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JOURNAL OF GASTROINTESTINAL AND LIVER DISEASES
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**Abstracts**

## Original papers

### Hepatitis C Virus Survival Curve Analysis in Naïve Patients Treated with PegInterferon α-2b Plus Ribavirin. A Randomized Controlled Trial for Induction with High Doses of PegInterferon and Predictability of Sustained Viral Response from Early Virologic Data

*Konstantinos Mimidis[1], Vassilios P Papadopoulos[1], Ioannis Elefsiniotis[2], Dimitrios Koliouskas[3], Ioannis Ketikoglou[4], Eleftherios Paraskevas[5], Spyridon Kanatakis[6], Dimitrios Chrysagis[7], Georgios N Dalekos[8], Christos Tzathas[9], Athanasios Protopapas[10], Eleni Gigi[11], Eleftherios Tsianos[12], Georgios Kartalis[1]*

1) 1st Department of Medicine, Democritus University of Thrace, Alexandroupolis. 2) Helena Venizelou Maternal Hospital, Athens. 3) "Ahepa" Hospital, Aristotelion University of Thessaloniki, Thessaloniki. 4) Hippokration Hospital, Athens. 5) Savvas Hospital, Athens. 6) Red Cross Hospital, Athens. 7) Loimodon Hospital, Thessaloniki. 8) Department of Medicine, Academic Liver Unit, University of Thessaly, Larissa. 9) Attikon University Hospital, Athens. 10) Giannitsa General Hospital, Giannitsa. 11) Aristotelion University of Thessaloniki, Thessaloniki. 12) Department of Medicine, University of Ionnina, Ioannina

**Abstract**

**Aim.** To evaluate the significance of induction with high doses of pegylated interferon α-2b (Peg-IFNα-2b) and the predictability of sustained virologic response (SVR) in naïve patients with chronic hepatitis C. **Methods.** 188 consecutive naïve patients with chronic hepatitis C were enrolled in a randomised controlled clinical trial. Patients were randomised to receive either Peg-IFNα-2b 3.0 mcg/kg QW x 12 weeks followed by 1.5 mcg/kg QW x 36 weeks plus 800-1200 mg ribavirin (Arm A) or Peg-IFNα-2b 1.5 mcg/kg QW x 48 weeks plus 800-1200 mg ribavirin (Arm B). HCV-RNA was obtained at 0, 4, 8, 12, 16, 24, 48 and 72 weeks. Differences between schemes were evaluated by Kaplan-Meier curves. Predictability of SVR was assessed by two-way contingency table analysis and ROC curve analysis. **Results.** From 176 patients, 75 had genotype 1, 15 genotype 2, 75 genotype 3 and 11 genotype 4. No statistical significance emerged in HCV-RNA positivity, side effects and withdrawals between schemes. Patients with genotype 1 achieved lower SVR (46.6%) in comparison to patients with genotypes 2/3 (94.1%, $p<0.001$) and 4 (90.9%, $p=0.002$). The most appropriate time for estimation of SVR for genotype 1 is week 8 (accuracy= 0.84, AUC=0.90) while predictability increases with time in genotypes 2/3, reaching maximum accuracy=0.93 and AUC=0.76 at week 16. **Conclusion.** Induction with high doses of Peg-IFNα-2b does not preclude better outcome and rapid virologic response at 4 weeks of treatment sufficiently predicts SVR. These findings might be useful in an attempt to gain supportive evidence for decision making in difficult-to-treat patients.

