

#### NUTRIENTS DEFICENCY AND DITERY INTERVENTIONS IN IBD PATIETNS

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Information regarding dietary treatments for IBD is often confusing. Many people receive information telling them to avoid entire food groups or specific foods. However, there is no need to avoid foods unless they worsen your symptoms. It is best to restrict as few foods as possible to increase the chances that you are getting a balanced, nutritious diet. This is important for maintaining the function of the digestive tract and overall health.

#### OPTIMISATION OF THIOPURINE THERAPY IN IBD PATIENTS

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The majority of patients with IBD use conventional therapy (namely, aminosalicylates, antibiotics, corticosteroids and immunomodulatory agents) for prolonged periods of time, to both induce and maintain remission. Treatment paradigms in IBD have evolved towards a rapid escalation of therapy to achieve mucosal healing and a reduction in the need for hospital admission and surgery. In this context, the failure to optimize conventional therapy can lead to a potentially effective treatment being abandoned too early, which is undesirable when only a limited number of drugs are effective in the management of IBD, and could also lead to patients being unnecessarily exposed to potentially toxic and/or expensive biologic drugs. This presentation provides an overview of the many ways in which thioprine therapy can be optimized, and describes strategies to improve adherence to drug regimens, such as simplifying the dosing regimen, optimizing drug delivery and dose, and tailoring medication on the basis of metabolite levels.

### OVERVIEW OF GOOD CLINICAL PRACTICE IN CLINICAL TRIALS CONDUCTION

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In response to an increase in health research and clinical trials conducted in Egypt and Middle East countries, it is of utmost important to know about these guidelines which were first established in 1996 by the International conference on harmonization of technical requirements for registration of pharmaceuticals for human use as ICH-GCP.

Good Clinical Practice (GCP) is an international ethical and scientific quality standard for designing, conducting, recording and reporting trials that involve the participation of human subjects. Conformity to these guidelines provides assurance that the rights, safety and well-being of trial subjects are protected.

The objective of this ICH GCP Guideline is to provide a unified standard for the clinical trials conducted in multicenter all over the world and it should be followed whenever clinical trial data are intended to be submitted to regulatory authorities. These principles may also be applied to other clinical investigations that may have an impact on the safety and well-being of human subjects.

### PERSISTENCE OF HCV RNA AFTER DAAS

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Patients awaiting liver transplant receive antiviral treatment to eradicate the virus in serum and liver in order to prevent HCV graft infection. The duration of treatment needed to accomplish this in patients with advanced cirrhosis using interferon-free regimens is unknown.

Although most patients (68%) had undetectable serum HCV RNA by the fourth week of treatment, HCV RNA was present in 26 out of 39 liver explants (67%) Patients with HCV RNA-positive liver explants received a shorter course of treatment than did those with HCV RNA-negative explants (14 vs. 21 weeks,  $p=0.014$ ) and had HCV RNA undetectable in serum for a shorter period of time (61 vs. 99 days,  $p=0.013$ ). Most patients (33/39, 85%) had sustained virological response after liver transplant, but six patients had recurrent HCV infection after transplant.



#### PROSTAGLANDIN E-MAJOR URINARY METABOLITE AS A RELIABLE SURROGATE MARKER FOR MUCOSAL INFLAMMATION IN ULCERATIVE COLITIS AMONG EGYPTIAN PATIENTS

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C-reactive protein is used as a biomarker of UC activity but CRP levels sometimes insufficient to reflect UC activity. Therefore, simple, non invasive biomarker assay with sufficient sensitivity and specificity to accurately reflect UC activity desired. Since prostaglandin-E2 production and colonic inflammation are associated ,we evaluated whether prostaglandin-E-major urinary metabolite (PGEMUM)can be used as such a biomarker. Material and Methods: (N=50)were enrolled from Alex Main University Hospital and outpatients gastroenterology clinic from January 2013 to September 2015 and UC activity was evaluated using simple clinical colitis activity index & Mayo endoscopic scoring system and Mats grading in 50 patients. PGEMUM were evaluated by ELISA kit and compared against CRP level as control. Results: Both PGEMUM and CRP correlated with UC activity and our results suggest that PGEMUM useful for evaluating UC activity but not interfering with or prohibiting colonoscopy & histological measurements. Conclusions: PGEMUM demonstrated as a marker for reflecting UC activity especially in cases of histological inflammation and thus seems to be better evaluator of mucosal healing .Because this method simple, quick and non invasive seems to be useful biomarker of UC.

