



12TH EURO-GLOBAL GASTROENTEROLOGY CONFERENCE

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The *cagA* and *vacA* genes of *Helicobacter pylori* antibiotics resistance isolated from gastritis and peptic ulcer pediatric patients in Vietnam

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Statement of the Problem: *Helicobacter pylori* (*H. pylori*) antibiotics resistance is the major cause of failure in eradicating *H. pylori*. Recent studies have showed that the virulence genes associated with *H. pylori* antibiotics resistance have been isolated from adult peptic ulcer patients. To date, however, there is still lack of evidence about this in Vietnamese pediatric children. The objective of this study is to evaluate the association between *H. pylori* antibiotics resistance and the presence of *cagA* and *vacA* genes in pediatric patients.

Methodology & Theoretical Orientation: 150 samples of *H. pylori* isolated from 150 infected pediatric patients whose antimicrobial susceptibility showed a resistance to at least 1 of 3 antibiotics: amoxicillin, clarithromycin and metronidazole. The *cagA* and *vacA* genes were detected by using multiplex PCR (Polymerase Chain Reaction), between January, 2012 through September, 2013 in National Hospital of Pediatrics, Hanoi, Vietnam.

Findings: The result showed that the *cagA* gene was detected in 34% *H. pylori* strains. The rate of *vacAs1*, *vacAs2*, *vacAm1*, *vacAm2*, *vacAs1/m1*, *vacAs1/m2* and *vacAs2/m2* were 39.3%, 14.7%, 37.3%, 23.3%, 16.7%, 11.3% and 6.6% respectively. 8% strains harboured three virulence genes *cagA*, *vacAm1* and *vacAs1*.

Conclusion & Significance: The prevalence of *cagA* and the *vacA* alleles distribution didn't show a significant difference between susceptible and antibiotics resistance groups. Recommendations therefore, it may not be necessary to administrate different treatment regimens for children who are infected by antibiotics resistance of *H. pylori* with *cagA*, *vacA* positive.

Biography

Thi-Ut Nguyen is a Pediatrician. She has been working as Gastroenterologist in Gastroenterology Department of the National Pediatric Hospital. She has conducted several studies on *Helicobacter pylori* antibiotics resistance of gastritis and peptic ulcer among children.

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In the view of *Helicobacter pylori*, eating habits and perceptions about eating animal originated raw foods, in İzmir Turkey

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Statement of the Problem: *Helicobacter pylori* cause serious health problems including gastritis, peptic ulcer disease, gastric cancer and MALT-lymphoma. Although many researches have been indicated animal originated raw foods contain *H. pylori*, still people continue their eating habits. Mainly they are aware of the problem but don't realize how serious it is. Previous researches indicate that prevalence of *H. pylori* is very high in Turkey and it is also very high among university students (63%). The purpose of this study is to indicate the perspective of people for eating animal originated raw food.

Methodology: Survey is conducted with 193 participants above age 10, and all living in İzmir. Chi-square test has been conducted to analyze relation between demographic information (age interval, sex and education level) and eating habits and information about eating uncooked red meat, egg, milk and chicken meat.

Findings: There is no significant correlation between demographic information of people (sex, age interval and education level) and eating uncooked red meat, egg, milk and chicken meat. Ratio of eating foods including uncooked meat (cow and sheep) is very high, even though most of them think that it is unhealthy. This is the case also for raw egg. Ratios are better for raw chicken meat and raw milk. There is a statistically significant relation between information about eating animal originated raw foods and eating habits (except red meat). However there is no relation between education levels and awareness of health problems regarding consumption of animal originated raw foods.

Conclusion: Threat of *H. pylori* should be announced clearly to change food consumption habits. This survey indicates that education level does not have significant relation on food consumption habits for raw red meat, milk, egg and chicken meat. A complementary education method should be sought to increase the awareness.

