

COMMON BILE DUCT CLEARANCE OF STONES BY OPEN SURGERY, LAPAROSCOPIC SURGERY, AND ENDOSCOPIC APPROACHES (COMPARATIVE STUDY)

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In this study, 250 cases of choledocholithiasis were included from general surgery department, Sohag university hospital and managed randomly by conventional surgery, endoscopic approaches, and laparoscopic techniques.

Ages of our patients were ranged from 20-60 years (mean 40 years), with slight female predominance (female to male = 1.6: 1), most of them presented with calcular obstructive jaundice (54.3%), however other presentations are also encountered as colic, cholangitis, or accidental discovery in 14.3, 10, 21.5% respectively.

Group I (Surgery) includes 100 patients (40%) were treated by open choledocholithotomy and T tube insertion, the operative time was 90 (60-180) min. with success rate of the attempted procedures reaching 100%, and CBD clearance of stones was achieved in 93% of cases (7 cases of missed stones), hospital stay was 8 (5-12) days, with no mortality and morbidity rate reaches 15% in the form of wound infection, bile leak, and missed stone. The patient can return to work after 2 weeks (12-20 days).

Group II (Endoscopy) include 100 cases (40%) treated by endoscopic sphincterotomy and basket extraction in 45%, balloon in 25%, combined maneuver in 15%, mechanical lithotripsy in 13%, and failure of the technique in two cases (2%), the procedure time was about 30 (20-45) min. with success rate of attempted procedure 98% and CBD clearance of stones was achieved by 100%, with no mortality, and morbidity rate of 9% in the form of cholangitis (3%) and mild pancreatitis with hyperamylasemia (6%), the period of hospital stay was 1 (1-2) days, and patient return to work after 3 (2-5)days.

Group III (Laparoscopy) include 50 cases (20%) treated by laparoscopic approaches either by trans-cystic approaches in 5 cases, or trans-choledochotomy approaches in 45 cases. Choledochoscopic exploration was done in almost all cases (45 cases) to extract the stones and test CBD clearance, and conversion to open techniques in 1 case. The time needed for this procedure was 123 (70-292) min. with CBD clearance of stones in 96% (2 case of missed stone), with no mortality, and morbidity rate about 10% in the form of mild hyperamylasemia, fever, and missed stone. The period of hospital stay was 3.2 (2-4) days with return to the work after 7 (5-10) days.

**DONOR POSTOPERATIVE BILIARY COPLICATIONS AFTER LIVING-DONOR LIVER TRANSPLANT.
A SIGNIFICANT SURGICAL PROBLEM**

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Background: Biliary leakage, bilomas, and biliary strictures after donor hepatectomy may constitute the majority of the clinically significant donor complications.

Aim: we present our experience on 240 consecutive living-donor hepatectomies on two different periods in terms of biliary complications based on type of closure bile duct stump and management of this complication.

Materials and Methods Data was reviewed from a prospectively maintained database, of all donors who underwent hepatectomy from April 2003 and October 2015 at National Liver Institute Hospital, Menoufiya University, between. Biliary complications were compared for first period experience, n = 140, bile duct stump was closed using continuous sutures or closed using interrupted sutures, with the 2nd period experience, n= 100, close of bile duct stump using a newly designed technique in the form of closure of the duct stump by interrupted 0/6 prolene and reinforcing by the application of a surgical metallic clip (small or medium sized) just below the suture line. Before closure, intraoperative cholangiogram was repeated to see the anatomy of the remaining biliary tree and if there is any leak.

Results: The overall mean age of donors was 27.5 ± 6.5 years with a range of 18-45 years. There were significant differences between the two periods regarding the operative time, length of ICU stay and length of hospital stay. Biliary complications occurred in 34 (14.2%) donors, biliary leak in 32 donors (13.4%), and biliary stricture in 2 donors (0.8%). There were significant differences between the two periods in the Biliary complication (1st period, the biliary complication rate was 20%, which was much higher than the 6% in the second period), age < 30 years, Male donors, BMI < 25, Left lobe or left lateral graft, and one duct (P < 0.05).

In conclusion: A 0% biliary leakage is the goal of all hepatobiliary surgeons. We believe our new technique in closure of bile duct stump is safe, simple, and reproducible. Routine intaoperative cholangiogram should be performed before transection and after stump closure, as it provides proper visualization of anatomy and control any bile leak.

EVALUATION OF OPEN SURGICAL RESECTION VERSUS PERCUTANEOUS RADIOFREQUENCY ABLATION FOR SINGLE MALIGNANT HEPATIC FOCAL LESION

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Purpose: This study evaluates the treatment outcome of open hepatic resection versus percutaneous Radiofrequency Ablation regarding their feasibility, radicality and Morbidity and local tumor recurrence.

