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ETIOLOGICAL PROFILE OF CHRONIC HEPATITIS AND LIVER CIRRHOSIS IN ROMANIA - A MULTICENTRE STUDY

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Abstract

A prospective multicentre study including 2022 patients and covering all the geographical regions of Romania was performed with the aim of establishing the etiological profile of chronic hepatitis and liver cirrhosis in Romania. The diagnosis was based on clinical, functional and morphological data, and the etiological profile was established by determining viral markers, autoimmune markers and by metabolic screening. The main etiological factor of chronic hepatitis was represented by viral infections (90.8%), in a decreasing order: C virus (64%), B virus (15.7%), D virus (9.61%), double B+C (6.94%) and treble B+C+D (3.7%) associations. In the case of hepatitis B, the antigen HBe negative or anti HBe positive forms represented 91.67% of the cases, the infection with the mutant pre-C virus being possible. Regarding the etiological profile of liver cirrhosis, viral cirrhosis represented 48.3%, alcoholic 19.5%, viral and alcoholic 16.2%, and those of indefinite etiology 11.2%. In the case of viral etiology, C viral infection represented 59.79%, B viral infection 15.83%, the double B+D 16.6%, B+C 5.98%, and treble association B+C+D 5.79%.

ACUTE BACTERIAL INFECTIONS - RISK FACTORS FOR UPPER DIGESTIVE BLEEDINGS IN CIRRHOTIC PATIENTS

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Abstract

Although acute variceal bleeding in cirrhotic patients is a severe complication sometimes lethal, the trigger factors are still unknown. The aim of this study was to find out if acute bacterial infection enhanced the risk for upper digestive bleedings in cirrhotic patients. We also intended to find out whether acute bacterial infections modify the coagulation pattern and whether these alterations are related to upper digestive bleedings.

This prospective study is based on 59 patients with liver cirrhosis (Child B) hospitalized with acute pyelonephritis (38 patients), acute lung diseases (18 patients) and acute enterocolitis (3 patients). All these cases were subject to complex investigation, including both coagulation profile and Doppler ultrasonography of the portal circulation. In 49 cases, which developed upper digestive bleedings after admission to hospital, the esogastroduodenoscopic evaluation was done.

The results of our study demonstrated the aggravation of diffuse intravascular coagulation and the considerable increase of the hepatic congestion index in all cases with upper digestive bleedings. The early treatment of acute bacterial infections in cirrhotic patients is necessary, in order to prevent upper digestive bleedings.

HEMODYNAMIC CHANGES DURING LIVER TRANSPLANTATION IN DIFFERENT LIVER DISEASES

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Abstract

We highlight the hemodynamic changes evidenced during liver transplantation, according to the operation phases related to liver disease etiology, anesthetic and vasoactive drugs requirement. We analyzed 20 patients, grouped as follows: cholestatic liver diseases (n=5), cirrhosis (n=12), familial amyloidotic polyneuropathy - FAP (n=3). We compared the hemodynamic parameters recorded one hour after the beginning of the surgery, one hour after removal of the recipient's old liver and one hour after the reperfusion of the grafted liver. During the preanhepatic phase, the patients from the cholestatic and cirrhosis groups had a hyperdynamic status while in the patients from the FAP group, normal cardiac output and low systemic vascular resistance was seen. A significant decrease in the systemic arterial pressure was recorded in the cirrhosis patients, immediately after reperfusion, more significant than in the FAP group. The fentanyl requirement was low in the patients with FAP. The need for vasoactive drugs increased gradually from the preanhepatic to the anhepatic phase, reaching its highest point after reperfusion, during the postanhepatic phase. In conclusion, the hemodynamic changes during liver transplantation are related to the etiology of liver disease.

Case reports

THE EFFECTS OF INFlixIMAB ON A PATIENT WITH CROHN'S DISEASE AND DILATED CARDIOMYOPATHY

Silviu Iobagiu, Oliviu Pascu, Cornelia Popovici, Adriana Petrica

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Abstract

Crohn's disease is an inflammatory bowel disorder with unknown etiology. In the pathogenesis of this disease, TNF-alpha has an important role, justifying the treatment with infliximab, an anti-TNF-alpha, in the forms resistant at the usual treatment and in those complicated with fistulae. TNF-alpha is also incriminated in the pathogenesis of other diseases, and for this reason, infliximab treatment can induce a marked improvement in these diseases also. We describe a patient with Crohn's disease and perianal fistulas, unmanageable with the usual treatment, and with idiopathic dilated cardiomyopathy and cardiac failure who, after infliximab treatment, evidenced a clear improvement of the digestive disorder along with the closing of the perianal fistulas. The cardiac parameters, established through echocardiography, and the signs of the cardiac failure also demonstrated a spectacular improvement.

