

**ORIGINAL PAPERS**

Magnetic Resonance Imaging of Bile and Pancreatic Ducts: A Retrospective Study

*Nicolae Bolog<sup>1</sup>, Gabriel Constantinescu<sup>1</sup>, Irinel Oancea<sup>1</sup>, Mircea Beuran<sup>1</sup>, Ruxandra Albu<sup>1</sup>, Marcel Tanțau<sup>2</sup>, Eugen Nicolau<sup>1</sup>, Florin Iordache<sup>1</sup>*

Peg-Interferon Alfa 2 $\alpha$  (40kDa) in Patients on Chronic Haemodialysis with Chronic C Hepatitis. Preliminary Results

*Ioan Sporea<sup>1</sup>, Roxana Sirl<sup>1</sup>, Ovidiu Golea<sup>2</sup>, Camelia Totolic<sup>2</sup>, Mirela Danila<sup>1</sup>, Alina Popescu<sup>1</sup>*

A Study of Hypertrophied Anal Papillae and Fibrous Polyps Associated with Chronic Anal Fissures

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Sequential Therapy in a Case of Extrahepatic Biliary Atresia Associated with Ventricular Septal Defect: Liver Transplantation Followed by Surgical Closure of the Septal Defect

*Irinel Popescu<sup>1</sup>, Massimo Malago<sup>2</sup>, Giuliano Testa<sup>3</sup>, Silviu Ciurea<sup>1</sup>, Codruț Stănescu<sup>1</sup>, Ion Socoteanu<sup>4</sup>*

Regression of Gastric Malt-Lymphoma under Specific Therapy May Be Predict by Endoscopic Ultrasound

*Cristian Gheorghe<sup>1</sup>, Ion Băncilă<sup>1</sup>, Răzvan Stoia<sup>2</sup>, Liana Gheorghe<sup>1</sup>, Gabriel Becheanu<sup>1</sup>,*

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## Echoguided Percutaneous Biliary Drainage. Indications, Performances, Complications

Zeno Spârchez

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## Magnetic Resonance Imaging of Bile and Pancreatic Ducts: A Retrospective Study

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Abstract

**Purpose.** To assess the value of magnetic resonance in the diagnosis of pancreatobiliary ductal system changes.

**Material and methods.** The study included 103 patients (44 men, 59 women, mean age 57, age range 1 month - 91 years) with pancreatobiliary duct changes. The patients underwent a routine liver and pancreas MR imaging that included a MR cholangiopancreatography sequence. Comparison was made with findings at surgery, endoscopic retrograde cholangiopancreatography performed within 14 days, and follow-up, as a reference standard.

**Results.** The sensitivity, specificity, and accuracy of magnetic resonance for the evaluation of lithiasis were 87%, 90.2% and 89.3% respectively; 100%, 97.8%, and 98%, respectively for cholangitis; 91.6%, 96.7% and 96.1%, for bile ducts tumors; 89.4%, 97.5%, and 96%, for chronic pancreatitis; 92.3%, 97.6%, and 96.6%, for pancreatic tumors; 88.8%, 96.4% and 95.1%, for periampullary stenosis.

**Conclusion.** Magnetic resonance is a reliable imaging technique for the evaluation of biliary and pancreatic ducts.

#### Key words

Magnetic resonance cholangiopancreatography - lithiasis - cholangitis - cholangiocarcinoma - chronic pancreatitis - pancreatic cancer - ampullary stenosis

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## Peg-Interferon Alfa 2 $\alpha$ (40kDa) in Patients on Chronic Haemodialysis with Chronic C Hepatitis. Preliminary Results

Ioan Sporea<sup>1</sup>, Roxana Sirlu<sup>1</sup>, Ovidiu Golea<sup>2</sup>, Camelia Totolici<sup>2</sup>, Mirela Danila<sup>1</sup>, Alina Popescu<sup>1</sup>

