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### **Prevalence of Anti-HCV Antibodies in Blood Donors in Romania**

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#### **Abstract**

The aim of this study was to evaluate the prevalence of anti-HCV antibodies in blood donors in two large Romanian cities (Timisoara and Tg. Mures) situated in the west and central part of Romania.

We used a second generation Monolisa anti-HCV technique (Sanofi Diagnostics Pasteur) and we evaluated 34,277 individuals (17,933 in Timisoara and 16,344 in Tg. Mures). The percentage of donors with anti-HCV antibodies was 1.03% (0.99% in Timisoara and 1.08% in Tg. Mures). 93.2% of these donors had elevated aminotransferases. 0.98% of donors from urban medium and 1.22% of donors from rural medium were anti-HCV positive.

In conclusion, the prevalence of anti -HCV in Romania (1.03 %) is medium.

#### **Key words**

Anti-HCV antibodies \_ prevalence - blood donors

## **Intramucosal pH and Serum Endotoxin Concentrations- Early Predictive Parameters for a Negative Outcome after Experimental Liver Transplantation in Pigs\***

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### **Abstract**

**Introduction.** An early detection of graft primary non-function would bring significant advantages especially concerning the evaluation of a possible retransplantation. The aim of the study was to evaluate the predictive value for the negative outcome after orthotopic liver transplantation (OLT) of gastric/sigmoid intramucosal pH (pHi) and serum endotoxin (LPS) concentrations during experimental OLT in pigs.

**Material and methods.** In 16 pairs of German landrace pigs OLT was performed using University of Wisconsin (UW) solution as the conservation agent (cold ischaemia time:  $242 \pm 53$  min). Gastric and sigmoid pHi as well as portal and systemic LPS were measured in recipient after laparotomy (Phase A), at the end of the anhepatic phase (Phase B) and one hour after reperfusion (Phase C). The animals were stratified in 2 groups: survivors (n=11) and non-survivors (n=5). The differences between groups were assessed using the Mann-Whitney U-test.

**Results.** One hour after reperfusion the gastric ( $7.30 \pm 0.04$ ) and sigmoid ( $7.31 \pm 0.03$ ) pHi levels in the survivors group recovered to levels comparable to the initial values, while in the non-survivors group they remained at substantial lower values (gastric:  $7.27 \pm 0.02$ ; sigmoid:  $7.26 \pm 0.02$ ) ( $p < 0.01$ ). One hour after reperfusion the portal ( $69 \pm 23$  pg/mL) and systemic ( $24 \pm 13$  pg/mL) LPS concentrations in the survivors group were significantly lower than those in the non-survivors group (portal:  $113 \pm 31$  pg/mL; systemic  $61 \pm 7$  pg/mL) ( $p < 0.01$ ). Sigmoid pHi and systemic LPS concentrations had the highest sensitivity, specificity and positive predictive value for nonsurvival after OLT.

### **Key words**

Intramucosal pH (pHi) \_ endotoxin \_ primary non function \_ liver transplantation

## **The Significance of Helicobacter pylori Infection in Patients with Gastric Resection**

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### **Abstract**

The aim of the present study was to investigate the incidence of Helicobacter pylori infection in patients with gastric resection (Pean-Billroth I and Billroth II) and to correlate its presence with clinical, endoscopical and histopathological changes.

**Material and methods.** All patients examined in the Endoscopy Unit of the 2nd Medical Clinic Tg.Mures between April 01, 1997 and March 31, 1999 were included in the series. Every patient had had a gastric resection for gastroduodenal ulcer and they were symptomatic at the moment of examination. Clinical examination and a gastroscopy with multiple biopsies for histopathological examination and for Helicobacter pylori determination were undertaken.

**Results.** The series consisted of 70 patients (4 women and 66 men) with mean age 55.2 years. Helicobacter pylori was detected in 16 (22.85%) patients, and was associated in all cases with gastritis of remnant stomach. Gastric cancer was evidenced in 5 (7.14%) patients with remnant stomach and peptic ulcer in 4 (5.71%) patients.

