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EDUCATION IN GASTROENTEROLOGY

Quiz de gastroenterologie si hepatologie (H-Q13)

Prevalence of Gastroesophageal Reflux and Reflux Esophagitis in Children with and without Helicobacter pylori Infection

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Abstract

Introduction. The Helicobacter pylori infection - gastro-esophageal reflux disease relationship is still controversial. Studies done in adult patients suggest a protective effect of H. pylori infection with respect to gastroesophageal reflux disease.

Objective. Comparative evaluation of gastro-esophageal reflux and reflux esophagitis prevalence in children with and without Helicobacter pylori infection.

Methodology. Endoscopy was performed in 68 patients (age range: 5-19 years) for the diagnosis of H.pylori infection and reflux esophagitis. All the patients underwent distal esophageal pH-monitoring for gastroesophageal reflux diagnosis.

Results. In the Helicobacter pylori positive group (n=28) 12 patients had gastroesophageal reflux and 18 patients reflux esophagitis. From 40 Helicobacter pylori negative patients 14 had gastroesophageal reflux and 20 reflux esophagitis.

Conclusion. A large number of patients from both groups were mixed refluxers (acid and alkaline). There were no statistical differences among groups regarding the prevalence of gastroesophageal reflux and reflux esophagitis.

Key words

Children - H.pylori - gastroesophageal reflux - reflux esophagitis

Hemoclipping for Treating Bleeding Esophageal Varices: a Prospective Non-Randomized Single Center Trial

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Abstract

Background/Aims. A few trials have been reported in which endoscopy treatment of bleeding esophageal varices with hemoclips was performed. The present trial was carried out to assess whether hemoclipping might achieve at least the same efficacy as endoscopic injecting sclerotherapy, or ligation with elastic bands.

Methodology. Thirty-four patients with either active or stigma of recent bleeding from esophageal varices were assigned to receive ligation with endoscopic clipping device. Further treatment sessions were held at weekly intervals until the eradication of varices was achieved.

Results. Arrest of active variceal bleeding was achieved in 6/7 (86%) patients. In one patient the application of hemoclips could not stop the bleeding and the patient died due to exsanguination. Variceal eradication was achieved in 32 (94%) patients. The mean number of treatment sessions to variceal eradication was 2.3 + 0.7. Variceal recurrence, variceal rebleeding and death were in 5 (16%), 3 (9%) and 4 (12%) patients respectively. No major complications but one procedure-induced bleeding occurred (3%) which was successfully arrested by applying another hemoclip.

Conclusions. Our trial demonstrates that ligation with hemoclips is a safe and effective endoscopic modality, offering some advantages in the treatment of bleeding esophageal varices.

Key words

Esophageal variceal bleeding - hemoclipping - variceal eradication

Early Results of Open-Packing Drainage in Infected Pancreatic Necrosis and Pancreatic Abscesses*

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Abstract

During 1991-1998, 35 patients with necrotizing pancreatitis (NP) underwent open-packing drainage (OPD) by celiotomy of the omental sac or retroperitoneostomy, for infected necrosis (IN) in 23 patients or pancreatic abscess (PA) in 12 patients. Laparotomy and OPD were performed at 1 to 3 weeks after NP in the group with IN and at 2nd to 12th weeks in group having PA. Planned readebridements were carried out postoperatively every 2 to 3 days via celiotomy or retroperitoneostomy. Global mortality rate was 17.1%, 6 of 35 patients dying because of the unrelenting sepsis. In group with IN, 5 of 23 patients (21.7%) died postoperatively of septic shock caused by delayed diagnosis (2 patients), extended retroperitoneal IN (2 patients), colic fistula (1 patient). Only one of the 12 patients with PA (8.3%) died early after celiotomy because of diffuse peritonitis due to rupture of the abscess. Postoperative morbidity rates in survivals of each group were 22.2% (4 of 18 patients with IN) and 54.5% (6 of 11 patients with PA). Major postoperative complications were: pancreaticocutaneous fistula (4 patients), stress ulcer (1 patient), recurrent abscesses needing relaparotomy (3 patients), duodenal fistula (1 patient reoperated) and external bleeding after necrosectomy requiring surgical hemostasis (1 patient). In conclusion, controlled OPD is an effective procedure in patients with extensive IN or multilocular PA and must be performed at diagnosis. It offers the major advantage of ready access for subsequent readebridement of residual cavities without relaparotomy.

Key words

Necrotising pancreatitis - infected necrosis - pancreatic abscess - open packing

CLINICAL IMAGING / TECHNIQUE

Color-Doppler and Percutaneous Thrombus Biopsy in the Differential Diagnosis of Portal Vein Thrombosis in Liver Cirrhosis

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Abstract

Portal vein thrombosis is a complication of liver cirrhosis that can be caused by benign or malignant processes (hepatocellular carcinoma). Although it seems reasonable to assume that a portal vein thrombus in a patient with HCC is malignant, and in a patient with no evidence of hepatic tumor is benign, in practice benign or malignant portal vein thrombi can occur in either situation. Detection by Doppler sonography of pulsatile flow in portal vein thrombi is a moderately sensitive but highly specific sign for the diagnosis of malignant portal vein thrombosis. The use of ultrasound-guided fine-needle biopsy of portal vein thrombosis yields an accurate diagnosis of the nature of the thrombus, thus having a significant impact on treatment.

