

RJGE VOL.12, NR.3, SEPTEMBER 2003



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The Effects of Sibutramine and Orlistat on the Ultrasonographic Findings, Insulin Resistance and Liver Enzyme Leves in Obese Patients with Non-Alcoholic Steatohepatitis

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The Esophagogastric Junction Cancer: Diagnosis and Surgical Treatment Challenges

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original papers



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Abstract

Abstract. *Virus D hepatitis continues to represent a public health problem in the south-eastern European countries, but the spread of the D virus infection in Romania is not completely elucidated.*

The paper proposes to assess the prevalence of the hepatitis D virus infection in patients with HBsAg-positive chronic hepatitis and liver cirrhosis in Romania.

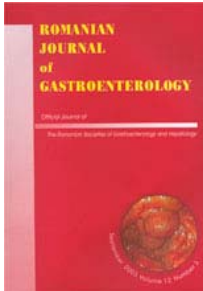
A number of 219 patients with chronic hepatitis and 168 with liver cirrhosis, all testing positive for HBsAg were studied. Viral markers were determined by immunoenzymatic methods.

In HBsAg-positive chronic hepatitis the prevalence of the D virus was 37.9 % and in liver cirrhosis 51.19%. The great majority of the cases infected with hepatitis B virus were HBeAg-negative.

These findings situate Romania among countries with a high prevalence of the hepatitis D virus infection, but which is decreasing as compared to the data communicated by previous reports.

Key words

Hepatitis D virus infection – chronic hepatitis B - liver cirrhosis - prevalence



Predictive Factors for the Severity of Liver Fibrosis in Patients with Chronic Hepatitis C and Moderate Alcohol Consumption

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Abstract

Background and aims. Among the histological lesions seen in chronic hepatitis C (CHC), the presence of steatosis, bile duct lesions and lymphoid aggregates are characteristic. Recent reports suggest that steatosis is an independent risk factor for liver fibrosis in CHC. The aim of our study was to determine the relative contribution of steatosis and moderate alcohol consumption to the severity of liver fibrosis in patients infected with genotype 1 hepatitis C virus.

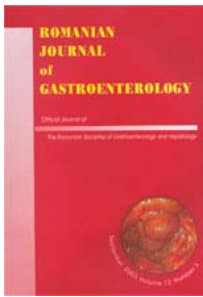
Methods. We evaluated the patients with biopsy proven CHC and no or only moderate alcohol intake (<40g/day). The demographical parameters of the study population, the indices of alcohol consumption: erythrocyte median corpuscular volume (MCV), γ-glutamyl transpeptidase (GGT), the histological characteristics were noted and a statistical analysis was performed in order to determine the factors independently associated with severe fibrosis and with severe steatosis.

Results. From the 200 patients included in the study, 82 were males and 118 females, with a mean age of 47.75 ± 10.42 years. At univariate analysis, advanced (grade 2, 3) fibrosis correlated with: the age at the time of biopsy, increased inflammatory activity (HAI), moderate/severe steatosis, alcohol intake, elevated GGT and MCV values. After multivariate logistic regression only age, HAI and steatosis were independently associated with advanced fibrosis stage. Regarding hepatic steatosis, from the factors found to correlate with severe steatosis at univariate analysis (alcohol intake, elevated GGT and MCV levels, severe fibrosis), after multivariate logistic regression only the elevated level of GGT was an independent prognostic factor for severe steatosis.

Conclusions. Steatosis is an important risk factor for the severity of liver disease in CHC patients. Among patients with genotype 1 hepatitis C virus infection and moderate alcohol intake, those with serum levels of GGT over two times the normal value are at high risk for severe steatosis.

Key words

Liver fibrosis - steatosis - chronic viral C hepatitis - alcohol



The Effects of Sibutramine and Orlistat on the Ultrasonographic Findings, Insulin Resistance and Liver Enzyme Levels in Obese Patients with Non-Alcoholic Steatohepatitis

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Abstract

Objective: Non-alcoholic steatohepatitis (NASH) is frequent in obese subjects and has a relatively benign course; however, it may progress to cirrhosis. Weight loss in these patients may alleviate the findings of NASH. The aim of this study was to investigate the effects of pharmacological anti-obesity therapies on the findings of NASH.

