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Aspects of Immune Nonspecific and CD19+ Cell Changes in Alcoholic Liver Disease With or Without Chronic Hepatitis C Virus Infection

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Abstract

Background and aim. The incidence of hepatitis C infection is high in alcoholics. The aim of our study was to evaluate the immune nonspecific cell and the humoral mediated disorders in alcoholic liver disease (ALD) associated or not with chronic hepatitis C.

Material and methods. We selected 20 heavy drinkers (intake - over 80g ethanol/day for more than 10 years) with (8 patients) and without (12 patients) chronic viral C hepatitis. Besides the diagnostic tests including liver biopsy, hemoleucogram (leukocyte formula), serum iron level, protein electrophoresis were performed in all patients, as well as cryoglobulins, rheumatoid factor (RF), immunoglobulins, antinuclear autoantibodies and circulating immune complexes. The circulating B cells with positive CD19 markers (LyB CD19+) were evaluated by flow cytometry.

Results. All patients had reversible neutropenia and thrombocytopenia. The values of LyB CD19+ were low in all patients. All patients had similar IgG levels. The RF, cryoglobulins and autoantibodies were absent in the group of patients with ALD and HCV infection.

Conclusion. The values of LyB are low in ALD with or without HCV infection. The markers of autoimmunity (RF) or of B cell proliferation (cryoglobulins) were absent in patients with ALD and HCV infection. Although HCV is a lymphotropic virus, the presence of HCV had no permissive effect on the proliferation of LyB in ALD, probably due to the depressive effect of chronic alcohol intake on LyB.

Key words

Alcoholic liver disease - hepatitis C virus - humoral immunity

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Intravenous Midazolam Sedation in Pediatric Diagnostic Upper Digestive Endoscopy (n=257). A Prospective Study in a General Hospital

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Abstract

Abstract

The positive role of benzodiazepines (Midazolam) in conscious sedation in pediatric patients is widely known. However, problems concerning the role of sedation in diagnostic upper endoscopy are a matter for debate as little is known about dosage and timing.

We prospectively evaluated the efficacy, safety and optimal intravenous sedation dosage of midazolam in 257 consecutive patients, aged 2 months to 18 years old, who underwent upper endoscopy of the gastrointestinal tract. The initial midazolam dosage was 0.2 mg/kg Bw (Body weight) i.v. for 1 minute and, if necessary, another 0.1 mg/kg Bw was administered 5 minutes later. If sedation was sufficient, the procedure would be started 4-5 minutes later; if not, another 0.1 – 0.2 mg/kg Bw would be administered. All procedures were performed by a pediatrician together with a gastroenterologist.

No serious complications occurred in any of the procedures. Oxygen saturation (OS) was maintained at over 90%, if necessary with blowby oxygen. Flumazenil was administered to 7 children (OS <90%). Endoscopy could not be completed in 1 child. All endoscopies were completed within 10 minutes. No unexpected hospital admissions were necessary. The mean midazolam dosage was 0.4 mg/kg Bw in patients up to 6 years, for the over 6 years-olds the mean dosage was decreased to 0,2 mg/kg Bw. Particular attention was paid to the importance of informing patients before the procedure.

Endoscopic diagnostic procedures can be performed safely and effectively in children with intravenous sedation in a well equipped pediatric endoscopy unit.

Key words

Midazolam (dormicum®) - pediatric endoscopy - conscious sedation - upper endoscopy

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Color Doppler Transabdominal Ultrasonography for the Assessment of the Patients with Inflammatory Bowel Disease during Treatment

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Abstract

Abstract

Color and power Doppler ultrasound are useful methods for the assessment of patients with gastrointestinal diseases. The aim of our study was to assess color Doppler and power Doppler ultrasound, during the evolution of patients with ulcerative colitis and Crohn's disease treated with salazopyrin.

We included in the study 10 patients with inflammatory bowel diseases diagnosed by colonoscopy with multiple biopsies. All the patients underwent color and power Doppler ultrasound using Jeffrey criterias for the evaluation of intestinal vasculature. Biological examinations included: erythrocyte sedimentation rate, serum C reactive protein, blood cell count, fibrinogenemia, protein electrophoresis and immunoelectrophoresis.

The results of our study indicated a diminished blood flow at the level of the affected intestinal segments after one month of salazopyrin treatment. Color and power Doppler ultrasound might thus represent a useful method for monitoring the response in inflammatory bowel disease treatment.

