

A LARGE PRIMARY INTRAMUSCULAR HYDATID CYST OF THE THIGH: CASE REPORT

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Intramuscular hydatid cyst is a rare disease representing 0.2% - 2.2% of all cases of Echinococcosis. It should be suspected in patients from endemic areas. ELISA is a good positive but not a good negative test. MRI is the corner stone of diagnosis. We present a case report of a 50 year old male, from Yemen, presenting with a painless cystic swelling in his left thigh. It was diagnosed by proper history taking, ultrasound and MRI. Needle biopsy was avoided. Cyst excision was done together with intraoperative injection of hypertonic saline. Albendazole was administered perioperatively. Histopathological examination confirms the diagnosis.

EFFICACY OF ALLIUM SATIVUM (GARLIC) AGAINST EXPERIMENTAL CRYPTOSPORIDIOSIS

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This study aimed at evaluation the prophylactic and therapeutic efficacy of Allium Sativum (garlic) against Cryptosporidium infection in experimentally infected immunocompetent and immunosuppressed mice.

Forty eight mice were divided equally into control and experimental groups. Each group was subdivided into two immunosuppressed and two immunocompetent subgroups. Cryptosporidial oocysts used for mice infection were isolated from human stools. The experimental subgroups received garlic orally two days before infection or one day following infection, and continued daily till the end of study. Two weeks following garlic administration, mice stools were examined for the oocysts, then they were sacrificed; their small intestines were examined for detection of pathological lesions and for counting of parasites. Also, Myeloperoxidase (MPO) activity was measured in jejunal sections.

Results showed that garlic successfully eradicated the Cryptosporidium oocysts from stool and intestinal sections of the infected immunocompetent subgroup of mice receiving garlic two days before infection. Besides, oocysts were significantly reduced in all other infected subgroups in comparison to the corresponding infected control subgroups. Intestinal sections of all subgroups revealed a more or less normal architecture. Reduction in MPO activity level was also detected in all subgroups.

Therefore, garlic is a convenient prophylactic and therapeutic agent for cryptosporidial infection.

ASSOCIATION BETWEEN HCV INDUCED MIXED CRYOGLOBULINEMIA AND PULMONARY AFFECTIOIN: THE ROLE OF TNF-ALPHA IN THE PATHOGENESIS OF PULMONARY CHANGES

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Body Background and aim of the work: Chronic hepatitis C virus (HCV) infection is associated with both pulmonary involvement and cryoglobulinemia. Therefore, this study was designed to investigate the relationship between pulmonary involvement and mixed cryoglobulinemia in chronic HCV infected patients and to investigate the role of TNF-alpha in the pathogenesis of pulmonary changes.

Subjects and Methods: After hospital ethics committee approval and formal patient consent were obtained, 100 patients with compensated hepatitis C virus infection as confirmed by PCR were recruited in this cross sectional study. Their demographic and laboratory data, abdominal ultrasound findings, pulmonary function tests (spirometry), arterial blood gas (ABG) parameters, TNF-alpha levels, and data from high-resolution chest CT were collected and analyzed using SPSS version 16, and a serum cryoglobulin assay was performed in all of the studied patients.

Results: The prevalence of mixed cryoglobulinemia was 61.7% in the studied HCV patients. Pulmonary symptoms were observed in more than half of these patients. The most common complaint among the symptomatic patients was dyspnea (51.7%), followed by cough (43.3%). Oxygen saturation (Spo₂ and Sao₂%), and FEV₁ and FVC levels, were significantly decreased in the cryoglobulin positive patients compared to the cryoglobulin negative patients. A statistically significant correlation was found between the presence of cryoglobulins and FEV₁ level, FVC level, serum albumin level, viremia level, thrombocytopenia and arterial blood gas parameters. No correlation was found between cryoglobulinemia and TNF-alpha level.

Conclusions: The results of this study suggest that pulmonary involvement is common in patients with chronic HCV infection and mixed cryoglobulinemia. Cryoglobulinemia may lead to pulmonary involvement through vascular and interstitial deposition of cryoglobulins, which results in impaired gas exchange and airway affection.

CASE REPT: GASTROINTESTINAL BASIDIOBOLOMYCOSIS

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Basidiobolomycosis is an unusual fungal infection for dermatological manifestations. It is caused by Basidiobolous ranarum, a member of the class Zygomycetes, found worldwide. Gastrointestinal basidiobolomycosis (GIB) has been scarcely reported in medical literature. We describe the clinical course of an otherwise healthy young male who presented with caecal mass and diagnosed as GIB. Right hemicolectomy and oral itraconazole were associated with successful outcome.