**Key words**

Chronic hepatitis C - pegylated interferon α-2b - ribavirin - sustained virologic response

## Positive Coeliac Serology in Irritable Bowel Syndrome Patients with Normal Duodenal Biopsies: Video Capsule Endoscopy Findings and HLA-DQ Typing May Affect Clinical Management

*Samuel Nathan Adler[1], Harold Jacob[1], Graciela Lijovetzky[2] ,Chris J.J. Mulder[3], A. Zwiers[4]*

1) Department of Gastroenterology. 2) Department of Pathology, Bikur Cholim Hospital, Jerusalem, Israel. 3) Department of Gastroenterology. 4) Department of Immunogenetics, VU University Medical Center, Amsterdam, The Netherlands

**Abstract**

**Objectives**. To investigate a group of IBS patients (Rome criteria) with positive coeliac serology (EMA, TTG, IgG or IgA AGA) and normal small bowel biopsies. Video capsule endoscopy (VCE) findings of the small bowell were compared with DQ-typing.

**Methods**. Twenty-two patients with chronic abdominal pain (with or without diarrhea) and at least one positive result of any of the coeliac serological markers (AGA, TTG, EMA) and normal duodenal biopsy were enrolled and underwent VCE. Twelve healthy volunteers with VCE served as control group. Coeliac related HLA DQ2 or DQ8 markers were determined.

**Results**. 12/ 22 (55%) patients had small bowel abnormalities with VCE. No mucosal abnormalities were recognized in the control group (p=0.002). Inflammatory changes were classified as moderate or pronounced. Eight patients (36%) had moderate changes and four patients (18%) demonstrated pronounced changes. Only 6 of the 21 IBS patients were positive for DQ2 and/or DQ8.

**Conclusions**. The patients in this study fulfilled the diagnostic Rome criteria for Irritable Bowel Syndrome. We suggest that patients with positive coeliac serology and normal duodenal biopsies should undergo HLA typing. In patients positive for DQ2 and/or DQ8, a VCE should be performed. Patients with mucosal abnormalities compatible with CD should be considered as a group distinct from IBS patients and could be tested with gluten challenge or treated with a gluten free diet.

**Key words**

Coeliac disease - DQ 2/8 typing – serology - irritable bowel syndrome - video capsule endoscopy - Rome criteria

## What General Practioners Know About Irritable Bowel Syndrome. Preliminary Data from a Romanian Province

*Dan L.Dumitrascu[1], Liliana David[1], Manfred Singer[2]*

1) 3rd Medical Department, University of Medicine and Pharmacy “Iuliu Hatieganu”, Cluj-Napoca, Romania. 2) Universitätsklinikum Mannheim, II. Universitätsklinik, Mannheim, Germany

**Abstract**

**Background and aim**. Irritable bowel syndrome (IBS) is a common disorder in Romania, managed frequently by General Practitioners (GPs). It is necessary to assess the

knowledge of GPs on IBS. A preliminary investigation was carried out in two Romanian counties.

**Methods**. One hundred GPs were invited to a two hour, free, updating course on IBS. The participants were asked to fill a questionnaire before and after the course which comprised questions about medical experience, demography, and several multiple-choice questions about GPs´ opinions and awareness. The final question assessed the estimated prevalence of IBS in the practice.

**Results.** Full responses to both questionnaires were obtained from all attending GPs (n=88). They were 25 males: 63 females, with working experience between 3 and 41 years (mean±SD: 24±11). Apart from 2 (2.4%) who indicated that IBS is a motility disorder (opinion revised after the course), all other GPs considered IBS as a functional disorder. All (100%) opted for the necessity of colonoscopy to diagnose IBS. 98.8% indicated the use of Rome II criteria for the diagnosis of IBS (this survey was done before the availability of Rome III but their advent was mentioned). All (100%) had participated in previous lectures or courses on IBS. 58 (66%) reported the prevalence of IBS in their practice between 1-10%; 16 (18%) between 10-25%; 11 (12.5%) between 25-33%; 3 (3.5%) reported <1%.

**Conclusions.** The investigated GPs seem to be well trained in recognizing IBS. The majority (66%) estimated the prevalence of this condition as 1-10% in their practice.