Methods: A prospective study of 30 patients their ages ranged from 40 to 70 years with single malignant hepatic focal lesion, hepatocellular carcinoma (HCC) admitted to hepatobiliary unit in Minia university hospital, were enrolled in this prospective randomized double blind study, 16 patients were subjected to percutaneous Radiofrequency ablation (group A) and 14 patients were subjected to open surgical resection (group B)

Results: Regarding to early recurrence two patients (12.5%) in Radiofrequency (RF) group after one year of follow up by Triphasic CT scan, one patients developed recurrence at same site and another patient developed recurrence at distant liver site .no recurrence detected in resection group.

Conclusion: Surgical resection remains the better choice of treatment for HCC as it is considered a potentially curative modality, whereas RFA should be considered as an effective alternative treat-ment when surgery is not feasible.

Keywords: Radiofrequency Ablation- Hepatic resection - Hepatic Focal Lesion

EMERGENCY PYLORIC PRESERVING PANCREATICODUODENECTOMY FOR ISOLATED 5TH DEGREE BLUNT DUODENAL TRAUMA WITH NEW DOUBLE LOOP (ROUX EN Y) TECHNIQUE

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Pancreaticoduodenal injuries are often associated with complicated treatment strategies. Severe pancreaticoduodenal injuries involve a significant mortality rate ranging from 10 to 36%. In massive injury of proximal duodenum and or head of pancreas with destruction of the ampulla and proximal pancreatic duct, distal common bile duct may preclude reconstruction, in addition, because of duodenum and head of pancreas have the same blood supply it is impossible to make resection of one without ischemia of the other, in this situation pancreaticoduodenectomy is required. We present a case of male patient 35 years old presented to our ER by MVA, the patient received ATLS and was haemodynamically stable, abdominal examination revealed tenderness all over the abdomen, abdominal US was done and revealed mild free abdominal collection, plain X-ray image revealed free air under diaphragm, other emergency investigations were normal, The decision was abdominal exploration after preparation of matched blood and revealed degloved 2nd part of the duodenum with no other organ injury. The decision was pancreaticoduodenectomy and to decrease the blood loss and operative time we did PPPD but with new technique which is Roux en Y double jejunal loop to completely divert the biliopancreatic limb from food limb. The case passed with very good postoperative outcome only the patient developed incisional hernia. Abbreviations: MVA (motor vehicle accident), ER (emergency room), ATLS (acute trauma life support), US (ultrasonography), PPPD (pyloric preserving pancreaticoduodenectomy).

ENDOSCOPIC PAPILLARY LARGE BALLOON DILATION VERSUS ENDOSCOPIC SPHINCTEROTOMY FOR REMOVAL OF LARGE COMMON BILE DUCT STONES

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Background: Endoscopic sphincterotomy (ES) is the most frequently used technique for removal of stones from the common bile duct (CBD). In recent years, endoscopic papillary large balloon dilation (EPLBD) has been shown to be a safe and effective technique for the removal of large or difficult common bile duct stones.

Aim of the work The aim of this study was to determine the therapeutic outcomes and safety of endoscopic papillary balloon dilation compared with endoscopic sphincterotomy for removal of large common bile duct stones

Patients and methods: 124 patients with bile duct stones > 1 cm in diameter were randomized into two groups, the first group included 61 patients who subjected to EPLBD and the second group included 63 patients underwent ES for removal of large common bile duct stones >1 cm. We compared the success rate of stone removal, frequency of mechanical lithotripsy use, procedure-related complications, and recurrent stones.

Results: Baseline characteristics were not significantly different. The overall complete stone clearance was ultimately similar between the EPLBD group (95.1%, 58/61) and the ES group (92.1%, 58/63) (P=0.63). Requirement of mechanical lithotripsy was significantly different between the EPLBD and ES group (9.8% vs. 17.5%, p = 0.04). Complete ductal clearance in one session was achieved in 86.9% and 71.4% of cases in each group, respectively (p = 0.04). There were no differences in complication rates between the EPLBD and ES group; pancreatitis, 4.9% vs. 6.3%; hemorrhage, 1.6% vs. 6.3%; acute cholangitis, 4.9% vs. 1.9%.

Conclusions

The therapeutic outcomes and complications of (EPLBD) for removal of large bile duct stones are comparable to those of (ES).

HCC FROM DIAGNOSIS TO TREATMENT; 15 YEARS OF CHALLENGES AND MODIFICATION OF RESECTION STRATEGIES

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Background: Hepatocellular carcinoma (HCC) is a dismal tumor with a high incidence, prevalence and poor prognosis and survival. Management of HCC necessitates multidisciplinary clinics due to the wide heterogeneity in its presentation, different therapeutic options, variable biologic behavior especially with background of chronic liver disease.

