

RJGE VOL.12, NR.1, MARCH 2003

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original papers

Infliximab for Crohn's Disease in Clinical Practice: the Experience of a Single Center in Romania

Liana Gheorghe, Cristian Gheorghe, Mihaela Badea, Roxana Vădan, Iuliana Pârvulescu, Cristina Toader, Letiția Tuğui, Octavian Papuc, Radu Ionescu, Carmen Preda, Ion Călin, Mircea Diculescu

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Abstract

Aim. *The aim of the study was to report the efficacy and tolerability of infliximab therapy in the first 24 patients with refractory and fistulizing Crohn's disease (CD) treated at our center between August 2000-May 2002.*

Patients and methods. *The medical records of 24 patients (13 males, 11 females) treated with infliximab for refractory or fistulizing CD were reviewed. CD was diagnosed using conventional clinical, endoscopical and histological criteria. Infliximab was administered at a dose of 5 mg/kg body mass as a 2-hours i.v. infusion in a single infusion for inflammatory CD, and a triple infusion regimen for fistulizing CD (at 0, 2, and 6 weeks). Efficacy was analysed by means of 1) clinical outcome, 2) mucosal healing, 3) steroid tapering/sparing effect and 4) need for surgery.*

Results. *Sixteen patients were treated for inflammatory CD, 7 patients for fistulizing CD and 1 patient for both inflammatory and fistulizing CD. A total number of 49 infusions were administered during the study interval (median number 2); the median time of follow-up was 26 weeks (12-79 weeks). An overall positive clinical response was seen in 12/16 patients (75%) with inflammatory CD and 5/7 patients (71.4%) with fistulizing CD. The median time to clinical response was 5.6 days (range 1-11 days) and the median duration of clinical response was 6.53 mo. (4 weeks-21 months). Mucosal healing was noted in 10/17 (58%). Steroid tapering or cessation was successfully attempted in 17 patients (80.9%), complete steroid withdrawal being possible in 15 patients (71.4%). Three non-responder patients required surgical therapy. Infusion-related adverse reactions were seen in 4 patients (16.6%). Two patients (8.3%) developed severe adverse events; one of them, a young female patient with intrapartum onset of a severe CD developed sepsis and deceased from intavascular disseminated coagulopathy. During the follow-up, none of our patients developed serious infections, tuberculosis or malignancy.*

Conclusion. *Our study provides additional evidence that infliximab is beneficial and safe in clinical practice for refractory and fistulizing CD patients. Additionally, our study proved the high mucosal healing rate and the steroid-sparing and surgery-saving properties of infliximab.*

Key words

Crohn's disease - infliximab - tumor necrosis factor

The Prevalence of *Helicobacter pylori* Infection in Western Romania

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Abstract

The **aim** of this study was to evaluate the prevalence of *Helicobacter Pylori* (HP) infection in a representative group of workers in Timiș County.

Material and methods: Our study population consisted of 960 employees: 206 F (21.46%) and 754 M (78.54%), mean age 36.8 ± 7.6 years (range 18-60 years) from a company in Timișoara, in whom we assessed IgG anti HP antibodies. We standardised our study population for the age and gender distribution of the population in Timiș County and we excluded under 18 and over 60 years age groups which were underrepresented.

Results: Antibodies were found in 691 individuals (71.9%). In females, the prevalence of HP infection was 63.1% (130/206) and in males 74.4% (561/754). In the age group 18-30 years - 65.3%, males-67%, females-56.8% ($p=0.240$); in group 31 - 40 years - 71.6%, males-74.4%, females-63.5% ($p=0.025$); in group 41 - 50 years - 75%, males - 78%, females-62.5% ($p=0.026$); and in group 51 - 60 years - 88.7%, males-87.2%, females - 100% ($p=0.35$). After standardisation for age and gender, the prevalence of HP infection in the adult population was 68.5%; in females - 63.8%, in males - 73.5% ($p=0.08$).

Conclusions: In a population sample significant for Timis County, the prevalence of HP infection is 68.5% in the adult population, slightly higher in males than in females (74.4% vs 63.1) ($p=0.08$), and it has a tendency to increase with age.

