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Non communicable risk factors in development of hepatocellular carcinoma among Egyptian chronic liver disease patients

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The prevalence of hepatocellular carcinoma (HCC) increased tremendously in Egypt over the last decade mainly because of high prevalence of HCV and HBV. The contribution of non communicable risk factors as smoking, pesticides, obesity and diabetes has not been thoroughly assessed. Therefore, we aimed to study the prevalence of the following potential risk factors: smoking, exposure to pesticides, obesity and diabetes among HCC and chronic liver disease Egyptian patients. In the period from January 2003 to December 2008, 595 out of 8550 CLD patients attending CLC were diagnosed as HCC cases and formed group A, while another group B consisted of 1750 CLD patients were taken by random sampling technique. Obesity was calculated by BMI >30 after excluding cases with ascites and edema. The results of the current study revealed that prevalence of HBsAg was nearly the same in both HCC (5.8%) and CLD groups (5.3) (P=0.741) and the prevalence of HCVAb was 90.6% in HCC group versus 82.8% in CLD group (P=0.000). Schistosomiasis was positive in 68.4% in HCC group versus 57.4% in CLD group (P=0.000). The risk of HCC development were increased with increasing age, those in age group 40-59 years were at six folds more risk to develop HCC whereas age 60 years and over were at 16 times more risk (OR=6.1, OR=16.76, P=0.000, respectively). Synergistically with HCVAb and HbsAg positivity, DM, smoking and exposure to pesticides were associated to HCC development (OR=2.7, P=0.000 for obesity, OR=1.6, P=0.000 for DM, OR=1.3, P=0.003 for smoking and OR=1.7, P=0.04 for pesticides exposure), but in absence of HCV and HBV the association increased (obesity OR=10.4, DM OR=1.9, smoking OR=1.4). Exposure to pesticides was only significant for patients in rural regions (OR=10.6, P=0.05). It was concluded that tobacco, obesity, diabetes mellitus were associated with significant increase in risk to develop HCC. This association is pronounced among subjects without evidence of hepatitis virus infection. Exposure to pesticides represents an important health hazard for HCC development in rural CLD patients.

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Role of serum procalcitonin and C-reactive protein in diagnosis of spontaneous bacterial peritonitis

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Spontaneous bacterial peritonitis (SBP) is defined as an infection of the previously sterile ascitic fluid after exclusion of perforation of viscus, intra-abdominal inflammatory focus like abscess, acute cholecystitis, or acute pancreatitis. The bacterial inoculation mechanism of ascites has been the subject of argument and debate since Harold Conn first identified the disorder in the 1960s. Enteric organisms have been isolated from more than 90% of ascitic fluid in patients with SBP, suggesting that the gastrointestinal tract is the source of bacterial contamination. The diagnosis of spontaneous bacterial peritonitis (SBP) is dependent upon a manual count of ascetic fluid polymorph nuclear leukocytes (PMNs). This procedure is operator-dependent, lysis of PMNs can occur during transport to the laboratory, and that explains the presence of false-negative results. Furthermore, ascetic fluid culture is insensitive and consumes much time to give result so there is need to research about new diagnostic tools of SBP. Objectives: To compare between serum procalcitonin PCT and C-reactive protein regarding diagnosis of SBP. Results: The cut-off point of PCT at which SBP can be diagnosed was 495 pg/ml with sensitivity and specificity of 96% and 99% respectively. The cut-off point of serum CRP at which SBP can be diagnosed was 10.5 mg/L with sensitivity and specificity of 91% and 97% respectively. Conclusion: Serum procalcitonin and CRP are good indicators of SBP.

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