Abstracts

BEZOARS: A RARE CAUSE OF RAPUNZEL SYNDROME AND LARGE BOWEL OBSTRUCTION

Authors: Mohamed Aboushady
Affiliation: NLI, Menoufia University, Egypt
Presenting Author: Mohamed Aboushady
Email: aboushady@yahoo.com

Bezoars are conglomerates of indigested materials that accumulate in the gastrointestinal tract. Trichobezoars are accumulation of hair usually in the stomach. When extended to the small intestine, it is called Rapunzel Syndrome. Phytobezoars (undigested vegetables and fruits) usually presented as small bowel obstruction. The aim of this work is to study our cases of bezoars and its different management modalities.

Methods: This is a retrospective study of the patients diagnosed to have gastrointestinal bezoars that were admitted to our institute from the start of 2008 to the end of 2014. The clinical data, operative and non-operative treatment, and outcomes of these patients were studied.

Results: Bezoars were present in 8 patients. There were 5 female patients (62.5%) and 3 males, and the median age was 28 years (range: 16-54). Gastric bezoars were present in 5 patients, all were females and all were trichobezoars. One of them was extending to the duodenum with a tail of hair, making what is called Rapunzel Syndrome. Two were treated by endoscopy, two needed open laparotomy with gastrotomy for, and one treated conservatively. Small bowel bezoars were Phytobezoars that caused small bowel obstruction in two male patients. They were treated; conservatively in one patient, and with laparotomy and enterotomy in another patient. There was one male patient with sigmoid bezoars that caused volvolus and ischemia of the sigmoid colon with acute abdomen and septic shock. This was treated with laparotomy, sigmoid resection and colostomy. There were no mortality and very low morbidity.

Conclusions: Bezoars are uncommon causes of gastrointestinal diseases. Presentations depend on the site and size of the bezoars. Gastric bezoars are usually trichobezoars and are more common in young females. Rapunzel Syndrome is a rare presentation of trichobezoars. Small bowel bezoars are usually Phytobezoars, and their usual presentation is small bowel obstruction. Sigmoid volvolus is a very rare presentation of colonic bezoars. Different treatment modalities are needed according to its type and location.

COMPLICATION OF THROUGH AND THROUGH HEPATORRHAPHY. A CASE REPORT

Authors: Wael Mansy Morsi Mohamed
Affiliation: hepato-pancreatico-biliary consultant
Presenting Author: Wael Mansy
Email: drwaelmansy@hotmail.com

Liver trauma is a major challenge to surgeons due to: 1. High incidence of liver injury. 2. liver damage is the most common cause of death after abdominal injury. Case Presentation: 27 years old male, He was haemodynamically unstabe. FAST US: laceration at the right lobe of the liver with moderate amount of internal hemorrhage. Chest x-ray: right sided hemothorax. During Exploration: 1. Laceration at the right posterior sector of the liver. 2. Bleeding from the parenchyma. 3. Bleeding from the right edge of the hilum. Management: 1. Ligation of bleeder at the hilum (right side). 2. Multiple stitches in the liver tear. 3. Closure of the tear by transverse mattress through and through sutures. 4. Then a pack. Post operative: 1. Mechanical ventilation with RT chest tube. 2. Elevated liver enzymes. 3. Elevated bilirubin level. 4. Anemia. 5. Hypo-albuminaemia. Amount of blood from the drains reached 700cc/day for two days postoperative, managed with packed RBCs, FFP. Follow Up CT: revealed infarction versus hematoma at the right posterior sector. Second Exploration: liver resection of gangernous lobe. Conclusion: 1. Liver is a unique organ. 2. Upgrading skills of liver trauma surgeons. 3. Adequate facilities for operative management.4. Trauma team harmony.