Keywords

Doppler ultrasound - inflammatory bowel disease – therapy

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Folic Acid and Sulfasalazine for Colorectal Carcinoma Chemoprevention in Patients with Ulcerative Colitis: The Old and New Evidence*

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Background. *The purpose of the study was to assess whether folic acid supplementation and*

long term therapy with sulfasalazine can reduce the risk of colorectal cancer (CRC) development in longstanding extensive ulcerative colitis.

Material and methods: A meta-analysis was performed including the last 10 years published and Medline indexed studies on this subject.

Results. 3 studies have been included concerning the protective effect of folate supplementation in development of CRC. The association of these two factors is significant (effect size $r = 0.124$, $p = 0.025$). The fail-safe number of studies with an opposite result should be 4 to revert the significance. 4 studies regarding sulfasalazine's protective effect in longstanding extensive ulcerative colitis have also been evaluated. A similar significance has been obtained, $r = 0.148$, $p = 0.0007$ and a fail-safe number of studies equal to 7. The homogeneity of these studies is validated by standard tests.

Conclusions. Both sulfasalazine therapy and folate supplementation have a protective effect in colorectal cancer development in a population of patients with longstanding ulcerative colitis.

Keywords

Colorectal cancer - ulcerative colitis - folate - sulfasalazine

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Anal Fistulotomy with Radiofrequency: a Better Option to a Conventional Procedure

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Abstract

Background. Even after the availability of many different surgical options, most surgeons still prefer the classical lay open technique (fistulotomy) as the gold standard for the treatment of anal fistula. This study analyzes the procedure and outcome of radiofrequency fistulotomy over the conventional scalpel method.

Material and methods. Fifty patients with low fistula in ano were analyzed in a prospective study. They were randomized into conventional and radiofrequency fistulotomy groups. Parameters measured included time taken for the procedure, amount of blood loss, postoperative pain, period taken for return to work and recurrence rate. The patients were followed over a period of 30 months.

Results. The average time for complete wound healing was 49 days. The patients took a mean period of 7 days to return to their routine. In 7 patients the wounds took more than 80 days to heal and were labeled as delay in wound healing. Two patients developed a recurrence. The comparative study between conventional and radiofrequency fistulotomy showed that procedure time was shorter ($p = 0.001$); intra operative bleeding was much less ($p = 0.0004$), return to work was earlier ($p = 0.029$) and wound-healing time was shorter ($p = 0.0017$) in radiofrequency procedure.

Conclusion. In terms of parameters set for the study, the radiofrequency technique was found to have significant advantages over conventional fistulotomy procedure with regard to operation time, blood loss, return to normal activity and healing of the wounds.

Key words

Fistula-in-ano - radiofrequency- fistulotomy

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Helicobacter pylori Colonization in Dental Plaque and Gastric Infection

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Abstract

Background. With regard to the presence of *Helicobacter pylori* (*H.pylori*) in dental plaque and its association with gastric infection, data from the literature are controversial. The aim of this study was to determine the prevalence of *H.pylori* in dental plaque of dyspeptic patients who underwent upper gastrointestinal endoscopy and to investigate its relationship to gastric infection.

Methods. In a cross sectional study, over one year (February 2002-February 2003) samples were taken with separate sterile curretes from tooth surfaces of molars, premolars and incisors of 180 consecutive dyspeptic patients referred to the Endoscopy Department of Emnam Khomeini Hospital. Dental plaque samples were subjected to the rapid urease test, Giemsa staining, PCR test and culture for identification of *H.pylori*. During endoscopy, six biopsies were taken from the gastric antrum and corpus and histological examination, Giemsa stainings, Rapid Urease test and culture were performed. Patients were defined as infected when both rapid urease test and Giemsa stain, or when cultures were positive for *H.pylori*. Informations concerning oral hygiene protocol were recorded. For data analysis, the chi square test was used and $P < 0.05$ was defined statistically significant.

Results. Our data proved the presence of *H. pylori* in dental plaque of infected and uninfected patients. There was no significant association between *H. pylori* colonization in dental plaque and gastric infection. In this study, oral hygiene (the frequency of dental visits and teeth cleaning) did not have a significant influence on the presence of *H. pylori* in dental plaque.

Conclusion. Dental plaque is the reservoir of *H.pylori* with no relationship to gastric infection.