**Conclusions.** The incidence of Helicobacter pylori infection in patients with gastric resection was significantly lower compared to patients with an anatomic normal stomach. Pean- Billroth I is the most frequent type of anastomosis and that is accountable because it maintains the duodenum in the digestive circuit. No differences of Helicobacter pylori incidence were observed between the two types of surgical reconstruction. The role of Helicobacter pylori in ulcer relapsing in the gastrectomized patients remains to be demonstrated.

### **Key words**

Gastric remnant \_ gastric carcinoma \_ peptic ulcer \_ Helicobacter pylori

## **Rectal Pyogenic Granuloma**

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### **Abstract**

Although a common lesion of the skin and oral cavity, pyogenic granuloma has been reported in only 15 cases in the gastrointestinal tract, 3 of them being colorectal adult cases. To the best of our knowledge, no colorectal pediatric case has been described.

We report on pediatric rectal pyogenic granuloma cases. To determine if there are possible peculiarities of these pyogenic granuloma, we retrospectively studied clinical, endoscopic and histologic features of all cases found to have polyps at colonoscopy, over a 3-year period.

We detected 11 children with colorectal polyps. From the 8 polyps considered colonoscopically as juvenile, microscopically 2 had a typical appearance of pyogenic granuloma and in a polyp related to mucosal prolapse syndrome, a small area of pyogenic granuloma was also found. No peculiar flora was detected in the stool. No recurrent lesions have appeared at follow-up colonoscopy.

Our report suggests that colorectal pyogenic granuloma is not as rare as formerly believed, since we have been able to detect two cases in our small series. The pyogenic granuloma is not a lesion "per se"; it could appear in any area of mucosal ulceration, in the presence of a peculiar attenuated local flora, that needs to be further studied. The clinical and colonoscopic features are not distinct for pyogenic granuloma; therefore, microscopic examination is required. The treatment of choice of gastrointestinal pyogenic granuloma is complete endoscopic polypectomy.

### **Key words**

Pyogenic granuloma - colorectum - children

## **Hereditary non-Polyposis Colo-Rectal Cancer Between Dogma and Reality**

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### **Abstract**

**Introduction.** The allocation of patients in the hereditary non-polyposis colo-rectal cancer (HNPCC) group is made according to the fulfilment of "the Amsterdam criteria" which offers a homogenous but apparently rigid frame, considering current molecular genetics research. Thus, more and more patients that do not fulfil entirely those criteria and an important number of patients with sporadic cancers are found to have these genetic defects.

**Purpose.** A comparative analysis of the morphoclinical features in non-polyposis colo-rectal cancer patients with positive family histories which fulfil entirely or partially "the Amsterdam criteria" versus the patients with sporadic non-polyposis colorectal cancers.

**Patients and methods.** We performed a retrospective analysis on colo-rectal cancer patients operated consecutively by the same surgical team. The patients were allocated into two groups: group A - patients with colo-rectal cancers and positive family history and group B with colo-rectal cancer and negative family history. The cases with familial polyposis and those with uncertain family history were excluded. We analyzed comparatively the differences in sex, age, stage, tumour site, pathological characteristics. The differences were calculated using the chi-square test,  $p < 0.05$  being considered statistically significant.

**Results.** A number of 219 colo-rectal cancer patients underwent surgery between 1993-1999 and their medical records were assessed retrospectively. The group A contained 30 patients with colo-rectal cancer and positive family history and group B consisted of 172 patients with colo-rectal cancer and negative family history. We noted important differences between the two groups regarding age (in group A we found significantly more patients aged under 50,  $p = 0.003$ ), stage (the group A consisted mostly of patients in Dukes C and D stages, while in group B we noted an approximately equal distribution of A+B and C+D cases,  $p = 0.01$ ), pathological type (the group A contained significantly more cases with diffuse, poorly differentiated carcinoma ( $p = 0.02$ )).

**Conclusions.** Although not fulfilling all "the Amsterdam criteria" for eligibility in the HNPCC group, the patients with colo-rectal cancer and positive family history showed morphoclinical features which suggested poor prognosis compared to those with negative family history.