DIFFICULTIES OF LIVING DONOR LIVER TRANSPLANTATION FOR HEPATOCELLULAR CARCINOMA PATIENTS

Authors: Ibrahim Abdelkader
Affiliation: Hepatopancreaticobiliary (HPB)Surgery,National Liver Institute, Menofyia University
Presenting Author: Ibrahim Abdelkader
Email: ibrahim_salama@hotmail.com

Living donor liver transplantation (LDLT) can provide life-saving therapy for many patients
with hepatocellular carcinoma (HCC), who otherwise would succumb due to tumor progression. Offering LDLT to patients with HCC, however, raises complex issues for the donor, the recipient, and the medical team.
Methods: The records of patients with HCC among the 150 recipients who underwent LDLT at National Liver Institute (NLI), Menoufiya University, Egypt, from April 2003 to October 2011, were retrospectively revised.
The aim was to answer several questions: Should we expand the criteria for liver transplantation for HCC?
What is the response to loco-regional therapy and role of tumor down-staging? What are the difficulties of
evaluation? Is there especial technique considerations? What about the outcome and recurrence?
Results: HCC was the indication of LDLT in 35 (23.3%) of cases. Of these 35 HCC cases, 28 (80 %) cases were within Milan criteria, 4 (11.4%) cases had benign portal vein thrombosis (PVT). positron emission tomography (PET) was performed two weeks before LDLT to exclude distant HCC metastases. Exploration-first and Portahepatis-first were the used techniques. Three (8.5%) cases had recurrent HCC
Conclusion: Milan criteria remain a valid tool to select candidates for LDLT to achieve optimal results but expanding the criteria give chance to more patients with comparable outcome. Alfa-fetoprotein (AFP) of 1000 ng/mL should be considered an exclusion criterion for liver transplantation. PET scan might be of particular value in excluding extrahepatic HCC extension. Benign PVT does not contraindicate LT for HCC patients. Exploration-first and Portahepatis-first techniques are recommended in HCC cases.
Keywords: Hepatocellular carcinoma, Living donor liver transplantation, Milan criteria, recurrent HCC

MALIGNANT OBSTRUCTIVE JAUNDICE IN THE NCI CAIRO UNIVERSITY REVIEW OF 232 PATIENTS

Authors: Ashraf Sobhy Zakaria; Mohammed Gamil MD; Nelly Hassan Ali Eldin MD; Ali Hassan Mebed MD
Affiliation: National Cancer Inistitute, Cairo University
Presenting Author: Ashraf Sobhy Zakaria
Email: ashrafsobhy27@yahoo.com
Corresponding author. 01005843094

Obstructive jaundice is a common problem in the medical and surgical gastroenterological practice. Malignant obstructive jaundice can be caused by cancer head of pancreas, periampullary carcinoma, carcinoma of the gall bladder and cholangiocarcinomas.

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

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

Results: out of 232 patients; 156 (67.2%) were male and 76 (32.8%) were female; the median age of the study population was 49 years (range 19_80years). The commonest cause of malignant obstructive jaundice was pancreatic head cancer, 72% (167/232), followed by the ampullary carcinoma 15% (36/232).The last cause was cholangiocarcinoma12.5% (29/233).Regarding the commonest symptom; clay colored stools (98.7%) was more frequent in patients with malignant disease whereas abdominal pain (97.7%) was 2nd common symptom.

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

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

NAFLD AS A MULTISYSTEM DISEASE

Authors: Tarek E. Korah
Affiliation: Menoufia University
Presenting Author: Tarek E. Korah
Email: tarekkorah@yahoo.com

Non-alcoholic fatty liver disease (NAFLD) is the hepatic manifestation of the metabolic syndrome. Visceral adiposity and hepatic fat result in a systemic inflammatory state which appears to predispose individuals with NAFLD to extra-hepatic disease.

NAFLD has been found to be significantly associated with the pathogenesis and development of CV disease,cardiacdiseases (e.g. LV dysfunction and hypertrophy, atrial fibrillation and heart valve calcification), diabetes mellitus, chronic kidney disease, colorectal cancer and endocrinopathies, (e.g. hypothyroidism and PCOS).

Individuals with NAFLD have higher CV mortality and malignancy and lower rates of liver-related complications compared with those with other types of chronic liver disease.