**Key words**
Family medicine - general practice - irritable bowel syndrome

## Infliximab Reduces the Number of Activated Mucosal Lymphocytes in Patients with Crohn's Disease

*Ivan Ferkolj[1], Alojz Ihan[2], Saša Markovič[1], Zeljka Večerič[1], Maja Pohar[3]*

1) University Medical Centre Ljubljana, Division of Internal Medicine, Department of Gastroenterology. 2) Institute of Microbiology and Immunology, Faculty of Medicine, University of Ljubljana. 3) Institute of Biomedical Informatics, Faculty of Medicine, University of Ljubljana, Slovenia

**Abstract**

**Background.** Infliximab is an effective treatment for Crohn's disease in patients with poor prior response to conventional therapy. The mechanism by which infliximab induces clinical improvement is not completely known. **Aim.** The aim of the study was to investigate the influence of infliximab on immunological parameters in peripheral blood and inflamed intestinal mucosa. **Methods.** Twenty-five patients with Crohn's disease (11 with luminal and 14 with fistular form) underwent treatment with infliximab. The lymphocyte populations from the peripheral blood and the inflamed intestinal mucosa were analysed by flow cytometry before treatment and 14 days later. **Results.** After treatment, the peripheral blood analysis showed a significant increase in the percentage of CD19 cells and the concentrations of CD3, CD4, CD8 and activated (HLA DR positive) T cells, while the percentage of NK cells was reduced. In the inflamed mucosa, a significant decrease in the percentage of activated T cells and expression of HLA I molecules by epithelial cells was noted. **Conclusions.** Infliximab profoundly downregulates inflammation in the intestinal mucosa of patients with Crohn's disease. This effect is manifested by a reduction of activated T cells, main producers of proinflammatory cytokines, in the inflamed mucosa.

**Key words**

Crohn's disease – infliximab - flow cytometry – lymphocytes – inflammation

## Reviews

### Rome III: New Standard for Functional Gastrointestinal Disorders

*Douglas A Drossman[1], Dan L Dumitrascu[2]*

1) Douglas A Drossman, Division of Gastroenterology and Hepatology, UNC Center for Functional GI and Motility Disorders, Chapel Hill, NC, USA. 2) Dan L Dumitrascu, 3rd Medical Department., University of Medicine and Pharmacy, Cluj-Napoca, Romania

**Abstract**

The publication in the April, 2006 issue of Gastroenterology of Rome III has made available to the scientific world an enhanced and updated version of the Rome criteria and related information on the functional GI disorders. It is expected that the criteria will be adopted and used by physicians, pharmaceuticals and regulatory agencies worldwide, just as the previous Rome II became the standard for clinical practice and research. In this issue of J Gastrointestin Liver Dis, these Guidelines, the Rome III, are presented. Also included are some of the differences between Rome II and Rome III criteria as well as the rationale for publishing this new version.

**Key words**

Functional gastrointestinal disorders - Rome III

### Update in the Diagnosis of Gastroesophageal Reflux Disease

*Radu Tutuian*

Division of Gastroenterology and Hepatology, University Hospital Zurich, Switzerland

**Abstract**

Clinical manifestations of gastroesophageal reflux disease (GERD) include heartburn, regurgitation, dysphagia, chest pain, cough and other extraesophageal symptoms. GERD is known to cause erosive esophagitis, Barrett esophagus and has been linked to the development of adenocarcinoma of the esophagus.

Currently upper gastrointestinal endoscopy is the main clinical tool for visualizing esophageal lesions. Since the majority of GERD patients do not have endoscopic visible lesions other methods are required to document the abnormal acid exposure in the distal esophagus. For many clinicians ambulatory esophageal pH monitoring is the gold standard in diagnosing GERD since it quantifies distal esophageal acid exposure and allows the evaluation of the relationship between symptoms and acid reflux.

The availability of highly selective gastric acid suppressive therapy led to the introduction of short trials of proton pump inhibitors (PPI) to diagnose GERD. PPI trials are often used as a first line diagnostic tool in clinical practice and in particular in the primary care settings. This development has a major influence in the type of patients referred to gastrointestinal specialists, the current trend being that gastroenterologists are asked to evaluate an increasing number of patients with persistent GERD symptoms while on PPI therapy. In these patients the question is whether the persistent symptoms are or not associated with reflux (acid or non-acid). In the recent years combined multichannel intraluminal impedance and pH (MII-pH) monitoring has become a clinical tool that permits the clarification of the mechanisms underlying the persistent symptoms on acid suppressive therapy.

