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Poster

Esam Elshimi et al., J Gastrointest Dig Syst 2017, 7:3(Suppl)
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Natural history of chronic hepatitis C development and progression as a consequence of iron and HFE or TfR1 mutations

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Introduction & Aim: Heavy iron overload is toxic to virtually all cells and tissues. There is growing evidence that only modest amounts of iron in the liver may serve as a co-morbid factor to increase the severity and/or rate of progression of liver disease. Aim of this study is to explore the role of iron, HFE mutations, and polymorphisms of the *TfR1* gene in the progression of chronic hepatitis C infection and possible therapeutic implications of iron overload on interferon therapy of patients with chronic hepatitis C.

Methods: From 3rd October 2012 to 6th January 2016, we studied 300 consecutive patients with chronic hepatitis C, correlating clinical, laboratory, histopathological, and genetic data. Frequencies of genetic variations were compared with healthy controls.

Results: HFE mutations were more common in patients than controls (25% vs. 11.7%, P=0.00006), and the C282Y mutation were more common in patients than controls (38.0% vs. 48.0%, P=0.02). Patients carrying C282Y had higher mean hepatic iron concentrations (P=0.02). Hepatic fibrosis was correlated with hepatic iron concentration (P=0.03). HFE and TfR1 polymorphisms bore detectable relation to disease severity and to response to interferon therapy.

Conclusions: Hepatic iron and HFE andTfR1mutations are co-morbid factors that increase progression of chronic hepatitis C and decrease the response to interferon therapy.

Biography

Esam Elshimi is working at Menoufia University, Egypt. He is the recipient of numerous awards for his research works in related fields. His research interests reflect in his wide range of publications in various national and international journals.

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Over-expressed blood mRNA matrix metalloproteinase 12: Smart diagnosis and prognosis of HCV-related hepatocellular carcinoma

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Background: Matrix metalloproteinase-12(MMP-12) is involved in tumor invasiveness and metastasis and significantly over-expressed in tissues of HCC.

Aim: Aim of this study was to investigate the diagnostic and prognostic value of serum mRNA MMP-12 over expression in human HCC on top of HCV related cirrhosis.

Subjects & Methods: From January 2016 to June 2016, 50 patients with chronic HCV related cirrhosis and HCC, 50 patients with HCV related cirrhosis compared to 50 healthy persons as a control group. They were selected from National Liver Disease–Menoufia University; all patients were subjected to tri-phasic CT abdomen when indicated, liver profile, AFP and molecular characterization of metalloproteinase-12 expression by molecular biology techniques.

Results: There were statistically significant differences between HCC and cirrhotic patients versus control group regarding (CBC parameters and liver profile), (p-value<0.01), while there were no differences between all groups regarding creatinine (p-value>0.05). There was a statistically significant difference between HCC patients and other groups regarding mRNA-MMP12 (p-value<0.01), sensitivity 72.0%, specificity 60.0%, AUC0.68, accuracy 70.9%, P value<0.01, mRNA-MMP12 and/or AFP had sensitivity of 84.0%, specificity 60.0%, PPV of 51.2, NPP 88.2%. Accuracy of mRNA-MMP12 and/or AFP=68.0%. The sensitivity of mRNA-MMP12 and AFP= 58.0 %, specificity 78.0%, PPV 56.9%, NPV 78.8% and accuracy 71.3%.

Conclusion: mRNA-MMP12 is a good sensitive, bad specific but accurate in diagnosing HCC. Adding serum mRNA-MMP12 to AFP improves early diagnosis and hence, better prognosis.

Biography

Esam Elshimi is working at Menoufia University, Egypt. He is the recipient of numerous awards for his research works in related fields. His research interests reflect in his wide range of publications in various national and international journals.

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Notes:

Huseyin Sancar Bozkurt et al., J Gastrointest Dig Syst 2017, 7:3(Suppl)
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Successful therapy of severe pseudomembranous colitis using combination of oral vancomycin and intracolonic vancomycin

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Background: *Clostridium difficile* is a major cause of intestinal infection and diarrhoea in individuals following antibiotic treatment. Disease associated with *C. difficile* infection (CDI) ranges from mild diarrhoea to pseudomembranous colitis (PMC). Severe CDI unresponsive to intravenous (IV) metronidazole therapy requires more aggressive medical management and possible surgical intervention. In the case of ileus, intracolonic and oral vancomycin presented a promising alternative method for administering the antibiotic.

Methods: We reported a five year old boy had non bloody diarrhea with un-responding metronidazole treatment for 10 days. The stool CDI cytotoxin assay was negative. The patient had no antibiotic exposure in the six weeks prior to diarrhoea. Abdominal pain, ileus, fever, leukocytosis were occurred (figure 1). Decompressive flexible sigmoidoscopy revealed inflamed mucosa and yellow plaque like lesions in sigmoid and descending colon (figure 2). Stool cultures and analysis for *Rotavirus, Staphylococcus, Shigella, Salmonella* and *Candida* were negative.

Results: İntraluminal vancomycin (1 gr in 250 ml serum physiologic) was performed during flexible sigmoidoscopy. Oral vancomycin was started (40 mg/kg) four times a day. The patient's condition improved after treatment and three days later soft diet started (figure-3).

Conclusion: Pediatric CDI cases found 87% reported only diarrhea, 9% had severe CDI and 4% had severe CDI with complications (toxic megacolon, ileus, intestinal perforation). In the case of ileus, intracolonic and oral vancomycin presented a promising alternative method for administering the antibiotic in clinical suspect of CDI associated PMC. To our knowledge, this is the first documented case to report successful intracolonic and oral vancomycin treatment used in a child patient.