Subjects. There were thirteen patients (9 women, 4 men) in sibutramine group and 12 patients (8 women, 4 men) in orlistat group. The mean ages and body-mass indexes of the two groups were 42.5 years, 37.3kg/m² and 43.2 years, 36.1kg/m², respectively.

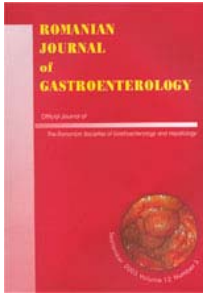
Method. The obese subjects with NASH were given sibutramine or orlistat for six months. Additionally, all patients were given a low caloric diet. Liver enzymes (AST, ALT, GGT and ALP), insulin resistance (analysed by HOMA) and hepatic ultrasound (US) findings were assessed at baseline and after 6 months.

Results. Both sibutramine and orlistat significantly reduced body weight (10.2 and 8.4%, respectively), insulin resistance (47 and 40%, respectively), AST (41 and 39%, respectively), ALT (59 and 58%, respectively), and GGT serum levels (27 and 25%, respectively). The ultrasonographic regression in steatosis was observed in 11 patients who received sibutramine and 8 patients who received orlistat. During the treatment, unexpectedly significant increases in total alkaline phosphatase levels were found in both sibutramine and orlistat groups (9 and 14%, respectively).

Conclusion. The present study shows that both sibutramine-induced and orlistat-induced weight losses result in reduction of insulin resistance, and improvements in biochemical markers and US findings of NASH. Because the GGT levels decreased in both groups, the increased ALP levels might have another source.

Key words

Sibutramine - orlistat - obesity - liver - non-alcoholic steatohepatitis



The Esophagogastric Junction Cancer: Diagnosis and Surgical Treatment Challenges

Răducu Nemeș, Traian Curcă, Toma Paraliiov, Marian Munteanu, Marin Pașalega, Cristian Meșină, Nadia Dincă, Liviu Martin, Mihaela Cheie

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Abstract

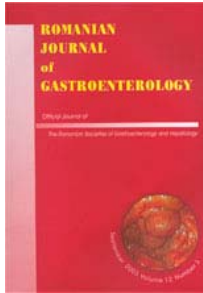
Aim. To present our experience in esophagogastric cancer.

Material and method. Fifty nine subjects with esophagogastric junction cancer (52 men and 7 women, aged between 41 and 74 years), selected from 79 esophageal cancer patients admitted in the last 20 years (1982-2002) were analysed. The diagnosis was established on the clinical picture (esophageal syndrome 54 cases, weight loss 51 cases, anemia 49 cases), on the imaging tests (chest X-ray, barium swallow and CT scan) and endoscopy. The delay of the diagnosis was more than 1 year in 71.5% of cases. 47 (79.7%) cases were operated on; we performed 18 resections (14 total esophagogastric resections with end-to side esophagojejunostomy and 4 partial esophagogastric resections with intrathoracic esophagogastric anastomosis), 24 gastrostomies and 5 exploratory laparotomies. The surgical approach was left thoracotomy with frenotomy in all 18 resectable cases. All resected cases were adenocarcinomas, belonging to the II B and III pTNM stages.

Results refer only to the resected cases. We registered: fair evolution in 13 cases (72.2%), postoperative morbidity rate of 27.8% (5 cases) and postoperative mortality rate of 5.5% (1 case). We also registered the following long term survival: 7 cases less than 6 months, 6 cases between 6 months and 1 year, 3 cases between 1 and 3 years and 2 cases over 5 years. **Conclusions.** 1. preoperative assessment of the local invasion and lymphatic spread is very difficult; 2. surgical exploration is the only certain method for the assessment of resectability; 3. left thoracotomy with VII or VIII rib resection and frenotomy is the best surgical approach; 4. total esophagogastric resection with end-to side esophago-jejunosomy is the main surgical procedure in the esophagogastric junction cancers.