Biography

Eda Yaldirak is a 4th year medical student at University of Dokuz Eylul. She has participated in research on evaluation of the satisfaction of patients' relatives in anesthesia intensive care unit (Published in Dokuz Eylul University Magazine). She has also worked in research on ethic and quality standards about informing customers (Workshop, EMSA) and in research and workshop program about contraception methods at Dokuz Eylul University. Analyzing *Helicobacter pylori* is her recent and focus point.

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Association between colorectal adenoma and hand grip strength

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Only a few studies suggest an association between colorectal adenoma and obesity and their results remain controversial. Previous studies are primarily focused on obesity caused by increasing fat. However, wasting of muscle also causes obesity. The role of decreased muscle mass and strength in the development of colorectal polyps is yet unknown. We propose that not only an increase in fat, but also decreased muscle mass and/or strength can affect the development of colorectal adenomas. We investigated the association between colorectal adenomas and hand grip strength, which is an easy way to assess muscle condition. Our cross-sectional study included 957 subjects who underwent colonoscopy at Jeju National University Hospital between 2015 and 2016. Grip strength was measured twice on the left and right hand alternately, and the grip strength was evaluated as the maximum value of the arm used. The adenoma group was classified as those showing histologically confirmed colorectal adenoma while the adenoma free group (control group) included those with an unremarkable abnormal finding on colonoscopy, including colitis and hyperplastic polyps. Colorectal adenomas were found in 249 men (42.6%) and 85 women (22.8%). In men, hand grip strength was 42.48 kg in the control group, 41.12 kg in the adenoma group and in women 23.87 kg in the control group and 22.77 kg in the adenoma. Additionally, there was no significant difference in body fat percentage between the control and adenoma groups when assessed using bioelectrical resistance measurement in both sexes. After adjusting for age, smoking status, and exercise frequency, log-transformed grip strength and colorectal adenoma were found to show no significant correlation. The odds ratio (OR) was 1.24 [95% confidence interval (CI) 0.60-2.58, P=0.560] in men and 1.05 (95% CI 0.27-4.03, P=0.946) in women. There was no significant relationship noted between hand grip strength and colorectal adenoma.

Biography

Ji Hyun Moon works as an Assistant Professor for the Department of Family Medicine at Jeju National University Hospital, Korea.

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Rose hip in treatment of non-alcoholic fatty liver disease (NAFLD)

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Non-alcoholic fatty liver disease (NAFLD) is one of the most common liver diseases in Iran. The disorder is being recognized increasingly in the uniformly obese and no obese people. However, the lack of specific reversal agents has made the management of (NAFLD). Rose hip has been used traditionally to treat a range of conditions including diabetes based on anti-insulin effect of rosehip. This study on 25 patients illustrates the role of rosehip in improving patient Non-alcoholic fatty liver disease while highlighting the importance of information and education about the availability and appropriate use of this herb in treatment of fatty liver.

Biography

Hadis Sabour is currently working as Assistant Prof. in Brain and Spinal Injury Research Center (BASIR), Neuroscience Institute, Tehran University of Medical Sciences (2016 to date). He has worked as Researcher, Diet Consultant, Brain and Spinal Injury Research Center (BASIR), Neuroscience Institute, Tehran University of Medical Sciences (2006- to 2015) and Researcher, Endocrine and Metabolism Research Center, Tehran University of Medical Sciences (2005-2007). He has completed his PhD (2011) in Nutritional Sciences from Tehran University of Medical Sciences, Tehran and MD in 2000 from Tabriz University of Medical Sciences, Tabriz, Iran.

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Primary and validation of a nomogram for predicting survival in pancreatic ductal adenocarcinoma patients with no distant metastasis: a large-scale population-based estimate

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Purpose: To identify risk factors for overall survival (OS) of pancreatic ductal adenocarcinoma (PDAC) patients with no distant metastasis, and formulate a novel nomogram for prognostic prediction of these patients.