Biography

Huseyin Sancar Bozkurt has completed his PhD at the age of 24 years from Trakya University and İnternal Medicine at the age of 30 from Çukurova University. He has completed gastroenterology education at the age of 33 years from Adana Baskent University. He has published multiple national and international papers.

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Anorectal manometric abnormalities in patients with functional constipation and constipation predominant Irritable Bowel Syndrome

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Statement of the Problem: Functional constipation (FC) and constipation predominant irritable bowel syndrome (IBS-C) are a part of functional bowel disorders, and have a significant personal, healthcare, and social impact. Evaluation by anorectal manometry is essential in these cases for targeted treatment. Data on the anorectal manometric abnormalities in these patients is scarce. We aimed to study the anorectal manometric abnormalities in patients with functional constipation and constipation predominant IBS in northern India. Methodology & Theoretical Orientation: A total of 114 consecutive patients with history of chronic constipation who underwent ano-rectal manometry from January 2013 to December 2016 in a tertiary care institute were enrolled. Standard laboratory tests and colonoscopy were normal. Twenty-six healthy volunteers served as controls. Finding: The mean age was 46.7 years, 75.4% were males, and the median duration of constipation was 60 months. Sixty two patients satisfied ROME IV criteria for functional constipation (FC) and 52 had Irritable bowel syndrome- constipation predominant (IBS-C). A comparison of the anorectal motor and sensory manometry parameters along with healthy controls is shown in table. The resting anal pressure and the squeeze pressure were similar in all subgroups. Dyssynergic pattern of defecation was seen in significantly more patients in the FC group ($p<0.001$). The first sensation threshold was significantly higher among FC patients. The thresholds for desire to defecate and maximum tolerable volume were significantly higher among FC and IBS-C patients compared to controls. Conclusions and significance: Dyssynergic pattern of defecation is seen in significantly more patients with FC compared to IBS-C. Patients with FC have marked elevation of all sensory thresholds, while IBS-C patients have similar first sensation threshold with elevated threshold for urge and maximum tolerance.

Figure

	Functional constipation (n= 62)	IBS-C (n=52)	Controls (n=26)
Motor testing			
Resting Pressure (mmHg)	65 (44- 124)	71 (49- 136)	62 (43-113)
Squeeze pressure (mmHg)	132 (84-186)	124 (81-193)	115 (75-162)
Dyssynergic pattern	43.5% (27)	21.5% (11)	7.8% (n=2)
Abnormal BET	51.5% (32)	19.2% (10)	7.8% (n=2)
Sensory testing			
First sensation	70 (50 - 150)	40 (30-80)	30 (20-50)
Desire to defecate	210 (170- >300)	120 (100- 210)	70 (60-110)
Maximum tolerable volume	270 (210 - >300)	250 (190- 300)	230 (210-280)
RAIR present	95.1% (59)	100%	100%

Biography

Omesh Goyal is working as an Associate Professor in Gastroenterology and Hepatology in a tertiary care institute in northern India. He has done lot of research work on chronic hepatitis C and complications of cirrhosis. His other major interest includes functional bowel disorders and ano-rectal manometry. He is a part of the Indian working group on Chronic Constipation which will formulate guidelines for constipation in India under the leadership of Dr Uday Ghoshal. His research work in has been acclaimed at international level. He won the National Scholar Award at UEG in Sweden and Best paper award in APICON in Hyderabad, India. He is working as an editor of the Journal of Gastrointestinal Infections and is an active member of various academic bodies.

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e-Poster

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Young man, cigarette smoking and abdominal pain: Mesenteric involvement of Buerger's disease

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Buerger's disease, known as thromboangiitis obliterans, is a progressive, non-arteriosclerotic, inflammatory disease occurring in male smokers younger than 40-50 years of age. Thromboangiitis obliterans predominantly produces occlusion of small to medium-sized vessels of upper and lower extremities. Intestinal involvement of thromboangiitis obliterans is rare. We report a case of 32-year-old male cigarette smoker who had prior history of thromboangiitis obliterans of lower limbs and presented at our institution due to acute abdominal pain. Physical exam revealed diffuse, tender abdomen with diminishing bowel sound. Digital rectal exam found blood in feces. With a high index of suspicion for mesenteric ischemia, emergent surgery was arranged. Bowel infarction was diagnosed by diagnostic laparoscopy and was managed successfully with bowel resection. Thromboangiitis obliterans with mesenteric vascular involvement was confirmed by pathological examination. The literature concerning mesenteric involvement of thromboangiitis obliterans is reviewed. In most reported cases, mesenteric involvement of Buerger's disease occurred after the disease had affected lower extremities. Mesenteric involvement has been the initial clinical manifestation of Buerger's disease in one reported case. If a young male with habit of cigarette smoking presented ischemic abdominal pain, especially with history of Buerger's disease, mesenteric involvement of Buerger's disease should be a part of differential diagnosis.

Biography

Jing-Jim Ou has his expertise in Minimal Invasive Surgery in the field of Colon and Rectal Disease. He completed Surgical Residency training at Tri-Service General Hospital and then worked as an attending Surgeon at Show Chwan Memorial Hospital. In 2010, he completed his fellowship training at IRCAD in Strabourg. With the experience of Minimal Invasive Surgery, he also worked as one of the local Faculty at Asian Institute of Tele-Surgery.

