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PORTO MARINA HOTEL
May 12-14, 2011

HIGH QUALITY COLONOSCOPY IN A LOW VOLUME UNIT; IS IT ACHIEVABLE?

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Background and study aims: Colonoscopy is a technically demanding procedure with potential for harm if performance is poor. Bolak Eldakror Hospital is a secondary-care governmental hospital in Giza, Egypt with an average colonoscopy volume of 28 procedures per year. Our aim was to determine whether a high standard of practice could be achieved in our unit by instituting a rigorous quality assurance programme in spite of a low colonoscopy volume (



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SAFETY AND SEDATION IN ENDOSCOPY, HOW TO PREVENT UNNECESSARY MORBIDITY AND MORTALITY?

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Oesophago-gastro-duodenoscopy (OGD) is a safe and widely available technique. However the procedure is associated with a small but definite rate of complications. Complications are either cardio-pulmonary and sedation-related complications or complications specific to diagnostic and therapeutic endoscopy. Many of the complications that occur are preventable. Bolak EL-Dakror Hospital is a secondary-care governmental hospital in Giza, Egypt. Gastrointestinal endoscopy unit was formally opened in 1999. The average OGD volume in our unit is 388 procedures per year. IV diazepam 10 mg was the standard sedation for OGD. In 2002, a sedation related mortality from cardiopulmonary complications occurred in our unit. A number of mistakes had been made because formal training in sedation and monitoring techniques had not been instituted. An ongoing quality assurance program was instituted and a sedation policy was established in 2003. We started dose reduction of diazepam to 2.5 - 5 mg (depending on patient's age & cardiopulmonary risk factors) and permission from the consultant is required before increasing dose more than 5 mg. Dose reduction in sedation is safe, yet this may fails to achieve sufficient sedation and compromise comfort of patients undergoing OGD. Difficulties were encountered in sedating anxious patients. After dose reduction in sedation, 2% of procedures had to be abandoned because of uncooperative/agitated patient. Withdrawal of consent was documented in 3% of procedures before dose reduction and increased to 13% after dose reduction. A 40 years old male had bilateral conjunctival haemorrhage after he underwent his first diagnostic OGD using IV diazepam 5 mg. A survey was performed. 61% of patients who underwent a first endoscopy had high anxiety levels. Measures were taken to reduce anxiety and improve overall tolerance of the procedures. We started managing patients with acute UGI bleeding in 2004. 822 patients were managed from 2004 to 2009 of whom 79% ha



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IMPACT OF MULTISLICE SPIRAL COMPUTED TOMOGRAPHY ON DONOR SELECTION AND SURGICAL PLANNING IN LIVING-RELATED LIVER TRANSPLANT

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Objectives: Living-donor liver transplant is used with increasing frequency to help compensate for the increasing shortage of deceased-donor liver grafts. However, donor safety is a primary concern, and selection of the preoperative imaging modality is important in preserving donor's health by excluding unsuitable candidates, and tailoring the surgical procedure according to anatomic variations. In this study, we evaluate the impact of Multislice spiral computed tomography on potential donor selection and surgical planning before living-related-liver transplant. **Materials and Methods:** One-hundred seventy-five potential living-liver donors (62 women and 113 men; age range, 23-34 years; mean, 32 years) were included in our study. All subjects underwent multiphasic multislice spiral computed tomography. Post-contrast acquisitions were obtained for the arterial and venous phases. There were 139 potential donors for the right lobe and 36 potential donors for the left lateral segment. All data were analyzed to detect vascular variants, exclude focal liver lesions, and determine hepatic volume, and preoperative findings were correlated with intraoperative findings in 65 patients. **Results:** Of the 175 potential liver donors evaluated with multislice spiral computed tomography, 56 (32%) were excluded for the following reasons:- portal vein anomalies in 11(19.6%), hepatic venous anomalies in 9 (16.1%), fatty liver in 17(30.3%), small liver volume in 12 (21.4%),and a focal lesion in the liver in 7 (12.5%). Of the 65 candidates, surgical planning and technique were modified in 24 donors and recipients, in 23 candidates and the donor only in 1 candidate. **Conclusions:** Multislice spiral computed tomography provides parenchymal, vascular, and volumetric preoperative evaluation of potential donors for living-related liver transplant and has an effect on surgical planning: It allows the surgeon to reduce postoperative complications by modifying the surgical technique.



