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CLINICAL IMAGING

Scintigraphic Detection and Localization of Gastrointestinal Bleeding

Gabriel Andries, Gheorghe Cobzac

Calculation of Esophageal Variceal Wall Tension by Ultrasonic Microprobe and Noninvasive Pressure Measurements

Zhu Saihong, Liu Xunyang, Huang Feizhou, Nei Wanping, Liu Bo, Li Reizheng, Cai Lifeng, Wang Wei, Yang Minshi, Ren Shuping
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Abstract

Objective: To calculate esophageal variceal wall tension by sonographic and noninvasive pressure measurements and to study the role of esophageal variceal wall tension in predicting the likelihood of esophageal variceal rupture. Methods: In 28 patients with esophageal varices, a 20 MHz ultrasonographic transducer was used to image esophageal varices; the radius and wall thickness of the varices were calculated. Esophageal variceal pressure measurements were obtained noninvasively. The correlation between the esophageal wall tension and esophageal variceal pressure gradient were studied. Results: There was a linear correlation between the esophageal wall tension and the variceal pressure gradient after curve fitting ($r=0.87, p<0.05$). Conclusion: Esophageal variceal wall tension is an important parameter in predicting variceal rupture.

Key words

Esophageal variceal rupture - wall tension - echo-endoscopy

Etude comparative des accidents et des complications de la cholécystectomie laparoscopique chez les cirrhotiques et les non cirrhotiques

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Abstract

Among a total of 9000 laparoscopic cholecystectomies, 60 (0.66%) were performed in cirrhotics patients. We have analyzed the presence of intra- and postoperative complications and have made a statistical comparison between cirrhotics and the group of 8940 non-cirrhotics. Cirrhosis was associated with a higher rate of conversions, of intra- and postoperative complications and mortality. The particularities of the intervention in cirrhotic patients are evaluated. Data analysis shows that cirrhotic patients have special problems regarding operation indication, surgical technique and pre- and postoperative treatment.

Key words

Cirrhosis - laparoscopic cholecystectomy - complications – mortality

Reviews

The Pathogenesis of Chronic Alcoholic Pancreatitis

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Abstract

The pathogenesis of chronic alcoholic pancreatitis has not been elucidated yet. There are many theories about this topic. The first regards the initial injuries in the ductal pancreatic system. The second considers that the primary lesion is located in the acinar cells. Three hypotheses are elaborated in this respect: the intervention of toxic metabo-lites, oxidative stress or neuroimmune system. The third theory sustains that a severe initial attack of acute pancreatitis may induce lesions typical of chronic pancreatitis. Recently the intervention of genetic factors, responsible for the susceptibility chronic pancreatitis has been put forward.

Key words

Chronic pancreatitis - pathogenesis - oxidative stress

Current Trends of Management for Fissure in Ano

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Abstract

There are many options to treat chronic fissures in ano. Some of them are non-surgical while the others are surgical. The efficacy claimed by each of the prevalent method is very high but the inconsistencies and contraindications are equally strong. To date, lateral sphincterotomy has been favoured by most of the proctologists, because it is the least extensive surgical procedure and is offering a long lasting relief in sphincter spasm.

About 10 different techniques are presented in brief with their efficacy and fallacy. A new method combining the age-old technique of Lord's manual dilatation followed by radio surgery is also highlighted. The addition of radio surgery is found useful for refreshing the edges of the fissure and to tackle pathologies namely sentinel pile, small internal piles or hypertrophied anal papillae often found associated with chronic fissures. Revisiting the trends of treatment of chronic anal fissures, the most preferred options are the manual dilatation with radio surgery and the subcutaneous lateral anal sphincterotomy. Both methods are easy to perform, have negligible complications and no special setup is needed, except the radio surgical unit, in case of the first procedure. However, all the options should be presented to the patient with complete information about the method, cure rates, complications, and reversibility of the complications and the final choice should be left in his hands.

Key words

Fissure in ano - radio surgery - anal dilatation - anal papillae - fibrous anal polyps

Technique

Endoscopic Clips - What Are They Good for?

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Abstract

Several methods have been developed for the treatment of upper gastro-intestinal bleedings, a condition associated with high mortality rates. In recent years new studies have been published reporting the use of endoscopic clips mainly for digestive bleeding. Our paper reviews recent publications, focusing mainly on present indications, such as: digestive bleeding, conservative treatment of perforations of the digestive tract, repair of anastomotic leaks, marking of digestive tumours, endoprosthesis anchoring and assisting papilla cannulation.

Key words

Clips - gastrointestinal bleeding – perforations

TECHNIQUE AND CASE REPORTS

Endoscopic Mucosal Resection for Early Gastric Cancer. A Case Report

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Abstract

European experience in endoscopic mucosal resection (EMR) for early gastric cancer is still relatively low, since early stomach cancer is diagnosed at a much lower rate in Europe than in Japan and generally operable patients are referred to surgery for radical resection. Endoscopic mucosal resection or mucosectomy was developed as a promising technology to diagnose and treat mucosal lesions in the esophagus, stomach and colon. In contrast to surgical resection, EMR allows "early cancers" to be removed with a minimal cost, morbidity and mortality. We present the case of a patient with hepatic cirrhosis incidentally diagnosed with an elevated-type IIa early gastric cancer. Echoendoscopy was performed in order to assess the depth of invasion into the gastric wall confirming the only mucosal involvement. We performed an EMR using "cup and suction" method. After the procedure, the patient experienced an acute upper gastrointestinal bleeding from the ulcer bed requiring argon plasma coagulation. The histopathological examination confirmed an early cancer, without involvement of muscularis mucosae. The patient has had an uneventful evolution being well at six months after the procedure.