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Accepted Abstracts

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Laparoscopic cytoreductive surgery for metastatic colon cancer - how to improve treatment results

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Background: Colon cancer (CC) is one of the most common oncological diseases in world. Up to 30% patients in Russia have metastatic CC at first visiting to oncologist. The treatment results are still controversial. Nowadays, minimally invasive laparoscopic precision technique allowed extending the indication for cytoreductive surgery even in patients with severe comorbidities

Materials & Methods: 89 patients with colon cancer (T1–4a) and curable synchronous distant metastases included in study. All patients underwent cytoreductive surgery with primary tumor resection. In study group (44), we performed laparoscopic surgery, in main group (45) – open surgery procedure. The groups were similar by sex, age, tumor localization and histological structure, comorbidities.

Results: R0 resection was performed to 27% patients. The average number of lymph node removal was similar to 13 and 12 respectively. Average operation time was significantly longer in study group 210 vs. 120 min. In study group, blood loss was lower: 300 ml vs. 1200 ml. Postoperative patient recovery was shorter after laparoscopic surgery ($p<0.05$); time to activation 2.2 vs. 3.9 days; time to first peristalsis- 1.8 vs. 4.5 days; first bowel movement- 3.4 vs. 4.8 days; first food taken- 2.9 vs. 3.9 days. Shorter time of analgesics intake was 2.3 vs. 4.4 days, $p<0.05$. Hospital stay was shorter: 9.3 vs. 13.4 days, $p=0.05$. Time to start chemotherapy reduced since 27.5 to 14.7 days, $p<0.05$. Postoperative complications lower in study group: 6.8 vs. 17.8%, $p=0.05$. Kaplan-Meier 2-year overall survival were similar: 69.5% vs. 61.6%, $p=0.96$

Conclusion: Laparoscopic cytoreductive surgery for metastatic CC is safe, minimized surgical trauma and speed up patient recovery.

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Massive submucosal esophageal tear from meat impaction in candida esophagitis

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Introduction: Candida species are commensal organisms of different mucous membranes in healthy individuals with the esophagus being a common sight of colonization. Candida esophagitis involves the superficial mucosa and transmural invasive candida infection is rare even in immuno compromised patients. It rarely involves life-threatening complications (i.e. deep esophageal tear, necrosis and perforation).

Case Description: The patient is a 49 year-old male with history of hypertension that presents with a food impaction in his esophagus after eating steak. He tried to relieve the impaction with self-induced vomiting without relief followed by multiple episodes of hematemesis associated with dysphagia, odynophagia and severe chest pain. He reports being in usual state of health prior to that incident; no NSAIDs, alcohol abuse or smoking history; no chronic steroids, PPI, or anticoagulant use. Physical examination: Sclera nonicteric, no oral thrush, no palpable crepitus over chest wall or neck. Abdominal exam was unremarkable. CT chest showed no radiopaque foreign body or pneumomediastinum and an emergent EGD was performed. Patient was admitted under CT surgery and was kept NPO, on IV fluids, IV PPI, IV antibiotics and antifungal. Patient was subsequently diagnosed with HIV.

Discussion: Candida esophagitis is known to occur in immuno compromised hosts but severe complications (i.e., perforation, fistula) with esophageal candidiasis are rare and have been mainly reported in diabetic patients with renal transplantations and patients with hematologic malignancy. Unlike eosinophilic esophagitis, food impaction is not often seen in candida esophagitis. The unique highlights of this case are the absence of any prior classic symptoms of infectious esophagitis (i.e. dysphagia, odynophagia and chest pain) or constitutional symptoms and the extent of esophageal mucosal injury sustained from the food impaction in the setting of esophageal candidiasis.

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HBsAg loss in HBeAg positive and HBeAg negative patients with chronic HBV treated with entecavir: A retrospective case series

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We retrospectively investigated our patients who have been followed up in our gastroenterology and infectious diseases clinic between 2007 and 2016. All the patients were followed up at least six months before therapy to ensure that they had chronic hepatitis B. Every patient had liver biopsy procedure to assess the liver pathology. Of the patients who were started entecavir treatment, 161 patients had enrolled for this retrospective assessment. All the patients had continuous treatment (0.5 mg/day or 1 mg/day). Of these patients 30 were HBeAg positive (24 males, 6 females) and 129 HBeAg negative patients (99 males, 30 females) with chronic HBV infection, treatment initiated starting from 2007 till 2016. All the follow-ups for liver biochemistry were done every three months and HBV DNA was assessed every six months. HBsAg was controlled yearly. Total of nine patients had HBsAg loss (5.5%) (three patients of HBeAg+, and five patients of HBeAg-). Overall, the mean time to HBsAg loss was 3 years±4.5 months in HBeAg (+) patients and 3.5 years±7.5 months in HBe Ag (-) group. In this case series, HBsAg loss was observed both in HBeAg positive patients and in HBeAg negative patients. All of the patients with HBsAg loss received entecavir as 0.5 mg. Our results are consistent with the previous reports. Therefore, it may be suggested that treatment with entecavir could be associated to HBsAg loss in a period of time, in both HBeAg positive and HBeAg negative HBV patients.