The links between NAFLD and these extra-hepatic complications will not only help develop new pharmacological treatments for this liver disease per se, but may also help decrease the global burden of these very common diseases that we now know share a ‘common soil’ with NAFLD. Moreover, the evaluation and monitoring of extrahepatic complications may become a vital part of the care of patients with NAFLD

NON PARASITIC LIVER CYST: DIFFERENT TREATMENT STRATEGY

Authors: Mohamed Aboushady
Affiliation: NLI, Menoufia University, Egypt
Presenting Author: Mohamed Aboushady
Email: aboushady@yahoo.com

The aim of this work is to study the clinico-pathological data of nonparasitic liver cysts (NPLC), its different management modalities and outcome.
Methods: This is a retrospective study of patients that were diagnosed to have NPLC from 2000 to 2015. The clinic-pathological data, operative and non-operative treatment, and outcomes of these patients were studied.
Results: NPLC was present in 118 patients. The female patients were (78, 66.1%), and the mean age was 48 years. Simple liver cysts (SLC) were the majority of cases (95, 80.5%) and its management was; conservative treatment with follow up (51 patients, 53.7%), percutaneous aspiration, puncture aspiration injection and reaspiration (PAIR) or pigtail catheter drainage (26 patients, 27.4%), and surgical treatment (18 patients, 18.9%) either by laparoscopic deroofing (12 patients) or open surgery (6 patients). Six patients (5.1%) with intra-hepatic biloma underwent percutaneous aspiration or pigtail drainage. Five patients (4.2%) had cystadenoma that underwent resection or pericystectomy. Five patients (4.2%) with post traumatic hematoma and underwent conservative treatment. Three patients (2.5%) with polycystic liver disease (PCLD), 1 of them underwent laparoscopic deroofing of large ones, and 2 patients had conservative treatment. Two patients (1.7%) had Caroli's disease that were prepared for liver transplantation. Two patients (1.7%) had cysts with biliary atresia that underwent Kasai operation with excision of the cyst.
Conclusions: Most of the nonparasitic liver cysts are SLC, which can be managed conservatively if it was asymptomatic and small, or by Percutaneous radiological intervention or laparoscopic deroofing for large symptomatic or recurrent ones. Open or laparoscopic resection or pericystectomy is reserved for cystic neoplasms which is not common.

PREDICTORS OF OUTCOME OF LIVING DONOR LIVER TRANSPLANTATION FOR HEPATOCELLULAR CARCINOMA

Authors: Hazem M Zakaria1, Ahmed N Sallam1, Islam I Ayoub1, Sherif M Saleh1, Mohamed Abou-Shady1, Ibrahim A Salama1, Doha Maher2, Hazem Omar3, El-Sayed A Soliman1, , Khaled Abou El-Ella1, Tarek M Ibrahim1, Essam M Hammad1.
Affiliation: 1Department of HBP & liver transplantation surgery, National Liver Institute, Menoufiya University, Egypt. 2 Department of Pathology, National Liver Institute, Menoufiya University, Egypt. 3 Department of Radiology, National Liver Institute, Menoufiya University, Egypt.
Presenting Author: Hazem Mohamed Zakaria
Email: hazemlasheenn@yahoo.com

The aim of this work is to study the different factors that affect the outcome of living donor liver transplantation for patients with HCC. Methods: Between April 2003 to November 2015, 62 patients with liver cirrhosis and HCC underwent living donor liver transplantation (LDLT) in the National Liver Institute, Menoufia University, Egypt. The preoperative, operative, and postoperative data were analyzed. Results: After studying the pathology of explanted liver; 44 (71%) patients were within Milan criteria, and 18 (29%) patients were beyond Milan; 13 (21.7%) of patients beyond Milan criteria were also beyond UCSF criteria. Preoperative ablative therapy for HCC was done in 22 patients (35.5%), 4 patients had complete ablation with no residual tumor tissues. Microvascular invasion was present in 10 patients (16%) in histopathological study. Seven (11.3%) patients had recurrent HCC post transplantation. The 1, 3, 5 years total survival was 88.7%, 77.9%, 67.2% respectively, while, the tumor free survival was 87.3%, 82.5%, 77.6% respectively. Conclusions: Expansion of selection criteria beyond Milan and UCSF, had no increased risk effect on recurrence of HCC, but had less survival rate than patients within Milan criteria. Microvascular invasion was an independent risk factor for tumor recurrence.