Keywords

Dental plaque - gastric infection - gastrointestinal endoscopy - *Helicobacter pylori*

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REVIEW

Cirrhosis and Bacterial Infections

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Abstract

Abstract

Half of cirrhosis patients die within two years after diagnosis, in most cases from cirrhosis related causes; most frequently variceal bleeding closely followed by infections. There seems to exist associations between infection and other complications such as malnutrition, hepatic encephalopathy and variceal bleeding. Cirrhosis patients have an acquired immune deficiency because of dyshomeostasis and malnutrition. All host defence systems are compromised, e.g. the acute phase response, and macrophage, neutrocyte, and lymphocyte functions. Simultaneously, there is increased microbiotic invasion, due to increased nosocomial exposure, intestinal translocation, aspiration, skin lesions, and trauma. Compared to the background population, the mortality of infections is more than 20 times increased in cirrhosis. The incidence of peritonitis, bacteremia, urinary tract infection, pneumonia, meningitis, tuberculosis, liver abscess is increased more than tenfold, and the mortality of each episode 3-10 times higher. The systemic response and accompanying classical symptoms are usually weakened. When positive isolates can be obtained the flora tends to be of an opportunistic nature. Infection should be suspected in any cirrhotic patient with an unexpected deterioration of clinical course. Treatment should be started on suspicion and with large dose broad-spectrum antibiotics (avoiding aminoglycosides). Antibiotic prophylaxis is efficacious at variceal bleeding, recurrent peritonitis, and at very low protein ascites, but otherwise is associated with risk of infection with multi-resistant strains.

Keywords

Cirrhosis - prognosis - immune deficiency - infection - prophylaxis

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CASE REPORTS

An Unusual Etiology of Viral Hepatitis in Three Renal Transplant Recipients with Normal Graft Function

Camelia Ionescu¹, Gener Ismail¹, Ileana Constantinescu², Monica Hortopan³, Olguta Iliescu¹,

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Abstract

Abstract

Liver impairment in renal transplant recipients is not a common complication and is associated, in most cases, with viral infections (HBV, HCV, HVD, HGV) or drug hepatotoxicity (Cyclosporin, Azathioprine, statins). Cytomegalovirus (CMV) infection is common, with 50 to 80% of the adult population being seropositive for CMV antibodies. In immunocompetent individuals, primary infection is usually asymptomatic or associated with minor illness. CMV remains latent after primary infection. In immunocompromised patients, as in renal transplant recipients or transplant recipients of other solid organ or bone marrow, the virus can cause serious disease. This could be the result of newly acquired infection or reactivation of the latent virus. One of the organs involved in CMV disease is the liver. The subjects of this report are renal transplant recipients with liver impairment due to CMV induced acute hepatitis.

Key words

Renal transplantation - liver impairment - acute viral hepatitis – cytomegalovirus

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Portal Biliopathy – a Lesser Known Complication of Portal Hypertension. Case Report and Review of the Literature

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Abstract

Abstract

Portal biliopathy is a newly introduced term, describing the changes observed in the biliary ducts of portal hypertension patients. We present here the case of a patient diagnosed with portal vein thrombosis secondary to a chronic pancreatitis; the abnormalities in the bile ducts were observed during the endoscopic retrograde cholangiopancreatography. We also review the existing information on this subject in the literature.

Key words

Portal hypertension - portal cavernoma - porto-portal collaterals - biliary compression and

stenosis

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Hydrothorax without Ascites in Liver Cirrhosis

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Abstract

Abstract

Pleural effusion in patients with liver cirrhosis and intractable ascites is well known, but hepatic hydrothorax in the absence of ascites is a rare complication. We present the case of a 43-year old male, with a medical history of liver cirrhosis due to hepatitis C virus, who was admitted to the Pneumology Clinic for dyspnoea, worsening of general status and chronic asthenia. The pleural effusion, revealed on physical and laboratory examinations, persisted despite the therapy with diuretics and the frequent thoracocentesis. The thoracostomy followed by pleurodesis also failed. The peculiarity of this case was the presence of refractory hydrothorax in the absence of ascites.

Key words

Hydrothorax –liver cirrhosis – ascites

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CLINICAL IMAGING

Multi-Detector Row Spiral CT (MDCT) in Bowel Related non-Traumatic Abdominal Emergencies

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Abstract

Abstract

The management of the patients with acute abdomen syndrome requires an accurate and rapid diagnostic. Spiral CT is the investigation of choice in these cases because it is rapid, cost-

effective and provides a global perspective of abdominal structures. Also, helical CT offers the possibility to obtain thinner contiguous images and to perform coronal or sagittal reconstruction, as well as the possibility to make the acquisitions during the different vascular phases.

Key words

Abdominal emergencies - MDCT - diverticulitis - appendicitis - obstruction - intestinal ischemia - perforation

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