### **Key words**

Hereditary colo-rectal cancer - Amsterdam Criteria - prognosis

## **CASE REPORTS**

### **Gastric Syphilis: Report of Two Atypical Cases and Review of the Literature**

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#### **Abstract**

**Background.** Gastric involvement in syphilis appears in the secondary stage and is characterized by thick gastric folds associated with erosions and ulcerations, a picture that sometimes mimics a gastric adenocarcinoma with linitis plastica or a gastric lymphoma.

**Methods.** We examined endoscopic biopsy specimens of two patients with unremarkable symptoms: epigastric pain, nausea, vomiting and weight loss. The microscopic sections were analyzed with the usual histological techniques and by immunohistochemistry for vascular endothelial growth factor (VEGF) assessment.

**Results.** Upper gastrointestinal endoscopy indicated a picture that mimicked gastric carcinoma. However, the examination of biopsy specimens did not reveal the presence of malignant cells or microorganisms, but indicated in both cases a nonspecific gastritis with vasculitis, glandular destruction and reactive atypia. VEGF expression in gastric mucosa was very intense (++++). Serological testing (VDRL) was positive and the lesions regressed promptly after specific treatment, supporting the diagnosis of syphilitic gastritis.

**Conclusion.** VEGF could play an important role in the pathogenesis of syphilitic gastritis, by increasing vascular permeability that leads to an intense inflammatory process, accompanied by vasculitic changes.

#### **Key words**

Gastric syphilis \_ vascular endothelial growth factor \_ gastric carcinoma \_ gastric lymphoma

## **Giant Juxtapapillary Diverticulum Causing Chronic Cholestasis and Recurrent Cholangitis**

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### **Abstract**

Juxtapapillary duodenal diverticula are diagnosed with increasing frequency during endoscopic retrograde cholangiopancreatography. Usually, they are less than 10 mm and do not provoke symptoms by themselves. We report the case of a 49-year-old female patient admitted with chronic cholestasis and recurrent attacks of cholangitis due to a giant juxtapapillary duodenal diverticulum containing a large phytobezoar mass and causing a distal biliary stricture of the common bile duct. Bile cultures obtained directly at the time of ERCP were positive for Enterobacter. A large sphincterotomy followed by endoscopic balloon dilatation of the common bile duct stricture was performed. Concomitantly, the patient received broad spectrum antibiotics and ursodeoxycholic acid. The outcome was rapidly favourable and the patient was discharged 12 days later.

### **Key words**

Juxtapapillary duodenal diverticulum - cholangitis - endoscopic retrograde cholangiopancreatography

**Gastrointestinal Tract Metastases of Malignant Melanoma. A Case Report**

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**Abstract**

Metastatic spread from an extradigestive tumor rarely involves the gastrointestinal tract. However, malignant melanoma has a particular position in that it more frequently involves the digestive tract. Gastrointestinal metastases are generally clinically undetectable in the early stages because the clinical symptoms are nonspecific. In this report we present a case of a malignant melanoma with colorectal and duodenal metastases (the latter being a rare intravital finding) and we discuss the metastatic melanoma's particularities according to the anatomical site.

**Key words**

Malignant melanoma - gastrointestinal metastases - endoscopy

### **Laparoscopic Rectopexy for Rectal Prolapse - Wells Procedure**

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#### **Abstract**

Rectal prolapse has benefited since 1939 from different surgical suspension techniques with good results. Since 1992, when the first laparoscopic attempts were made, laparoscopic rectopexy has been gaining wider acceptance. We present our first case of laparoscopic rectopexy for a 15 cm rectal prolapse in a 49 year old male patient. The used technique was the one of Wells (posterior sling rectopexy). Three 10 mm trocars and two 5 mm trocars were used. A 12/7 cm Prolene mesh was used to secure the rectum in its new position. Total blood loss was approximately 50-100 mL and total operative time was 150 minutes. The postoperative course was uneventful, the patient being discharged and cured the 10th postoperative day. Control at one month revealed no signs of prolapse with a mild constipation. Not significant for the technique or laparoscopic approach itself, nevertheless we have presented the case as our first attempt of a laparoscopic cure of this quite rare condition in Romania.

#### **Keywords**

Rectal prolapse - Wells rectopexy - laparoscopy