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Abstract

*The aim of the study was to evaluate the response to Pegylated Interferon alfa2a (40 kDa) in patients on chronic haemodialysis with chronic C hepatitis. 10 patients were enrolled in this study (4 males and 6 females). All had increased aminotransferases, anti HCV antibodies and PCR HCV-RNA positive. We administrated Peg-Interferon alfa2a 180 lg/week for 48 weeks. One patient was excluded from the study because of lack of compliance. We had to stop the treatment in one patient due to complications after surgery. After 12 weeks of treatment we evaluated the biochemical and virological response. We continued with Peg-Interferon until 48 weeks. Six patients finished the treatment.*

*After 12 weeks of treatment with Peg-Interferon alpha 2 $\alpha$  (40 kDa) in patients on chronic haemodialysis with chronic C hepatitis, the virological response (HCV-RNA absent by PCR) was obtained in 87.5% (7/8) of the cases. All patients who finished the 48 weeks of treatment had normal transaminases (biochemical response) (6/6). We had to reduce the dose of Peg-Interferon in only 2 cases. Even if side-effects occurred in most of the patients (flu-like syndrome, thrombocytopenia or leucopenia) they did not impose the discontinuation of treatment. The sustained response will be established by determining PCR RNA-HCV 6 months after the end of the treatment.*

**Key words**

Chronic C hepatitis □ Pegylated Interferon alfa2a (40 kDa) - haemodialysis - biochemical response - virological response

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A Study of Hypertrophied Anal Papillae and Fibrous

# Polyps Associated with Chronic Anal Fissures

Pravin J. Gupta

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Abstract

**Background.** Hypertrophied anal papillae and fibrous anal polyps are not given due importance in the proctology practice. However, they do cause a few disturbing symptoms. This study describes the advantages of the removal of such pathologies associated with chronic anal fissure.

**Patients and methods.** Following lateral anal sphinctero-tomy, the polyps or papillae were removed using a radio frequency device. A comparison before and after removal of the papillae or polyps was carried out for the associated complaints such as like pruritus, pricking sensation, wetness, crawling in the anus etc. In a separated randomized and prospective study, 80 patients were divided into two groups. 40 patients underwent only sphincterotomy, while in the remaining 40 patients, the papillae or polyps were removed after sphincterotomy. Symptom comparison was made before and after the procedure at 6- month follow-up.

**Results.** After one month of the procedure, the associated symptoms were significantly reduced, with a near total decline in the primary complaints of pain and bleeding. There was significant reduction in conditions like pruritus ( $p=0.0001$ ), discharge per anus ( $p=0.0001$ ), crawling sensation in the anus ( $p=0.0006$ ) and sense of incomplete evacuation ( $p=0.0001$ ). The prospective study confirmed the above findings.

**Conclusion.** The above study establishes that removal of hypertrophied anal papillae and fibrous polyps should be routinely carried out during surgical treatment of anal fissure to add to effectiveness and completeness of the procedure.

## Keywords

Hypertrophied anal papilla - fibrous anal polyp -radio frequency - anal fissure -sphincterotomy

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# Acute Bowel Obstruction - The Main Complication of Colorectal Cancer. Therapeutical Options

Răducu Nemeș, Ion Vasile, Traian Curcă, Toma Paraliu, Marin Pașalega, Cristian Mesina, Nadia Dinca, Dan Vâlcea

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Abstract

**Aim:** to choose the proper therapeutical approach in obstructing colorectal cancer.

**Material and method.** 77 (29.2%) obstructing colorectal cancers, 88.15% aged between 61 and 80 years, selected from 260 patients admitted in the last 10 years were analyzed. We noticed associated cardiovascular (42 cases=55.2%) and/or respiratory (18 cases=23.6%) disease in 89,55% of cases. The distribution of the obstructing lesions throughout the colon and rectum was: 39 cases on the left colon, 18 cases on the right colon, and 20 cases on the rectum, with the following pTNM staging: stage II 10%, stage III 67% and stage IV 23%. The infiltrative character of the primary tumor (61 cases) and the extension to the adjacent structures (24 cases) were the main causes of the acute bowel obstruction. The diagnosis was established on the clinical aspects and plain X-ray findings. The delay between the onset of the acute obstruction and the admission was 3 days on average, and we noticed severe biological disorders pertaining to the acute bowel obstruction in more than 75% of cases. 76 patients (99.6%) were operated on. We performed primary resection in 8 cases and staged-procedures (cecostomy or ileotransversostomy followed by resection and anastomosis after 3 weeks on average) in 33 cases. In 35 cases we performed one of the so called "exigency procedures" (colostomy, internal diversion or Hartman colectomy).