Key words

Helicobacter Pylori – prevalence – epidemiology

Postoperative Survival in Advanced Gastric Cancer

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Abstract

We assessed the postoperative survival in 143 consecutive patients with advanced gastric cancer. Police databases represented a very powerful research tool and allowed a response rate of 94.4%. Mean postoperative survival was 10 months – irrespective of stage - with 52.6% and 30.3% survival rates at 6 months and 12 months respectively. Long-term survival cannot be really commented with only 11% of patients alive after 24 months. Statistical analysis demonstrated a lack of prognostic significance of tumour stage (except for stage 4), as well as lymph node spread. No real benefit in survival was evident for palliative resection in locally advanced gastric cancer. We were not able to prove a significant benefit of more extensive (D2) lymph node dissection. The only proven prognostic factor in our study appeared to be the oncologic quality of resection. Survival was significantly longer in R1 (no macroscopic residual tumor) cases vs. R2 macroscopic residual tumour cases ($p < 0.05$), but no difference could be found between R2 (macroscopic residual tumor) cases with and non-resectable cases.

Key words

Gastric cancer - postoperative survival – prognostic factors - gastric resection

Long Term Effects of Propranolol on Portal Pressure in Cirrhotic Patients

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Abstract

Bleeding from varices is a very serious complication in cirrhotic patients, with a mean mortality rate around 30%. If the portal vein pressure is decreased by pharmacological therapy the varices will not bleed and progressively decrease in size. The portal hypertension in cirrhotic patients develops as a consequence of two mechanisms: the increase of portal inflow and the increase of intrahepatic resistance. The aim of our study was to find out if propranolol can prevent the bleeding from esophageal varices and if it acts by reducing the portal inflow due to splanchnic vasodilatation. The study was initiated in 53 patients with portal hypertension, of whom 14 were withdrawn because of adverse effects of propranolol. Abdominal ultrasonography and Doppler of portal vein system were performed in all subjects. The ultrasonographic parameters were measured before and after a 3-year treatment with propranolol. The patients also underwent endoscopy for evaluation of esophageal varices; the endoscopy was repeated at the end-point of treatment. We noted that propranolol reduced the portal blood inflow and the size of esophageal varices, and that the incidence of hemorrhages by variceal rupture was very low in these patients.

Key words

Propranolol - liver cirrhosis - portal vein pressure - esophageal varices

Valeur Pronostique de l'Écho-Endoscopie dans le Cancer du Rectum: Résultats d'une Analyse Multifactorielle

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Abstract

Introduction. No study has evaluated the prognostic value of initial endorectal ultrasonography (ERUS) in rectal cancer (RC).

Aim. To assess the prognostic value of initial ERUS in operated patients with RC.

Material and methods. Eighty-four patients with non metastatic RC were examined by ERUS before treatment. Forty-two received preoperative radiation therapy and they were resected 7 weeks later on average. The prognostic value of uTN and pTN classification was analysed by means of a Cox model, taking into account the realization of preoperative radiation therapy.

Results. In the univariate analysis, 4 variables were predictive of prognosis: elevation of alkaline phosphatases, the degree of circonference, the extension of the resection margin, and the involvement of perirectal lymph nodes. The multivariate analysis showed that when considering only pTN and uTN classifications, only uT and pN kept a significant prognostic value. The better prognostic role of uT was due to a close relationship with preoperative radiation therapy which was responsible for a significant downstaging.

Conclusion. Since preoperative radiotherapy has become a standard in France, the prognostic value of ERUS has emerged, better than pTN classification when radiotherapy has been preoperatively applied. Other prognostic factors should be investigated in a more homogeneous population of patients, all presurgically irradiated.

Key words

Rectal cancer - staging - endorectal ultrasonography

Sphincterotomy with Radio Frequency Surgery: a New Treatment Technique of Fissure in Ano and Associated Pathologies

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Abstract

Background. *Anal fissures are dealt with using traditional approaches aiming at relieving the anal spasm and minimizing the anal sphincter pressure. Nevertheless, pathologies like sentinel tags, anal papillae, anal polyps, or small hemorrhoids which are often associated with chronic fissures are either considered innocuous, therefore left untreated, or are removed by conventional techniques.*

Material and methods. *In this retrospective, non- rando-mized study, we performed lateral internal sphincterotomy, which was followed by radio frequency surgical procedures to eliminate the associated pathologies mentioned above.*