Materials and Methods: This study is performed in a specialized clinic for HPB in Assuit university Hospital, Assuit University, and Sohag University hospital, Sohag University, Egypt. We studied different types of patient and tumor characteristics with evaluation of the surgical management applied to them. Further analysis was performed using univariate and multivariate statistics.

Results: During the period January 2000 till January 2015, 220 patients with HCC presented to our clinic. They were predominantly males and the mean age was 56.5 ± 7.7 years. All cases developed HCC on top of cirrhosis that was mainly due to HCV (71%). Most of our patients were Child-Pugh A (50%) or B (36.9%) and commonly presented with small single lesions. Trans arterial chemoembolization was the most common line of treatment used (32.4%), followed by local ablation therapy (27%). A major section of cases was palliatively treated due to delayed discovery and advanced stage of disease (63%), in the other hand, surgical resection was the gold standard in operable cases (25%). Non-anatomic open resection was the commonest procedure used in 58%, however other techniques were used as anatomic resection (27%), and laparoscopic non anatomic resection (15%), unfortunately, transplantation program does not started yet to be added in treatment. The overall survival was 80% at 6 months, 55% at 1 year and 20% at 2 years. Serum bilirubin, site of the tumor and type of treatment were the significant independent prognostic factors for survival.

Conclusions: early discovery by surveillance protocols is very essential for better outcome of such cases, early interference whether by surgery or local ablation is a good substitute in absence of transplantation programs. Our main prognostic variables are the bilirubin level, the bilobar hepatic affection and the application of specific treatment (either curative or palliative). Multidisciplinary clinics enhance better HCC management.

LAPAROSCOPIC SUBTOTAL CHOLECYSTECTOMY FOR DIFFICULT CHOLECYSTECTOMY

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Background: Laparoscopic cholecystectomy (LC) becomes the standard surgical procedure for treating gallstones. The standard safe cholecystectomy requires proper dissection of Calot's triangle with its structures which known as critical view of safety. This may be difficult in the presence of acute or long standing chronic inflammation, dense adhesions and gangrene or perforation of the gallbladder, resulting in higher incidence of bile duct injury and conversion to open.

Aim of the study: To evaluate safety and efficacy of laparoscopic subtotal cholecystectomy (LSC) for difficult cholecystectomy and its impact in complications rate and conversion to open surgery
Patients and methods: Among 650 patients admitted for LC during the past 2 years at Minia university hospital and Minia insurance hospital, 68 were difficult cases. 37 patients operated by standard LC and 31 by LSC. All cases done by experienced surgeons.

Result: From the total 68 case, 53 (78%) patients were male and 15(22%) were female. Median age was 61 (range 42-70), acute cholecystitis found in 22 patient(32.4%) , perforation in 2 cases (2.9%), gangrene in 2 cases(2.9%), large stone impacted in Hartman pouch (Mirizzi Syndrome) in 2 (2.9%) cases , fibrotic contracted gallbladder in 17 cases (25%) and 23 cases were post-ERCP(33.8%). The average operative time was 127 min (range 69 – 185 min) and the average postoperative hospital stay was 3 days (range 2– 16 days). In LC group 3 cases developed biliary leak (8.1%) and 6 cases (16.2%) converted to open while in LSC no cases (0%) developed biliary leaks and no cases converted (0%) to open.

Conclusion: Laparoscopic subtotal cholecystectomy safe and feasible alternative to conversion to open

LARGE BENIGN HEPATOCELLULAR TUMORS IN CHILDREN. REPORT OF A RARE CASE.

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PURPOSE: Benign liver tumors are very rare in children. Most focal nodular hyperplasia (FNH) remain sporadic, but predisposing factors exist, as follows: long-term cancer survivor (with an increasing incidence) Case; 4 years old boy presented with abdominal enlargement especially on the right hypochondrium. CT abdomen revealed large left hepatic focal lesion with fine septations 9.5x7.5 cm. CT guided biopsy FNH . Decision was abdominal exploration and left hepatectomy.

On operation ;there was large lt,hepatic vascular tumor 10x 8 cm and resection of the mass with good safty margin after vascular control with pringle maneuver.

The patient had smooth postoperative course.

CONCLUSION: Benign liver tumors are very rare in children .Surgery is usually performed on large hepatic lesions.

MALIGNANT OBSTRUCTIVE JAUNDICE IN THE NCI CAIRO UNIVERSITY REVIEW OF 232 PATIENTS

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Background: Obstructive jaundice is a common problem in the medical and surgical gastroenterological practice. Malignant obstructive jaundice can be caused by cancer head of pancreas, periampullary carcinoma, carcinoma of the gall bladder and cholangiocarcinomas. **Objective:** to review the etiological spectrum of malignant obstructive jaundice in NCI Cairo university during a period of 3 years (2008 till 2010).

Patients and methods: retrospective study including 232 patients who presented with malignant obstructive jaundice between (2008 to 2010).Data were collected from the biostatistics and cancer epidemiology department.