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Total laparoscopic benign giant tail pancreatic tumor: Case report

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Pancreatic tumor resection is still a challenge in laparoscopic procedures. Several cases need to be assisted, or conversion to laparotomy. It is probably pancreas has a specific tissues structure and unique. But, the most frequent are because of the fault of planning and fault to put the trokkar itself. A 26 year old female had an intra-abdominal mass on left hypochondrium since four years ago. General condition was almost normal, and had no other complain. She could not have normal eating. CT abdominal study found a tumor 12x9x7 cm subcostal region, suspicious from the parenchymal of the tail of pancreas, capsulated, and isolated from the adjacent organs. Laboratory study showed almost normal with HB=11.2 mg/dl. Amylase and lipase of pancreas were normal, LFT normal and specific blood study result was normal. Laparoscopic procedures were performed with 11 mm umbilical port, 11 mm port LMC, 5 mm port two cm below xiphoid process, and 5 mm port 1 cm left from the left rectus sheath. Maneuver of the tumor isolated from adjacent organs can be easily identified, with the position of the trokkars. Evacuation of the tumor through the bikini incision was done on the request of patient itself. Postoperative study of the histopathology report was benign tumor, originated from the tail of pancreatic bodies. No mitotic and no proof of malignancy tumor was found. Patient was discharged on day two and no antibiotic was administered for ambulatoire. Day seven after surgery was evaluated, no port-site and bikini incision inflammatory and infection was observed. Activity of daily living at day 8 was observed. Totally laparoscopic pancreatic resection can be performed by every surgeons and depend on the knowledge of topography anatomica and port placement accuracy.

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Computational analysis to detect resistance mutations to direct acting antivirals in hepatitis C virus

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Hepatitis C virus (HCV) infection is considered as a major public health problem with an estimate of 200 million people infected worldwide. HCV infection is the major cause of chronic liver disease, with severe outcomes including cirrhosis and hepatocellular carcinoma and it is the main cause of liver transplantation. The treatment for HCV chronic infection with pegylated interferon alpha plus ribavirin inhibitors is unspecific; consequently, the treatment is effective in only 50% of patients infected. This has prompted the development of direct-acting antivirals agents (DAA's) that target virus proteins. Unfortunately, since the virus has a high replication rate and its RNA polymerase lacks proofreading activity, genetic variations might produce resistance against the DAA's. These DAA's have demonstrated a potent effect *in vitro* and *in vivo*; however, virus mutations associated with the development of resistance have been described. The objective of this work is to detect mutations in known aminoacids to be implicated in resistance to DAA's in sequences obtained of conventional Sanger and cloning sequencing. We have designed and developed an online information system named Biomedical Mutation Analysis (BMA), which allows users to calculate changes in nucleotide and amino acid sequences for each selected sequence from conventional Sanger and cloning sequencing. BMA allows the computational analysis quickly, easily and effectively. Furthermore, the development of different visualization techniques allows a proper interpretation and understanding of the results. The data obtained from BMA will be useful for HCV resistance surveillance for the design of broad-range inhibitors and rationale therapeutic regimen.

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The role of contrast-enhanced ultrasound in the diagnosis of focal liver lesions

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Introduction: At present, differential diagnosis of focal liver lesions usually identified at computed tomography (CT) or magnetic resonance imaging (MRI). The conventional ultrasound (US) offers no such comparable ability to characterize a focal liver lesion. The appearance of malignant liver lesions in ultrasound B-mode are very variable: they can be hypoechoic, hyperechoic; they can have a peripheral halo. For example, hemangioma and colorectal carcinoma metastases can be very similar and be hyperechoic in a grayscale. New imaging method - contrast enhanced ultrasound (CEUS) with micro bubble contrast agents has improved the ability of US to characterize a focal liver lesions. On CEUS, all liver malignant lesions can present a typical wash-out pattern in the portal and late phases.

Aim: Aim of our study was to evaluate the diagnostic value of CEUS for the characterization of focal liver lesions.

Materials & Methods: This prospective study was carried out at the Petrov Research Institute of Oncology, Ministry of Health, Russia. This study was approved by the institution review board at our institute and informed written consent was obtained from all of the reviewed subjects. 119 patients underwent conventional ultrasound examination including standardized CEUS of a focal liver lesion within our institute. The CEUS results were compared with the CT or MRI. Final diagnosis was based on histology.

Results: CEUS is more sensitive than conventional US for the detection of focal liver lesions. The efficacy of CEUS examination is similar to that of contrast CT and MRI. CEUS may play a significant role in questionable diagnostic situations owing to its ability to visualize characteristic features of different liver lesions therefore, helping to adequately plan the treatment strategy.

Conclusion: It should be noted that the high diagnostic potential of CEUS of focal liver lesions do not decrease the capabilities of the other diagnostic methods (CT and MRI), and in particular cases can supplement them. Therefore, the role of CEUS, in our opinion, should be limited to the use in difficult differential diagnostic cases.