#### ROLE OF E-CADHERIN IN THE PATHOGENESIS OF GASTROESOPHAGEAL REFLUX DISEASE

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An early event in the pathogenesis of gastroesophageal reflux disease (GERD) is an acid-induced increase in junctional (paracellular) permeability in esophageal epithelium (EE). The molecular events that account for this change are unknown. E-cadherin is a junctional protein important in barrier function in EE. Aim of the work: Therefore, defects in barrier function in EE were sought in GERD as well as whether their presence correlated with abnormalities in e-cadherin. Material and methods: Endoscopic biopsies of EE from erosive esophagitis patients ( n = 60; male 27; female 33; mean age 50 ± 10 years) and subjects with a healthy esophagus (controls; n = 20; male 10; female 10; mean age 50 ± 10 years) were evaluated by immunochemistry for E-cadherin expression and serum analyzed by enzyme-linked immunosorbent assay (ELISA) to assess soluble E-cadherin fragment level . Results: Level of soluble E-cadherin fragments is significantly correlated with the different erosive esophagitis grades according to Los Angeles classification and confirmed by the E-cadherin expression. Conclusion: E-cadherin could be used as a predictor to the grade of reflux esophagitis

### ROLE OF GASTRIC VARICES INJECTION AS A METHOD TO PREVENT PREDICTED HEMATEMESIS AND ITS IMPACT ON QUALITY OF LIFE OF HEPATIC PATIENTS

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**Background and aim:** Liver cirrhosis is the 14th most common cause of death in adults worldwide. The most common cause of cirrhosis worldwide is non-alcoholic steatohepatitis, but in Egypt the most common cause is chronic hepatitis C virus (HCV). Portal hypertension is the most common complication of liver cirrhosis and varices are the most common complication of portal hypertension. Gastric varices are found in 20% of patients with portal hypertension and gastric variceal bleeding is severe and is associated with high mortality. Health-related quality of life (HRQOL) is a multidimensional concept that reflects a patient's perceived well-being and functioning in physical, psychological and social domains of health. **Objective:** We compared the efficacy of endoscopic cyanoacrylate injection and beta-blockers in primary prophylaxis of gastric variceal bleeding and hence in improvement in quality of life (QOL) of hepatic patient.

**Patients and Methods:** The study was done on 50 cirrhotic patients with large gastroesophageal varices type 2 or large isolated gastric varices type 1, classified into two groups group I: 25 patients subjected to histoacryl injection, group II: 25 patients with gastric varices received propranolol. Evaluation included: Full history taking, clinical evaluation, laboratory investigations including; Complete blood count (CBC), renal function tests, liver function tests. Imaging investigations: Ultrasound abdomen, doppler study of the portal vein. Upper G.I. endoscopy over a mean follow up period of 6 months.

**Results:** we observed that the actuarial probability of bleeding from gastric varices over a median follow-up of 6 months was decreased in group I than in group II, also the actuarial improvement of QOL domains was higher in the cyanoacrylate group compared to those on beta blockers.

**Conclusion:** Primary prevention is recommended in patients with large and high risk gastric varices to reduce the risk of first bleeding. Cyanoacrylate injection is more effective than beta-blockers therapy in preventing first gastric variceal bleeding and in improvement of QOL. Beta-blockers even if portal hypertension (PHT) fell, did not reduce the incidence of first gastric variceal bleeding or mortality.



## ROLE OF THE ENDOSCOPIC ULTRASOUND IN DIAGNOSIS AND TREATMENT OF PANCREATIC TUMORS

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**Background:** endoscopic ultrasound (EUS) has gradually become the main stream method of the diagnosis and local treatment of pancreatic tumors.

**Objective:** To evaluate the role of EUS in diagnosis and treatment of pancreatic tumors prospectively for 2 years study 2014-2015.

**Patients and methods:** prospective study including 70 patients who presented with pancreatic tumors underwent EUS at the endoscopy unit at Faculty of Medicine Cairo University and National Cancer Institute, Cairo University.

**Results:** out of 70 patients; median age was 55 years (range 32\_73 years). Males were 32 (46%) and females were 38 (54%). Jaundice was the main symptom 47 (67%), clay colored stool 46 (65.7%), dark urine 47 (67%) and abdominal pain 50 (71%). There were 20 patients with benign disease and 50 patients with malignant disease. The following results showing the accuracy of the EUS in detecting malignant pancreatic tumors; Sensitivity: 96.0%, specificity: 75%, PPV: 90.6%, NPV: 88.2%, accuracy: 90.0%

**Conclusion:** EUS can clarify locoregional spread when CT/MR are equivocal. Thus, we remain optimistic that interventional EUS will continue to present important functions in pancreatic tumors therapy. The combination of superior detection, good staging, tissue diagnosis and potential therapy makes EUS guided FNA a cost-effective modality.

**Keywords:** local treatment; Endosonography; pancreatic tumors.

### ROME IV CRITERIA AND IBS-C UPDATE MANAGEMENT

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Specific to IBS, there are several changes in the definition. The Rome IV criteria for IBS are: "Recurrent abdominal pain on average at least 1 day a week in the last 3 months associated with two or more of the following:

1. Related to defecation
2. Associated with a change in a frequency of stool
3. Associated with a change in form (consistency) of stool.

Symptoms must have started at least 6 months ago."

