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State-of-the art endoscopic imaging in lung cancer: should specialties collide or concur?

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Abstract

Background and aims. Breath diagnostics, the measurement of volatile chemicals in human breath, is currently receiving attention as a technique for the detection of disease which, being non-invasive in nature, is particularly suited to screening for pre-symptomatic disease in healthy populations. A disorder in which more effective screening would be beneficial is celiac disease (CD), an under-diagnosed autoimmune disease of the small intestine characterized by nutritional malabsorption, which presents with diverse, and sometimes serious, symptoms. We aimed to determine whether breath analyses could be used to screen for the presence of CD.

Methods. Based on our hypotheses that malabsorption of dietary carbohydrates would lead to over production of alcohol fermentation products in the large intestine, we investigated levels of alcohols in the breath of 10 patients with CD compared to that in 10 healthy controls using selected ion flow tube mass spectrometry (SIFT-MS).

Results. No differences were found in the breath levels of methanol, propanol, butanol, heptanol or hexanol investigated using chemical ionization of breath air with H$_3$O$^+$ and/or NO$^+$ precursor ions. In one patient, diagnosed within days of our study and not currently in receipt of any therapeutic intervention, a relatively high production of three product ions was detected compared to all other study patients.

Conclusion. Our data suggest that breath alcohol levels are unlikely to be of diagnostic use in CD, although further investigation of those recently diagnosed with the disorder may be warranted.

Keywords Celiac disease - SIFT-MS - breath analysis - methanol - propanol - butanol - pentanol - hexanol.
Small Bowel Tumors in Patients Undergoing Capsule Endoscopy: a Single Center Experience

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Abstract

Background and Aims: Small bowel tumors (SBTs) are rare, accounting for 1-3% of all gastrointestinal malignancies. Since the introduction of capsule endoscopy (CE), several studies have suggested that their frequency may be substantially higher. The present study is aimed at evaluating the prevalence, clinical presentation, laboratory parameters, endoscopic appearance, and diagnostic work-up of SBTs in patients undergoing CE in a single referral center. Patients and Methods: During 2003 - 2009, 102 patients underwent CE. For each patient with lesions suggesting SBT at CE, with subsequent diagnostic/therapeutic work-up leading to histological confirmation, we registered: clinical presentation, hemoglobin level, small bowel follow-through, red blood cells scintigraphy, CT-enterography, enteroscopy, histological confirmation and management. Results: SBTs were detected in 5 patients (mean age 55.2 ± 15.8 years) of 102 undergoing CE (4.9%). The main indication for CE was obscure gastrointestinal bleeding, occult or overt. All patients had undergone, before CE, at least one procedure evaluating the small bowel after negative upper endoscopy and colonoscopy. All patients had iron-deficiency anemia, three had abdominal pain, two had episodes of nausea/vomiting and one had diarrhoea and abdominal distension. The main SBT type was gastrointestinal stromal tumor. After CE, 3 patients underwent single-balloon enteroscopy; surgery was performed in all patients. Mean follow-up time was 19 ± 17 (range 2-36) months; one patient died during follow-up. No retention of capsule occurred. Conclusions: CE could be used as first choice for diagnostic investigation in patients suspected to have SBTs.

Key words
Capsule endoscopy - small bowel tumors - endoscopy.
Colonoscopy and Sedation in Romania: Early Experience using a Balanced Propofol Regimen

