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ORIGINAL PAPERS

Serum Levels of Soluble Intercellular-1 and Vascular Cell-1 Adhesion Molecules in Chronic Hepatitis C and the Influence of Interferon-a + Ribavirin Therapy *Doru Dejica, Mircea Grigorescu, Valeria Dejica, Corina Radu, Daniela Neculoiu*

Results of Interferon Treatment in Children with Chronic Hepatitis B *Paula Grigorescu-Sido, Lazăr Călin, Rodica Manasia, Mireștean Ștefan, Victoria Creț, Cristina Skorka, Anca Grigorescu-Sido*

The Attitude of Romanian Medical Trainees Towards the Eradication of H.pylori *D.L. Dumitrașcu, M. Popescu*

Helicobacter Pylori Gastritis in Children: Endoscopical and Histological Aspects *Radu Șerban¹ , Paula Grigorescu Sido¹ , Dan Gheban² , Eva Kiss¹*

Cystic Tumors of the Pancreas. Considerations upon 34 Operated Cases *Nemeș Radu, Curcă T., Paraliiov T., Munteanu M., Pașalega M., Nadia Dincă, Meșină C., Martin L., Mihaela Cheie, Luminița Talpoși, Martin R.*

Salicylate - Induced Pancreatic Injury in the Cat: a Preliminary Study *Mentes Ali¹, Batur Y², Bayol Ü³*

Autoimmune Cholangitis in Patients with Primary Sjögren's Syndrome. A Case Report *Lucica Agoșton-Coldea¹, Daniela Fodor¹, Raluca Pais¹, Mihai Lucian Rusu¹, Carmen Georgiu²*

Whipple's Disease. Case Report *Vasile Andreica, Oliviu Pascu, Claudia Hagiu, Dana Pașca, Daniela Dumitra, Dan Dumitrașcu, Erica Chiorean, Anca Georoceanu*

Heterotopic Bone Formation in Gastric Carcinoma. Case Report and Discussion of the Literature *Corneliu D. Olinici¹, Iacob Domșa², Anton Drăghici³, Valentin Munteanu⁴*

Ultrasound-Guided Percutaneous Pancreatic Biopsy. Indications, Performance and Complications *Zeno Spârchez*

Serum Levels of Soluble Intercellular-1 and Vascular Cell-1 Adhesion Molecules in Chronic Hepatitis C and the Influence of Interferon-a + Ribavirin Therapy

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Abstract

In chronic hepatitis C (CHC) intercellular and vascular cell adhesion molecules-1 (ICAM-1 and VCAM-1) are expressed de novo on hepatocytes infected by hepatitis C virus and on endothelial cells from sinusoidal vessels, respectively. The soluble forms of these (sICAM-1 and sVCAM-1) reflect their level of expression in tissue. Serum levels of sICAM-1 and VCAM-1 were measured using ELISA assays in 20 patients with CHC, at baseline and after 6 months of treatment with interferon-a + ribavirin. Significantly higher mean values of both adhesions, comparing to healthy controls, were observed. In all patients the lowest value of sICAM-1 was above highest level of controls. At the beginning of the study the responders and nonresponders to treatment (at 1 year) did not differ from each others concerning sICAM-1/sVCAM-1 concentrations. A significant reduction of sICAM-1 levels was apparent after 6 months of therapy, especially in the group of responders. Just a normalization of sICAM-1 values in all but one of responders, comparing to only 5 of 9 nonresponders has been achieved. By contrast, the mean level of sVCAM-1 did not change significantly with therapy. In conclusion, the normalization of serum sICAM-1 at 6 months of treatment may be useful prognostic parameter of response to the end of the administration period (1 year).

Key words

Chronic hepatitis C – serum soluble intercellular and vascular cell adhesion molecule 1 – treatment with interferon-a + ribavirin

Results of Interferon Treatment in Children with Chronic Hepatitis B

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Abstract

Many observations report a variable therapeutical response to interferon in children with chronic hepatitis B. In order to evaluate the efficiency of a-interferon treatment in the downregulation of viral replication and in the eradication of infection in these patients, we assessed HBeAg/HBeAb and HBsAg/HBsAb seroconversion (as well as with clinical outcome and the changes in the plasma level of aminotransferases) in 61 treated patients. The diagnosis was established by means of the usual clinical, biochemical and histopathological criteria. There was no possibility to viral DNA test and no control group was included. Patients were selected for interferon treatment who displayed at least a two fold rise in the plasma level of aminotransferases as compared to normal values, as well as necroinflammatory activity (score 3-6) and positive HBeAg as a marker of viral replication. Treatment was carried out with a-2a interferon or a-2b interferon in a dose of 3 million U/m²/dose in 3 weekly doses for a period of 4-6 months. The monitoring interval was 6.6 ± 3 years. HBeAg/HBeAb seroconversion was registered in 77.2% of the patients and mainly occurred during the first year of follow-up (50.9%). HBsAg/HBsAb seroconversion was revealed in 1.75% of the cases. The therapeutical response was complete, incomplete, transient and absent in 1.75%, 64.9%, 10.5% and 22.8% of the patients, respectively. The results show that the eradication of HBV infection is insignificant, but the downregulation of viral replication and, subsequently the halt of further progression of hepatic lesions is obtained in a high percentage of cases, highlighting the efficiency of this treatment in children with chronic hepatitis B.