Key words

Liver cirrhosis - portal vein thrombosis - hepatocellular carcinoma - color-Doppler sonography - percutaneous fine-needle biopsy

TECHNIQUE/CASE REPORT**Gastric Variceal Band Ligation in Two Patients with Left-Sided Portal Hypertension**

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Abstract

Pancreatic inflammatory diseases are the most frequent causes of splenic vein thrombosis or stenosis, which subsequently determine the partial or complete occlusion of the splenic vein and initiate a localized form of portal hypertension known as left-sided portal hypertension. The main consequence of left-sided portal hypertension is the formation of gastric varices, with the possibility of massive and potentially lethal gastrointestinal bleeding. We report two cases of symptomatic left-sided portal hypertension, one patient with recanalized splenic vein thrombosis and another patient with hemodynamically significant splenic vein stenosis. Both patients presented upper gastrointestinal bleeding due to ruptured isolated gastric varices. The diagnosis of splenic vein thrombosis or stenosis, respectively, and the presence of collateral circulation was confirmed by transabdominal ultrasound with conventional color Doppler and power Doppler. Isolated gastric varices were detected by upper gastrointestinal endo-scopy. Because standard sclerotherapy has had conflicting results, we applied 6 elastic bands on the gastric varices, starting with the presumed spots of bleeding. The evolution was favorable without recurrent episodes of bleeding and the patients were referred for surgical splenectomy. Our conclusion was that gastric variceal band ligation is very useful as an efficient temporizing measure in patients with left-sided portal hypertension and bleeding gastric varices before surgical splenectomy. Eradication of varices by band ligation could be reserved for patients who are hemodynamically unstable despite supportive therapy and for high-risk patients who are unlikely to survive surgical splenectomy.

Key words

Gastric varices - band ligation - left-sided portal hypertension

Case reports**Liver cirrhosis and multiple myeloma: two case reports**

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Abstract

The transition from polyclonal to monoclonal gammopathy resulting in myeloma in the course of cirrhosis is rare but interesting. Although this association can be incidental, there is evidence of a pathogenic relationship.

We present two patients with liver cirrhosis class Child-Pugh A and multiple myeloma. In both patients the diagnosis of cirrhosis was documented with liver histology. The etiology of cirrhosis was posthepatic in both patients, with double infection (HBV and HCV) in patient 1 and with HCV infection in patient 2. The study of the serum protein profile by protein electrophoresis and IFE demonstrated an IgG-kappa type multiple myeloma in patient 1, and an IgA-lambda type multiple myeloma in patient 2. The stage of myeloma was IIIA in both patients. A standardized chemotherapy with VMCP regimen was started. Patient 1 completed only two chemotherapy cycles and continued with prednisone alone, because of the worsening of the haematological and liver functional tests. Patient 2 has completed already four chemotherapy cycles without significant side effects.

On the basis of the reported cases in the literature, the possible relationship between monoclonal gammopathy and chronic liver disease is discussed.

Key words

Cirrhosis - HBV - HCV - IgG-kappa multiple myeloma - IgA-lambda multiple myeloma

Elevation of Pancreatic Enzymes: a Marker for Intracranial Hemorrhage

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Abstract

We report the case of a 31-year old woman who had severe abdominal complaints including hypogastric pain without irradiation, also nausea and vomiting and elevated amylase for four consecutive weeks. The clinical diagnosis on admission was pancreatitis. Hyperamylasemia of pancreatic origin has been noted in patients with severe intracranial disorders without abdominal trauma or evidence of pancreatitis. This study sets out to show the importance of vomiting/intracranial bleeding in producing a raised serum amylase and suggests that intracranial disorders have to be excluded in patients suspected for pancreatitis. Therefore, we advise an accurate neurological examination in such patients.

Key words

Hyperamylasemia - lipase - differential diagnosis - intracranial bleeding

Primary Pleomorphic Liposarcoma of the Appendix

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Abstract

Gastrointestinal liposarcomas are rare localizations compared with other liposarcomatous sites. The authors report a pleomorphic appendicular liposarcoma. Immunohistochemistry revealed the positivity for vimentin and S-100 protein.

Key words

Appendix - pleomorphic liposarcoma

Thermal Damage of the Main Bile Ducts During Laparoscopic Cholecystectomy for Acute Cholecystitis

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Abstract

The authors report the case of a female patient aged 30 years admitted with the clinical symptomatology of acute cholecystitis confirmed by paraclinical tests. Laparoscopy was performed and laparoscopic cholecystectomy (LC) was applied. Postoperatively the course was unfavorable from the clinical and ultrasonographical point of view and intra-abdominal bile collection was suspected. The patient was reoperated. An injury was found on the right hepatic duct and this was corrected by suture on Kehr tube. The postoperative course was favorable and the patient was discharged from the hospital in a surgically healed condition.

Key words

Thermal damage - bile ducts - laparoscopic cholecystectomy - acute cholecystitis