Significant differences between Rome IV Rome III mentioned by "Discomfort" has been removed from the criteria; only what is described as "pain" meets the major criterion. The threshold for symptomatic periods has been raised to an average of once a week from the previous three times per month. It is no longer assumed that pain necessarily begins at the same time changes in stools occur, only that the symptoms are associated. Pain relief after defecation has been removed from the criteria and replaced by pain related to defecation. Finally, subtyping of IBS into diarrhea-predominant, constipation-predominant, mixed or unsubtyped is now not dependent on specific numerical percentages of specific stool types but on the patient's report of the frequency of types based on the standard Bristol Stool Scale.

## ROUTINE NASOBILIARY INSERTION DURING ERCP TO PREVENT, DIAGNOSE AND TREAT OF BILIARY INJURY IN HIGH RISK PATIENTS.

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**Background:** ERCP followed by laparoscopic cholecystectomy (LC) is the most common management of gallstone complicated by clacular obstructive jaundice (COJ). ERCP itself is a risk factor for difficult cholecystectomy. Other factors include old age, male gender, obesity & acute inflammation. LC in this situations associated with increased incidence of bile duct injury (BDI), may reach up to 3.5 times as in easy LC. The intraoperative cholangiography can decrease the incidence BDI but its main role is intraoperative diagnosis of BDI for early management. this study aimed To evaluate routine insertion of nasobiliary during ERCP for COJ in high risk group for difficult cholecystectomy to prevent, diagnose and to treat biliary injuries if happened by leaving nasobiliary in situ postoperatively

**Patients and methods:** Among 210 patients with COJ admitted to the endoscopy unit of Minia university hospital for ERCP from April 2015 to February 2106, 95 were high risk for difficult cholecystectomy. In 50 patients nasobiliary was inserted during ERCP after CBD clearance (NB group). In 45 patients, only CBD clearance was done (control group). In all patients LC was done within the same week of ERCP. Tans-nasobiliary Intraoperative cholangiography was done and methylene blue injected at the end of the procedure to detected any leak

**Result:** From the total 95 case, 50 (52.6%) patients were male and 45 (47.4%) were female. Median age was 55 (range 40-70). The average operative time in NB groups was 110 min (range 69 – 150 min) and in control group was 125 (range 90-170). The average postoperative hospital stay was  $2.2 \pm 0.1$  in NB group and  $4 \pm 5.7$  in control group. One cases of biliary leak (2%) in NB group with no intervention other than leaving the NB in place till chalangiography revealed no leak, while 4 cases of biliary injury (8.9%) occurred in control group. No conversion to open in NB group (0%) compared to 6 cases (13.3%) in control group.

**Conclusion:** Routine nasobiliary insertion during ERCP for clacular obstructive jaundice in high risk patients for biliary injury during LC is safe procedure and can prevent, diagnose and treat biliary injury and decrease the conversion rate.



### SERUM PROCALCITONIN LEVEL AS A MARKER FOR DIAGNOSIS OF BACTERIAL INFECTIONS

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**Objective:** The aim of this study was to evaluate the role of serum procalcitonin level as a marker for diagnosis of bacterial infection.

**Background:** Bacterial infections are the major cause of morbidity and mortality. Diagnosis of bacterial infections is sometimes challenging, there are several markers for diagnosis of bacterial infection and inflammation such as Total leucocytic count, Erythrocyte sedimentation rate, C reactive protein and Procalcitonin.

**Methods:** This study was conducted on 55 patients with confirmed bacterial infections (bacterial group), 20 patients with viral infections (viral group) and 15 healthy persons (control group). These patients were subjected to full history taking, complete clinical examination, Complete blood picture, Erythrocyte sedimentation rate, C reactive protein, bacteriological, serological & imaging studies and measurement of serum procalcitonin level.

**Results:** There was highly significant increase in the mean values of serum Procalcitonin levels in bacterial group ( $1501.1 \pm 641.2$  Pg/ml) in comparison to viral ( $541.8 \pm 236.1$  Pg/ml) and control ( $195.01 \pm 38.2$  Pg/ml) groups and in viral group when compared with control group. Serum Procalcitonin at cut off point (774.83 Pg/ml) could differentiate between bacterial and viral etiologies with sensitivity (85.5%), specificity (70.0%), Negative predictive value (63.6%) and accuracy (81.3%), but when combined with C reactive protein at cutoff point (12.5 mg/L), the sensitivity, Negative predictive value and accuracy increase to 94.5%, 76.9% and 82.7% respectively.

**Conclusion:** PCT is valuable, simple, non invasive, time saving, cost effective serum marker in evaluating patients with infection especially bacterial infection.

**Key Words:** Bacterial infections, viral infections, inflammation, procalcitonin.



### SOLID PSEUDOPAPILLARY TUMOR: A RARE NEOPLASM OF THE PANCREAS. REPORT OF A RARE CASE

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

The patient underwent central pancreatectomy and implantation of the distal pancreatic stump into the stomach and closure of the proximal one with Vicryl 2/0. Post-operative histopathology revealed malignant pseudopapillary tumor. The patient was not given any adjuvant therapy. She remained asymptomatic and showed no signs of disease recurrence after 2 years follow-up.