Results. *In all, 283 patients were studied. All the patients treated by the method of lateral subcutaneous internal sphincterotomy followed by radio frequency surgical procedure for aforesaid associated pathologies were made comfortable on account of the reduction in pain and irritation during defecation, the pricking or foreign body sensation in the anus and pruritus or wetness around the anal verge. A follow up after 18 months showed that only 7 % of patients had recurrence of symptoms or local signs.*

Conclusion. *This combined approach has been found to be an effective, easy and quick way of treating chronic fissure in ano with associated pathologies.*

Keywords

Fissure in ano - anal papillae - fibrous polyps - sphinctero-tomy - radio frequency surgery

case reports

Acute Pancreatitis, Acute Hepatitis and Acute Renal Failure Favourably Resolved in Two Renal Transplant Recipients

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Abstract

Renal transplantation is often associated with severe complications. Except for acute rejection, infections and toxicity of immunosuppressive treatment are the most frequent problems observed after transplantation. Infections with hepatic viruses (HBV, HDV, HCV, HGV) and cytomegalic virus (CMV) are the main infectious complications after renal transplantation. Cyclosporine toxicity is not unusual for a patient with renal transplantation and is even more frequent for patients with hepatic impairment due to viral infections. The subjects of this report are two renal transplant recipients with acute pancreatitis, severe hepatitis and acute renal failure on graft, receiving immunosuppressive therapy for maintaining renal graft function.

Key words

Renal transplantation - acute pancreatitis - acute viral hepatitis - cyclosporine nephrotoxicity - acute renal failure

Unusual Presentation of Rectal Adenocarcinoma

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Abstract

Metastatic tumors in the gastrointestinal tract are rare with an overall prevalence of 1-4 per cent in the postmortem series. Lung cancer, renal cell carcinoma, breast carcinoma and malignant melanoma are considered the most common primary tumors metastatic to the small bowel. Local duodenal metastasis from colonic cancer and cecum have been reported, but metastasis to the duodenum from rectosigmoid adenocarcinoma has not been reported before. We report the first case of metastasis in the duodenum from an adenocarcinoma of the rectum presented as a recurrent acute prerenal azotemia caused by volume depletion which had resulted from duodenal obstruction.

Keywords

Duodenal obstruction - duodenal metastasis - rectal adenocarcinoma - prerenal azotemia

Ogilvie's Syndrome – Acute Colonic Pseudo-Obstruction. Case report and Review of the Literature

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Abstract

We present a rare entity of colonic pseudo-obstruction, characterised by severe colonic dilatation in absence of any organic obstacle. Clinical symptoms, diagnostic approach, and therapeutic measures are analysed and discussed. Many factors have been associated with this syndrome which include electrolyte imbalance, systemic infection, drugs, and occasionally, neurologic disease. Reported here is a case of acute colonic pseudo-obstruction which developed in a patient with restrictive respiratory dysfunction. Colonic decompression by means of colonoscopy, the most effective therapeutic approach for pseudo - obstruction failed, and surgical cecostomy was required.

The acute colonic pseudo-obstruction, Ogilvie's Syndrome, most often appears as a complication of other clinical conditions. It is characterized by massive colonic dilatation in the absence of a mechanical cause and may lead to cecal perforation in absence of treatment. When colonic obstruction is suspected, one should always consider the possibility of the occurrence of Ogilvie's syndrome.

Key words

Ogilvie's syndrome – acute colic pseudo-occlusion – neostigmine – cecostomy

clinical imaging

In Situ Thermal Ablation of Focal Liver Neoplasms, with a Special Emphasis on the Intraoperative Ultrasound-guided Radio Frequency Ablation Method

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Abstract

In the last two decades an important number of image-guided procedures have been developed in order to treat focal liver tumors through ablation in a similar way with the surgical procedure, which is still considered as the curative method for patients with resectable hepatic tumours. Unfortunately this criteria does not apply to all patients and in those cases (nonsurgical patients), the techniques are becoming frequently used as standard independent or adjuvant therapies. Tumour ablation using thermal procedures is now considered as one of the most promising among these alternative ablation therapies. It is the goal of these techniques together with the continuous improvement in technology and increasing clinical experience, to become the treatment of choice for limited liver tumours, challenging surgical resection.

Keywords

Focal liver tumours – thermal ablation – intraoperative radio frequency ablation