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Laparoscopic giant type IV hiatal hernia repair; my most difficult case: Video presentation

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A 57-year-old man presented to the outpatient clinic with shortness of breath, dyspnea and vomiting. He noted that shortness of breath aggravated with exertion and after the ingestion of food. The patient did not describe an underlying chronic disease and did not use any medication within the previous six months. On the physical examination, vital signs were stable and no pathologic condition was observed. Blood analyses were found to be within the normal range. On the posteroanterior chest radiograph, there was an air-gas appearance that reflected the whole stomach on the chest. A thoracoabdominal CT scan including axial and coronal sections was performed in the patient because of the suspicion of a large hiatal hernia with available image. It was found that a large part of the stomach was herniated into mediastinum without any finding of incarceration. After three months of the operation, CT scan evaluation was performed again and no pathologic findings were observed (figure 1). Giant hiatal hernia is defined as greater than one third of the stomach in the thoracic cavity (chest) and representing 5 to 10% of all hiatal hernia. Although a uniform definition does not exist; most commonly with both the gastroesophageal junction and the fundus herniating through the hiatus. The fundus lies above the gastroesophageal junction. There are four types of HH. The current anatomic classification has evolved to include a categorization of hiatal hernias into Types I–IV. Greater than 95% of hiatal hernias are Type I. Type IV hiatal hernias are characterized by the presence of a structure other than stomach, such as the omentum, colon or small bowel within the hernia sac. Although the cause for the development of hiatal hernia is unknown, its incidence increases by advancing age. Two potential mechanisms exist: Gastroesophageal reflux disease (GERD) leads to esophageal scarring and shortening with resulting traction on the gastroesophageal junction and gastric herniation; and chronic positive pressure on the diaphragmatic hiatus combined with a propensity to herniation leads to gastric displacement into the chest, resulting in GERD. Symptoms are often related to gastroesophageal reflux disease in the hiatal hernia which is usually asymptomatic. Asymptomatic hernia may not require any treatment, while multiple studies have supported the recommendation of early elective repair as a safer route in symptomatic patients. Repair of hiatal hernias has been performed traditionally via open laparotomy or thoracotomy. Since first laparoscopic hiatal hernia repair in 1992, this method has a growing popularity and today, it is the standard approach in experienced centers specialized for minimally invasive surgery. A successful repair of giant HH requires adherence to basic hernia repair principles i.e., hernia sac excision, tension-free repair, recognition and correction of a short esophagus, and a well-performed anti-reflux procedure. The laparoscopic approach for repair of large hiatal hernias is a relatively safe method with significant long-term efficacy in terms of symptom control and quality of life.

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Significance of tumor necrosis factor a-308 (G/A) gene polymorphism in the development of prostate cancer

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Prostate cancer (PCa) is the most common noncutaneous cancer among men, accounting for 10% of male cancer-related deaths worldwide. The etiology of PCa is largely unknown, although multiple environmental and lifestyle factors such as ultraviolet irradiation, smoking, and diet might increase the risk of the disease. Risk of disease varies most prominently with age, ethnicity, family history, and diet. The multifunctional cytokine tumor necrosis factor alpha (TNF-a) has an important role in the pathogenesis of inflammatory, autoimmune and malignant diseases. In this case, control study 150 prostate cancer patients and 150 ages matched benign prostate hyperplasia (BPH) and equal numbers of healthy control groups were involved. The aim of this study was to analyze the effect of *TNF-a-308* (G/A) polymorphism on risk of prostate cancer on north Indian prostate cancer patients. The polymerase chain reaction (PCR) technique was utilized to genotype *TNF-a-308* (G/A) polymorphism. The present study showed statistically significant increased risk of prostate cancer among individuals that carried the A allele of *TNFa-308* gene (OR=1.81, 95% CI 1.00–3.481, p = 0.03).

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Complications of antegradny access at the decompression of bilious channels in patients with mechanical jaundice and ways of their treatment

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Introduction: Percutaneous transhepatic drainage of the bile duct and its tributaries is performed for the patients who have unresectable tumor of the hepato-duodenal area with obstruction of biliary system; only when it is not possible to drain by endoscopy due to dramatic pathological changes in the region or low performance status of the patient. This procedure improves the quality of life and overall survival without changing disease prognosis.

Aim: The aim of the study is the efficacy and safety assessment of percutaneous techniques installation of biliary drainage systems, and differentiate possible complications and there treatment.

Method: From 2014 to 2015, the clinic endoscopic and minimally invasive surgery at Stavropol State Medical University (StSMU) had 112 inpatients with obstructive jaundice. All patients underwent percutaneous transhepatic drainage of the bile duct and its tributaries. Total 128 operations were done. The average patient age was 65.5 years; mean bilirubin level at admission was 253.

Results: We performed 128 operations on patients. In all cases, the biliary system was drained effectively. In 41.4% mounted external drainage, 32% of the external-internal drainage, 4% drainage bilobar, 6.2% bile duct stent, 3.1% "rendez-vous" passage technique of benign strictures of the common bile duct. In 1.5% of cases, after the drainage of the biliary ducts, hemobilia occurred that was resolved conservatively by the change of drainage and washing. In 13.2% of cases of cholangitis after drainage, in all cases, they were treated conservatively. Allergic reaction was observed to the anesthetic 2.3% (three patients). Leakage of bile into the abdominal cavity was seen because of drainage migration in 1.5% (two patients). The lethal outcome of 0.5% (within seven days of observation) and the duration of hospitalization were three days for the early ambulated patients- fast track.

Conclusion: Percutaneous transhepatic drainage of the bile duct and its tributaries is an important alternative to endoscopic drainage. This intervention is shown to extend the lives of patients with malignant stricture with a low level of survival. Treatment of postoperative complications, the ante-grade way of interventions in most cases doesn't demand performance of open operations.

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Medial to lateral lymph nodes dissection for primary radical resection of colon cancer, complicated by large bowel obstruction

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Background: Choosing a primary radical resection in treatment of large bowel obstruction, often oncologically justified by necessity to remove the obstructive tumor at the first stage. However, indicators of radicalism of this approach are not enough reflected in trials.

