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Endoscopic evaluation of upper gastrointestinal in Iranian patients with familial adenomatous polyposis

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Background & Aim: Familial adenomatous polyposis (FAP) is an autosomal dominant disease which is characterized by over 100 adenomatous polyps in colon and rectum. The prevalence of gastroduodenal polyps in FAP patients and the progression of the polyps to cancer (especially, those in the papilla of duodenum) seem to be higher than general population. In this study the prevalence of gastroduodenal polyps in Iranian FAP patients has been evaluated.

Methods: 28 patients affected by FAP (from 23 families) were invited to undergo front-view and side-view endoscopy (the diagnosis of FAP was based on the presence of multiple adenomatous polyps in colon and rectum and APC gene study). Papillary biopsies were performed in all patients (with normal or 2 abnormal appearance). Finally the results of upper GI endoscopy procedure including: location of polyps, number and size of polyps, and the polyps of periampullary area and pathology study, in addition to patient general information (based on gender, age, age of patients at the time of diagnosis of FAP, family history of FAP or colorectal cancer and gastroduodenal polyps) were analyzed.

Results: 28 patients affected by FAP (10 females and 18 males) with an average age of 38 year old, participated in this study. The outcomes were as follows: Gastric polyp in 39.28 % of patients (11 patients), was seen. (72.7% of patients with gastric polyps had fundic gland polyp and 36.36% had hyperplastic polyp); Duodenal adenoma in 25% of patients (7 patients) was seen. (57.13%: tubular adenoma with low grade dysplasia, 42.8% tubulovillous adenoma with low grade dysplasia); Normal endoscopy (no polyp was seen in endoscopy); 39.28% (11 patients) one patient (3.56%) had both gastric and duodenal polyps at the same time. There was no patient with duodenal or gastric cancer. Only one 22 year patient had a polyp in the papilla of duodenum that it was in stage one of spigelman stage classification. Desmoid tumor was seen in one 36 year female patient, (3.56%) in the left ureter and forehead. she had no significant upper GI complaint, but there was one small sessile polyp in D2 (Tubulovillous adenoma with low grade dysplasia).

Conclusion: The prevalence of gastroduodenal polyps in Iranian FAP patients is high and dysplasia has been seen in duodenal polyps of these patients.

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Hemangiopericytoma of the greater omentum with pelvic metastasis: A very rare occurrence; case report

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Hemangiopericytoma arising from the greater omentum is very rare, and only few case reports were found in the English literature. Here we report a case of hemangiopericytoma arising from the greater omentum with pelvic metastasis. The case was a 45 year old male patient admitted at our hospital with abdominal pain and swelling. Abdominal ultrasound and computer tomography detected a huge heterogeneously enhancing predominantly solid central abdominal mass with cystic changes. Laparotomy and excision of huge freely mobile highly vascularized mass arising from the greater omentum and multiple deposits on the anterior wall of the rectum was performed. Histological findings confirmed a diagnosis of hemangiopericytoma of the greater omentum with secondary deposits in the pelvis.

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