**Key words**

Gastroesophageal reflux disease - upper GI endoscopy - pH-metry - multichannel intraluminal impedance and pH monitoring - proton pump inhibitors

## Acute Hepatitis C Virus Infection: Diagnosis, Pathogenesis, Treatment

*Florin Alexandru Căruntu[1,2], Loredana Benea[2]*

1) "Carol Davila" University of Medicine and Pharmacy, and Infectious Diseases Institute "Prof. Dr. Matei Balş". 2) Infectious Diseases Institute "Prof. Dr. Matei Balş" Bucharest

**Abstract**

Diagnosing acute hepatitis C is still difficult. The disease is frequently asymptomatic and there are no specific diagnostic tests. Most frequently, diagnosis is based on anti HCV antibodies serum conversion and, more rarely, on a double serum conversion (initially HCV-RNA undetectable by RT-PCR, subsequently positive and serum conversion for HCV antibodies determined by EIA and RIBA techniques). Evolution of HCV infection is determined by the intensity of immune response, type of secreted cytokines and persistence of specific HCV T lymphocytes response. Patients achieving viral clearance present an early, strong and multi specific T lymphocyte response. Spontaneous viral clearance rates are highly variable between 10-60%. It is currently recommended to delay start of treatment for 2-4 months after onset and this delay does not compromise chances of achieving sustained virologic response. It is necessary to repeat viremia 6 months -1 year after spontaneous viral clearance due to the possibility of viral replication restart.

There are currently no firm guidelines regarding treatment regimens, treatment duration and timing of its initiation. Monotherapy with high dose interferon α or peg-interferon for 6 months is recommended.

Although important progress has been achieved in acute hepatitis C understanding, research continues to improve treatment regimens and to clarify mechanisms of viral clearance.

**Key words**

HCV - acute hepatitis - immune response - diagnosis, treatment

## Diagnostic and Therapeutic Approach to Pancreatic Adenocarcinoma

*Stylianos Germanos1, Stavros Gourgiotis2, Aglaia Stavrothanasopoulou3, Periklis Alepas4, Nikolaos Zampitis5, Aikaterini Panteli6*

1) Upper Gastrointestinal and General Surgery, Leighton Hospital, Mid Cheshire NHS Trust. 2) Division of General Surgery and Oncology, Royal Liverpool University Hospital, UK. 3) Department of Medicine, Patras University Hospital, Patras. 4) Surgical Department, 401 Military Hospital of Athens. 5) 1st Surgical Department, 'Evangelismos' General Hospital of Athens. 6) Surgical Department, General Panarcadic Hospital of Tripoli, Greece

**Abstract**

Pancreatic adenocarcinoma is the sixth leading cause of cancer-related death in Europe with survival rates remaining unchanged over the last three decades. Early diagnosis and accurate staging are essential due to the difficulty of curing this tumor in its advanced form. Endoscopic or laparoscopic ultrasonography and computed tomography are the preferred imaging and staging modalities for many patients with pancreatic

adenocarcinoma. Morbidity and mortality are similar for pylorus-preserving and classic pancreatico-duodenectomy. Extended retroperitoneal lymphadenectomy does not improve survival and increases morbidity compared with standard pancreaticoduodenectomy, while adjuvant chemoradiotherapy prolongs survival in selected groups of patients. This article reviews the causes, risk factors, and clinical features of pancreatic adeno-carcinoma and discusses the methods of optimal diagnosis, staging and treatment.