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

Authors: Ashraf Sobhy Zakaria; Mohammed Gamil MD; Hussin Okasha MD; Ali Hassan Mebed MD,Reda Hassan Tabashy MD.
Affiliation: National Cancer Inistitute Cairo University
Presenting Author: Ashraf Sobhy Zakaria
Email: ashrafsobhy27@yahoo.com

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.

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

Authors: Ashraf Sobhy M.Sc;I.Murad MD
Affiliation: National Cancer Inistitute Cairo University
Presenting Author: Ashraf Sobhy Zakaria
Email: ashrafsobhy27@yahoo.com
Corresponding author: Ashraf Sobhy Zakaria
Tel: +20 01005843094.

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, epigastricpain. CT abdomen showed a large heterogeneousupper 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.

SUCCESSFUL REMOVAL OF PROXIMALLY MIGRATED BILIARY FULLY COVERED SELF EXPANDABLE METAL STENTS (FCSEMS) USING THE "SEMS" IN SEMS" TECHNIQUECASE PRESENTATION AND LITERATURE REVIEW

Authors: Mossad Hemida, MD.PHD
Affiliation: Alexandria University
Presenting Author: Mossad Hemida, MD.PHD
Email: mosad_hemaidh@hotmail.com

Endoscopic therapy has now superseded surgery as first line therapy for benign biliary strictures (BBSs) Plastic stents (PSs), although effective in treating BBSs, has been limited by their short stent patency and the need for repeated endoscopic procedures to achieve stricture resolution. Recently, FCSEMSs have been increasingly proposed as a new paradigm for treating BBSs. Effectiveness of FCSEMSs in achieving long term stricture resolution has been reported in numerous studies. Removal of biliary fully covered self-expandable metal stents can fail due to stent migration and/ or hyperplastic ingrowth/overgrowth.

We present a case of difficult removal of FCSEMS due to migration and tissue ingrowth that are successfully removaed using "stent in stent technique"

The “SEMS in SEMS technique “revealed to be effective when difficulties are encountered during FCSEMS removal

Key Wards: FCSEMS, stricture, stent

THE SAFETY AND ADEQUACY OF LIVER RESECTION FOR LARGE HEPATOCELLULAR CARCINOMA: A RETROSPECTIVE SINGLE INSTITUTE STUDY

Authors: Amr Mostafa Aziz, Hazem Zakaria, Islam Iyobe, Hossam Eldeen Soliman, Maher Osman
Affiliation: National Liver Institute, Menoufia University
Presenting Author: Amr Mostafa Aziz
Email: amraziz055@yahoo.com

Most major HCC staging systems recommend hepatic resection (HR) only for patients with early-stage of hepatocellular carcinoma (HCC). Still there is controversial about resection of patients with large HCC (defined as > 5 cm). The aim of this retrospective study was to investigate the clinico-pathological features that impacted the long-term outcomes after hepatectomy of large HCC > 5 cm in cirrhotic patients.

Methods: From February 2012 to December 2015, a total of 92 patients with resection of large HCC on liver cirrhosis were reviewed retrospectively and considered for clinico-pathological features that impacted the long-term outcomes. Time to recurrence (recurrence -free survival) and overall survival were determined by Kaplan-Meier analysis.

Results: Twenty-nine (31.5%) patients developed tumor recurrence. The mean time until tumor recurrence was 12.4 ± 6.6 months. The cumulative 1-, 2- and 3-year disease-free survival rates were 73%, 28% and 18%, respectively. On multivariate analysis, male gender, α-fetoprotien > 400, bilober tumors, patients with portal hypertention, plasma transfusion and absence of tumor capsule remained independent predictors for recurrence of HCC. The overall survival rates at 1, 2 and 3 years were 73%, 31% and 16%, respectively. On multivariate analysis, α-fetoprotien > 400 and plasma transfusion remained independent predictors for death.