Materials & Methods: Prospective comparative trial in period from December 2012 till April 2015 of treatment outcomes and specimens of 70 patients, whom mobilization of the mesocolon were performed in medial to lateral direction and traditional way.

Results: The average number of lymph nodes, complications of I, II and V level did not differ significantly. The median vascular tie length improved from 42 to 115 mm for right colon cancer and from 30 to 65 mm for left colon cancer.

Conclusions: Benefits of the primary radical treatment for large bowel obstruction versus delayed surgery remains controversial. However, at the first case, the choice should be given to the medial-lateral approach, which allows achieving best tissue morphometry and improving of treatment outcomes.

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Microwave ablation of large HCCs by simultaneous multiple antennae insertion: Long term follow-up

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Background & Aim: We report long term results of microwave (MW) ablation with simultaneous insertion of multiple antennae for large hepatocellular carcinoma (HCC).

Methods: Between October 2008 and September 2013, 36 cirrhotic with a single HCC nodule >3 cm (range: 3.2-7.0 cm; mean: 4.4 cm) underwent MW ablation in a single session by simultaneous insertion of multiple 13-gauge-MW-antenna (Viva-Wave, Covidien, USA). All patients underwent intra operative evaluation of efficacy with contrast enhanced ultrasound (CEUS). Residual viable tumor at CEUS was treated in the same session by reinsertion of 2-3 MW antennae in the tumor. Efficacy of ablation was definitely assessed with three-phase computed tomography (CT) after one month. After treatment, scheduled follow-up entailed US every three months and CT every 12 months.

Results: 10 and 18 patients were treated with a single insertion of two and three synchronous antennae, respectively. Eight patients were treated with two insertions of three antennae in the same session. Intraoperative CEUS showed residual tumor in 12 patients. Nine out of these patients underwent an additional insertion of two antennae and three patients of three antennae. Intraoperative CEUS at the end of the procedure showed complete necrosis in all patients. One month-CT showed complete necrosis in 33/36 patients. A severe hemoperitoneum, treated with blood transfusion, occurred in one patient after treatment. No major complication occurred in the other patients. Follow-up ranged from 18 to 78 months (mean: 42 months). During follow-up, local recurrence occurred in seven patients within 3 to 12 months (mean: six months). Recurrences in other liver segments occurred in 35/36 patients within 6 to 24 months (mean: 15 months). Extrahepatic metastases from HCC were observed in one patient 24 months after treatment. 16 patients died within 18-60 months (mean: 36 months) for tumor progression in 11 cases, decompensation of cirrhosis in four cases, hemorrhagic stroke in one case, respectively. 20 patients were alive at 18-78 months follow-up (mean: 42 months).

Conclusions: Ablation of large HCC by simultaneous insertion of multiple MW antennae is a safe and effective treatment and can result in long survival of patients.

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Malignant bowel obstruction: The modern approach of colorectal surgeon

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Colorectal cancer is one of the most common malignancies in developed countries. Malignant large bowel obstruction occurs in up to 20% of patients with colorectal cancer and carries an appreciable morbidity and mortality. Malignant bowel obstruction is one of the severe complications associated with colorectal cancer. Treatments target both the resolution of obstruction and symptom management. Malignant large bowel obstruction most often is caused by primary or recurrent adenocarcinoma of the colon. In addition, extrinsic compression of the colon with resultant obstruction may occur as the result of pelvic malignancies. Non-operative interventional strategies to palliate luminal obstruction are achieved using endoscopic and interventional radiologic techniques. Colonic stents potentially offer effective palliation for patients with bowel obstruction attributable to incurable malignancy, and a "bridge to surgery" for those in whom emergency surgery would necessitate a stoma. The aim of stenting with self-expandable metal stents (SEMS) in an obstructed colon is to transform an emergency surgical case into an elective surgery case and restore bowel transit, thus reducing morbidity, mortality, and the need for an enterostomy. The surgical solution can decide between simple enterostomy and bowel resection based on their experience, the patient's clinical condition, and intraoperative findings. Bowel resection could be performed using Hartmann's procedure, on table irrigation, and primary anastomosis or subtotal colectomy compliance with oncological principles. We have a difficult question, what to do with bowel perforation as diagnosed by clinical exploration and complementary studies, associated conditions contraindicating general anaesthesia and or hemodynamic instability.

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The treatment results of rectal fistulas in Crohn's disease - VAAFT