Results: out of 232 patients; 156 (67.2%) were male and 76 (32.8%) were female; the median age of the study population was 49 years (range 19_80years).

The commonest cause of malignant obstructive jaundice was pancreatic head cancer, 72% (167/232), followed by the ampullary carcinoma 15% (36/232).The last cause was cholangiocarcinoma 12.5% (29/233).Regarding the commonest symptom; clay colored stools (98.7%) was more frequent in patients with malignant disease whereas abdominal pain (97.7%) was 2nd common symptom.

Conclusion: Obstructive jaundice is more common among males and cancer head of pancreas is the commonest malignancy. US, ERCP and CT-Scan are important diagnostic modalities for evaluation of patient with obstructive jaundice with ERCP having the additional advantage of being therapeutic as well.

Keywords: Obstructive jaundice, ERCP, Ca Head of pancreas.

MICRO RNA 17 HOST GENE PROTEIN IN HEPATITIS C VIRUS-RELATED HEPATOCELLULAR CARCINOMA: RELATION TO TUMOR C-MYC AND PTEN EXPRESSION.

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Background/Aim: The polycistronic microRNA (miR)-17~92 cluster is the first miR cluster shown to play a role in tumorigenesis and referred to as "OncomiR-1". It is transactivated by c-Myc oncogene and negatively regulates phosphatase and tensin homolog (PTEN) expression directly and nuclear factor-kappa B (NF-κB) activation indirectly. The present work was designed to study the plasma levels of miR-17 host gene (MIR17HG) protein, encoded by miR-17~92 cluster host gene, in patients with hepatitis C virus (HCV)-related hepatocellular carcinoma (HCC) in relation to tumor c-Myc, PTEN and NF-κB expression.

Methods: Thirty three patients with treatment-naïve HCV-related cirrhosis (18 patients with surgically-resected HCC and 15 patients without HCC) were enrolled in the study. Quantitative measurement of plasma levels of MIR17HG protein was performed using an in vitro human MIR17HG protein using enzyme-linked immunosorbant assay kit. The staging of HCC was determined according to the Barcelona Clinic Liver Cancer (BCLC) staging system and the Cancer of the Liver Italian Program (CLIP). Liver specimens were obtained from HCCs, cirrhotic patients without HCC and the surrounding non-neoplastic liver tissues. The HCC histologic grade was assessed according to Edmonson and Steiner scoring system. Immunohistochemical staining of liver tissues was done using antihuman antibodies against c-Myc, PTEN and NF-κB and was scored semi-quantitatively.

Results: Plasma MIR17HG protein levels showed significant increases in cirrhotic patients with and without HCC compared with healthy subjects and in patients with HCC compared with those without HCC ($P < 0.001$). The HCC tissues showed a significant increase in c-Myc, and NF-κB and a significant decrease in PTEN expression compared with cirrhotic tissues and the surrounding non-neoplastic liver tissues ($P < 0.001$). The plasma MIR17HG protein levels showed positive correlations with serum alpha fetoprotein ($P = 0.001$), HCC maximum diameter ($P = 0.001$), CLIP stage ($P = 0.001$), HCC histological grade ($P = 0.002$) and intratumoral c-Myc ($P = 0.001$), and NF-κB expression ($P = 0.015$) and were inversely correlated with intratumoral PTEN expression ($P = 0.001$) in cirrhotic patients with HCC.

Conclusion: Activation of the miR-17~92 cluster plays an important role in the development and progression of HCV-related HCC and could provide a potential therapeutic target for HCC therapy. Measurement of plasma MIR17HG protein may be a useful non-invasive biomarker for the detection of HCC in chronic HCV infection.

NEEDLE-KNIFE PRECUT SPHINCTEROTOMY, REPEATED CANNULATION AND POST-ERCP PANCREATITIS IN PATIENTS WITH BILE DUCT STONE DISEASE

Authors: Mohammed Ahmed Omar

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Background: Repeated attempts at cannulating the papilla of Vater and “needle-knief” precut sphincterotomy are independent risk factors for post-ERCP pancreatitis (PEP). Whether precut alone or repeated attempts at cannulation are the culprit factor in the development of post-ERCP pancreatitis remains controversial.

Aim: to assess the role of precutting and multiple cannulations in the occurrence of PEP in patients with bile duct stone disease.

Patients and methods: This prospective randomized study was performed between June 2012 and June 2014. It included 515 patients with bile duct stone disease who subjected to ERCP.

Results: Pancreatitis occurred in 9.21% of patients who had undergone biliary cannulation without precutting and in 18.75% of patients who had undergone biliary cannulation with precutting ($p=0.006$). It was lower with < 0.0001 , either without ($p < 0.0001$) or with precutting ($p < 0.01$). Pancreatitis rate did not differ without and with precutting when

Conclusions: In experienced hands precut biliary sphincterotomy does not seem to be an independent risk factor for post-ERCP pancreatitis in patients undergoing ERCP for bile duct stones.