Patients & Methods: Data from surveillance, epidemiology, end results (SEER) database of PDAC patients with no distant metastasis between 2010 and 2014 as the primary cohort, and Zhongshan Hospital, Fudan University of resected patients between 2012 and 2015 as the validation cohort were enrolled. The Cox proportional hazards regression model was used in univariate and multivariate survival analyses to identify significant independent prognostic factors. The prognostic nomogram integrating all independent risk factors for predicting OS was established to achieve superior discriminatory ability. The performance of the constructed nomogram was further evaluated by the concordance index (C-index), calibration curve and decision curve analysis.

Results: A total of 12343 patients from SEER database and 127 patients from Zhongshan Hospital, Fudan University were finally analyzed. In the univariate and multivariate analysis with the primary cohort, age, differentiation, TNM stage, surgery of primary site and regional lymphocyte node (LN) surgery were identified as independent prognostic indicators for OS, which were integrated to formulate a prognostic nomogram. The constructed nomogram showed excellent performance according to the C-index and calibration curve. Compared with the TNM staging system of the AJCC 7th edition, the nomogram exhibited superior predictive accuracy for OS. All these results were further verified in the validation cohort.

Conclusion: The nomogram formulated in this study revealed excellent discrimination capability to predict OS of PDAC patients with no distant metastasis. One more advanced and accurate predictive model will be obtained to assist in risk stratification via the constructed nomogram.

Biography

Ning Pu is pursuing Masters at Fudan University at Zhongshan Hospital. He has published Articles on Pancreatic cancer in divergent journals. He has under graduation at Yangzhou University.

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Unique case of retroperitoneal fibrosis masking a metastatic adenocarcinoma of unknown origin

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Retroperitoneal fibrosis secondary to malignant disease is a rare condition associated with an ominous prognosis. We present the first reported case of retroperitoneal fibrosis related to metastatic adenocarcinoma of a primary occult tumor. This is a case of 64-year-old Caucasian male presented to the emergency department with his third episode of anuric acute renal failure despite bilateral ureteral stent placements and revision. A month earlier at first presentation with anuria, a CT scan revealed moderate bilateral hydronephrosis. He had an unprovoked DVT diagnosed 3 months prior. Examination demonstrated suprapubic tenderness and mild peripheral edema and no palpable lymphadenopathy. His creatinine was elevated at 5.42 and Hg low at 11.5mg/dL. CEA was elevated at 220.4, with normal CA 19-9, PSA and AFP. His IgG-4 (98mg/dL), LDH, ESR and CRP were elevated. Colonoscopy showed moderate diverticulosis of sigmoid colon with wall thickening. A F-18-FDG PET scan showed multifocal areas of metastatic malignancy in the neck, chest, abdomen, pelvis and bones. A liver biopsy showed infiltration by malignant epithelial cells in nests, consistent with gastrointestinal tract adenocarcinoma. Larger bilateral ureteral stents were placed and he was discharged 8 days later with normalised creatinine. Palliative outpatient chemotherapy was commenced. This case illustrates the importance of careful workup looking for an underlying cause of RF. Although malignancy is a relatively rare cause, its potential was highlighted by the unprovoked DVT, weight loss and smoking. The elevated CEA and subsequent PET scan led to a diagnostic biopsy. Recognition of this syndrome is critical in institution of appropriate therapy.

Biography

Renee Wong earned her Bachelor of Science with an Honor's Specialization in Medical Sciences with Distinction from Western University, Canada, with participation in the Scholar's Electives Research program. She is passionate about improving medicine through research and continually attaining and sharing knowledge. She is currently a 4th year medical student at St. George's University School of Medicine. Her recent publication includes a co-authored article "Nutrition Clinical Practice on Low Vitamin B12 in Patients in the Amputation Rehabilitation Unit". She is a member of the American Academy of Family Physicians.

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Primary Hepatic Neuroendocrine Tumor – multimodal approach for diagnosis and management

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Background: Neuroendocrine tumors (NET) of the liver are generally metastatic lesions from other more common primary sites. Liver is an unusual primary site for a NET with only 150 reported cases in English literature. Here we present a case of a primary hepatic NET.