**Key words**
Pancreas - adenocarcinoma - pancreatectomy - chemo-radiotherapy

## Clinical imaging

### The Role of Imaging Methods in Identifying the Causes of Extrahepatic Cholestasis*

*Ion Rogoveanu, Dan Ionuț Gheonea, Adrian Săftoiu, Tudorel Ciurea*

1st Medical Clinic – Gastroenterology Department, University of Medicine and Pharmacy Craiova*

**Abstract**

Transabdominal ultrasonography is the first choice examination used for the etiological diagnosis of extrahepatic cholestasis because it is a noninvasive, rapid method and presently widely accessible. In this article we discuss the accuracy of transabdominal ultrasonography, computed tomography (CT), endoscopic retrograde cholangiopancreatography (ERCP), magnetic resonance cholangiopancreatography (MRCP) and endoscopic ultrasonography (EUS) in detecting the main causes of extrahepatic colestasis. Although in bile duct pathology, and especially in the evaluation of patients with jaundice, transabdominal ultrasonography is the first choice exploration, helicoidal CT, ERCP and MRCP are often required to establish the local cause of jaundice, local and distant consequences evaluation, appreciation of surgical intervention opportunity and choice of the right therapeutic method.

**Key words**

Transabdominal ultrasonography - extrahepatic cholestasis - imaging methods

### Hepatic Perfusion Disorders: Computer-Tomographic and Magnetic Resonance Imaging

*Ioana G. Lupescu, Mugur Grasu, Razvan Capşa, Alina Pitrop, Serban A.Georgescu*

Fundeni Hospital, Radiology Department, University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania

**Abstract**

The liver has a unique dual blood supply from the hepatic artery (25%) and the portal vein (75%). Helical computer tomography (CT) and also magnetic resonance imaging (MRI) are suitable techniques for hepatic imaging. Helical CT and MR angiography allow single breath-hold scanning without motion artifacts. This article illustrates helical CT and MRI findings of different types of hepatic perfusion disorders. Because of rapid image acquisition, three-phase (hepatic arterial phase, portal venous phase and parenchymal phase) CT or MR-angiography evaluation of the hepatic parenchyma is possible, improving perfusion disorders evaluation, tumors detection and characterization in a single study. We classified hepatic perfusion abnormalities in: portal disorders,

arterial disorders, hepatic veins abnormalities, intrahepatic vascular communication, hepatic lesions and perfusion disorders and other causes. Differential diagnosis and pitfalls of these entities must be known for a correct diagnosis of focal hepatic lesions.

**Key words**

Hepatic perfusion disorders - spiral computed tomography (SCT) - magnetic resonance imaging (MRI) - MR angiography

## Case reports

### Endoscopic Ultrasound-Guided Fine Needle Aspiration Used for the Diagnosis of a Retroperitoneal Abscess. A Case Report

*Adrian Săftoiu[1], Sevastița Iordache[1], Carmen Popescu[2], Tudorel Ciurea[1]*

1) Department of Gastroenterology. 2) Cytology Laboratory, University of Medicine and Pharmacy, Craiova

**Abstract**

**Background.** The evaluation of idiopathic abdominal masses by EUS-guided fine needle aspiration (FNA) is considered a feasible and safe option. Moreover, different case reports and small case series recently described EUS-guided drainage of abscesses located nearby the digestive tract as a viable option of mini-invasive treatment. **Case report.** We present the case of a young patient with a retroperitoneal abscess diagnosed by EUS-guided FNA. Trans-abdominal ultrasound (TUS) and computer tomography (CT) scan were helpful, but insufficient for the final diagnosis. Although the abdominal mass was clearly visualized by these imaging methods, it was not possible to differentiate between a cystic tumor mass and an abscess. The mass was located in the vicinity of the pancreas tail, near the spleen and superior pole of the left kidney. The case management was complex due to the associated disorders and occurrence of severe episodes of hemolytic anemia. The association of gastric varices and left-sided portal hypertension further complicated the differential diagnosis and precluded percutaneous aspiration procedures. EUS-guided FNA established the final diagnosis, because of pus aspiration and positive bacterial cultures that sustained the initial supposition. The patient was referred to surgery and the evolution was favorable after abscess drainage and splenectomy. **Conclusion.** EUS-FNA is an excellent option used to obtain a tissue diagnosis in suspicious retroperitoneal masses, with a clear impact for the management decisions of these patients.