**KEYWORDS:** Pancreas; abdominal pain; pseudopapillary tumor.

### STUDY OF ASCITIC FLUID CALPROTECTIN IN CIRRHOTIC PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS

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**Objective:** The aim of the present work was to study ascitic fluid calprotectin in cirrhotic patients with spontaneous bacterial peritonitis. **Background:** Spontaneous bacterial peritonitis (SBP) is an important cause of morbidity and mortality in cirrhotic patients with ascites. The diagnosis of SBP is based upon the polymorphonuclear (PMN) leukocyte cell count exceeding 250 cell/mm<sup>3</sup> in ascitic fluid but, PMN is usually performed by a manual method, operator-dependent and lysis of PMN cells during laboratory transport may occur leading to false-negative results and delay in diagnosis of SBP. Calprotectin may serve as a surrogate marker for routine screening and diagnosis of SBP. **Methods:** 45 patients with cirrhotic ascites with spontaneous bacterial peritonitis (G1) and 45 patients with cirrhotic ascites without spontaneous bacterial peritonitis (G2) were included in this study. Ascitic fluid calprotectin measured by enzyme-linked immunosorbent assay. **Results:** There was highly significant increase in ascitic fluid calprotectin in SBP group when compared with non SBP group (528.02±17.47 & 31.56±2.04) respectively. **Conclusion:** Ascitic fluid calprotectin may be used as a valuable tool for screening and diagnosis of SBP in cirrhotic patients with ascites.

**Key words:** Calprotectin, ascites, cirrhosis, spontaneous bacterial peritonitis (SBP).

### STUDY OF BLOOD LEVEL OF T-LYMPHOCYTES SUBSETS (CD4 AND CD8) IN ELDERLY PATIENTS WITH PNEUMONIA

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Pneumonia and influenza together were the seventh leading cause of death for all persons in the United States and the fifth leading cause for persons aged 65 years and older. Influenza and pneumonia accounted for 1% of deaths from all causes in persons 25 to 44 year of age versus 3.2% of deaths for persons aged 65 year or older, and pneumonia is the leading cause of death from infection in the elderly. It is clear that the thymus gland begins gradually to involute shortly after birth and undergoes replacement by fatty tissue that is nearly complete by the age of 60 years, and absolute numbers of CD3, CD4, and CD8 T cells decrease with advancing age. A decline in naïve T-lymphocyte populations gradually occurs, and memory T cells (CD45RO) eventually predominate, although memory cell responses gradually wane with aging. This age-associated immune dysfunction is the consequence of decline in both the generation of new naïve T and B lymphocytes and the functional competence of memory populations. These alterations are termed Immunosenescence. Aim of the work: The aim of this work is to assess blood level of T-lymphocytes subsets CD4 & CD8 in elderly patients with pneumonia in comparison to young patients with pneumonia to investigate the impact of ageing on cellular immunity. Material and Methods: This study was conducted on 60 subjects subdivided to three groups ; Group (1) :40 Elderly patients aged 65years old or more with pneumonia. Group (2) :10 Healthy elderly. Group (3) :10 Young patients aged 20-40 years old with pneumonia. Evaluation include: Full history taking, clinical evaluation, laboratory investigations including; Estimation of blood level of CD4 and CD8 by flow cytometry technique, Complete blood count (CBC), Blood urea, serum creatinine, creatinine clearance (by equation), C-reactive protein(C-RP), Erythrocyte sedimentation rate (ESR),Prothrombin time (PT), Alanineaminotransferase (ALT), Aspartate aminotransferase (AST). Imaging : Plain X-ray chest imaging. Results: we observed that there was positive correlation between CD8 cells and aging and negative correlation between CD4 cells and aging. Conclusion: There was significant negative correlation between CD4 and aging and there was non-significant positive correlation between CD8 and aging. The elderly pneumonic patients showed marked reduction in the absolute number of CD4 ; which is also significantly less in healthy elders than that in young group. Also ; there was non- significant differences between elderly pneumonic patients and young pneumonic patients as regard CD8.