Key words

Chronic hepatitis B - children - HBeAg/HBeAb - HBsAg/HBsAb seroconversion - interferon treatment

The Attitude of Romanian Medical Trainees Towards the Eradication of H.pylori

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Abstract

Aim: *To evaluate the knowledge of Romanian medical trainees regarding H. pylori infection and its management.*

Methods: *A specialized questionnaire used in a US survey with similar purpose was distributed to 57 medical interns and residents. The questionnaire included 17 items concerning the testing and treatment of H. pylori infection as well as information sources.*

Results: *Romanian medical interns and residents are generally well informed about diagnostic tests and therapeutic recommendations of national and international guidelines. However the decisions are not always appropriate, in respect to the on site practical possibilities.*

Conclusions: *Medical faculties should be satisfied with the knowledge of Romanian medical trainees regarding H. pylori infection. However, more emphasis should be given during postgraduate training to the development of practical skills in different specific cases.*

Key-words

H. pylori - medical education - medical residents - survey

Helicobacter Pylori Gastritis in Children: Endoscopic and Histological Aspects

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Abstract

Helicobacter pylori (Hp) infection is involved in both digestive and extradigestive diseases.

Endoscopically, antral location of gastritis, as well as antral nodularity, a consequence of the development of lymphoid follicles in the mucosa of this area, are considered by some authors specific for gastritis in children. Histologically, lymphoid follicles, noticed usually in children, are considered pathognomonic.

Aims: *Establishing prevalence of gastritis in children and the correlation between of endoscopic and histological findings.*

Patients and methods: *The study group included 267 children in whom upper digestive endoscopy was performed for digestive symptoms. The diagnosis of Hp infection was based on the concordance between the positive urease test and the histological examination (documenting the presence of Hp in the gastric mucosa).*

Results: *Endoscopic aspect of antral nodular gastritis was mainly found in children infected with Hp. Follicular gastritis, considered the histological marker of nodular gastritis, was also revealed in congestive gastritis. Patients infected with Hp most often displayed chronic gastritis and noninfected patients acute gastritis. Hp was not found in gastric mucosa without histological changes.*

Conclusions: *Nodular pattern of antral mucosa might be considered specific for Hp infection in childhood. In patients infected with Hp chronic gastritis was mainly found while in noninfected children acute gastritis was usually revealed. Hp was not found in gastric mucosa without histological changes.*

Key words

Helicobacter pylori - gastritis - endoscopy - histology - children

Cystic Tumors of the Pancreas. Considerations upon 34 Operated Cases

Nemeş Radu, Curcă T., Paraliiov T., Munteanu M., Paşalega M., Nadia Dincă, Meşină C., Martin L., Mihaela Cheie, Luminiţa Talpoşi, Martin R.

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Abstract

Aim: *to point out the morphologic, clinic and therapeutic aspects of pancreatic cystic tumors.*

Material and method: *34 pancreatic cystic tumors (21 males and 13 females, aged between 21 and 68 years), admitted in the last 15 years were analyzed. They were true cysts in 3 cases (9.9%) and pseudocysts in 31 cases (91.1%), located on the head of the pancreas in 8 cases, on the body in 19, on the tail in 6 and on the body and tail in 1 case. We noticed in the past medical history of the patients with pseudocysts a recent acute pancreatitis attack (26 cases), chronic pancreatitis (4 cases) or a recent abdominal trauma (1 case). The delay between the acute pancreatitis attack and the onset of the pseudocyst varied between 18 days and 2 months. The diagnosis was established by clinical picture (Shefer-Silvis triad), laboratory findings and imaging tests (barium meals, ultrasound test and/or CT test). Thirty cases (27 pseudocysts and 3 true cystic tumors) were operated on: the main surgical procedures were cystogastrostomy (12 cases), cystojejunostomy (6 cases) or cystoduodenostomy (3 cases); we also performed distal pancreatectomy (3 cases), laparostomy or external drainage in 5 cases.*

Results: *We registered 1 death (mortality rate of 3.3%), 2 pancreatic fistulae, 1 pancreatic abscess and 2 recurrences.*

Conclusions: *1. The pseudocyst, as an evolutionary complication of acute or chronic pancreatitis, is the most frequent cystic tumor of the pancreas, true pancreatic cysts being extremely rare. 2. The diagnosis is established by clinical pictures, laboratory findings and imaging tests. 3. The treatment is surgical, cystogastrostomy or cystojejunostomy being the main surgical procedures.*