EARLY DIAGNOSIS AND THERAPEUTIC APPROACH IN GARDNER'S SYNDROME - A REPORT OF THREE CASES

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Abstract

Colonic polyposis in general and familial adenomatous polyposis (FAP) in particular are rare in our geographical area: 3.36% polyposis, 1% FAP, 0,16% Gardner's syndrome from colonic tumors. Three cases with Gardner's syndrome are presented, the diagnostic criteria and the treatment being discussed. The treatment was surgical and consisted of total colectomy with ileo-rectal anastomosis.

The histological examination of surgical specimens showed tubulovillous adenomatous aspect. The patients were followed-up at 3, 6, 9 months postoperatively, and a decrease in the number and volume of remaining rectal polyps was found. One of the patients, aged 40, presented a malignant rectal lesion 3 months postoperatively that was resected (well differentiated adenocarcinoma).

SIMULTANEOUS THROMBOSIS OF HEPATIC VEINS AND VENA CAVA INFERIOR DUE TO INHERITED RESISTANCE TO ACTIVATED PROTEIN C

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Abstract

We report the case of a 21-year old girl who was referred to us because of malaise, dyspnea and the appearance of visible venous blood vessels on the abdominal wall. Under-taken investigation, which included splenoportography and cavography, revealed a complete occlusion of both hepatic veins and the inferior caval vein just above the junction of common iliac veins. Haematological testing revealed the presence of inherited resistance to activated protein C which is a well recognized factor for the development of venous thrombosis. Her twin sister, although she had the same mutation, remained asymptomatic, implying the important role of non-genetic factors in the pathogenesis of thrombosis. Despite the fact that inherited resistance to activated protein C represents a relatively common cause of venous thrombosis, simultaneous occlusion of both hepatic and inferior caval vein in the same patient due to this sort of thrombophilia has not been reported before. tc " Liver metastases from a thyroid cancer are very rare and are present in only 0.57% of all patients with thyroid cancer. We consider that it merits presenting two cases with large liver metastases from a thyroid cancer. In the first case the primary occult thyroid tumor was revealed one year after the liver tumor resection; a thyroidectomy was performed. The second patient underwent total thyroidectomy and liver resection in a simultaneous operation. Both patients had a good outcome at 44 months and 14 months, respectively. Diagnostic and therapeutic aspects are discussed."

DIAGNOSTIC FEATURES OF PERITONEAL MALIGNANT MESOTHELIOMA

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Abstract

We present the case of a 71-year-old female patient admitted to the hospital with ascites, which started to develop three months after a pleurisy was diagnosed as being of tuberculous. After ruling out peritoneal carcinomatosis, the diagnosis of peritoneal malignant mesothelioma was established based on the clinical and imaging findings and confirmed by histopathological and immunohistochemical tests. This case was the starting point of a review of this pathological condition.

TECHNIQUE/CASE REPORT
EXPANDABLE ESOPHAGEAL "ULTRAFLEX" STENT FIOR THE PALLIATION OF
GASTRIC CANCER

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Abstract

Patients with gastric cancer and no indication for curable resection may be submitted to palliative surgery, but the mortality and morbidity rate is significantly high. Expandable metal stents are currently used to relieve malignant obstructions from the oesophagus, bile ducts, colon, duodenum and small intestine and there recently have been published case reports and short articles on gastric cancer stenting. We report the case of an 85 year old man, diagnosed with gastric cancer and with symptoms of gastrointestinal obstruction. Cardio-respiratory severe diseases and local large extension were considered contraindicative for curative surgery. An "Ultraflex" expandable metal stent was used for the palliation of obstruction. The result was good, allowing the patient to continue with a semi-solid diet.

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TECHNIQUE OR AN ALTERNATIVE TO ENDOSCOPY?

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Abstract

Three-dimensional ultrasound examination (3D ultrasonography) represents a new diagnostic technique. It provides high quality data, on perpendicular axes, and it is reproducible. The digestive mucosa may be visualized and the features related to tumoral lesions may be investigated (tumour type, degree of profusion, the existence of adenopathies). In order to achieve a high quality 3D US a special preparation of the patient and relatively sophisticated equipment are required. The technique has a significant error coefficient, namely it cannot distinguish between food debris and tumoral formations. Additional studies are necessary to assess its utility in a clinical environment.