Case presentation: A 64 years old gentleman with no known comorbid presented in outpatient department with 3 weeks history of pain in right upper abdomen associated with generalized weakness and poor appetite. Examination was unremarkable except for non tender hepatomegaly. CT scan liver showed a large 18.1 cm lesion in right lobe that was atypical for HCC. Viral markers for Hepatitis B & C were non reactive. To confirm the diagnosis, biopsy of the lesion was performed that showed NET. Upper and lower GI endoscopies and whole body octreotide scan was performed to locate the primary lesion. These investigations revealed no lesion elsewhere in the body, so he was diagnosed with primary hepatic NET. It was managed with 1 cycle of neo adjuvant chemotherapy to reduce the size of the lesion followed by right portal venous embolization to increase the volume of future remnant liver. Right hepatic trisectionectomy was performed 1 month after PV embolization. Final histopathology showed 23 cm NET, WHO Grade-II with 2 mm nearest parenchymal margin. Post-operative course was unremarkable and he was discharged on the 6th POD in stable condition. On his second follow-up visit, 8 weeks after surgery, he presented with right leg DVT and bilateral pulmonary embolism that was managed with therapeutic dose of enoxaparin and life long anticoagulation. Currently he is alive, disease free and on regular follow up.

Conclusion: Primary hepatic NETs are challenging to diagnose but they can be successfully managed with multi modal treatment.



Biography

Sana is a medical professional. Her educational background includes MBBS from Allama Iqbal Medical College, Lahore and one year of house job / internship from Jinnah Hospital, Lahore. She has recently cleared her intermediate module of residency training. Currently she is working as a resident doctor in General Surgery at Shaikat Khanum Memorial Cancer Hospital & Research Centre, Lahore, Pakistan and is in third year of her FCPS-II training.

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Can gastroenterology change the therapeutic approach to autism? An innovative proposal for the study of the causes of autism

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Several studies demonstrated that many foods may provide a large number of bioactive peptides into the gastrointestinal tract, as for example, the beta-casomorphin-7, an opioid like peptide produced by casein. Recent studies have established that the production of these opioid peptides is experimentally associated with autism. Autism is a developmental disorder with a possible connection between dietary components and triggering or worsening of symptoms. An altered intestinal permeability might allow absorption of incompletely digested peptides (gluten and casein) that could produce opioid-like activity on the brain, causing significant changes in behaviour. It is also showed, that phenomenon, of the formation of the opioid peptides, strongly stimulates intestinal mucin production in ex vivo and in vitro models, in particular, these effects were associated with a higher expression of intestinal mucins (gel forming), MUC2, the principal constituent of Gut Protective Layer. The Over Expression of MUC 2, contrary to what one might think, does not strengthen the intestinal protective layer, but rather tends to altering the continuous layer, in a succession of bubbles, separated by channels, which allow for greater permeability, facilitating the cycle of the opioid peptides and the free radicals. The effect is twofold: inhibition of nerve receptors & formation of cerebral micronuclei. The purpose of this study is to propose research to evaluate the biochemical process for inhibit the MUC2 Over-Expression, in autism, using for example enzyme as the sialidase.

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Gamma-glutamyl-transpeptidase to platelet ratio is not superior to APRI, FIB-4 and RPR for diagnosing liver fibrosis in CHB patients in China