**Results.** 55 (72.36%) patients had a fair evolution. We registered 21 deaths, with a general mortality rate of 27.6%, and a mortality rate of 25% for primary resection, 9.09% for staged surgery and 47.05% for the so called exigency procedures.

**Conclusions:** Acute bowel obstruction is the most common complication of the colorectal cancer, charged by multiple major risk factors. An adequate colon decompression and the treatment of the biological disorders are the main therapeutical objectives. Surgery of the obstructing colorectal cancer is always a palliative one. Staged surgery is the safest therapeutical option for colorectal cancers with acute bowel obstruction.

#### **Key words**

Acute bowel obstruct - colorectal cancer - surgery palliation

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## REVIEWS

### Microscopic Colitis

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Abstract

#### **Abstract**

Microscopic colitis (MC) is viewed as an umbrella term applicable to both lymphocytic and collagenous colitis. The first case was published in 1976, a new entity with chronic watery diarrhea with lymphocytic colitis, with or without a subepithelial collagen deposition. Patients are usually middle-aged women, and the pathogenesis is unknown. The response to steroids and the female predominance underlines an autoimmune disease. Up to 40% NSAID's and

*Lanzoprazole-induced MC are well-known. Biopsies during sigmoidoscopy in unexplained diarrhea must be standard. Treatment is empirical. The most important step is to ban all NSAIDs and other MC inducing agents. Immunosuppressive treatment must be considered. However the disease has a benign course and sometimes is selflimiting.*

**Key words**

*Microscopic colitis - lymphocytic colitis - collagenous colitis - azathioprine - budesonide - 5-ASA - 6-TG - treatment*

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## Therapy of Hepatocellular Cancer with Iodine-131-Lipiodol.

### State of the Art

*Jörn H. Risse<sup>1</sup>, Christian Menzel<sup>2</sup>, Frank Grünwald<sup>2</sup>, Holger Strunk<sup>3</sup>, Hans-Jürgen Biersack<sup>4</sup>, Holger Palmedo<sup>4</sup>*

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*Abstract*

**Abstract**

*Most patients with hepatocellular carcinoma are not eligible for surgery at the time of primary diagnosis. Portal vein thrombosis is frequent and represents a contraindication for transarterial chemoembolisation. Transarterial therapy with iodine-131-Lipiodol is superior to systemic therapy in tumours up to diameters of 5 cm and may be performed even in cases with portal vein thrombosis. Compared to other intraarterial therapy procedures, iodine-131-Lipiodol shows the same efficacy but less side effects.*

**Key words**

*Hepatocellular cancer - cancer therapy - Iodine-131-Lipiodol*

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## CASE REPORTS

# Sequential Therapy in a Case of Extrahepatic Biliary Atresia Associated with Ventricular Septal Defect: Liver Transplantation Followed by Surgical Closure of the Septal Defect

Irinel Popescu<sup>1</sup>, Massimo Malago<sup>2</sup>, Giuliano Testa<sup>3</sup>, Silviu Ciurea<sup>1</sup>, Codruț Stănescu<sup>1</sup>, Ion Socoteanu<sup>4</sup>

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Abstract

### Abstract

*Patients with extrahepatic biliary atresia (EHBA), the commonest indication for liver transplantation in pediatric cases, may have associated congenital anomalies, e.g. interventricular septal defect (IVSD). Even if there is a well established therapeutical algorithm for a ventricular septal defect as an isolated disease, the surgical approach raises special problems in a liver transplanted patient. We present the case of a little girl with EHBA and IVSD. The patient underwent a living related liver transplantation when she was 1 year old. Persistence of the symptomatic IVSD required open heart surgery, performed 9 months posttransplantation. The decision to perform the closure of the IVSD was difficult, yet it proved to be beneficial; the child had an uneventful postoperative course, with remission of the symptoms and a good late outcome. To our knowledge, this is the first case of a living-related liver transplantation patient undergoing open heart surgery for IVSD closure.*