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COLORECTAL SCHISTOSOMIASIS : IS IT STILL ENDEMIC IN DELTA EGYPT EARLY IN THE 3RD MILLENNIUM?

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Schistosomiasis is still frequently encountered in clinical practice with its advanced sequela, despite progress in health education and mass antischistosomal chemotherapy. This study is a trial to evaluate the role of endoscopy in the diagnosis of colorectal schistosomiasis. Patients and methods: This study evaluates patients presented to the gastroenterology unit with different gastrointestinal symptoms by endoscopic examination where 3-6 tiny biopsies were taken from those with visible, suspected schistosomal lesions for histopathological examination by paraffin section and 2 additional rectal biopsies were taken for crush biopsy (squash technique) even with endoscopically apparently normal colonic mucosa. For each patient, at least 3 stool samples were examined by the Formal ether concentration method for schistosoma ova. Results: Colonic abnormalities were detected in 510 out of 984 patients presented with different gut symptoms. Schistosoma mansoni was detected in 205 patients (180 males, 25 females) the age range (18-65 years). Six patients only had schistosomal polyps at the sigmoid colon and excised successfully by snare polypectomy. Squash technique established the diagnosis of schistosomiasis in all endoscopically normal 118 (50.75%) cases with by demonstrating the schistosomiasis ova and their histopathological findings showed no or minimal reaction in 96 (46.82%) cases and variable degrees of submucosal granulomata in the remaining cases. Stool examination found the schistosomiasis ova in 25 (9.83%) patients only of the biopsy positive cases. Colon or rectal cancer cases were all schistosomiasis free. Conclusions: Our data revealed that the endoscopic crush biopsy proved to be a simple and effective method to detect acute and chronic Schistosomiasis even with endoscopically normal colonic mucosa and negative stool examination. In endemic areas, the squash technique is preferably adopted to pick up early treatable cases and prevent the chronic in



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OCCULT HEPATITIS C INFECTION: PREVALENCE AND PROFILE OF ITS IMMUNOREGULATORY CYTOKINES

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The immunopathogenesis of occult HCV infection is a matter of great controversy and has been suggested to involve a complex balance between cytokines with pro- and anti-inflammatory activity. This work aimed at studying the serum Th1 and Th2 cytokine production in patients with occult HCV infection. Methods: Serum levels of cytokines of Th1 (IL-2, INF- γ) and Th2 (IL-4) were measured in 27 patients with occult HCV infection and 28 patients chronic hepatitis C infection. Results: The levels of IL-2 and INF- γ , were highly significant increased in patients with chronic HCV infection ($p < 0.001$). IL-4 was highly significant increased in occult HCV infection (p



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HLA STATUS AND ANTI-THYROID AUTO-ANTIBODIES IN EGYPTIAN PATIENTS WITH CHRONIC HEPATITIS C VIRUS INFECTION

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Background/aim: The role of hepatitis C virus (HCV) have been demonstrated in many autoimmune diseases; including the autoimmune thyroid disease. However, there are paucity of information about the prevalence of extra-hepatic autoimmune phenomenon in HCV-infected patients from Egypt and developing countries. This study checked the prevalence of anti-thyroid auto-antibodies in patients with chronic HCV infection and their possible relation to the human leukocyte antigen (HLA) status. **Patients and methods:** Sera from 147 consecutive patients (75 males and 72 females) with chronic HCV infection at the Mansoura University Hospitals, Egypt during 2008-2009, were analyzed for anti-thyroid antibodies (Group 1). A total of 126 anti-HCV positive patients without anti-thyroid antibodies were enrolled as controls (Group 2). Thyroid microsomal and thyroglobulin autoantibodies were determined by the hemagglutination tests. Ig-G type anti-GOR were measured using an ELISA assay. HLA-A, -B, -C, and -DR were determined using the standard complement-dependent microdroplet lymphocyte cytotoxicity test. **Results:** Anti-thyroid antibodies were detected in 21 HCV RNA positive patients [group 1: (18) females, (3) males] and remaining 126 patients [group 2: (72) males and (54) females]. The prevalence of anti-GOR antibodies was significantly higher in patients of group 1 compared to that of group 2. A statistically significant difference was observed regarding anti-GOR antibodies in group 1 (p