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The gamma-glutamyl transpeptidase to platelet ratio (GPR) is a novel index to estimate liver fibrosis in chronic hepatitis B (CHB). Few studies compared diagnostic accuracy of GPR with other non-invasive fibrosis tests based on blood parameters. We analyzed diagnostic values of GPR for detecting liver fibrosis and compared diagnostic performances of GPR with APRI (aspartate aminotransferase-to-platelet ratio index), FIB-4 (fibrosis index based on the four factors), NLR (neutrophil-to-lymphocyte ratio), AAR (aspartate aminotransferase/alanine aminotransferase ratio) and RPR (red cell distribution width-to-platelet ratio) in HBeAg positive CHB and HBeAg negative CHB. We found AUROCs of GPR in predicting significant liver fibrosis, advanced liver fibrosis and liver cirrhosis were 0.732 (95%CI 0.663 to 0.801), 0.788 (95%CI 0.729 to 0.847) and 0.753 (95%CI 0.692 to 0.814), respectively. Further comparisons showed the diagnostic performance of GPR was not significantly different with APRI, FIB-4 and RPR in identifying significant fibrosis, advanced fibrosis and cirrhosis, but it was significantly superior to AAR and NLR in both HBeAg positive CHB and HBeAg negative CHB. In conclusion, GPR does not show advantages than APRI, FIB-4 and RPR in identifying significant liver fibrosis, advanced liver fibrosis and liver cirrhosis in both HBeAg positive CHB and HBeAg negative CHB in China.

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The development and morphological study of innervations in human fetal pancreas

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Introduction: The Pancreas is a well innervated gland with the autonomic nervous system (ANS) in various species. The neurons are distributed singly or in the form of ganglia which are predominantly cholinergic. Sympathetic innervation is necessary for the formation of the pancreatic islets of Langerhans and for their functional maturation. The autonomic nervous system has a role in blood glucose levels regulation. The numerous nerve ganglion seen in the developing human pancreas in the inter lobular connective tissue from 14WG and in the intra lobular connective tissue from 16WG onward. Typical adult type islets were detected from 25–27 WG onward. Pancreatic innervations have been considered with enormous interest regarding pancreatic pain. The enteric nervous system (ENS) differs both structurally and functionally from other divisions of peripheral nervous system (PNS) and capable of functioning independently from the brain and spinal cord, hence called as ‘Second Brain’ of vertebrates. Conventional anatomical studies in human cadavers have provided only partial insight. The lack of information about the structure and the course of development of neuronal cells and intrapancreatic ganglions make this study persuasive.

Aim: The aim of this work is to study the morphological changes in the innervation of human fetal pancreas at various gestational ages.

Materials & Methods: The present study was performed on human fetuses (n=13) of different gestational ages. The sample collection was started after getting ethical permission from the Human Ethical Clearance Committee of All India Institute of Medical Sciences, New Delhi. Fetal weight, crown rump length (CRL), foot length, biparietal diameter (BPD) were taken. With the help of these parameters fetal age was determined. Pancreatic tissue samples (Head, body and tail) from aborted foetus aged 13–40 weeks of gestation (WG) were processed for enzyme histochemistry and immunohistochemistry. The neurons were visualized using NADPH-d and ChAT.

Observation: The number of neurons in human fetal pancreas was appeared to be reduced with increasing gestational age in the head, body and tail of the pancreas. The amount of the mesenchyme tissue is gradually decreasing with increasing gestational age. Numerical density of cholinergic neural tissue is more in tail than body and head, whereas, the nitrergic neuronal tissue is more in head than body than tail in human fetal pancreas. Though the results were not statistically significant. Regarding the size of neurons, there was no statistically significant correlation between the head, body and tail of the pancreas.

Conclusion: The knowledge of the development of the innervation of different parts of the pancreas in human fetuses from 13 to 40 WG may help in understanding the pathophysiology of various congenital disorders related to the innervation of the pancreas.

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A 24-year old female with indeterminate hyperacute liver failure: a case report

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Introduction: Acute Liver Failure (ALF) refers to sudden massive hepatic necrosis with encephalopathy and impaired synthetic function without pre-existing cirrhosis. Chronicity is based on interval between jaundice and encephalopathy onset as hyperacute (< 7 d), acute (7-28 d) and subacute (4-26 wks.).

Case Description: A previously healthy 24-year old female with a history of lacrimal gland tumor on chronic oral prednisone (40mg) for a year was admitted for acute decreased sensorium, generalized jaundice, tea-colored urine, anorexia and undocumented fever.