Key words

Endoscopic mucosal resection - early gastric cancer- echo-endoscopy

Preoperative "Two-Way" Enteroscopy, Followed by Intraoperative Enteroscopy in a Patient with Obscure-Overt Gastrointestinal Bleeding and Severe Iron-Deficiency Anemia

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Abstract

We present the case of a 69-year-old woman admitted to hospital because of chronic gastrointestinal bleeding of an unknown source with a consequent severe iron deficiency anemia (IDA), undiagnosed for the past 25 years. In the last three years the episodes of severe bleeding became frequent, usually followed by melena. The patient was admitted 11 times in different departments without the identification of the bleeding source. During the evolution of the disease, the biological exams showed a severe IDA with low values of hemoglobin, low serum iron, mixed deficiency depicted by bone-marrow examination, and a reticulocyte crisis after parenterally administered iron. Repeated upper (6) and lower (2) gastrointestinal endoscopies failed to find a source of bleeding.

Push enteroscopy allowed the visualization of approximately 40 cm of the proximal jejunum, after the Treitz angle, and demonstrated multiple punctiform jejunal angiodysplasias, which bled excessively after bipolar coagulation. We also performed a total colonoscopy with intubation of the ileo-cecal valve and visualization of the terminal ileum on approximately 30 cm, without any pathological findings. Because endoscopic treatment was ineffective, we decided to perform a segmentary enterectomy, with the length of small bowel resection tailored by intraoperative enteroscopy. A favourable evolution after limited resection of the small bowel indicated the importance of both preoperative "two-way" enteroscopy associated

with intraoperative enteroscopy for diagnosing and treating the source of obscure gastrointestinal bleeding.

Key words

Enteroscopy - gastrointestinal bleeding – anemia

Case reports

Laparoscopic Total Colectomy for Asymptomatic Familial Adenomatous Polyposis

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Abstract

A 20-year-old female patient with familial adenomatous polyposis diagnosed on the occasion of the screening of her family, which had a history of three deaths due malignant colic polyposis, was submitted to total colectomy by laparoscopic technique. Though the histopathological examination performed on two polypi excised by endoscopic technique did not evidence signs of malignant shift, total colectomy was performed, observing the oncological principles. The intervention was uneventful and postoperative course uncomplicated, the patient being socially reintegrated after three weeks. Follow-up examinations performed up to 18 months after the operation showed a favourable evolution and no development in the size and number of polypi.

Key words

Laparoscopy - total colectomy - familial adenomatous polyposis

Metastasis of Malignant Melanoma in the Small Intestine. A Case Report

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Abstract

Malignant melanoma is the most common metastatic tumor of the gastrointestinal tract and can present with fairly non-specific symptoms. A 63-year old man with previous enucleation of the left eye for a malignant coroidian melanoma presented signs of intestinal subocclusion. Weight loss and a palpable mass deep on the paraumbilical left region were the significant physical signs. Because the state of the patient had worsened, the diagnosis was made by ultrasonography examination. Segmental intestinal resection with regional lymph node dissection was performed. Surgical resection can be performed safely as patients for whom all sites of disease are completely resected experience significant improvements in survival times, compared with patients who undergo an incomplete resection. For selected patients, surgical treatment of metastatic melanoma involving the gastrointestinal tract is appropriate therapy.

Key words

Malignant melanoma – metastasis - small bowel

Splenic Abscesses

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Abstract

Splenic abscesses are rare entities (autopsy incidence between 0.14-0.7%). The most frequent etiology is the septic emboli seeding from bacterial endocarditis (about 20% of cases) or other septic foci (typhoid fever, malaria, urinary tract infections, osteomyelitis, otitis). The treatment of splenic abscesses was until recently splenectomy with antibio-therapy. The actual trends are more conservative (mini invasive or non-invasive) because the immunologic role of the spleen has been better understood over the last years.

Key words

Splenic abscess - etiology - diagnosis – therapy

CLINICAL IMAGING

Scintigraphic Detection and Localization of Gastrointestinal Bleeding

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Abstract

By frequency and often through the difficulties of diagnosis and treatment, gastrointestinal (GI) bleeding plays an important role in the activity of medico-surgical departments. Successful management of patient with GI bleeding depends on accurate localization of the bleeding site. The early etiological diagnosis of GI bleeding is important for the early optimal treatment (medical or surgical). In addition to the clinical exams, endoscopy and angiography may be used as invasive methods to localize the bleeding site. Beside these, the isotopic technique in detecting GI bleeding is non invasive, rapid and with high sensitivity. Correctly indicated and performed, the imaging methods, invasive or not, play an important role in the success of treatment. For the clinicians it is important to know the best algorithm of examination and the role of each technique and, bearing in mind the technical equipment of the hospital to use quickly the appropriate method rapidly.

Key words

Scintigraphy - gastrointestinal bleeding – diagnosis