PANCREATIC HEAD MASS IN A CHILD. REPORT OF A RARE CASE

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Pancreatic tumors in children are exceedingly rare and as a result constitute a diagnostic and therapeutic challenge to pediatric surgeons.

We reviewed a one rare case of them.

Case; 14 years old girl presented to us with epigastric pain 1 month ago and obstructive jaundice and the mother sought medical advice. CT abdomen was done revealed well defined pancreatic head hypodense mass. ERCP was done and revealed distal CBD stricture and stent was inserted with good biliary drainage. CT guided biopsy revealed solid pseudopapillary tumor of the pancreas. Decision was abdominal exploration.

On exploration: there was retropancreatic head mass invading the 2nd part of duodenum the retropancreatic head multiple peripancreatic and porta hepatis lymphadenopathy. Operation; Whipple was done (pancreaticoduodenectomy) and reconstruction in the form of gastrojejunostomy, choledocojejunostomy and pancreaticojejunostomy) and reux en Y anastomosis.

The final histopathology was pseudopapillary tumor of the pancreas with negative margin.

Conclusion: Pediatric pancreatic tumors are rare entities. Clinical symptoms are often non-specific and presentation may be late. For most tumors, surgical resection is the optimal.

PANCREATIC PSEUDOCYSTS DILEMMA; CUMULATIVE MULTICENTER EXPERIENCE IN MANAGEMENT USING ENDOSCOPY, LAPAROSCOPY, AND OPEN SURGERY

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Introduction and aim of the work: Pancreatic pseudocyst is the commonest cystic lesion of the pancreas. When interference is indicated, open surgical therapy is the standard therapy with which other therapeutic modalities should be compared. Recently, endoscopic and laparoscopic approaches were reported for management of these cases. We aimed at exploring the minimally invasive techniques in treatment of pancreatic pseudocysts, namely endoscopic and laparoscopic, and comparing them to the open surgical therapy.

Patients and methods: Fifty nine patients with pancreatic pseudocysts, for which interference was indicated, were included in this study. Thirty five patients were treated endoscopically, one laparoscopically and twenty two by open surgery. The endoscopic techniques used were cystogastrostomy in twenty cases and cystoduodenostomy in two. In the laparoscopic case, we performed loop-sutured cystojejunostomy. The open surgical techniques were cystogastrostomy in fifteen patients and cystojejunostomy in seven.

Results: The endoscopic therapy had the shortest procedure time (30 min) in comparison to 110 and 105 min for the laparoscopic and open surgical groups respectively. No mortality was reported in any of the groups. Postoperative complications represent 14%, 40% for the endoscopic and the open surgical groups respectively. The laparoscopic case had no complications. The hospital stay was shorter for both endoscopic and laparoscopic cases than open surgical cases.

Conclusion: Because of the limited number of cases, definitive comparative results cannot be concluded. However, it can be stated that minimally invasive therapeutic techniques, whether endoscopic or laparoscopic, for pancreatic pseudocyst could be considered valuable, competitive and promising alternatives for open surgery. Large scale comparative studies are highly recommended in the future.

PATTERNS OF LIVER CELLS MICROSCOPIC CHANGES DURING LIVER ISCHEMIA AND ISCHEMIA REPERFUSION INJURY IN ANIMAL MODEL

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Patterns of liver cells microscopic changes during liver ischemia and ischemia reperfusion injury in animal model
Methods: Adult male Wistar Albino rats weighing 350-400g were used in the experimental studies. The rats were anaesthetized with Ketamin 0.7 ml per 100g body weight injected intramuscularly. Laparotomy was carried out, in supine position, via a midline ventral abdominal incision.

Inducing 70% liver ischemia by microvascular clamp for 30, 60 and 90 minutes. In-situ warm ischemia was followed by subsequent reperfusion. Reperfusion was obtained by releasing the clamp. We allow the reperfusion for 60 min. Portal blood samples and wedge liver biopsies were taken during the different experimental procedures.

Results: There was no significant difference between (ALT, AST and GGT) levels at the beginning and at the end of ischemia up to 30 min of warm ischemia. However, when warm ischemia exceeds 30 min (60 - 90 min) there is a significant increase of their levels. Up to 90 minutes of warm ischemia, there was no significant effect on bilirubin serum level. There was no significant difference between Prothrombin concentration at the beginning and at the end of ischemia up to 90 minutes of warm ischemia.

There was significant difference between (ALT, AST, GGT bilirubin and INR) levels at the beginning and after 30 minutes of warm ischemia followed by 60 minutes of reperfusion. Also, there was significant difference between ALT levels at the beginning and after 60 minutes of warm ischemia followed by 60 minutes reperfusion.