Results: Laboratory findings showed hyperbilirubinemia (total bilirubin 13.26, direct bilirubin 10.68, indirect bilirubin 2.58), transaminitis (ALT 5507, AST 3549), elevated alkaline phosphatase (195), impaired coagulation hyperammonemia and normal platelets. Extensive work-up including hepatitis panel, paracetamol, methamphetamine, cannabinoids, benzodiazepene, barbiturates, cocaine, opiates, phenylcyclidine, cytomegalovirus IgM, EBV, HSV1, HSV2, C3, anti-Sm and anti-mitochondrial antibody, LKM1, ceruloplasmin, strepA throat screen test, malarial smear and leptospiral IgM were all unremarkable. Whole abdominal ultrasound revealed unremarkable liver, biliary tree and pancreas, with splenomegaly 13 x 14.5cm. Medical and supportive treatment were promptly provided. Orthotopic liver transplantation (OLT) was contemplated, however, cerebral edema and hemorrhage ensued on Day 5 leading to demise.

Discussion: Etiology varies widely among toxic, viral, metabolic and vascular insults. There are rare reports of ALF with repeated steroid administration. Management consisting of intensive care should be initiated depending on the etiology and chronicity of ALF. OLT has emerged as the only therapeutic intervention with proven benefit for patients with advanced ALF.

Conclusion: Management of ALF is challenging due to rapid progression of disease and frequently poor prognosis. We report a case of indeterminate hyperacute liver failure in a healthy young female. Despite extensive work-up and prompt intensive medical management, rapid clinical deterioration ensued. History of chronic steroid use might be a precipitant, as supported by few case reports.

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Cynomolgus monkeys are successfully and persistently infected with HEV-3 after long-term immunosuppressive therapy

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Epidemiological studies found that hepatitis E virus genotype 3 (HEV-3) infection has been associated with chronic hepatitis and cirrhosis in immunocompromised patients. Our study aimed to investigate the relationship between the host immunosuppressive status and the occurrence of HEV-related chronic hepatitis. Here we describe a successful experimental study, using cynomolgus monkeys previously treated with tacrolimus, a potent calcineurin inhibitor immunosuppressant, and infected with a Brazilian HEV-3 strain isolated from a naturally infected pig. HEV infected monkeys were followed up for 160 days post infection by clinical signs; virological, biochemical and haematological parameters; tacrolimus blood levels; and liver histopathology. Immunosuppression was confirmed by clinical and laboratorial findings, such as: moderate weight loss, alopecia, and herpes virus opportunistic infection. In this study, chronic HEV infection was characterized by the mild increase of liver enzymes serum levels, persistent RNAemia, viral faecal shedding, and liver histopathology. Three out of four immunosuppressed monkeys showed recurrent HEV RNA detection in liver samples, evident hepatocellular ballooning degeneration, mild to severe macro and microvesicular steatosis (zone 1), scattered hepatocellular apoptosis, and lobular focal inflammation. At 69 dpi, liver biopsies of all infected monkeys revealed evident ballooning degeneration (zone 3), discrete hepatocellular apoptosis, and at most mild portal and intra-acinar focal inflammation. At 160 dpi, the three chronically HEV infected monkeys showed microscopic features (piecemeal necrosis) corresponding to chronic hepatitis in absence of fibrosis and cirrhosis in liver parenchyma. Within 4-months after infection, cynomolgus monkeys' tacrolimus-immunosuppressed and infected with a Brazilian swine HEV-3 strain induced more severe hepatic lesions progressed to chronic hepatitis without liver fibrosis, similarly as shown in tacrolimus-immunosuppressed SOT recipients. The cause and effect relationship between HEV infection and tacrolimus treatment was confirmed in this experiment.

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Study of the role of Terlipressin in the treatment of Hepatorenal syndrome

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Background: Hepatorenal syndrome (HRS) is the development of progressive renal failure in patients with advanced chronic liver disease, occasionally fulminant hepatitis, who have marked circulatory dysfunction, the definitive treatment for Hepatorenal syndrome is Liver transplantation, and all other therapies can best be described as bridges to transplantation. Systemic vasoconstrictors are the most promising pharmacologic agents in the management of HRS.

