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Risk Factors for Hepatocellular Carcinoma in Transylvania, Romania. A Case Control Study*

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Abstract

There are few data about the prevalence of risk factors for hepatocellular carcinoma (HCC) in our country. We performed a case control study to evaluate the role of HBV and HCV infections, alcohol intake and smoking habits in the development of HCC in our geographical area. A total of 50 newly diagnosed HCC cases admitted to the 3rd Medical Clinic were compared with 100 subjects, sex, age and hospital matched, admitted in the same period for nonhepatic diseases. Serum samples from patients and controls were tested for HBsAg and anti-HCV antibodies. Alcohol intake and smoking habits were recorded by means of a questionnaire.

The majority (72%) of HCC developed on underlying cirrhosis. Among the HCC patients anti-HCV antibodies were found in 34 (68%) and HBsAg was positive in 8 (16%). Among the controls 10% were positive for anti-HCV antibodies and 5% for HBsAg. The difference was highly significant for anti HCV ($p= 0.001$) having a weak signification for HBsAg positivity ($p= 0.051$). History of heavy alcohol intake (>80 g/day for at least 5 years) was found among 56% of cases and 40% of controls. Smoking habits were present in 20% of cases and 38% of controls. The relative risks (odds ratio) for anti-HCV antibodies, HBsAg positivity and heavy alcohol intake were 19.13 (95% CI=7.31-51.51), 3.62 (95% CI=0.99-13.68), and 1.9 (95% CI=0.91-4.02) respectively.

The association between viral markers and heavy alcohol intake was found in 44% of HCC patients. The risk of hepatocellular carcinoma increased from 13.9 to 40 and from 2.2 to 8.47 in alcoholic patients anti-HCV positive, HBsAg positive respectively, compared to patients with mild alcohol intake.

Through the computation of population attributable risk, it was found that 47% of HCC could be attributed to HCV infection but only 13.5% to HBsAg positivity. These data provide evidence that HCV infection plays a major role in the development of HCC in Transylvania, Romania.

Epidemiology and Characteristics of Hepatocellular Carcinoma in Southern Romania

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Abstract

We analysed over a period of 12 months 265 cases of hepatocellular carcinoma (HCC), diagnosed by ultrasonography and by detection of high serum levels of alpha-fetoprotein in cirrhotics. Male gender represented 69.05% of cases. We noted statistically significant differences between HCC patients, with and without liver cirrhosis, regarding mean age (older patients in the group with liver cirrhosis) and etiology, with a lower percentage of cases with HCV as compared with HBV infection in the group without liver cirrhosis. The mean period of time from diagnosis of cirrhosis to HCC detection was 4.1 ± 1.7 years. The main etiological factors of HCC were represented by liver cirrhosis and hepatitis viruses (HBV = 39.62%; HCV = 37.73%). The demographic characteristics of HCC patients were also analyzed with respect to the number, size and histological type of liver tumors. The mean period of survival from the moment of diagnosis was 5.8 ± 1.3 months.

Time Trends of Peptic Ulcer Diagnosis as Compared to Gastric Carcinoma and Chronic Gastritis in an Endoscopic Population

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Abstract

The aim of the study was to assess the time trends of the diagnosis of peptic ulcer as compared to gastric cancer and chronic gastritis in an endoscopic population, 1995 versus 1985. The diagnosis of gastric cancer was analysed also in relation to the frequency of some of the preneoplastic conditions and lesions of the stomach, like atrophic gastritis, intestinal metaplasia, dysplasia, adenomatous polyp and gastric remnant.

The 1985 series included 1431 patients, 324 with duodenal ulcer (DU), 301 with gastric ulcer (GU), 159 with gastric cancer, 574 with chronic gastritis, 16 with adenomatous polyp/polyps and 57 with gastric remnant. The 1995 series included 1390 patients, 254 with DU, 253 with GU, 214 with gastric cancer, 638 with chronic gastritis, 22 with adenomatous polyps and 9 with gastric remnant.