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CURCUMIN AND BOSWELLIA PREPARATION FOR HCV

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Introduction Curcumin from Turmeric (*Curcuma longa*), and the gum resin of *Boswellia* (*Boswellia carteri*) have produced anti inflammatory effect in acute and chronic models of inflammation. Curcumin exerts potent biological effects in vitro and in vivo. Curcumin is emerging as a potential therapeutic compound in chronic liver disease, a major cause of morbidity and mortality worldwide. Curcumin exerts beneficial effects in animal models of liver injury and cirrhosis. Emerging evidence suggests that fibrosis and cirrhosis are potentially reversible. Induction of HSC apoptosis is associated with reversal of fibrosis and therefore targeting HSC activation and proliferation may help to prevent or reverse fibrosis. In HSCs, curcumin exerts several antioxidative, anti-inflammatory, antifibrogenic and antiproliferative effects. Recently, Bruck et al. (2007) demonstrated that curcumin inhibited hepatic fibrosis in a rodent model by reducing oxidative stress and inhibiting HSC activation and collagen 1(I) gene expression. In vitro, curcumin induces apoptosis and inhibits activation and proliferation of HSCs. MATERIALS AND METHODS Plant material i,— The oleogum resin of *Boswellia carterii* Birdwood and curcumin was purchased from the local herbal stores in mansoura. Animals i,— Six groups of adult male albino rats (150-200 g), each consists of 10 rats, were used to perform this experiment. Biochemical evaluation of liver function i,— After 4 weeks experiment, rats were sacrificed and blood was collected for estimation of ALT activity, alkaline phosphatase (AP), total bilirubin and albumin. Histopathological studies i,— Liver specimens of were fixed then stained with Haematoxylin and Eosin (H x. and E.) and Masson trichroine stains. Biological assay i,— Antiviral and cytotoxicity assay i,— Assessment of the iminunomodulatory activity i,— Hepatoprotective assay i,— Induction of indogenous gamma interferon i,— which determined by the 5



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PAIN SCORE WITHIN TWENTY-FOUR HOURS POST-ENDOSCOPIC ULTRASONOGRAPHY: A PRELIMINARY REPORT

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Presneting Author: Somchai Amornyotin

Background and aim: Endoscopic ultrasonography (EUS) is one of the modest technologies that gave perfect images and details for diagnostic the pathology in gastrointestinal tract and adjacent organs. The duration in this procedure was quite so long the patients would be felt pain and uncomfortable. The aim of this study is to evaluate the abdominal pain within twenty-four hours after EUS. Methods: A prospective observational study in patients underwent EUS at Siriraj GI endoscopy center from September 2009 to November 2010. All the patients underwent intravenous sedation (IVS) technique. We excluded patients who chronically used opioids, patients who had problems in communication as well as the patients who had ASA physical status more than III. Age, gender, weight, ASA physical status, indications for EUS, pre-sedation problems, procedural time, anesthetic agents and adverse events such as hypotension, hypertension, bradycardia, arrhythmia, desaturation and airway obstruction were recorded. Pain assessment was performed at 2, 6, 12, 18, and at 24 hours after EUS procedure by using verbal numeric scale (VNS). Results: During the study period, there were 124 patients (69 female, 55 male) underwent EUS procedures using IVS technique. Mean duration of the procedure was 46.51 ± 23.59 minutes. EUS for the imaging study was the most common type of EUS procedure. Mean pain score (VNS) at 2, 6, 12, 18, and at 24 hours post-EUS procedure was 1.68 ± 1.61 , 1.37 ± 1.43 , 0.66 ± 1.0 , 0.35 ± 0.67 , 0.13 ± 0.38 , respectively. Thirteen patients (10.5%) received pain relief medications after the procedure. Pain relief medications after EUS were pethidine (2.4%), paracetamol (5.6%) and tramadol (2.4%). Sedation related adverse events were hypotension (85.7%), hypertension (7.9%), bradycardia (4.8%), arrhythmia (1.6%). Procedure related adverse events were none. Conclusion: Overall abdominal pain severity after EUS procedure is of mild intensity and occurred mainly at two to six hours post-



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PROPOFOL BALANCED SEDATION FOR COLONOSCOPIC PROCEDURE: A COMPARISON BETWEEN EXPERIENCED ANESTHETIC NURSE AND ANESTHETIC TRAINEE

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Presneting Author: Somchai Amornyotin