**Key words**

Endoscopic ultrasound - fine needle aspiration - retroperitoneal abscess

### Spontaneous Splenorenal Shunt in a Patient with Liver Cirrhosis and Hypertrophic Caudal Lobe

*Đorde Ćulafić[1], Mirjana Perišić[1], Violeta Vojinović-Ćulafić[2], Dragan Sagić[3], Mirko Kerkez[1]*

1) Institute of Digestive Diseases, Clinical Centre of Serbia. 2) Railway Health Care Institute. 3) Institute of Cardiovascular Diseases, Dedinje, Belgrade

**Abstract**

Spontaneous splenorenal shunt is a rare condition, sometimes causing complications in cirrhotic patients. We report a 30-year old man with liver cirrhosis, hypertrophic caudal lobe and spontaneous splenorenal shunt. Real-time and color Doppler ultrasonography evidenced enlarged caudal lobe (130 x 95 mm) with direct veins draining into dilated inferior cava vein (diameter 25 mm, flow 52 cm/sec). In the left renal hilus a large vein with a flow typical for portal vein system was found, velocity 25-37 cm/sec. Indirect splenoportography noticed splenomegaly, dilated lienal and portal vein with hepatopetal blood flow, perisplenic varices, and large spontaneous splenorenal shunt. Whole inferior caval vein was dilated, while hepatic veins were intact. Hemodynamic consequences of this large shunt were dilation of inferior cava vein with hyperkinetic systemic flow, and secondary hypertrophy of liver caudal lobe.

**Key words**

Liver cirrhosis - portal hypertension - spontaneous splenorenal shunt - hypertrophic caudal lobe

## Inferior Mesentericocaval Shunt - an Efficient Therapeutical Alternative in Budd Chiari Syndrome Associated with Portal and Splenic Vein Thrombosis in a Teenager

*Lucia Burac[1], Constantin Ciuce[2], Zeno Spârchez[3], , Genel Sur[1], Cristina Mureşan[1], Nicolae Miu[1]*

**2nd Pediatrics Clinic. 2) 1st Surgical Clinic.3) 3rd Medical Clinic, University of Medicine and Pharmacy, Cluj-Napoca**

The authors present the case of a 17 year old girl admitted to hospital for poor general state, mild scleral jaundice, deficient nutritional state, oliguria and massive ascites. She was diagnosed with Budd-Chiari syndrome: thrombosis of the left suprahepatic vein and nonocclusive thrombosis of the inferior vena cava at the level of the 12th thoracal and the lumbar vertebrae. The specific feature of the case was the association of portal and splenic vein thrombosis. A mesentericocaval shunt with external jugular grefon was performed. The evolution at 20 months after surgery has been favorable. She has no ascites, the nutritional state has normalized and hepatic laboratory findings have returned to normal values. There still persists a high consistency splenomegaly, but without hematological hypersplenism. Even though the mesentericocaval shunt is not without complications, it represents an efficient alternative for the treatment of Budd-Chiari syndrome, when endovascular techniques are not available.

**Key words**

Budd-Chiari syndrome - portal vein thrombosis - splenic vein thrombosis - mesenterico-caval shunt

## Perforated GIST of the Small Intestine as a Rare Cause of Acute Abdomen: Surgical Treatment and Adjuvant Therapy. Case Report

*Eleni I. Efremidou, Nikolaos Liratzopoulos, Michalis S. Papageorgiou, Konstantinos Romanidis, Konstantinos J. Manolas, Georgios J. Minopoulos*

1st Surgical Department of Medical School of University General Hospital of Alexandroupolis, Democritus University of Thrace, Greece

**Abstract**

A case of perforated gastrointestinal stromal tumor (GIST) of small intestine causing acute abdomen is described, with a brief review of the literature. A male patient presented with symptoms of acute abdomen. After evaluation, a laparotomy was performed, where perforation of a tumor in the ileum was found. The perforated part along with the tumor was resected and the cytopathological examination showed that the tumor was GIST. Postoperatively, the patient received treatment, using imatinib.