Mild liver histological changes were found in 100% of rats after 30 minutes of in-situ warm ischemia.

Mild liver histological changes were found in 16.7% of rats and moderate tissue changes was found in 66.7% of rats while sever tissue changes was found in 16.7% of rats after 60 minutes of in-situ warm ischemia.

Moderate liver histological changes were found in 66.7% of rats while sever tissue changes was found in 33.3% of rats after 90 minutes of in-situ warm ischemia.

Moderate liver histological changes were found in 33.3% of rats while sever tissue changes was found in 66.7% of rats after 30 minutes of in-situ warm ischemia followed 60 minutes reperfusion.

Moderate liver histological changes were found in 16.7% of rats while sever tissue changes was found in 83.3% of rats after 60 minutes of in-situ warm ischemia followed 60 minutes of reperfusion

Conclusion: - In conclusion, liver ischemia beyond a limited time has pathological effects on the liver which were demonstrated by both laboratory assessment of the liver function tests and microscopic examination of liver biopsy. Effect of ischemia/reperfusion injury is more significant when compared with the ischemic injury alone.

Recommendation: We recommend further studies of ischemia/reperfusion injury on variable time interval and application of different prophylactic therapy to reduce of the harmful effects of ischemia/reperfusion injury

POSTOPERATIVE THROMBOCYTOPENIA AGGRAVATES HEPATIC DYSFUNCTION AND MORTALITY AFTER LIVER RESECTION FOR HEPATOCELLULAR CARCINOMA

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Background: Blood platelets are critical for stimulation of liver regeneration through their contents of serotonin. Reduced postoperative platelet count may contribute to deterioration of the clinical outcome after liver resection for hepatocellular carcinoma (HCC).

Methods: Medical records of patients who underwent liver resection at Sohag University Hospital (February 2012 - September 2015) were analyzed. Emergency and pediatric patients were excluded. Two groups of patients who were operated for HCC versus other indications and matched for gender, age, American Society of Anesthesiologists (ASA) score and number of resected segments were identified. Incidence of reduced postoperative platelet count $< 100,000/\mu\text{L}$ versus $\geq 100,000/\mu\text{L}$, postoperative complications according to Clavien system, frequency of liver failure and mortality were compared between both groups. Statistical analysis was carried out by GraphPad Prism 6.0 software.

Results: Twenty patients were enrolled (ten patients per group). All patients in the HCC group were cirrhotics. Indications of liver resection in the non-HCC group entailed metastasis and benign liver lesions. Reduced postoperative platelet count $< 100,000/\mu\text{L}$ was encountered only in HCC patients. This group exhibited higher complication rates ($p < 0.05$), increased length of intensive care unit stay ($p < 0.05$), higher levels of bilirubin and transaminases and reduced prothrombin concentration ($p < 0.05$). Mortality occurred only in HCC patients with reduced postoperative platelet count (two patients) compared with no mortality in the non-HCC group.

Conclusion: The increased susceptibility for reduced platelet count after liver resection in HCC patients is related to preexisting cirrhosis. Concomitant reduction in postoperative platelet count and liver cirrhosis are associated with worse clinical outcome after liver resection for HCC.

RELIGIOUS CONCEPTS IN ORGAN TRANSPLANTATION

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One of the most touching human compassions is related to the transplantation of human organs from: a mother or father to a son or daughter, a brother to a sister, a friend to a friend, and stranger to a stranger.

Organ donation, both from living and deceased donor, is considered by most religions as an expression of the believer's altruism, generosity, duty, charity, co-operation as long as the following conditions are fulfilled: 1. The procedure should occur in the context of respect for the dignity of the human person.

2. Organs from deceased donors are removed only after certain death has been confirmed

3. Live organ donation should not impede the life of the donor

4. Organ donation must be given freely without reward. The donated organs are given as a gift.

5. Commercialization and/or considering organs as items for trade or exchange is prohibited. However, there are different schools of thought, between different religions and within each religion regarding the issue of transplantation of human organs. In fact, religious concern regarding organ transplantation are considered by many to be an important reason why patients decline deceased and live organ donation and/or the willingness to accept a transplant.

RESECTION VERSUS TRANSPLANTATION FOR EARLY STAGE HEPATOCELLULAR CARCINOMA

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Background: HCC is a major global health problem as it is difficult to manage due to underlying liver cirrhosis. Resection and transplantation remain the standard curative therapies for HCC.

Objectives: Assessing outcome for patients with early stage HCC treated with either resection or transplantation in relation to short and long term results, and the effect of different risk factors on those patients.

Methods: 24 early HCC patients had resection versus 77 had transplantation in the Liver unit at Queen Elizabeth Hospital, University of Birmingham NHS Trust, Birmingham, UK. 21 (87.5%) had right hepatectomy and 3 (12.5%) had left hepatectomy in the resection group. In the transplantation group 56 (72.7%) patients were within Milan criteria, 35(45.45%) patients received pre-transplant treatment.