### Key words

*Extrahepatic biliary atresia - biliary cirrhosis - living related liver transplantation - interventricular septal defect - pulmonary hypertension*

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## Regression of Gastric Malt-Lymphoma under Specific Therapy May Be Predict by Endoscopic Ultrasound

Cristian Gheorghe<sup>1</sup>, Ion Băncilă<sup>1</sup>, Răzvan Stoia<sup>2</sup>, Liana Gheorghe<sup>1</sup>, Gabriel Becheanu<sup>1</sup>, Camelia Dobre<sup>2</sup>, Raluca Brescan<sup>1</sup>

**Abstract**

*Mucosa-associated lymphoid tissue (MALT) lymphomas represent a relatively new described class of rare lymphomas, characterized by an indolent course and favourable outcome with specific therapy. Gastric MALT lymphomas are associated with chronic Helicobacter pylori (HP) infection. We report the case of a 67 year old man admitted for an 8-month history of epigastric pain, anorexia and progressive weight loss. He was diagnosed with low-grade primary gastric MALT lymphoma by endoscopy, histopathological examination of gastric mucosa (light microscopy and immunohistochemistry) and endoscopic ultrasonography (EUS). The patient received a 2-week course of anti-HP therapy and chemotherapy with Chlorambucil 0.1 mg/kg/day was started. During the follow-up, continuous improvement of clinical status, endoscopic and EUS appearance was noted. We conclude that, facing the trend toward nonsurgical treatment modalities for primary gastric lymphoma, EUS appears an important tool for staging the disease and defining cases suitable for anti-HP, radio- and chemotherapy, as well as for the detection of local recurrence.*

**Key words**

*MALT lymphoma - Helicobacter pylori - endoscopic ultrasonography*

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## Synchronous Gastric Adenocarcinoma and Carcinoid

*Corneliu D. Olinici, Doinița Crișan, Igor Racu*

*Department of Pathology, University of Medicine and Pharmacy, Cluj-Napoca*

Abstract

**Abstract**

*We report the rare case of a 68-year-old man who had two separate and histologically dissimilar gastric tumors: a poorly differentiated adenocarcinoma and a carcinoid. The latter tumor showed argyrophilic granules (Grimelius technique) and positivity for chromogranin A and neuron-specific enolase stains, confirming the neuroendocrine nature of the neoplasia. The literature concerning this subject is reviewed.*

**Key words**

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## CLINICAL IMAGING

# Echoguided Percutaneous Biliary Drainage. Indications, Performances, Complications

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Abstract

### **Abstract**

*Biliary drainage is a well-accepted procedure for decompression of bile ducts or drainage of infected bile. Percutaneous biliary drainage (PBD) can be performed under fluoroscopic, combined fluoroscopic-US or pure US guidance. The indications of PBD are not well established being closely related to the possibility of an endoscopic stenting. Generally, PBD is indicated in malignant obstructive jaundice especially if accompanied by cholangitis. The main contraindications of percutaneous biliary drainage are bleeding disorders, ascites and rupture of an echinococcus cyst.*

*The rate of successful percutaneous US-guided biliary drainage varies between 85-100% being lower in cases with nondilated bile ducts. Acute complications after US-guided PBD (bleeding, septicemia and bile leakage) are rare (1-5%). Delayed complications include catheter occlusion with cholangitis, intrahepatic abscesses, catheter dislodgment with subsequent bile peritonitis, pericatheter leakage and maldigestion.*

*In percutaneous US-guided biliary drainage there are some pitfalls and critical points. Being aware of them and knowing the implied therapeutic approach is very important in the success of procedure and limitation of incidents and complications.*

### **Key words**

*Obstructive jaundice - biliary drainage - ultrasonography*

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