

RJGE March 2/2000

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The Endoscopy Unit: Updated Guidelines for Designing and Managing in 2000

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Abstract

In recent years, a rapid development of new diagnostic as well as therapeutic techniques in the field of gastroin-testinal endoscopy has been seen. The number of endoscopic examinations is steadily rising as the age of the general population increases. Due to these developments the hospital space and requirements necessary to equip and maintain a modern endoscopy unit continue to expand. Literature regarding the proper design and guidelines for an endoscopy unit is scarce. Yet, in order to achieve and maintain a high quality of gastrointestinal endoscopy in the hospital, such guidelines have to be developed. This paper contains updated guidelines for designing and managing a modern endoscopy unit.

CASE REPORTS

Type I Autoimmune Hepatitis Associated with Polymyositis

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Abstract

We report the case of a 40-year-old patient admitted to hospital for fatigue and decreased muscular strength, with the proximal topography symmetrical at limb level and with conservation of muscular mass and osteo-tendinous reflexes. On examination we also found moderate hepatosplenomegaly. From a biological point of view, the patient had: inflammatory syndrome (increased levels of ESR, CRP and serum gamma globulins); increased levels of muscle enzymes (CPK 6 times the normal levels, LDH 3 times the normal levels; moderate ALT and AST increase; immunologic syndrome (increased CIC, IgG, antinuclear antibody titre of 1/80, a titre of 1/150 anti-smooth muscle antibodies, rheumatoid factor 120ui/ml). Hepatic scintiscan revealed chronic hepatopathy in an active stage. We established the diagnosis of type 1 autoimmune hepatitis associated with polymyositis. Treatment with Prednison 60 mg/day, with progressive reduction of the doses, reduced the symptoms and alleviated the biological test results.

Papillary and Cystic Carcinoma of the Pancreas - Unusual Presentation and Natural History

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Abstract

Cystic neoplasms of the pancreas comprise a hetero-geneous group of uncommon tumors. Their significance resides in their indolent course, their favourable prognosis after standard oncologic resection, and the fact that they are commonly confused with pseudocysts and inappropriately managed.

We report the case of a 45-year-old woman with a papillary and cystic neoplasm of the pancreas misdiagnosed and inappropriately managed as a pancreatic pseudocyst for two years. The invasion of the upper gastrointestinal tract was followed by upper gastrointestinal bleeding. The resection was successfully completed and the histopathological examination of the resection specimen revealed a rare tumor of papillary and cystic type. In order to study the natural history and malignant potential of this rare tumor, recently described, we consulted the literature. This case was characterized by an unusual presentation (upper gastrointestinal bleeding), it was mistakenly treated as pseudocyst, and offered the opportunity to study the natural history of this rare cystic tumor of the pancreas.

Atypical Presentation of a Metastatic Cutaneous Malignant Melanoma

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Abstract

A 55 year old male patient was referred for gastro-duodenal barium studies on account of nonspecific abdominal discomfort. The appearance of unusual gastric and duodenal ulcerations determined his referral for endoscopic evaluation, which diagnosed the lesions as metastatic malignant melanoma. A thorough evaluation of the metastatic spread demonstrated a very aggressive malignant melanoma, with metastases in the lungs, lymph nodes, cerebrum, as well as gastroduodenal. We present this case for the unusual clinical development of symptoms and the diagnostic sequence of a cutaneous malignant melanoma, initiated by the identification of multiple gastric and duodenal metastasis.

ORIGINAL PAPERS**The Epidemiology of Irritable Bowel Syndrome in an Urban General Population**

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Abstract

Functional gastrointestinal disorders represent a frequent cause for medical consultation. The aim of the study was to evaluate the prevalence of Irritable Bowel Syndrome (IBS) in a general urban population and to describe the IBS population characteristics. This is the first prevalence study of IBS in Romania, using the Rome I criteria. Method: The study included 369 subjects, directly interviewed from a population of 18,000, living in the Pacurari urban area, Iași. Results: 338 persons (91.6%; 118 males, 220 women) agreed to participate in the study. The mean age of the sample was 44 (SD 14.8), range 17 to 80 years. 49 (14.49%) (10 males and 39 females) presented abdominal symptoms corresponding to the IBS. With regard to gender, the prevalence was 8.4% in males and 17.7% in females ($p < 0.05$). Age and profession did not influence the occurrence of IBS. A history of digestive diseases, abdominal surgery or heartburn, but not a psychiatric history was more common in IBS subjects. 16.3% were investigated for IBS symptoms and 14.2% were chronic drug users. Conclusions: IBS symptoms are common in Romanian urban population although the prevalence is somewhat lower than previously reported. These subjects tend to seek medical attention more frequently than the general population. This is indicated by increased consumption of medicine and gastrointestinal investigation in subjects affected by IBS.

Collagenous Colitis - an Epiphenomenon of Autoimmune Disorders?

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Abstract

Background. Collagenous colitis is characterized by watery diarrhoea and inflammatory infiltration associated with a subepithelial collagen deposit in colonic biopsies despite a normal endoscopic appearance.