Conclusions: Liver resection is suggested in patients with large HCC and can be performed with acceptable overall and disease-free survival and morbidity rates. Identification of risk factors, close post-resection follow-up with early detection are mandatory measures for prompt treatment of tumor recurrence which is reflected by a beneficial survival rate for this group of patients.

UTILITY OF CLAVIEN GRADIENT SYSTEM IN LIVING LIVER DONOR HEPATECTOMIES

Authors: Sameh Hamdy,M.Sc ,Amr Mostafa Aziz, MD, Sherif Saleh, MD, Hesham Abdeldayem, MD, HossamEldinSoliman, MD, Hani Shoreem, MD, Osama Hegazy,MD, TahaYassin, MD, Mohamed Taha, MD, Emad Hamdy, MD, HazemZakariya, MD, Islam Ayoub, MD, Ahmed Sallam, MD, Khalid Abo-ella, MD, Tarek Ibrahim, MD, Ibrahim Marwan, MD.
Affiliation: National Liver Institute , Egypt
Presenting Author: Sameh Hamdy
Email: hbp_surgeon@yahoo.com

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 ± 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.

WHIPPLE OPERATION IN YOUNG PATIENT; CASE REPORT.

Authors: Ashraf Sobhy ;Abdel Maksod Mohamed MD.
Affiliation: National Cancer Inistitute Cairo University
Presenting Author: Ashraf Sobhy Zakaria
Email: ashrafsobhy27@yahoo.com
Corresponding author: Ashraf Sobhy
Tel: 01005843094.

Periampullary tumor is a rare primary neoplasm of the ampulla of vater that occurred in young people. It is a relatively a benign tumor, with a favorable prognosis.
A Male patient 19-year-old presented to us with a right upper quadrant pain, mildly elevated liver function tests. However, on CT abdomen, a heterogenous mass was found in the head of pancreas. Upper GIT endoscopy revealed periampullary tumor (mass) and biopsy revealedperiampullary adenocarcinoma.

•The patient underwent pancreaticoduodenectomy (Whipple operation) and the reconstruction was pancreaticojujonostomy, choledocojuojonostomy, jujonojujonostomy, gastrojuojonostomy. Post-surgical specimen histopathological examination showed adenocarcinoma; Margins free; LN 0/12.

•The patient was not given any adjuvant therapy. He remained asymptomatic and showed no signs of disease recurrence through 3 years.

AN ANALYSIS OF OUTCOME FOR LIVER RETRANSPLANTATION IN ADULTS: 12YEARS SINGLE CENTER EXPERIENCE

Authors: Mohamed Rabie Abdelfattah, Mohamed Alsebayel, Dieter Broering
Affiliation: University of Alexandria, King Faisal specialist hospital &research centre -Riyadh KSA
Presenting Author: Dr. Mohamed Rabie Abdelfattah
Email: mohamad.rabie@gmail.com

Liver Retransplant is the only therapeutic option for irreversible liver graft failure. Its incidence varies between 5% and 22% worldwide. Liver retransplant - despite some recent improvement - is associated with significantly poorer outcome compared to the primary transplant.

Objectives: The purpose of this study was to assess the outcome of liver retransplant compared with primary liver transplant, compare the outcome of early and late liver retransplant, and to evaluate the outcome of liver retransplant within different predictive index categories.

Materials and Methods: We retrospectively reviewed adult patients who had liver retransplant from May 2001 to December 2013. Patients were divided into 2 groups: group A (early liver retransplant), retransplant within 30 days; and group B (late liver retransplant), retransplant > 30 days following primary liver transplant.

Results: After 460 primary adult liver transplants, 17 liver retransplants (3.7%) were performed in 16 adults. mean patient survival following liver retransplant was 29.5 ± 31.9 months and Mean graft survival following liver retransplant was 27.9 ± 32.1 months.There were 9 liver retransplants (52.9%) with predictive index category IV; 7 retransplants (41.2%) with predictive index category III; and 1 retransplant (5.9%) with predictive index category II. Patient survival was significantly higher for predictive index category III than IV at 1 year and 3 years.

Conclusions: overall survival rates were found to be better following primary liver transplant compared to liver retransplant. Predictive index category showed correlation to the outcome of liver retransplant.