DIAGNOSTIC AND PROGNOSTIC BIOMARKERS OF SEPSIS

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The mortality of patients with septic shock is high, 50-90%. Death may occur early in the course of disease due to irreversible shock, or later due to development of multiple organ dysfunction.

The challenges of diagnosing and treating sepsis only seem more daunting as incidence increases, patients become older and sicker, and pathogenic organisms evolve.

Biomarkers are an appealing addition to the care of patients who have sepsis because they are noninvasive, ideally rapidly available, and may be followed over a patient's course. They may ultimately serve as potential targets for therapy

Many biomarkers have been evaluated for use in sepsis. Most of the biomarkers had been tested clinically, primarily as prognostic markers in sepsis; relatively few have been used for diagnosis. None has sufficient specificity or sensitivity to be routinely employed in clinical practice. Lactat, CRP, PCT, Soluble CD14, TNF- α , Interleukin-6 , Heparin-binding protein and TREM-1 have been used as a diagnostic and prognostic markers of sepsis

EVALUATION OF ENZYME IMMUNOASSAY TECHNIQUES FOR DIAGNOSIS OF THE MOST COMMON INTESTINAL PROTOZOA IN FECAL SAMPLES.

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Giardia lamblia, *Cryptosporidium parvum* and *Entamoeba histolytica* are the commonest organisms causing gastrointestinal problems.

This study evaluated antigen capture enzyme immunoassays (EIAs); Triage parasite panel and TechLab *E. histolytica* II in detecting *Giardia lamblia*, *Cryptosporidium parvum* and *Entamoeba histolytica* (*E. histolytica*) in fecal samples in comparison to microscopy, and in differentiating *E. histolytica* from *E. dispar*.

Triage parasite panel was evaluated with 100 stool specimens that were tested by the standard examination including staining with both trichrome and modified acid-fast stains. Differentiation between *E. histolytica* and *E. dispar* was performed using TechLab. Results of Microscopic examination revealed that 19% of the samples were positive for *Giardia*, 4% for *Cryptosporidium*, *E. histolytica*/*E. dispar* 1%, and other parasites 5%. By Triage, 23% of the samples were infected with *Giardia*, 5% with *Cryptosporidium*, and 2% with *E. histolytica*/*E. dispar*. Triage showed a sensitivity and specificity of 100% and 91.5% respectively.

The TechLab assay was negative with both samples diagnosed as *E. histolytica*/*E. dispar* by Triage, which suggested that they were *E. dispar*. Both tests showed no cross-reactivity with other intestinal protozoa. Therefore, these results indicate that antigen detection by EIA has the potential to become a valuable tool making stool diagnostics more effective.

HCV-CELL ENTRY BLOCKING AS A TARGET IN THE MANAGEMENT OF CHRONIC HEPATITIS C VIRUS INFECTION.

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The optimal therapy for chronic hepatitis C virus infection (HCV), analogous to HIV (HAART), is now believed to require a combination of 3-5 antivirals targeting multiple aspects of the viral life cycle. Two HCV "NS3-4A" protease inhibitors were recently approved by FDA; while many HCV "NS5B", "NS5A" inhibitors and viral entry blockers are currently under phases of development.

Here we will present summary of all potential substances in pipeline that successfully passed the preclinical and phase 1/II Clinical trial phases.

Many molecules are being studied now to target the first step of the viral life cycle which is the virus attachment and entry to the liver cells. These targets include LDLR, Glycosaminoglycans (GAG), Scavenger receptor class B type I (SR-BI/CD36), CD81, Claudin-1 (CLDN1), Occludin & "recently" NPC1L1 (Niemann-Pick C1-like 1) receptor. Many monoclonal antibodies targeting many receptors both on the liver cells and on the virus envelopes were successfully passed the early phases of drug development. The Niemann-Pick C1-like 1 receptor now represents a very promising target for blocking the virus entry, whereas *Spirulina platensis* and other blue green algae, used frequently as a dietary supplements had been found to exhibit many immune-stimulating and antiviral activities. Cyanovirin-N and Microvirin are 2 natural Mannose-Binding-Lectins isolated from Cyanobacteria had been found to block the viral entry into hepatocytes by blocking the interaction between the viral envelope protein E2 and the hepatocyte receptor CD81 molecule.

LAPAROSCOPIC RESECTION FOR COLORECTAL CANCER- OUR EARLY EXPERIENCE REPORT

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Introduction: Laparoscopic approach for colorectal cancer offers short-term benefits to patients while it looks to maintain long-term oncologic outcomes.

Patients and methods.

Fourteen cases of colorectal cancer have been enrolled for laparoscopic resection at South Egypt Cancer Institute. Demographic data as well as intra operative and short post-operative data has been collected and evaluated.