Key words

Esophagogastric junction cancer - diagnosis - surgery - staging



Gallbladder Carcinoma. A Clinical Study of a Series of 38 Cases

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Abstract

We analyse a series of 38 cases of gallbladder carcinoma. All cases presented gallbladder stones and IVB was the most frequent TNM stage - 29 cases (76.31%). Preoperative diagnosis was made in 9 cases (23.69%), all of them by ultrasound examination. Resective procedures was possible in 8 cases (21%), whereas radical cholecystectomy was possible only in 3 cases (7.9%). The histological findings were: adenocarcinoma in 28 cases (73.67%), papillary adenocarcinoma in 3 cases (7.89%) and undifferentiated carcinoma in 7 cases (18.4%). We conclude that the late presentation due to the absence of specific symptoms and the poor diagnosis performance were responsible for the failure of detection in early stages and therefore for the poor prognosis of gallbladder carcinoma..

Key words

Gallbladder carcinoma - radical cholecystectomy - survival - staging

SURGICAL TECHNIQUE



Inguinal Prosthetic Hernioplasty by Anterior Prosthetic Enforcement of the Fascia Transversalis- a Novel Surgical Technique

Gelu Osian

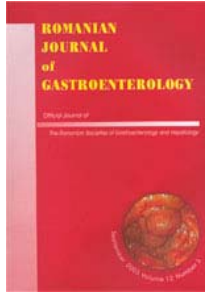
3rd Surgical Clinic, University of Medicine and Pharmacy „Iuliu Hațieganu”, Cluj-Napoca

Abstract

To A new technique of prosthetic inguinal hernioplasty is presented. The originality of the technique is the position of the mesh: between the transversus muscle and fascia transversalis. The surgical technique is presented in details. The procedures of choice for inguinal hernia repair, from the literature of the past years, are discussed.

Keywords

Inguinal hernia – hernioplasty

REVIEWS**Colon Polyps and Cytokines: Emerging Immunological Mechanisms**

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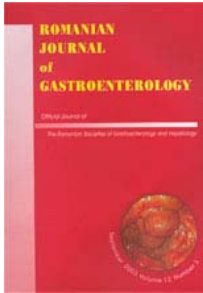
Canada

Abstract

Cell-mediated immune responses are an essential aspect of tumour-host interactions in colorectal cancers. The progression from precancerous (adenomatous) colon polyps to malignant colorectal cancer depends on a complex pathway involving the activities of activated T lymphocytes. The immune response is initiated when either cytotoxic T lymphocyte (CTL) CD8+ cells or CD4+ T-helper cells recognize the antigen from a human cancer cell. The cell-mediated response is largely initiated and controlled by the actions of various cytokines, which exert profound effects on T cell proliferation, cell-cell adhesion, apoptosis, and host immunity. The existence of an immune response to colon cancer is supported by studies of immunological treatments in humans and transplantable murine cancer models in animals. IL-2, IL-12, IFN- γ , TNF- α , and TRAIL are implicated in enhancing cytotoxic and apoptotic effects in response to colon adenomas. In addition, growth factors, oncogenic cytokines and immunosuppressive factors may play a crucial role in the growth and survival of premalignant colonic tissue. This review aims to increase knowledge of the immunological mechanisms underlying colon tumour progression in the hopes that a greater understanding of the molecular pathways will lead to improved methods of prognosis and treatment.

Key words

Adenomatous polyps - apoptosis - cytokines - chemokines



Utility of Endoscopic Ultrasound for the Diagnosis and Treatment of Submucosal Tumors of the Upper Gastrointestinal Tract

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Abstract

'Submucosal tumors' represent a bulge underneath the mucosa of the gastrointestinal tract whose etiology cannot be determined by gastrointestinal endoscopy or barium studies. Because many of these lesions do not arise from the submucosa, these abnormalities have been recently referred to as subepithelial lesions.

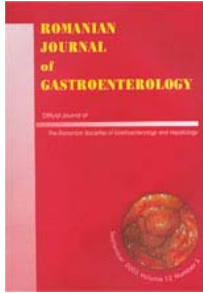
The aim of this review was to assess the value of EUS for the diagnosis and management of suspected subepithelial lesions.