Methods. Descriptive retrospective study in 17 consecutive patients with collagenous colitis associated with chronic diarrhoea. Cases were identified at the Rijnstate Hospital Arnhem using gastroenterology records between 1990 and 1996. Clinical, therapeutical and pathological data were retrospectively analysed. Flexible sigmoidoscopy was performed before and after treatment in each patient.

Results. Diarrhoea and abdominal pain were the major symptoms. Fourteen of the 17 (>82%) had had an association with diseases such as ulcerative colitis, coeliac and thyroid diseases. Macroscopically, sigmoidoscopy and coloscopy were normal. Histology revealed features consistent with a diagnosis of collagenous colitis. The presence of lymphocytic colitis was noted in 8 of 17 patients (44%) as a histological variety. Immunomodulation therapy (azathioprine and prednison) was the most effective choice with a response rate of 100% for azathioprine and 81% for prednison in 11 patients. Complete remission has been recognized in one coeliac patient on a gluten free diet.

Conclusion. Collagenous colitis has been reported in association with a number of immunological disorders. Immunomodulation therapy seems to be of benefit in these cases. Relief on immunomodulation therapy and its significant association with autoimmune disorders suggests that collagenous colitis might be an epiphenomenon of autoimmune disorders instead of an entity apart. Treatment of collagenous colitis should be addressed firstly to underlying diseases which may result in complete remission of disease.

Intramucosal pH and Liver Entotoxin Extraction During Experimental Liver Transplantation*

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Abstract

Aim of the study: The study was designed to assess gastrointestinal ischaemia and the influence of the specific Kupffer cell toxin gadolinium chloride (GdCl₃) on the hepatic and extrahepatic endotoxin (LPS) clearance during experimental orthotopic liver transplantation in pigs.

Methods: In 8 porcine liver transplantations, the donors received 20 mg/kg of GdCl₃ 24 hours before explantation, while controls (n=8) received normal saline. Gastric and sigmoid intramucosal pH, serum endotoxin and endotoxin-neutralising capacity levels were measured in the portal vein and superior vena cava after laparotomy, at the end of the anhepatic phase and 1 hour after reperfusion.

Results: During the anhepatic phase the gastric and sigmoid intramucosal pH decreased significantly in both groups and was associated with a substantial increase of portal and systemic LPS. One hour after reperfusion intramucosal pH levels did not reach the initial values in both groups. Following reperfusion, the systemic LPS concentrations were significantly lower and endotoxin-neutralising capacity substantially increased in the GdCl₃-group suggesting an improved liver LPS clearance.

Conclusions: The anhepatic phase induces splanchnic ischaemia which correlates with portal endotoxemia. Donor preconditioning with GdCl₃ leads to lower systemic LPS concentrations in the recipient and increases endotoxin-neutralising capacity values in the early phase after liver transplantation. An improved hepatocellular LPS extraction and/or an activation of the extrahepatic reticulo-endothelial system as a result of GdCl₃ treatment are discussed.

REVIEWS

When is Oesophageal pH-Monitoring Needed?

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Abstract

- Patients who present typical heartburn or regurgitation as their dominant complaint do not require pH-monitoring because these symptoms are very specific for gastro-oesophageal reflux disease (GORD). Similarly, in patients with mucosal breaks at endoscopy, pH monitoring is not indicated to confirm that oesophagitis is caused by reflux.
- pH-monitoring is indicated in endoscopy-negative patients with atypical symptoms or extra-digestive manifestations such as non-cardiac chest pain and otolaryngologic or respiratory symptoms. In fact, pH-metry not only allows quantification of oesophageal acid exposure (i.e. the time spent below pH 4), but also indicates the role of reflux in symptoms. Unfortunately, the sensitivity of pH-monitoring in endoscopy-negative patients is well below 100%. Therefore, a normal result does not allow definitive exclusion of a diagnosis of GORD.
- One group of patients is characterised by (i) normal acid exposure and (ii) a significant association between symptoms and reflux episodes. The symptom cluster and outcome of such patients are very similar to what is usually seen in patients with classic GORD. However, symptom-related reflux episodes are significantly shorter and minimum pH higher in these patients than in those with classic GORD, which suggests that they are hypersensitive to acid.
- Oesophageal pH recording is not indicated for the evaluation of "alkaline reflux". Entero-gastro-oesophageal reflux is more appropriately detected by bilimetry.
- The role of a proton pump inhibitor (PPI)-test as an alternative to pH-monitoring in endoscopy-negative patients deserves further evaluation, especially in those with extra-oesophageal symptoms such as non-cardiac chest pain.
 - Oesophageal pH recording is indicated in the evaluation of patients with either normal or equivocal endoscopic findings and reflux symptoms refractory to PPI therapy.
 - Oesophageal pH recording is recommended to document abnormal oesophageal acid exposure in a patient under consideration for surgical antireflux repair and to evaluate those patients who are suspected of having ongoing abnormal reflux after antireflux surgery.