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Treatment of fistulas of the rectum in Crohn's disease is a difficult task for both gastroenterologists and surgeons. Medicamental treatment of this pathology is recommended as the first line of therapy, and surgical treatment serves to control severe septic complications. The frequency of relapse in the surgical treatment of rectal fistula with the use of various methods can reach up to 55% and 70% if there is also Crohn's disease. Surgical interventions with the plastic component and the excision of the fistula show good results, but they practically do not make sense in case of Crohn's disease. Mini-invasive interventions video-assisted anal fistula treatment (VAAFT) is becoming increasingly popular, in the treatment of rectal fistulas in Crohn's disease, in particular. Our clinic performed 12 procedures using video-endoscopic technologies (VAAFT) in patients with Crohn's disease, the comparison group included patients who underwent ligation of the fistula in the intersphincteric space (LIFT)-18. In the first stage, setons were put into all the patients, followed by operation in the period from one to three months. Patients of both groups did not differ in age and sex (p=34), as well as in fistula types: Trans-sphincteric- VAAFT=8, LIFT=14, extra-sphincteric- VAAFT=4, LIFT=6 (p=45). The groups did not significantly differ in the duration of the surgical intervention: VAAFT-28±5.2 min, LIFT-26±5.8 min (p=.12), pain syndrome in the postoperative period (VAS scale) (p=.07), postoperative bed-day (4±1.2 and 4±1.4, p=.24). All patients in VAAFT-group underwent the first stage of fistuloscopy, then the fistula was cleared from fibrin overlap, fistula ablation was performed in the direction from the inner to the external opening, the internal opening was excised and sutured. According to the preoperative examination (transanal US, MRI), there was an ischio-rectal lag associated with the fistula in two patients in the VAAFT group and one in the LIFT group, and surgical intervention was supplemented by sanitation and drainage through the external fistula opening. The median follow-up of the total sample of patients was 12.6 months. In two patients of the LIFT group (10%) and the 1st group VAAFT (8.3%), the relapse of the disease was detected at different times: 6, 7 and 3 months, respectively (p=.18), the setons were put into the patients once again; medicamentous therapy was continued (preparations of 5-ASA, hormones, and biological therapy). Video-endoscopic treatment of rectum fistulas (VAAFT) in Crohn's disease is quite new and promising surgical technique that demonstrates satisfactory results in both early postoperative and distant period. The small-traumatic nature of the technique makes it possible to perform it in multiple and recurrent fistula of the rectum.

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The endoscopic diagnosis of early gastric cancer

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The incidence of gastric cancer in Japan is very high. Therefore, we always focus on endoscopic diagnosis of early gastric cancer. Early gastric cancer occurs in the mucous membrane and invades to the submucosal layer. The prognosis of gastric cancer depends on its stage. We detect an initial lesion of gastric cancer by observing the mucous membrane closely using an endoscope It leads to a higher survival rate of gastric cancer. The first step of diagnosing early gastric cancer is to find suspicious lesions by white light endoscopy. Close attention is paid to color changes of the lesions such as reddish or pale and to surface morphology changes such as elevation or depression. The second step is image enhanced endoscopy (IEE). Basically, there are two IEE methods; dye-based IEE (chromo-endoscopy) and equipment-based IEE (optical digital endoscopy). These methods enable us to recognize the demarcation line (DL) of the background mucous membrane and the cancerous lesion. The representative optical digital endoscopy is narrow band imaging system (NBI). NBI light is absorbed by hemoglobin contained in the blood vessels. With this light, we can observe blood vessels in the mucous membrane and the submucosal layer and recognize the mucous membrane microstructure. Consequently, we can diagnose early gastric cancer and identify tumor margins. The third step is magnifying observation of lesions. We can determine whether there are any irregularities of micro-vascular architecture and superficial surface structure. When we find either irregularity, the lesion is diagnosed as cancer.

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Irritable bowel syndrome and microbiota: Preliminary study on correlations between gut bacteria, Dientamoeba fragilis, Blastocystis and eating habits

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Diagnosing IBS can be challenging for the physician, due to the potential for overlap between the symptoms that sufferers report and those of organic gastrointestinal conditions such as coeliac disease, small intestinal bacterial overgrowth, bile acid diarrhea, exocrine pancreatic insufficiency, inflammatory bowel disease and even colorectal cancer. Several studies have examined the yield of diagnostic testing for these conditions in individuals with symptoms suggestive of IBS, but clear evidence for the routine exclusion of any of these disorders, with the exception of coeliac disease, is lacking. Attempts to identify a biomarker for the condition have, to date, been unsuccessful. Medical treatment for IBS is considered to be unsatisfactory as placebo response rates in treatment trials for IBS are high, perhaps because there is no structural abnormality that can be corrected by successful therapy, and therefore any benefit following treatment is often assessed by an improvement in global symptoms, an endpoint that may be less objective than those used in trials conducted for organic diseases. Because of this huge variation in IBS sampling, meta-analysis has erupted using more and more samples from all over the world. Pooled sensitivity of these individual symptom items ranged from 39 to 74%, and pooled specificity from 45 to 77%. This preliminary research leads us to a topic outside the scope of what we have originally intended. In the beginning, we have several hypothesis related with IBS and parasites. In the end, we have been amused by dynamic nature of microbiome and the roles of microorganism can be addressed misguidedly to terms like "parasitism", "mutualism", "commensalism" and opportunistic pathogenicity. Although we do not have enough sample size for addressing valid prediction, we have enough statistical results for carrying on further microbiome research. Starting without preliminary research may misguide researcher to dead end. With the current preliminary work, we have enough results to set up microbiome consortium for gastrointestinal diseases. In the future, we will also include metabolomics and deep NGS sequencing and will validate our new prediction models with qPCR experiments. New prediction models will be created with increased sample size and coupled with metabolomics. We will be pleased to integrate immunological researchers in future microbiome consortium for gastrointestinal diseases.

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Intraductal tubulopapillary pancreatic head carcinoma on the background of ITPN with total pancreas involvement, complicated with massive GI bleeding and jaundice: Case report and review of the literature

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Intraductal tubulopapillary neoplasm (ITPN) is a very rare pancreatic tumor. A 36-year old woman was referred to ICU department of our hospital for massive upper GI bleeding and jaundice. After stabilization CT and endoscopy showed a non-mucinous tumor of the pancreatic head invading duodenum with a large crater of the vertical branch. Intraductal spread along the pancreas was suspected without any sign of dissemination. Six days after decompression of bile system and correction of coagulopathy Whipple procedure was performed and pancreatectomy was completed because of repeated positive margins on the levels of pancreatic body and tail. Uneventful postoperative course was done. 38 disease–free months after total duodenopancreatectomy, this woman successfully gave birth to the healthy child. Histopathology revealed massive intra-ductal tubulopapillary carcinoma of the pancreatic head with invasion of the duodenum on the background of ITPN of the pancreatic body and tail. This is the 31st description of ITPN, the first case of such a tumor, complicated with massive GI bleeding and jaundice and the first case of successful childbirth after total pancreatectomy for this type of pancreatic cancer.