Endoscopic ultrasound (EUS) is currently considered the investigative procedure of choice when a subepithelial lesion has been detected. EUS can determine the intra- or extramural location of the lesion, can differentiate vascular, cystic and solid lesions, and can characterize the layer(s) of origin or ultrasound characteristics (size, borders, homogeneity, anechoic areas or echogenic foci). EUS cannot differentiate exactly between benign and malignant tumors, but it can guide fine needle aspiration (FNA) biopsy or histologic needle biopsies, thus providing samples for cytology or histological analysis.

EUS also offers valuable information on the clinical management, and helps to decide whether a lesion should be consequently followed, removed by endoscopy or by surgery. The introduction of EUS and endoscopic submucosal resection (ESMR) clearly changed the management of small subepithelial lesions (less than 3 cm). A clinical decision algorithm was subsequently developed, taking into consideration the information offered by most of the reviews and case reports. However, further prospective studies will have to establish the value and indications of ESMR (used in association with EUS), for the treatment of subepithelial lesions, as compared to surgery and follow-up

Keywords

Endoscopic ultrasound - submucosal tumors - digestive tract - diagnosis - treatment

CASE REPORTS

Abdominal Miliary Tuberculosis in a Patient with AIDS: A Case Report

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Abstract

We present a 34 year old patient, intravenous drug user, hospitalized with fever, distortion of general status, dry irritating cough, abdominal colicative pains, and we established the diagnosis of HIV infection advanced stage/ AIDS ; his antecedents revealed (August 2000) abdominal tuberculosis not treated during the last 3 months. He presented a pneumonia with pneumocystis carinii during hospitalization. Death was due to a colon perforation with secondary peritonitis. Miliary tuberculous lesions in liver, spleen and colon were revealed at necropsy and (CMV) cytomegalovirus was indentified in necroptic samples also.

Key words

Drugs - Pneumocystis carinii - abdominal miliary tuberculosis - HIV/AIDS infection



Multicocular Colorectal Tuberculosis and Hypogammaglobulinemia

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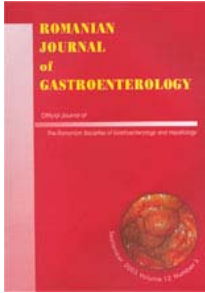
1) County Hospital Turnu Severin; 2) 3rd Medical Dept., University of Medicine and Pharmacy Iuliu Hațieganu Cluj; 3) Dept. Pathology, Hospital for Adults, Cluj; 4) Dept. Pneumology, University of Medicine and Pharmacy "Iuliu Hațieganu" Cluj-Napoca

Abstract

We present the case of a young male patient admitted for weight loss, diarrhea and rectal bleeding. The patient belonged to a low social class and had associated hypogammaglobulinemia. The endoscopy revealed different localized ulcerations of the rectum and a stenosis. By barium enema and hydrosonography multiple stenotic lesions were observed. The pathological examinations detected lesions suggestive for intestinal tuberculosis. A specific therapy led to the improvement of his general state and to the disappearance of diarrhea and rectal bleeding.

Keywords

Hypogammaglobulinemia - intestinal tuberculosis - rectal bleeding

CLINICAL IMAGING

Tissue Harmonic Imaging: Is it Useful in Hepatobiliary and Pancreatic Ultrasonography

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Abstract

The introduction of tissue harmonic imaging (THI) could solve problems related to ultrasound in technically difficult patients by providing a marked improvement in image quality. Tissue harmonics are generated by tissue vibration while the transmitted pulse propagates through tissue and are multiples of the fundamental frequency. The harmonic image is obtained by separating the fundamental and harmonic frequencies, the second harmonic, or twice the fundamental frequency, being used for imaging. Through a better spatial resolution, less artifact and an increased visualization of the deep structures, tissue harmonic sonography improves the image quality. In hepatobiliary diseases THI improves the detection and characterisation of focal liver lesions, increases the conspicuity of gallbladder polyps and stones, choledocholithiasis and intrabiliary masses. Visualization of the pancreatic duct, pancreatic calcifications or duct stones is also more accurate with THI. The results with THI are better than those with conventional ultrasonography as the body mass index increases. The limitations of THI can be overcome by the use of the new pulse inversion harmonic imaging.

Keywords

Tissue harmonic imaging - pulse inversion - conventional ultrasonography