEGF and inflammatory markers as ESR and CRP. On other hand patients with gastric and duodenal ulcers (group II) showed a positive significant correlation with ESR but negative significant correlation with platelet count

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