Results: Nine males and five females have been enrolled for laparoscopic colectomy. Average age was 52 years. Average estimated blood loss was 70cc and operative time for right hemicolectomy was 90 min. and for anterior resection was 110 min. During surgery, 2 cases have been converted because of bleeding (one case) or local advancement (one case). Oral feeding started 36-48hrs post-operative and hospital stay was 4-7 days.

All cases have negative margin with the mean number of retrieved LNs is 13 (5-23).
Conclusion: Laparoscopic resection for colorectal cancer is a safe and effective procedure and looks to have more advantages in short-term outcome than open colectomy with maintenance of oncologic principles. However case-control studies are recommended.

LAPAROSCOPIC GASTRECTOMY FOR GASTRIC CANCER, REPORT OF OUR INITIAL SERIES IN EGYPT

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Introduction: Laparoscopy-assisted distal gastrectomy for gastric cancer was first reported by Kitano et al. in 1991.

Some randomized-controlled trials (RCT) have confirmed that LG is safe and feasible, and that short-term outcomes are better than those of open gastrectomy (OG) in patients with early gastric cancer (EGC).

Patients & Methods: Eleven cases of gastric cancer have been enrolled for laparoscopic resection at South Egypt Cancer Institute. Demographic data as well as intra operative and short post-operative data has been collected and evaluated.

Results: Seven males and four females have been enrolled for laparoscopic gastrectomy at South Egypt Cancer Institute. Average age was 53 years. 8 cases have performed distal gastrectomy and 3 cases have undergone total gastrectomy. During surgery, 2 cases have been converted because of local advancement. Estimated blood loss was 50cc and operative time for distal gastrectomy was 85 min. and for total gastrectomy was 110 minutes. Oral feeding started 48hrs post-operative and hospital stay was 5-7 days.

All cases have negative margin with the mean number of retrieved lymph nodes is 19 (17-39).

Conclusion: Laparoscopic resection for gastric cancer is a safe and effective procedure and maintain the oncologic principles. However case-control studies are recommended.

P53 CODON 72 GENE POLYMORPHISM IN PATIENTS WITH HEPATOCELLULAR CARCINOMA ON TOP OF VIRAL AND NONVIRAL ETIOLOGIES

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Background and aim: Loss of p53 function has been suggested to be a critical step in multistage hepatocarcinogenesis. So, we aimed to investigate the frequency of P53 codon 72 gene polymorphism and its relation to plasma P53 levels in Egyptian patients with hepatocellular carcinoma (HCC) on top of viral and nonviral etiologies. Methods: This study included 159 HCC patients and 83 healthy controls. Patients classified into: 63 patients with HCC related to HCV; 55 patients with HCC related to HBV and 41 patients with HCC related to nonviral causes. Results: PP genotype and P allele were more frequent in HCV related HCC group & HCC with non-viral causes. AP genotype and P allele were more frequent in HBV related HCC group. P 53 plasma level showed significant increase in all patients groups in AA genotype, AP genotype and PP genotype. There were significant increases in AP and PP genotype in all studied groups in comparison to AA genotype. Plasma P53 level showed significant increase in all groups in both allele A and allele P when compared with the control group. Also, it showed significant increase in their levels in P allele when compared with that of A allele in all studied groups. Conclusion: plasma p53 protein level could be considered as an additional tumor marker to AFP to increase the diagnostic of AFP in HCC patients. P53 codon 72 gene polymorphism could be used as an indicator of the genetic susceptibility for future development of HCC in Egyptian cirrhotic patients.

PREVALENCE AND RISK FACTORS FOR SPONTANEOUS BACTERIAL PLEURITIS IN CIRRHOTIC PATIENTS WITH HYDROTHORAX

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Background: Spontaneous bacterial pleuritis (SBP) is a high mortality complication in cirrhotic patients with hydrothorax. **Aim:** To investigate the prevalence and risk factors for SBP in cirrhotic patients with hydrothorax. **Methods:** patients with liver cirrhosis and hydrothorax were enrolled. The severity of liver disease was assessed by the Model for End-Stage Liver Disease score. Pleural fluid was analysed [pH, polymorphonuclear leucocyte (PMN) count, total protein level, lactate dehydrogenase (LDH) level, glucose level, bacterial culture and cytology]. Spontaneous bacterial pleuritis was diagnosed by positive pleural fluid culture or, if negative, a pleural fluid PMN count > 500 cells/ μ L without radiographic evidence of pneumonia. **Results:** Out of 98 cirrhotic patients and hydrothorax enrolled in the study; 14 (14.3%) fulfilled the criteria for diagnosis of SBP. Of those 14 patients; 9 were culture positive and 5 were culture negative. The other 84 did not have evidence of SBP and were considered to have uncomplicated hydrothorax. Patients with SBP had more severe liver diseases, and higher rate of associated spontaneous bacterial peritonitis and bacteraemia than patients with uncomplicated hydrothorax. Patients with SBP had a significantly higher PMN count and a lower protein level in their pleural fluid. **Conclusion:** The prevalence of SBP among patients with hepatic hydrothorax was 14.3%. Patients with advanced liver disease, low pleural fluid protein, or spontaneous bacterial peritonitis are at risk for SBP.