Background and aim: To review our sedation practice and to compare the clinical effectiveness of an experienced anesthetic nurse and anesthetic trainee administered propofol based deep sedation (PBDS) for colonoscopic procedure in adult patients. Methods: We undertook a retrospective review of the sedation service records of adult patients who underwent colonoscopy by using PBDS. All endoscopies were performed by staff endoscopists and fellows in gastroenterology. All sedation was administered by anesthetic nurse or anesthetic trainee. Results: A total of 438 endoscopies were performed during the study period. Of these, 220 patients were sedated by experienced anesthetic nurse (group N) and 218 patients were sedated by anesthetic trainee including resident and nurse student in anesthesiology (group T). All sedations were supervised by the staff anesthesiologist. Sedative agents in both groups were propofol, midazolam and fentanyl and were comparable dose among the two groups. There were no significant differences in patients' characteristic, mean sedation time, indication and type of intervention, success rate, staff consultation, ease of intubation, patient and endoscopist satisfaction, and complications between the two groups. Serious complications were none. Conclusion: Experienced anesthetic nurse and anesthetic trainee administered PBDS supervised by the staff anesthesiologist for colonoscopic procedure is safe and effective. The success rate, staff consultation, ease of intubation, patient and endoscopist satisfaction, and complications are comparable.



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PROPOFOL-BASED DEEP SEDATION FOR ENDOSCOPIC ULTRASONOGRAPHY IN SICK PATIENTS IN THAILAND

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Background and aims: In a developing country, endoscopic ultrasonography (EUS) procedure is being performed at increasing rate. There is no recent information on deep sedation of this procedure in sick patients. The aim of this study was to evaluate the clinical efficacy of propofol-based deep sedation, and to compare between ASA physical status I-II and III-IV for EUS procedure in a teaching hospital in Thailand. **Methods:** We undertook a retrospective review of the sedation service records of patients who underwent EUS procedures from December 2006 to May 2009. All patients were classified into two groups according to ASA physical status. In group C, ASA physical status was I-II, and ASA physical status in group S was III-IV. The primary outcome variable of the study was the successful completion of the procedure. The secondary outcome variables were sedation related adverse events. **Results:** Sedation was provided for 197 patients. Of these, 156 patients were in group C, and 41 patients were in group S. There were no significantly differences in gender, weight, procedure time and indication of endoscopy between the two groups. All patients were concluded with the successful completion of the procedure. Combination of fentanyl, propofol and midazolam was used in both groups. Mean dose of propofol and midazolam in both groups was not significantly different. Mean dose of fentanyl in group S was significantly lower than in group C. Overall adverse event in group C was significantly occurred less common than in group S. Hypotension was the most adverse event in both groups. All complications were easily treated, with no adverse sequelae. **Conclusion:** In the setting of the developing country, propofol-based deep sedation for EUS procedure in sick patients by anesthetic personnel with appropriate monitoring was relatively safe and effective. Serious adverse events were rare in our population.



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PROPOFOL-BASED DEEP SEDATION FOR ERCP AND EUS PROCEDURES IN GERIATRIC PATIENTS IN A DEVELOPING COUNTRY

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Presenting Author: Somchai Amornyotin

Background and aims: Gastrointestinal endoscopy (GIE) procedures in geriatric patients are rising and play an important role for diagnosis and management of various gastrointestinal diseases. The use of deep sedation in these patients has been established as a safe and effective technique in Western countries. It is uncertain if the situation holds true among Asians. This study aimed to evaluate the outcome of propofol-based deep sedation (PBDS) for ERCP and EUS procedures in geriatric patients (≥ 65 years old) and to compare the clinical efficacy of PBDS between the very old patients (>80 years old) and those younger (≤ 80 years old) for this procedure in a tertiary-care teaching hospital in Thailand. Methods: We undertook a retrospective review of the anesthesia or sedation service records of patients who underwent GIE procedures. All procedures were performed by senior endoscopists and fellows in GI endoscopy. All sedations were administered by anesthetic personnel in the endoscopy room. Results: Sedation was provided for 1,779 patients in 2,061 GIE procedures. Of these, 252 patients (mean age, 45.1 (11.1) years, range 17-65 years) were in the younger than 65 years old group, 209 patients (mean age, 71.7 (4.3) years, range 65-80 years) were in the age 65-85 years old group, and 30 patients (mean age, 84.6 (4.2) years, range 81-97 years) were in 81 years of age and older group. Common indications for the procedures were cholelithiasis (30.0%) in the very elderly and pancreatic tumor (33.7%, 20.1%) in the younger, respectively. The majority of pre-sedation problems were hypertension, hematologic diseases and diabetes mellitus. Fentanyl, propofol and midazolam were the most common intravenous sedative drugs used in all three groups. Mean dose of propofol and midazolam in the very old patients was statistically significantly lower than the other young groups. The combination of propofol, midazolam and fentanyl as well as propofol and fentanyl were frequently be