Results: Following resection; 2 (8.3%) patients died during the first month versus 5 (6.5%) patients in the transplantation group. The recurrence free survival was 12.26 ± 9.18 months and the overall survival was 13.76 ± 9.89 months in the resection group versus 33.55 ± 0.82 months and 28.88 ± 1.47 months respectively in the transplantation group.

Conclusion: The advantages and disadvantages of both methods should be thoroughly evaluated and careful patient selection is required for each of the two methods.

ROLE OF TARGET OF RAPAMYCIN IN PROGRESSION OF CHRONIC HEPATITIS C

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Presenting Author: Sameh Lashen

Background: Deregulation of target of rapamycin (TOR) signaling is detected in viral infections and cancer. We studied the role of TOR in the progression of chronic hepatitis C infection.

Methods: 54 hepatitis C patients, [27 with CHC; 13 with cirrhosis and 14 with hepatocellular carcinoma (HCC)]; and 15 healthy subjects were included. Quantification of serum TOR was determined. Tissue samples were immune-stained using TOR antibodies and tissue expression was scored semi-quantitatively.

Results: Tissue expression and serum TOR were higher in HCC patients compared to patients without HCC; Serum levels and expression of TOR were positively correlated to inflammation, fibrosis, steatosis and tumor characteristics (α -fetoprotein, maximum diameter, tumor grade and CLIP stage) ($P < 0.05$). At a cut-off value of 2.7 ng/ml, Serum TOR could differentiate patients with and without cirrhosis (sensitivity 92.3%, specificity 74.1%, AUC = 0.835); meanwhile, at 4.55 ng/ml it could differentiate patients with and without HCC (sensitivity 92.9%, specificity 100%, AUC = 0.970).

Conclusions: Activation of TOR plays an important role in progression of HCV related liver disease and it could be a potential therapeutic target. Serum TOR represent a potential marker for development of HCV related cirrhosis and HCC and should be tested on wider scale.

PORTAL FLOW MODULATION USING A PERCUTANEOUSLY EXTRACTABLE VASCULAR RING PROTECTS THE HEPATIC PARENCHYMA AND ALLOWS EFFICIENT REGENERATION

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Methods: Resection was performed under hemodynamic monitoring in 17 large-white pigs allocated into two groups. Eight pigs had the adjustable ring (MID-AVRTM) around the portal vein for 3 days with the aim of reducing changes in hemodynamics due to hepatectomy. Analysis of hemodynamics, laboratory, and histopathological parameters were performed.

Results: Percutaneous inflation, deflation and removal of the MID-AVRTM were without complications. Two (25%) pigs in the MID-AVRTM group and 4 (45%) controls died before day-3 (p=NS). A moderate increase of portal flow rate per liver mass after resection was associated with better survival (p=0.017). The portocaval pressure gradient was lower after hepatectomy in the MID-AVRTM group (p=0.001). Postoperative serum bilirubin levels were lower in the MID-AVRTM group (p=0.007 at day-5). In the MID-AVRTM group, the Ki67 index was significantly higher at day-3 (p=0.043) and the architectural derangement was lower

Conclusion : MID-AVRTM is safe for portal hemodynamics modulation improving liver regeneration, protecting the microarchitecture and improving the bilirubin level.

SOLID PSEUDOPAPILLARY TUMOR: A RARE NEOPLASM OF THE PANCREAS. REPORT OF A RARE CASE

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Background; Solid pseudopapillary tumor is a rare primary neoplasm of the pancreas that typically affects young women. It is a relatively a benign tumor, with a favorable prognosis. **Case Report;** a 17-year-old girl with solid pseudopapillary neoplasm, who presented with vomiting for 1 month, epigastricpain. CT abdomen showed a large heterogeneousupper abdominal mass and was found in the head of pancreas measuring 9*11*11cm. CT guided biopsy revealed solid pseudopapillary tumor.

The patient underwent central pancreatectomy and implantation of the distal pancreatic stump into the stomach and closure of the proximal one with Vicryl 2/0. Post-operative histopathology revealed malignant pseudopapillary tumor. The patient was not given any adjuvant therapy. She remained asymptomatic and showed no signs of disease recurrence after 2 years follow-up.

Keywords: Pancreas; abdominal pain; pseudopapillary tumor.

THE ROLE OF LAPAROSCOPY IN DIAGNOSIS OF ASCITES OF OBSCURE ETIOLOGY

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Background: The use of diagnostic laparoscopy seems to have markedly reduced with the advent of major developments in noninvasive imaging modalities like ultrasonography, computed tomography and magnetic resonance imaging however many reports suggest imaging such as computed topography, ultrasound has a limited role for diagnosis of exudative ascites, also Few studies s have done in the last decade about the usefulness of diagnostic laparoscopy in diagnosis of ascites of unknown cause.