Objectives: The aim of the work was to evaluate the precipitative factors in cirrhotic patients who developed Hepatorenal syndrome and to evaluate the role of Terlipressin in the treatment of Hepatorenal syndrome (type 2)

Patients and Methods: the study was conducted on 40 cirrhotic patients with Hepatorenal syndrome (type II), randomized into two groups: Group I consisted of 20 patients who were given Terlipressin, 1mg/8h, intravenous infusion (3mg/day) for 7days, in addition to conventional treatment of Hepatorenal syndrome (intra venous albumin 1g/kg/day up to 100gm/day).Group II consisted of 20 patients who were given only conventional treatment of Hepatorenal syndrome (intra venous albumin) and was considered as a control group. All patients were subjected to the following: Detailed history taking and proper clinical examination.

- Arterial blood pressure and urine output
- Laboratory investigations (complete urine analysis, complete blood count, liver function tests (ALT, AST, serum albumin, prothrombin time and activity, serum bilirubin (total and direct), renal function tests (blood urea and serum creatinine), serum Na, K, Urinary Na and ascitic fluid analysis
- Ultrasound examination of abdomen

Blood urea and serum creatinine, serum Na, K, Urinary Na were re-evaluated after 7 days of treatment.

Results: The result of the present study showed that few patients had evident precipitating factors for HRS including hematemesis in three patients and spontaneous bacterial peritonitis in one patient. After follow up for 7days renal function improved in patients with Terlipressin treatment (fall in serum creatinine below 1,5 mg\dl), there was no change in renal functions in control group. There were no ischemic side effects in patients with Terlipressin treatment.

Conclusions: Terlipressin improves renal functions in patients with Hepatorenal syndrome (type 2).The use of Terlipressin as a therapeutic option in patients with Hepatorenal syndrome was not associated with significant short term adverse effects. Most of patients with type 2 Hepatorenal syndrome have no identifiable precipitative factors.

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Multivisceral resection for advanced gastric cancer. Case report

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In regard of permanent discussion about necessity and possibility of multi visceral resections in advanced malignancy, we present a clinical case Multi visceral resection – total gastrectomy, pancreatoduodenal resection and the extended right colectomy.

A woman 39 years was examined about the violation of gastric emptying and symptoms of gastric bleeding, appeared 2 months prior to treatment. After the examination stomach cancer (poorly differentiated adenocarcinoma, antrum and body, Borrmann III) with the spread to duodenum, invasion of pancreatic head, with involvement of perigastral lymph node without distant metastases was diagnosed. At intraoperative examination circular tumor of stomach with involvement of antrum, body, subcardia, spreading to proximal part of duodenum and Invasion of pancreatic head, right flexure of the colon, right Para colon and mesocolon with middle colic vessels, metastatic lesion of lymph node in groups 3, 4d - 7, 15 were detected (cT4N1M0, fT4N2M0 (R0)). Total gastrectomy, pancreatoduodenectomy, extended right colectomy with regional lymphadenectomy D2-3 (lymph nodes of groups 1 - 13, 14v, 15, 16b1 were removed) were performed. Reconstructive phase of surgery included the formation of nutritional and biliopancreatic loops of the small intestine by Y-en-Roux. In time of the alimentary loop formation esophagoenterostomy and Iliodendostomy were performed. In the biliopancreatic loop have been performed invaginated pancreaticoenterostomy and hepaticoenterostomy. Surgery was completed insertion of transnasal feeding tube in the alimentary loop and 4 drainages in the abdominal cavity. Postoperative period has been executed according to ERAS with enteral nutritional and physical activation at 1 day after surgery. There were no complications in the postoperative period. Final diagnosis was. The patient was discharged on day 10 in a good condition for adjuvant chemotherapy (XELOX). Within 12 months of observation after 6 months of the adjuvant treatment no local or metastatic progression of tumor and no dyspeptic symptoms have been identified.

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