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COMPLICATION RATE DURING PROPOFOL-BASED DEEP SEDATION FOR COLONOSCOPIC PROCEDURE: A COMPARISON BETWEEN OXYGEN SUPPLEMENTATION WITH NASAL CANNULA AND FACE MASK

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Introduction: This study is to evaluate and compare the complication rate during propofol-based deep sedation (PBDS) for colonoscopic procedure in patients with oxygen supplementation with nasal cannula and face mask in a hospital in Thailand. **Methods:** A total of 2,052 patients underwent colonoscopic procedures by using PBDS in Siriraj Hospital from September 2008 to August 2009. The primary outcome variable of the study was the serious complication rate during and immediately after procedure. The secondary outcome variables were minor complications during and immediately after procedure, and mortality rate. **Results:** After matching age, weight, body mass index, ASA physical status and the indications of procedure, there were 98 colonoscopic procedures in nasal cannula group and 104 procedures in face mask group. All sedation was given by residents or anesthetic nurses directly supervised by staff anesthesiologist in the endoscopy room. There were no significant differences in patients' characteristics, sedation time, indication, serious and minor complications, anesthetic personnel and mortality rate between the two groups. **Conclusion:** The complication rate during oxygen supplementation with nasal cannula and face mask for PBDS for colonoscopic procedure was comparable. Although, the complication rate in both groups was relatively high, all complications were easily treated, with no adverse sequelae.



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ANTIPHOSPHOLIPID ANTIBODIES IN HCV RELATED CHRONIC LIVER DISEASE PATIENTS AND THEIR CORRELATION WITH THE DISEASE SEVERITY

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Abstract: Chronic infection with hepatitis C virus (HCV) may be associated with a wide spectrum of immunological abnormalities. HCV tends to induce nonspecific autoimmune reactions, as demonstrated by the high prevalence of various autoantibodies, including antiphospholipid antibodies (aPL). The aim of this pilot study is to investigate the presence of antiphospholipid antibodies in HCV related chronic liver disease patients and their relationship with the disease severity. **Patients and Methods:** this study was performed on 40 subjects divided into two groups: Group (I): 30 patients with chronic HCV infection having variable severity forms of the disease up to cirrhosis and Group (II): 10 healthy persons. Both groups were subjected to clinicolaboratory investigations, Abdominal ultrasonography, Serum level of anti-cardiolipin antibody IgG & IgM, anti-phospholipid antibodies IgG & IgM, lupus anticoagulant, ANA antinuclear antibody, anti-DNA, HIV antibody, HbsAg, HbcAb IgG and IgM . **Results:** The results showed that 10 patients (33.3%) of the HCV positive patients (Group I) were ACL IgG positive, in comparison to 0 subjects of the control group (0%), 14 patients (46.7%) of the HCV positive patients were ACL IgM positive , in comparison to 0 subjects of the control group (0%), 5 patients (16.7%) of the HCV positive patients were APL IgG positive, in comparison to 0 patients of the control group(0%), 5 patients (16.7%) of the HCV positive patients were APL IgM positive, in comparison to 0 patients of the control group(0%). All the patients of the HCV positive Group were negative for lupus anticoagulant (0%) similar to the control group which was also negative for lupus anticoagulant in all the subjects's samples. As regards Child classification, only ACL IgG showed a highly significant statistical difference between Child A and Child B & C together being higher in the latter classes (B&C). None of the antibodies showed any significant correlation with liver enzymes or platelet



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ALEXANDRIA GASTRO CLUB



PORTO MARINA HOTEL

May 12-14, 2011

PORTAL HYPERTENSIVE COLOPATHY IN PATIENTS WITH LIVER CIRRHOSIS USING HISTOMORPHOMETRIC STUDY FOR COLONIC MUCOSA BEFORE AND AFTER OBLITERATION OF OESOPHAGEAL