In our endoscopic population a significant decrease of DU and GU was recorded in 1995 as compared with 1985. DU/GU ratio was low in both series, 1.07/1 and 1/1, respectively. Mean age of patients with peptic ulcer disease was significantly higher in 1995 (45.3 versus 40.2 years). Sex ratio showed a male predominance of DU (2.5/1) and GU (1.8/1). In the same period, a significant increase of gastric cancer and chronic gastritis diagnosis was recorded. Atrophic gastritis appeared to be the most significant risk factor for gastric cancer in our population, since gastric remnant was significantly more rarely recorded in 1995 and an adenomatous polyp was a rare finding in both our series of patients.

Lymph Node Harvesting in Colorectal Carcinoma Using the Dyeing Method

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Abstract

In a prospective research, we compared the dyeing method for methylene blue with the clearance technique in 21 operative specimens of colorectal carcinoma. The dyed mesocolon or mesorectum was initially dissected and all the lymph nodes identified were examined histologically. After fat clearance of the same specimen the mesocolorectum was dissected again and further lymph nodes were examined. The dissection of dyed specimen (dyeing method) produced a mean of 45.9 lymph nodes per specimen, and following fat clearance a further mean of 1.2 nodes per specimen were found. The dyeing method showed 12 specimens (57.1%) having lymph node metastases, and after fat clearance no further specimens were found to be lymph node positive. Therefore, there was no significant difference in the lymph node harvest obtained by either method. Moreover, the dyeing method was cheaper, easy to handle and enabled much speedier reporting.

In addition, the charts of 1076 consecutive colorectal carcinoma resections from 1993 to 1997 at 4 major hospitals of Hunan province were reviewed. In this prospective analysis, all lymph nodes were resected manually in a routine fashion. The mean number of lymph nodes recovered per specimen and the metastatic rate were 6.63 and 46.2%, much less than when using the dyeing method. Besides, the results show a strong positive association ($p < 0.005$) between the proportion of specimens with metastases detected and the number of lymph nodes recovered. Thus, we believe pathologists and surgeons should retrieve all the lymph nodes that can be recovered and use the methylene blue dyeing method for picking up lymph nodes.

The Association between Primary Sclerosing Cholangitis and Adult Celiac Disease

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Abstract

The association between primary sclerosing cholangitis and celiac disease is uncommon, only a few cases being described in the literature. We report the case of a 26-year-old male patient admitted in our department for clinical and biochemical signs of cholestasis, chronic diarrhea, fatigue and weight loss. The diagnosis of primary sclerosing cholangitis was made by endoscopic retrograde cholangiopancreatography which showed strictures and irregularities of the intra- and extrahepatic bile ducts with prestenotic dilatations. The jejunal biopsy findings were consistent with celiac disease. The gluten-free diet was followed by the regression of diarrhea and by ponderal gain; PSC remained clinically and biochemically stable under ursodeoxycholic acid therapy. The case offered us the opportunity to discuss the rare association between the two diseases.

Laparoscopic Cholecystectomy in Pregnancy - a Case Report

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Abstract

Pregnancy has generally been considered a contraindication to laparoscopic cholecystectomy. The authors present a case of laparoscopic cholecystectomy in a 25 year old patient who was 19 weeks pregnant. Laparoscopic cholecystectomy can be safely accomplished during pregnancy, provided that the open technique of insertion of the first cannula is used and all subsequent trocars are inserted under direct vision.

Key words

Laparoscopic cholecystectomy

Nutcracker Esophagus Causing Noncardiac Chest Pain-Manometric

Diagnosis

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Abstract

Up to one third of cases of chest pain are caused by disorders of the esophagus. Both gastroesophageal reflux and motility abnormalities may induce noncardiac chest pain. We report here the case of a male subject who complained of thoracic pain after a night of nicotine and coffee abuse. Esophageal manometry detected a pattern suggestive of a diagnosis of nutcracker esophagus, while stress electrocardiography was normal. After administration of retard nitrates, the symptoms and manometric record reverted to normal.