# STUDY OF SERUM SOLUBLE CD163 AS A NOVEL MARKER FOR HIV ACTIVITY IN EARLY AND CHRONIC INFECTION PRIOR TO AND AFTER ANTI- RETROVIRAL THERAPY

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The human immunodeficiency virus (HIV) was unknown until the early 1980's but since then has infected millions of persons in a worldwide pandemic. The result of HIV infection is relentless destruction of the immune system leading to onset of the acquired immunodeficiency syndrome (AIDS). Once HIV infection became established in humans, the spread of HIV has been driven by multiple factors. Acquired immunodeficiency syndrome (AIDS) is defined in the term of either Cluster of differentiation lymphocytes (CD4) TCell count below 200 cells or The occurrence of specific diseases in association with HIV infection. CD163, a monocyte and macrophage specific scavenger receptor, is shed during activation as soluble CD163 (sCD163). We have previously demonstrated that monocyte expansion from bone marrow with simian immunodeficiency virus (SIV) infection correlated with plasma sCD163, the rate of AIDS progression, and the severity of macrophage-mediated pathogenesis. In addition, levels of sCD163 in plasma are elevated in macrophage-mediated diseases. Aim of the work: The aim of this study is to evaluate the clinical significance of using sCD163 as a novel marker to detect HIV activity in HIV patients after early treatment by ART. Materail and methods: The study conducted on 40 subjects: Group I: Enrolled 10 patients with early HIV infection. Group II: Involved 20 patients with chronic HIV infection and group III: a control group included 10 healthy HIV seronegative individuals. To all groups, serum soluble sCD163 was measured. Results: there was a significant difference between Group I and control group regarding to CD4 count and also a significant difference was detected between Group II and control group according to CD4count. There was significant difference between Group I and control group in CD163 while there was no significant difference between Group II and control group in CD163. On the other hand, there was significant negative correlation between CD4 and CD163 before and after treatment in Group I + Group II. Conclusion: this study supported that serum sCD163 could be a significant novel marker to detect HIV activity and patient response to early treatment by ART.

### THE DIAGNOSTIC UTILITY OF BACT/ALERT 3D SYSTEM FOR DETECTION OF MYCOBACTERIUM TUBERCULOSIS IN TUBERCULOSIS LABORATORY OF ALEXANDRIA MAIN UNIVERSITY HOSPITAL

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**Background:** The rapid diagnosis of tuberculosis is essential to implement the adequate antimicrobial therapy. **Objective:** To verify BacT/ALERT 3D system results by polymerase chain reaction (PCR) and evaluate its performance against Löwenstein Jensen (LJ) medium. **Methods:** Sixty sputum specimens were inoculated in BacT/ALERT MP bottles and on LJ slants. Ziehl-Neelsen (ZN), subculture and PCR was done to confirm the positive signal MP bottles. **Results:** Thirty two (53.3%) mycobacterial isolates were detected. The recovery rate of 32 mycobacterial isolates for the BacT/ALERT 3D system was 100% and that of LJ medium was 71.9%. The mean times to detection of mycobacteria by BacT/ALERT 3D system and LJ medium were 14.2 and 24.3 days, respectively, while overall contamination rates were 6.7% and 8.3%, respectively. **Conclusion:** Sensitivity and time to detection were significantly better with BacT/ALERT 3D system than with solid LJ medium. The PCR assay allows the fast and exact identification of Mycobacterium tuberculosis directly from positive liquid medium. LJ culture still plays an important role in isolation of mycobacteria from clinical samples, it provide visible colonies that allow identification and susceptibility testing of the isolate. Signal positive /ZN negative bottles should be confirmed by other methods (PCR and/or subculture).



## THE EFFECT OF THE CYTOCHROME P450 (CYP450) GENETIC POLYMORPHISM IN PEPTIC ULCER THERAPY

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Peptic ulcer disease (PUD) embraces both gastric and duodenal ulcers. There are several factors involved in the development of gastric and duodenal mucosal injury such as use of non-steroidal anti-inflammatory drugs (NSAIDs) and *Helicobacter pylori* infection. This disease had a tremendous effect on morbidity and mortality until the last decades of the 20th century. As a result of pharmacological development and discovery of effective and potent acid suppressants as proton pump inhibitors, management of PUD has changed dramatically. Proton pump inhibitors (PPIs) such as Omeprazole and Pantoprazole are widely used as first line acid inhibitors. They are extensively metabolized in the liver by cytochrome P450 (CYP450) system. The principal enzyme involved in the metabolism is CYP2C19. This enzyme exhibits single nucleotide polymorphism. There are inter- individual differences in the activity of CYP2C19 which in turn affects the clinical outcomes of PPI-based PUD therapy. Two mutant alleles CYP2C19\*2 and CYP2C19\*3 were recently found responsible for genetically deficient metabolic activity of CYP2C19.

**Aim of the work:** in the current study the effect of genetic polymorphism of CYP2C19 on PUD therapy outcome has been investigated in a group of Egyptian patients. **Material and methods:** The study population included 91 PUD patients with ages ranging between 18 and 70 years. Polymerase chain reaction–Restriction fragment length polymorphism (PCR-RFLP) method was used to analyze the two mutant alleles CYP2C19\*2, CYP2C19\*3 and the wild type CYP2C19\*1 gene in peripheral blood samples of all patients.

**Conclusion:** The current study confirmed that most Egyptians are fast metabolizers and increasing PPIs dose twice daily would result in a much better cure rate for PUD patients.