PROTON PUMP INHIBITORS-INDUCED HYPOMAGNEAEMIA

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Proton pump inhibitors (PPIs) such as omeprazole, lansoprazole, pantoprazole, esomeprazole and rabeprazole are heavily prescribed worldwide. They are the mainstay therapy in gastroesophageal reflux disease, gastritis and duodenal or gastric ulcers.

However, PPIs have a number of side effects. Their use can be associated with an increased risk for pneumonia, enteric microbial overgrowth, sepsis, and higher risk of bone fracture. Recently, PPI use was found to be associated with lower serum magnesium levels, which can be severe. PPI-induced hypomagnesaemia (PPIH) can lead to severe symptoms such as tetany, seizures, cardiac arrhythmia and puts patients at risk for concomitant secondary electrolyte disturbances such as hypocalcaemia. However, the molecular and physiological factors that may be involved in PPIH are not known.

Proper identification and treatment of PPIH mainly rests on three pillars: First, serum magnesium monitoring on a regular basis. In event of existing hypomagnesaemia discontinuation of PPIs should result in a rapid normalization, which may be supported by additional magnesium and calcium supplementation. Second, regular determination of serum magnesium (and concomitant other electrolytes) should be done to monitor the course of recovery. Third, patients with PPIH have the chance to escape hypomagnesaemia by alternative acid suppressants. Therefore, switching to histamine-2 receptor antagonist should be attempted. Also, tapered or intermittent regimes including PPIs might be helpful.

RECENT ADVANCES FOR IRRITABLE BOWEL SYNDROME

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Recent advances for irritable bowel syndrome IBS remains a symptom-based diagnosis that can usually be made comfortably based on clinical history without testing in the absence of alarm features.

Recently, IBS was suggested to result from various pathogenic mechanisms which include IBS as a serotonergic disorder; IBS as an inflammatory state and the potential role of mast cells; IBS as a result of bacterial overgrowth and altered gastrointestinal microbiome.

Emerging therapies that are based upon the understanding of the recent pathophysiology of IBS hold significant promise. These therapies for IBS include 5-hydroxytryptamine (5-HT)-4 agonists; 5-HT₃ antagonists; secretagogues; anti-inflammatory agents; rifaximin, a gut-selective nonabsorbable antibiotic, peripheral visceral analgesics; and a centrally acting benzodiazepine receptor modulator.

THE ROLE OF MULTI-SLICE CT 64 DUAL SOURCE IN THE EVALUATION OF COMPLICATIONS IN HEPATIC TRANSPLANTATION RECIPIENTS WHO UNDERWENT ADULT-ADULT LIVING DONOR LIVER TRANSPLANTATION (LDLT)

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Purpose: The aim of this study was to evaluate the role of multi-slice CT and CT angiography in the early detection and proper management of the different vascular and biliary post-operative complications as well as the parenchymal lesions in hepatic transplantation recipients after LDLT.

s:Patients and method: Thirty patients (28 males & 2 females) were referred from the transplantation unit to the Radiology department (CT unit) for the assessment of vascular and biliary complications after LDLT using MSCT and MSCTA. They ranged in age from 38 to 63 years with a mean age of 49.8 years \pm 5.9.

Results: The most common complications were vascular complications (53.3%) [hepatic artery thrombosis (HAT) 26.7%, hepatic artery stenosis (HAS) 3.3%, portal vein thrombosis (PVT) 10% , portal vein stenosis 6.7%, hepatic veins stenosis (HVS) 6.7%], biliary complications (26.7%) [biloma 16.7%, biliary stricture 10%], parenchymal complications (6.7%), recurrent HCC (10%) & neoplastic lympho-proliferative disorder (3.3 %).

Conclusion: MSCT and MSCTA are the examinations of choice used in the diagnosis of post-transplantation vascular complications involving the hepatic artery, portal vein and hepatic veins when Doppler study is inconclusive. It can be also used in biliary complications to detect location and extent of biloma, biliary leakage as well as providing tool for interventional access for biloma drainage.

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