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Abstract: Recently, colorectal mucosal lesions in patients with liver cirrhosis were reported as portal hypertensive colopathy. The histomorphometric study is a part of the histopathological examination of the colonic mucosa by which we can estimate and measure the changes in the microvasculature. The aim of this study is to detect the colonoscopic findings and histomorphometric changes in the colonic mucosa in patients with liver cirrhosis before and after obliteration of esophageal and fundal varices. **PATIENTS AND METHODS:** Sixty patients with liver cirrhosis were included in this study and divided into 2 groups (Group 1): 40 patients with liver cirrhosis with different grades of Child classification and (Group 2): 20 patients with non variceal liver cirrhosis of child A grade . Both groups were subjected to clinico-laboratory investigations ,abdominal ultrasound, upper & lower gastrointestinal endoscopy with histopathological examination of colonic biopsies by histomorphometric study before & after obliteration of varices. **Results:** The colonic mucosal vascular alterations showed significant statistical prevalence among portal hypertensive patients after obliteration of esophageal and fundal varices with (90%) of patients are found to have mucosal vascular alteration,(80%) of which have the manifestations on the left side of the colon. This study revealed a highly significant prevalence of dilated mean capillary diameter and capillary wall thickness in patients with portal hypertensive colopathy (PHC) than in control subjects (P



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THE EFFECT OF OBESITY ON THE IMMUNE RESPONSE OF HEPATITIS B VIRUS VACCINATION

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Abstract: Primary prevention with hepatitis B virus (HBV) vaccination is the only strategy likely to reduce the morbidity caused by HBV infection. There may be an association between obesity and poor antibody response to hepatitis B vaccine. Aim of this pilot study is to study the effect of obesity on the immune response of hepatitis B vaccine. Patients and methods: One hundred persons were included in this study, who were vaccinated with hepatitis B vaccine. They were divided into two groups: Group (A): fifty non obese persons (BMI



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DETECTION OF HELICOBACTER PYLORI USING SALIVARY PCR IN DYSPEPSIA PATIENTS: A PILOT STUDY IN EGYPTIAN PATIENTS

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Abstract: Background: Helicobacter pylori is related to gastritis, peptic ulcer diseases, gastric adenocarcinoma and mucosa associated lymphoid tissue lymphoma (MALToma). Several methods are available for detecting H. pylori infection: 1) invasive methods based on gastric biopsies 2) non invasive methods like Urea Breath Test (UBT), serology and stool antigen tests. There is little doubt that H.pylori can be detected in the oral cavity by PCR but its importance is questionable. Aim of the work: to evaluate salivary PCR technique in detecting h pylori gastric affection in different dyspepsia cases and in differentiating between functional dyspepsia and acid-ulcer syndrome. Patients and methods: the study included 30 patients with dyspepsia classified into 3 equal groups: (group 1) patients with h pylori and ulcer or erosions (n=10), (group 2) patients with h pylori and no ulcers or erosions (n=10), (group 3) patients without h pylori and had functional dyspepsia. All of them underwent upper gastrointestinal endoscopy with four quadrant biopsies for histopathological examination and rapid urease test and classified accordingly, salivary samples for h pylori PCR collected prior to endoscopy. Results: This study included 16 male (53%) and 14 female (47%) presented with dyspepsia with their mean age 35.63 ± 14.23 years. There is significant difference between the three groups ($p=0.004$) with group 2 patients have the highest values. there is no significant difference between group 1 and group 2 but both had higher PCR values and significant difference with group 3. there is significant difference ($p=0.0017$) between H. pylori positive patients (n=20) and H. pylori negative (n=10) with h pylori positive patients having higher salivary PCR mean value. Salivary PCR test had sensitivity of 85%, specificity of 70%, Positive predictive value of 85% and negative predictive value of 70% in diagnosing h pylori affection. PCR value of 534000 had best sensitivity (75%) and specificity



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THE ROLE OF HYPERBARIC OXYGEN THERAPY IN TREATMENT OF GASTROINTESTINAL RADIATION INJURY