### THE PREVALENCE OF INSULIN RESISTANCE AND METABOLIC FACTORS IN CHRONIC HEPATITIS C PATIENTS WITH GENOTYPE 4

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Egypt has been widely regarded as having an epidemic, with the highest recorded HCV prevalence in the world. There is strong epidemiological evidence linking HCV and diabetes. The association between HCV infection and glucose abnormalities is true if, instead of looking at the occurrence of overt T2D, prediabetic conditions, such as insulin resistance (IR) should be considered.

Our aim was to evaluate the prevalence of insulin resistance in Egyptian patients infected with chronic hepatitis C virus genotype 4 and to assess factors associated with insulin resistance

Insulin resistance was detected in 31 of the 100 non diabetic CHC patients infected with genotype 4 (HOMA-IR >3.0). HOMA-IR was positively correlated with age, baseline viral load, BMI, TG, fibrosis and steatosis. Relationship between elevated HOMA-IR and baseline viral load and degree of fibrosis was statistically significant. Out of 29 liver tissue sections, 14 had low level of expression of IRS-1 by immunohistochemical studies.

This study showed that patients with high HOMA-IR had higher basal viral load, and higher incidence of fibrosis. Also patients with high HOMA-IR had high levels of triglycerides, high BMI and steatosis. HOMA-IR was negatively correlated with cholesterol, LDL, HDL and total lipids. This study suggested that viral load remained the only independent factor associated with elevated HOMA-IR levels.



### THE ROLE OF LAPAROSCOPY IN DIAGNOSIS OF ASCITES OF OBSCURE ETIOLOGY

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**Background:** The use of diagnostic laparoscopy seems to have markedly reduced with the advent of major developments in noninvasive imaging modalities like ultrasonography, computed tomography and magnetic resonance imaging however many reports suggest imaging such as computed topography, ultrasound has a limited role for diagnosis of exudative ascites, also Few studies s have done in the last decade about the usefulness of diagnostic laparoscopy in diagnosis of ascites of unknown cause.

The aim of this study was to answer the question is there still a place for laparoscopy in diagnosis of ascites of obscure etiology?

**Materials And Methods:** We prospectively evaluated patients seen in the Gastroenterology unit and general surgery Department of sohag University, sohag Faculty of Medicine between 2013and 2015.

**Results:** Between October 2013 and October 2015, 32 patients were included in our study .30(93.75%) were female and 2(6.25%) were male. Patient age between 16 years and 68 years .all the patient were referred for the surgery department due to ascites of unknowns cause .two patients had weight loss as a presenting symptom. No mortality or morbidity was registered in our study. The entire patient was discharged from in the hospital after 24 hours after they completely recovered from anesthesia and returned to their home activity. The final histopathological diagnosis after examination of ascetic fluid and biopsies that was obtained by diagnostic laparoscopy was: carcinomatosis peritonei in 24 (75%) cases , tuberculous peritonitis in 6 (18.75%) cases and cirrhosis in 2 (6.25%) cases.

**Conclusion;** Despite of great advance in noninvasive diagnostic modality .diagnostic laparoscopy remain a valuable treatment option for diagnosis of ascites of obscure etiology.  
**Key words:** Diagnostic laparoscopy, gastroenterology, tuberculosis, exudative ascites, malignancy

### THYROID DISEASE FOR MEDICINAL OR SURGICAL TREATMENT ?

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The commonest endocrine diseases affect the thyroid gland; goiter 5% of population, functional aberrations and thyroid tumours.

Many medical specialties are needed in the management of thyroid diseases on diagnostic and therapeutic levels.

Medicinal treatment is needed for colloid, physiological goiter, thyrotoxicosis, some cases of thyroiditis, preoperative and postoperative treatment.

Surgery is indicated for multinodular goiter, precancerous thyroid lesions and neoplastic lesions. The extent of surgery is tailord to the indication.

The treatment modality should be clarified to attain proper control and avoid improper decisions and devastating results.

### TREATMENT OF REFRACTORY CONSTIPATION

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Chronic constipation is a frequently encountered disorder in clinical practice. Most constipated patients benefit from standard medical approaches. However, current therapies may fail in a proportion of patients. These patients deserve better evaluation and thorough investigations before their labeling as refractory to treatment. Indeed, several cases of apparent refractoriness are actually due to misconceptions about constipation, poor basal evaluation (inability to recognize secondary causes of constipation, use of constipating drugs) or inadequate therapeutic regimens. After a careful re-evaluation that takes into account the above factors, a certain percentage of patients can be defined as being actually resistant to first-line medical treatments. These subjects should firstly undergo specific diagnostic examination to ascertain the subtype of constipation. The subsequent therapeutic approach should be then tailored according to their underlying dysfunction. Slow transit patients could benefit from a more robust medical treatment, based on stimulant laxatives (or their combination with osmotic laxatives, particularly over the short-term), enterokinetics (such as prucalopride; Resolor ) or secretagogues (such as lubiprostone or linaclotide). Patients complaining of obstructed defecation are less likely to show a response to medical treatment and might benefit from biofeedback, when available.