The aim of this study was to answer the question is there still a place for laparoscopy in diagnosis of ascites of obscure etiology?

Materials and methods: We prospectively evaluated patients seen in the Gastroenterology unit and general surgery Department of sohag University, sohag Faculty of Medicine between 2013and 2015.

Results: Between October 2013 and October 2015, 32 patients were included in our study .30(93.75%) were female and 2(6.25%) were male. Patient age between 16 years and 68 years .all the patient were referred for the surgery department due to ascites of unknowns cause .two patients had weight loss as a presenting symptom. No mortality or morbidity was registered in our study. The entire patient was discharged from in the hospital after 24 hours after they completely recovered from anesthesia and returned to their home activity. The final histopathological diagnosis after examination of ascetic fluid and biopsies that was obtained by diagnostic laparoscopy was: carcinomatosis peritonei in 24 (75%) cases , tuberculous peritonitis in 6 (18.75%) cases and cirrhosis in 2 (6.25%) cases.

Conclusion: Despite of great advance in noninvasive diagnostic modality .diagnostic laparoscopy remain a valuable treatment option for diagnosis of ascites of obscure etiology.

Key words: Diagnostic laparoscopy, gastroenterology, tuberculosis, exudative ascites, malignancy

UTILITY OF CLAVIEN GRADIENT SYSTEM IN LIVING LIVER DONOR HEPATECTOMIES

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Background: Several large centers have reported outstanding outcomes of LDLT to decrease waiting list mortality. Although the ratio of complications differ widely, Moreover, there is still no consensus on how to define and stratify complications by severity.

Aim: identify and analyze retrospectively the surgical outcome of live liver donor and describe the surgical morbidity according to the grading system of Clavien for the consistent description of surgical complications.

Materials and methods: This study retrospectively analyzed the outcomes of 204 consecutive living donor hepatectomies performed between April 2003 to October 2013 using modified Clavien system: Grade I=minor complications; Grade II=potentially life-threatening complications requiring pharmacologic treatment; Grade III=complications requiring invasive treatment; Grade IV=complications causing organ dysfunction requiring ICU management; Grade V=complications resulting in death.

Results: They were 129 males (63.2%) & 75 females (36.8%) with the donor's mean age was 27.72 ± 6.4 years with a range of 19-45 years. There were 64 donors (31.4%) who developed postoperative complications totally 74 complications. Ten donors (4.9%) had more than one complication. Twenty-nine (39.2%) donors had Clavien grade I complications, Thirty-eight donors (51.3%) had Clavien grade IIIa, five (6.7%) donors had Clavien grade IIIb complications and there was one (1.4%) had Clavien grade Iva and one (1.4%) case of mortality (Clavien grade V).

Conclusions: donor hepatectomy is a relatively safe procedure, when performed by a dedicated and well-trained team. A prompt diagnosis and meticulous intervention is considered a first priority whenever a donor complication expected. Furthermore, continuous standardized reporting and a comprehensive database to precisely define true donor morbidity.

VALUE OF LAPAROSCOPIC SURGERY IN CANCER RECTUM

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The use of laparoscopic approach in resection of colorectal cancer started in the early 1990s. Lap. Resection for colon cancer was widely advocated as most randomized trials had proven that the oncological outcome comparable to that of open colectomy could be achieved.

Rectal cancer surgery has undergone a rapid evolution in the last few decades. Adoption of (TME) reduced the local recurrence rate and improved the survival rate.

TME became the standard procedure for cancer of the middle and lower rectum while TSME is the procedure for cancer of the upper rectum Laparoscopic resection for rectal cancer is characterized by faster recovery ,reduced blood loss, shorter hospital stay and preserved genitourinary functions . There is no difference between lap. And open TME in terms of morbidity and mortality with no adverse oncologic effect

WHIPPLE OPERATION IN YOUNG PATIENT; CASE REPORT

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Background: Periampullary tumor is a rare primary neoplasm of the ampulla of vater that occurred in young people. It is a relatively a benign tumor, with a favorable prognosis. A Male patient 19-year-old presented to us with a right upper quadrant pain, mildly elevated liver function tests. However, on CT abdomen, a heterogenous mass was found in the head of pancreas. Upper GIT endoscopy revealed periampullary tumor (mass) and biopsy revealed periampullary adenocarcinoma.

The patient underwent pancreaticoduodenectomy (Whipple operation) and the reconstruction was pancreaticojujunostomy, choledocojujunostomy, jujonojujunostomy, astrojujunostomy. Post-surgical specimen histopathological examination showed adenocarcinoma; Margins free; LN 0/12.

The patient was not given any adjuvant therapy. He remained asymptomatic and showed no signs of disease recurrence through 3 years.

Key words; periampullary tumor, Whipple operation.