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Gastrointestinal Radiation Injury is an insidious, progressive disease of increasing frequency. It is usually iatrogenic and unavoidable and frequently develops 6 months to 5 years after regional radiotherapy for malignancy[1]. While 95% percent of Gastrointestinal Radiation Injury is temporary and self-limiting, up to 5% of patients experience injuries that are refractory to conservative management. There are two forms of Gastrointestinal Radiation Injury. • Epithelial damage occurs during or soon after the course of treatment and heals quickly. • Delayed-onset Gastrointestinal Radiation Injury , or chronic radiation injury, results from endothelial damage, appears months to years after radiation therapy is complete, and is often difficult to treat. Symptoms include rectal bleeding, diarrhea, tenesmus, and abdominal pain [2]. Hyperbaric oxygen application appears to be a very effective means of treatment of chronic radiation Gastrointestinal Radiation Injury especially in the anorectal region[3]. Hyperbaric oxygen therapy can be considered as a treatment option after failure of standard treatments in patients with severe radiation enteropathy[4]. The rationale for hyperbaric oxygen is the creation of an oxygen gradient in hypoxic tissue that stimulates neoangiogenesis which improves the blood supply and reduces the ischemia and necrosis responsible for severe complications[3]. We will revise here the rational., guidelines ,application, and a case report of radiation proctitis treated successfully with adjuvant hyperbaric oxygen therapy REFERENCES 1- Nielsen OH, Vainer B, Rask-Madsen J. Non-IBD and noninfectious colitis. Nat Clin Pract Gastroenterol Hepatol 2008; 5: 28-39 2 -Berthrong M, Fajardo LF. Radiation injury in surgical pathology. Part II. Alimentary tract. Am J Surg Pathol 1981 5: 153-178 3- Bem J, Bem S, Singh A. Use of hyperbaric oxygen chamber in the management of radiation-related complications of the anorectal region: report of two



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LAPAROSCOPIC TREATMENT OF HYDATID CYST OF THE LIVER: A DAUAL INSTITUTIONAL EXPERIENCE

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Objective: The aim of this study was to evaluate the safety and efficacy of laparoscopic ally treated hydatid cysts of the liver in two institutional experience. **METHODS:** from 2004 to 2008, 28 patients underwent laparoscopic treatment of the hydatid cysts of the liver in National Liver Institute, Menophyia University and Theodore bilharz research Institute. All patients had chest X-ray, abdominal ultrasound, CT abdomen, chest, brain and hydatid serology. The different stages of procedure were the same as in open surgery, puncture, Aspiration, injection of scoilocidal agent, re-aspiration, removal the proligerous membrane and deroofting, or pericystectomy. **RESULTS:** The patient's age range (7- 66 years). The number of the cysts ranged from (1 to 8) hydatid cysts with diameter range from (40 mm to190 mm). 2 patients had associated splenic cysts and one patient had associated lung hydatid cyst. Conversion to open in one case (3.5%) the case was associated with splenic cyst (splenectomy was done). No mortality. Morbidity in one case in the form of biliary leak treated by ERCP and stent. The mean operative time 65 minutes. Follow up was carried out from 6 to 38 months (mean 14 months). There was no relapse of the disease. **CONCLUSION:** Laparoscopy considered as a safe and excellent approach for the treatment of hydatid cysts of the liver. **KEY WORDS:** Hydatid cyst- laparoscopic resection laparoscopic Hydatid deroofting.



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DISINFECTION EFFICACY OF SODIUM DICHLOROISOCYANURATE (NaDCC) AGAINST PATHOGENIC FOOD-BORNE INTESTINAL PROTOZOA.

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The present study was conducted to investigate the efficacy of sodium dichloroisocyanurate (NaDCC) on the infective stages of common food-borne protozoan parasites; *Entamoeba histolytica*, *Giardia lamblia*, *Cryptosporidium*, *Cyclospora* and *Microsporidia*; beside its effect on raw green vegetables and fruits. Parasites, isolated from stool of patients with diarrhea or dysentery, were exposed to NaDCC solution (1g/l) for one and two hours. Disinfection effect of NaDCC was assessed by in-vitro viability trypan blue dye test and infectivity bioassay in laboratory animals as indicated by stool and intestinal parasitic counts. Vegetables and fruits were dipped in NaDCC solution for corresponding periods. Results revealed statistically significant reductions in viability and infectivity indicating susceptibility of all examined parasites to the chosen concentration of NaDCC after two hours. Relative variations in susceptibility were revealed after one hour exposure to NaDCC; *E. histolytica* and *G. lamblia* were most susceptible followed by *Microsporidia* then *Cryptosporidium* and *Cyclospora*. NaDCC did not affect the consistency, color, taste or flavor of raw green vegetables and fruits. The proved efficacy of NaDCC - in cheap, safe and convenient dry tablet form- makes it a promising tool in decontaminating raw vegetables and fruits from food-borne protozoan parasites at household and restaurant levels as well as in catering and fresh produce industry. It is also recommended for disinfection of food preparation surfaces and equipment.



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