**TRUNCATED 16 WEEKS DUAL SOFOSBUVIR/RIBAVIRIN THERAPY NOT INFERIOR TO THE RECOMMENDED 24 WEEKS COURSE IN THE SUBSET ANALYSIS OF CHRONIC HCV GENOTYPE 4 PATIENTS WHO HAD VERY RAPID VIROLOGIC RESPONSE**

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**BACKGROUND:** The governmental mass treatment campaign for Egyptian patients with chronic hepatitis C virus infection, with the directly acting antiviral drugs, carried-out in the Egyptian national liver centers has prioritized treatment for the advanced difficult to treat cases with F3 and F4 liver cirrhosis. The more advanced cases, ineligible to interferon, were then included in the dual SOF/RBV protocol. This has impacted the overall cure rate (SVR12 rate). There are not enough data about the efficacy of treatment in the easy to treat naive non advanced cases. It is not even known whether response-guided, shorter courses of treatment than the generally recommended could be justifiable in the subset of patients who shows very rapid virologic response to therapy (undetectable serum HCV RNA level at week 2).

**OBJECTIVES:** We aimed to compare the SVR12 rates after a truncated 16 weeks course of dual Sofosbuvir/ribavirin therapy versus the recommended 24 weeks in the subset of non-cirrhotic chronic HCV genotype 4 patients who had shown a very rapid virologic response at week 2.

**METHODS:** Among our included, non-cirrhotic, chronic HCV genotype 4 patients who were already on treatment with a dual therapy in the form of Sofosbuvir one tablet 400 mg daily, plus weight based ribavirin, we randomized 38 consecutive patients, who had shown vRVR into either 16 or 24 weeks course duration in a 1:1.5 block randomization technique. The final sustained virologic response at week 12 post-treatment (SVR12) were compared between the 2 groups.

**RESULTS:** No significant difference in SVR12 rates were found in patients who had been randomized to either 16 or 24 weeks duration after having a vRVR. Both groups had 100% (95% CI, (78.2-100% & 85.2-100%)) SVR12 rates respectively. There was a significant association between the vRVR and the SVR12, with 100% (38/38) of those who had vRVR in our included patients achieved a final SVR12 (High Positive Predictive Value (PPV)).

**CONCLUSION:** We can conclude from our study that: as chronic HCV patients in Egypt are highly heterogeneous as regards their baseline characteristics; the vRVR and the early response kinetics might be used as simple "on-treatment" positive predictors or qualifiers for a personalized course of treatment. This could shorten unnecessary long treatment courses in rapid responders and might help to avoid relapses in slow responders.

### UNUSUAL PRESENTATION OF PARASITIC DISEASES

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The majority of symptoms attributable to parasitosis are not specifically diagnostic. Parasites may not produce clinically demonstrable symptoms and may alter the metabolic balance of the host causing unusual response similar to many other diseases. Scientific knowledge and clinical experience supported by laboratory tests are very crucial to reach the suitable diagnosis. Methods of diagnosis of parasitic infections developed in the last few decades adding more sophisticated techniques as the detection of the parasite DNA. The necessity to use a sophisticated test to diagnose a parasitic disease is discussed, exhibiting some rare but interesting infections met with in the department of Parasitology, Kasr Al Ainy Medical School, Cairo University. A case of an 18-months-old baby with anemia and melena was diagnosed as ancylostomiasis will be discussed showing why infection may occur in this young age. A case with a nodule in the upper eyelid diagnosed as *Dirofilaria immitis*. A case previously diagnosed and treated as cutaneous leishmaniasis, will be discussed showing how history of the case could be seriously misleading in the management of a case. A case with symptoms of deep venous thrombosis in the lower limb was properly diagnosed and given treatment as Tropical pulmonary eosinophilia. A case with a liver abscess, was misdiagnosed as parasitic infection of the liver. A case with history of treated TB, presented with haemoptysis and was diagnosed as Disseminated strongyloidiasis. A case with bertielliosis passing parasite parts out of the anus, was diagnosed and treated. A case with chronic diarrhea, mal absorption, cachexia and hypoproteinaemia was diagnosed as intestinal capillariasis. The development of a PCR technique to diagnose the last case was important to overcome the difficulties in the diagnosis. Molecular diagnosis was important in some of the mentioned cases but was not necessary in others.



## UPPER GASTROINTESTINAL BLEEDING IN CARDIAC PATIENTS ,CLINICAL AND ENDOSCOPIC PROFILE

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**Background.** Upper gastrointestinal bleeding (UGIB) can occur in cardiac patients affecting the prognosis, limited data is available on patient characteristics and predictors of outcome in this cohort.

**Aim.** To describe the clinical and endoscopic characteristics of patients with UGIB in cardiac patients and characterize predictors of outcome.

**Methods.** Prospective and Retrospective study of 655 consecutive patients with UGIB in cardiac patients from 2013 to 2016. Demographic characteristics, Therapeutic management, and predictors of outcomes were determined.