Key words

Pancreatic cystic tumors – pancreatic pseudocyst- diagnosis - therapy

Salicylate - Induced Pancreatic Injury in the Cat: a Preliminary Study

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Abstract

The effect of intravenous aspirin on the exocrine pancreatic secretion was investigated in a feline isolated pancreaticoduodenal preparation. The study group received a 500 mg/kg bolus dose of aspirin intravenously. Duodenal washouts were collected for six hours. The serum and perfusate aspirin content increased significantly after aspirin administration ($p = 0.01$). However, the pH, bicarbonate, sodium, potassium and calcium content in the duodenal outflow did not show significant changes between 0 and 6 hours. A significant difference in the perfusate calcium content was present between ASA treated and control cats starting at the end of the first hour of the experiment ($p=0.005$). Histopathological examination of the pancreas revealed marked erythrocyte extravasation in the ASA treated animals. It is suggested that the ASA- related increase in the calcium secretion of the pancreas should be regarded as an indication of aspirin induced pancreatic damage.

Key words

Pancreas - drug effects - pancreatitis - occurrence - aspirin -adverse effects

Autoimmune Cholangitis in Patients with Primary Sjögren's Syndrome. A Case Report

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Abstract

Sjögren's Syndrome is a very frequent autoimmune disease, characterised by exocrine gland involvement. Immunologic disorders are also responsive for extraglandular manifestations of the disease, mostly for the digestive involvement.

We report a case of primary Sjögren's syndrome with multiple extraglandular manifestations: vasculitis, cryoglobulinaemia, hepatic involvement and presumably neurologic involvement. The particularities of the case are the typical pattern of autoimmune cholangitis, hypogammaglobulinaemia, the absence of antinuclear antibodies and the association with vasculitis. To the best of our knowledge, this is the first case report of autoimmune cholangitis in Sjögren's syndrome.

Keywords

Sjögren's syndrome - autoimmune cholangitis - vasculitis- hypogammaglobulinaemia

Whipple's Disease. Case Report

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Abstract

The paper reports the clinical case of a 58 -year-old male patient admitted for diarrhea (6-7 stools/day, diffuse abdominal pain, borborygma, weight loss (20 kgs in two years), asthenia and fatigue. Physical examination evidenced a poor nutritional state (body mass index 19 kg/m²). The abdomen was slightly distended. Biological tests evidenced moderate/severe anemia, hypoproteinemia and hypoalbuminemia. Endoscopic examination evidenced oedematous duodenal mucosa with white-yellowish deposits. Histology (HE stain) revealed the presence of foamy cells and the PAS-staining of the duodenal mucosa evidenced PAS-positive macrophages and numerous intracellular bacilli.

Penicillin therapy 2x1 million U/day for 14 days, followed by tetracycline 4 x 250 mg/day improved the clinical picture, the patient had only one stool per day and gained weight. After 7 months of treatment the general condition was good and the patient had gained 17 kgs, the duodenal mucosa was normal. HE staining did not evidence foamy cells and no PAS-positive macrophages could be found.

Keywords

Whipple's disease - diarrheic syndrome - malabsorption syndrome

Heterotopic Bone Formation in Gastric Carcinoma. Case Report and Discussion of the Literature

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Abstract

Osseous metaplasia is a rare finding in the gastrointestinal tract. We report the case of a 75-year-old woman with a gastric adenocarcinoma showing heterotopic ossification with bone marrow formation. The pathogenetic theories are briefly discussed.

Key words

Gastric adenocarcinoma – heterotopic ossification

TECHNIQUE.

Ultrasound-Guided Percutaneous Pancreatic Biopsy. Indications, Performance and Complications

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Abstract

The diagnosis of pancreatic masses is often very difficult despite the new developments in imaging methods. As a correct diagnosis has a great impact on the therapy, in certain circumstances it is mandatory to obtain a morphological diagnosis. Although the indications for percutaneous pancreatic biopsy are not standardized, in many circumstances- inoperable pancreatic tumor, suspicion of lymphoma, metastasis or neuroendocrine tumors, differentiation between cystic tumors - a biopsy is clearly indicated. Pancreatic biopsy is usually performed by fine-needles either for cytology or microhistology, the use of larger needles for core biopsy adding a slightly improvement in sensitivity especially in masses from chronic pancreatitis or neuroendocrine tumors. Complications occur seldom , acute pancreatitis and tumoral seeding being the most important. Percutaneous pancreatic biopsy is a safe, flexible and reliable method for diagnosing pancreatic masses.

Key words

Pancreatic masses- pancreatic carcinoma- cystic pancreatic neoplasm- percutaneous fine-needle biopsy- percutaneous core biopsy