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Minimally invasive and endoscopic methods of treatment of postnecrotic pseudocysts of pancreas

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Statement of the Problem: Acute necrotic pancreatitis (ANP) remains complicated problem of urgent surgery because of high frequency of systemic, purulent and septic complications, mortality rate, which is in patients with infected pancreonecrosis 14.7–26.4%.

Purpose: The purpose of this study is to evaluate efficiency and establish indications for minimally invasive methods of treatment of postnecrotic pseudocysts of pancreas.

Methodology & Theoretical Orientation: Ultrasonography, diagnostic laparoscopy, helical CT with contrast strengthening was used for diagnostics. Endoscopic interventions were applied by duodenoscopes "Olympus" under control of X-ray machine "Siemens BV 300". Cysto-digestive fistulas were created by prickly papilotoms. For providing of long passability of cysto-digestive fistula were used two endoprostheses like "pig tail" sized 10 Fr with length 5-6 sm. For transpapillary drainage were used pancreatic endoprostheses like "pig tail", sized 5-7 Fr with length 5 sm.

Findings: Miniinvasive methods of treatment were applied in 47 (66.2%) patients; percutaneous external drainage in 25 patients (53.1%), endoscopic transmural drainage of postnecrotic pseudocysts in eight (17.1%) patients. Combined endoscopic interventions were applied in 14 (29.8%) patients; in particular, endoscopic transmural drainage with temporary stenting of pancreatic duct in nine (64.2%), endobiliary stenting with temporary stenting of pancreatic duct in two (14.2%) patients, temporary stenting of pancreatic duct in two (14.2%) patients, endoscopic transmural drainage with percutaneous external drainage in one patient.

Conclusion & Significance: Usage of combined miniinvasive methods of treatment of acute necrotic pancreatitis complicated by postnecrotic pseudocysts help to improve results of treatment, reduction of complications amount, contraction of stationary treatment terms and improving of life quality.

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Transabdominal sonography of the stomach and duodenum

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Transabdominal sonography of the stomach and duodenum can reveal following diseases: Gastritis and duodenitis; acid gastritis; an ulcer, whether it is superficial, deep with risk of impending perforation, perforated, sealed perforation, chronic ulcer and post-healing fibrosis and stricture; polyps & diverticulum; benign intra-mural tumors; intra-mural haematoma; duodenal outlet obstruction due to annular pancreas; gastro-duodenal ascariasis; pancreatic or biliary stents; foreign body; necrotizing gastro-duodenitis; tuberculosis and; lesions of ampulla of vater like prolapsed, benign & infiltrating mass lesions. Neoplastic lesion is usually a segment involvement and shows irregularly thickened, hypoechoic and aperistaltic wall with loss of normal layering pattern. It is usually a solitary stricture and has eccentric irregular luminal narrowing. It shows loss of normal gut signature. Enlargement of the involved segment is seen. Shouldering effect at the ends of stricture is most common feature. Enlarged lymph nodes around may be seen. Primary arising from wall itself and secondary are invasion from peri-ampullary malignancy or distant metastasis. All these cases are compared and proved with gold standards like surgery and endoscopy. Some extra efforts taken during all routine or emergent ultrasonography examinations can be an effective non-invasive method to diagnose primarily hitherto unsuspected benign and malignant gastro-intestinal tract lesions.

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Allergic proctocolitis in infants: Analysis of the evolution of the nutritional status

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Background: Allergic proctocolitis is a disease that affects infants in the first months. The change in feed is the primary factor for clinical improvement and maintenance of the nutritional status of the infant.

Objective: Study the anthropometric evolution of infants with allergic proctocolitis at diagnosis and one to six months after nutritional intervention.

Methods: A retrospective cohort of infants with allergic proctocolitis diagnosis followed at Pediatric Gastroenterology Institute of São Paulo (IGASTROPED), Brazil. The database with clinical, therapeutic and anthropometric data was obtained from medical records of outpatient infants. The therapeutic intervention was characterized by exclusive breastfeeding with maternal exclusion diet of the six allergens (EBF-MED) or no breastfeeding and use of hypoallergenic formulas.

Results: Of the 44 infants diagnosed with allergic proctocolitis, 23 were female. The median age of the infants was 3.5 months at the time of admission and six months after the intervention. The main clinical complaint was hematochezia with or without other symptoms of allergic proctocolitis. No difference was shown in the infants' anthropometric evaluation between the two diets.

Conclusion: The duration of the allergic proctocolitis did not induce worsening of the infants' nutritional status. Importantly, both nutritional interventions were able to keep the infants within the growth channel and resulted in the total clinical symptoms remission. Considering the fundamental mother-child link promoted by breastfeeding, the present data highlights the beneficial role of EBF-MED on the nutritional status of infants diagnosed with allergic proctocolitis in addition to the lower cost that breastfeeding brings compared the use of hypoallergenic formulas.

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