**Results.** 71.1% were male, mean age:  $58.8 \pm 9.2$  yrs, mean Commonest symptoms included melena (49.4%) or coffee ground emesis (35.8%). In-hospital medications included heparin (92.4%), ASA (78.5%), low molecular weight.9%), coumadin (48.1%), clopidogrel (31%), and NSAIDS (32%). Initial hemodynamic instability was noted in 33.1%. Associated laboratory results included hematocrit  $28 \pm 6$ , platelets  $243 \pm 133$  109/L, INR  $1.7 \pm 1.6$ , and PTT  $53.3 \pm 35.6$  s. Endoscopic evaluation (650 patients) yielded ulcers (73.5%) with high-risk lesions in 39.5%. Ulcers were located principally in the stomach (22.5%) or duodenum (45.9%). Many patients had more than one lesion, including esophagitis (30.7%) or erosions (22.8%). 37.8% received endoscopic therapy. Mean lengths of intensive care unit and overall stays were  $9.4 \pm 18.4$  and  $30.4 \pm 46.9$  days, respectively. Overall mortality was 5.1%. Only mechanical ventilation under 48 hours predicted mortality (O.R = 0.11; 95% CI = 0.04–0.34).

**Conclusions.** Most common cause of UGIB in cardiac patients was from ulcers or esophagitis; many had multiple lesions. ICU and total hospital stays as well as mortality were significant. Mechanical ventilation for under 48 hours was associated with improved survival. Early diagnosis and prompt treatment can improve prognosis.

### UROTENSIN II AS A NOVEL MARKER FOR PORTAL HYPERTENSION AND BLEEDING VARICES: AN EGYPTIAN SURVEY

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**Background and aim** Urotensin II (U-II), a somatostatin-like cyclic peptide AQ2, was recently identified as the most potent human vasoconstrictor peptide. We investigated whether serum U-II could be considered a marker for portal hypertension (PHT) and its complications in patients with hepatitis C virus (HCV)-related cirrhosis. **Patients and methods** After clinical, ultrasonographic, and endoscopic assessments and exclusion of patients with hypertension or diabetes and cardiac or renal comorbidities, 75 patients with HCV-related cirrhosis were classified into three equal groups. Group A included 25 patients with PHT presenting with bleeding esophageal varices (EV). Group B included 25 patients with PHT with no history of bleeding EV. Group C included 25 patients without PHT or EV. In addition, 25 apparently healthy volunteers were included as controls (group D). All participants were investigated for liver tests, Child-Pugh scoring, and serum U-II. **Results** Serum U-II was significantly higher in cirrhotic patients with PHT with and without bleeding EV compared with the other groups; also, it correlated with the severity of liver disease ( $P < 0.0001$ ). U-II, at a cutoff value of 2.07 ng/ml or more, could predict the presence of PHT with 98% sensitivity and 100% specificity ( $P < 0.05$ ), whereas at a cutoff value of 2.51 ng/ml or more, it could predict the presence of bleeding EV with 96% sensitivity and 93.3% specificity ( $P < 0.05$ ). **Conclusion** Serum U-II in HCV-related cirrhosis could be a simple and easy predictor of the presence of PHT and bleeding episodes in patients with EV.

**Keywords:** bleeding varices, portal hypertension, urotensin II



## UTILITY OF CLAVIEN GRADIENT SYSTEM IN LIVING LIVER DONOR HEPATECTOMIES

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

**Aim:** identify and analyze retrospectively the surgical outcome of live liver donor and describe the surgical morbidity according to the grading system of Clavien for the consistent description of surgical complications.

**Materials and methods:** This study retrospectively analyzed the outcomes of 204 consecutive living donor hepatectomies performed between April 2003 to October 2013 using modified Clavien system: Grade I=minor complications; Grade II=potentially life-threatening complications requiring pharmacologic treatment; Grade III=complications requiring invasive treatment; Grade IV=complications causing organ dysfunction requiring ICU management; Grade V=complications resulting in death.

**Results:** They were 129 males (63.2%) & 75 females (36.8%) with the donor's mean age was  $27.72 \pm 6.4$  years with a range of 19-45 years. There were 64 donors (31.4%) who developed postoperative complications totally 74 complications. Ten donors (4.9%) had more than one complication. Twenty-nine (39.2%) donors had Clavien grade I complications, Thirty-eight donors (51.3%) had Clavien grade IIIa, five (6.7%) donors had Clavien grade IIIb complications and there was one (1.4%) had Clavien grade IVa and one (1.4%) case of mortality (Clavien grade V).

**Conclusions:** donor hepatectomy is a relatively safe procedure, when performed by a dedicated and well-trained team. A prompt diagnosis and meticulous intervention is considered a first priority whenever a donor complication expected. Furthermore, continuous standardized reporting and a comprehensive database to precisely define true donor morbidity.