Gastrointestinal stromal tumors are relatively rare and often present with vague symptoms. Their first clinical manifestation as acute abdomen due to their perforation is extremely rare. In emergency laparotomy, a R0 resection is required and adjuvant therapy with imatinib must be considered.

**Key words**

Acute abdomen – perforation - gastrointestinal stromal tumors (GISTs) - imatinib

### Multiple Peritoneal Hydatid Disease after Rupture of a Multivesicular Hepatic Hydatid Cyst. Case report

*Eugen Tarcoveanu, Gabriel Dimofte, Costel Bradea, Felicia Crumpei, Raluca Anton, Radu Moldovanu*

1st Surgical Clinic, "St. Spiridon" University Hospital, Iaşi

**Abstract**

We report the peculiar case of a young woman with hepatic hydatid cysts, with numerous peritoneal disseminations (56 cysts) incidentally diagnosed during a caesarian section. The case was managed, surgically preceded and followed by systemic treatment with albendazole. Surgical treatment addressed both the hepatic cyst and the peritoneal hydatid disease aiming to preserve involved abdominal organs .

The diagnosis of peritoneal hydatid disease is today more accurate due to the new imaging techniques and the surgical procedure should be tailored to each patient depending on size, location and complications of each cyst. Radical treatment is the best and represents a goal, but with multiple disease, a staged treatment and special care for organ preservation should prevail as recurrences are not unusual.

**Key words**

Peritoneal hydatid disease, liver hydatid cyst

## Practice of gastroenterology in Romania

### The Survey on the Practice of Gastroenterology in Romania

*Ioan Sporea[1], Alina Popescu[1], Roxana Şirli[1], Viorela Enăchescu[2], Alexandra Deleanu[1], Eftimie Miuţescu[3]*

1) Department of Gastroenterology, University of Medicine and Pharmacy Timişoara. 2) Department of Internal Medicine - Ambulatory, University of Medicine Craiova. 3) Department of Gastroenterology – West University "Vasile Goldiş" Arad

**Abstract**

**Aim of the study:** To get data on the current practice of Gastroenterology in Romania. **Material and method.** We obtained data regarding the number of gastroenterologists in Romania from the Centre of Statistics of the Ministry of Health and Family (CSMHF)

and the National Centre of Training for Medical Personnel (NCTMP). We sent a questionnaire to all the Centers of Gastroenterology in Romania inquiring about the number of gastroenterologists and fellows, and about the gastroenterological procedures performed. We compared these data to that of 17 European countries. **Results.** The total number of gastroenterologists in Romania on January 1, 2005 was 175 (123 specialists and 52 senior consultants), and the total number of fellows in training was 133. Romania has a small number of gastroenterologists - 0.83/100,000 inhabitants, expected to reach approximately 1.4/100,000 inhabitants in 2010. Regarding the abilities in gastroenterological procedures, we obtained data from 98 gastroenterologists. They have good performances in diagnostic gastroscopy (97%), colonoscopy (81.6%), abdominal ultrasound (79.6%), but a poor performance in ERCP (10.2%). Less than half of the gastroenterologists (46.9%) perform proctologic procedures. Data regarding the training program of the Romanian fellows are disappointing: only 69.1% of them perform gastroscopy, 33.8% colonoscopy, 2.9% ERCP, 64.7% abdominal ultrasound and 14.7% proctology. **Conclusions.** The number of gastroenterologists in Romania seems low compared with most European countries. They do not acquire a uniform satisfactory mastering of gastroenterological procedures during their training program. This should be improved according to the guidelines of the European Diploma of Gastroenterology.