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Abstract

The aim of this study was to evaluate if the sedation during colonoscopy is correctly performed in our patients, especially because it is usually performed by residents in anesthesiology. Methods: we retrospectively evaluated sedation in all the colonoscopies performed in our Endoscopy Department in 2007, by analyzing the sedation scheme that was used. Results: 974 colonoscopies were evaluated. The following sedation schemes were used in the majority of cases: midazolam + propofol + fentanyl - 507 patients (52.1%) and diazepam + propofol + fentanyl – 258 patients (26.5%). Propofol (in combination with one or more other agents) was used for sedation in 96.9% of cases. The mean doses of drugs were: propofol 125.2±67.7 mg, midazolam 2.29±0.84 mg (or diazepam 3.4±1.4 mg) and fentanyl 59±10 µg. The following complications were observed during sedation for colonoscopy: 6 patients (0.6%) developed hypoxemia, which was managed successfully with supplemental oxygen administration or flumazenil injection; 1 patient (0.1%) suffered a cardiac arrest that was successfully managed. There were no deaths or other complications. Conclusions: Propofol, combined with an opioid and a benzodiazepine, was used in approximately 97% of cases. The rate of significant oxygen desaturation was low (0.6%). No fatal complications occurred. The mean doses of propofol used were higher than those from published data, while the doses of midazolam and fentanyl were similar.

Key words
Sedation - oxygen saturation - colonoscopy - anesthetic drugs - dose regimen.
Probiotics in Diverticular Disease of the Colon: an Open Label Study

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Abstract

Aim: To investigate the effectiveness and safety of a symbiotic mixture in preventing recurrence of constipation-related abdominal pain in patients with uncomplicated diverticular disease of the colon. Methods: Forty-six consecutive patients (10 men, 36 women, mean age 62.5 years, range 49 to 77 years), previously affected by symptomatic uncomplicated diverticular disease of the colon, were enrolled in a 6-month follow-up study in a prospective, randomized, open-label study. The following symptoms were assessed at entry and through follow-up by using a quantitative scale: constipation, diarrhoea and abdominal pain. After recruitment, the patients were assigned to the following treatment: SCM-III symbiotic mixture, 10ml three times a day. The colonization of ingested Lactobacillus acidophilus 145 and Bifidobacterium spp. 420 was assessed by specie-specific PCR. Forty-five patients completed the study (97%). Results: Thirty-one patients (68%) were still symptom free after the 6th month of treatment. Treatment with SCM-III was regarded as “effective” or “very effective” in more than 78% of the patients altogether (p<0.01 vs baseline values). The microbiological study showed that, as compared to baseline values, SCM-III enabled a significant increase of the lactobacilli and bifidobacteria counting and a trend decrease of clostridia. Genomic analysis confirmed the survivability of the ingested strain as long as treatment was given. Conclusions: The present symbiotic mixture seems to be effective in preventing recurrence of symptomatic uncomplicated diverticular disease of the colon, especially in those patients with constipation-predominant features.

Key words
Symbiotics - recurrence - constipation-predominant - diverticular disease - probiotics.
Diabetes is Not an Independent Predictor of Gastroparesis in Symptomatic Patients Referred for Gastric Emptying Studies

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Abstract

Background: It is commonly presumed that diabetics are more prone to gastroparesis when compared to non-diabetics. Objective: To ascertain whether diabetes is an independent predictor of gastroparesis in symptomatic patients who are referred for gastric emptying studies. Methods: This was a cross sectional observational study. The study cohort consisted of 172 consecutive patients who had been referred for gastric emptying studies. Seventy-four of the 172 patients had evidence of diabetes. Results: Gastroparesis was diagnosed in 93 of the 172 patients (54%). Multiple logistic regression analysis did not reveal diabetes to be an independent risk factor (OR 0.77, CI 0.37-1.56, p=0.46). But age >50 years was a significant predictor (OR 3.43, CI 1.62-7.23, p=0.001). The sex of the patient was not a contributing variable (OR 1.47, CI 0.72-2.98, p=0.28). Conclusion: Diabetes is not an independent predictor of gastroparesis in patients with gastrointestinal symptoms referred for gastric emptying studies. Age >50 years was a significant predictor.

Keywords
Gastroparesis - gastric emptying - diabetes mellitus - 99mTc gastric scintigraphy.
A Cross-Sectional Epidemiological Study of HBV, HCV, HDV and HEV Prevalence in the SubCarpathian and South-Eastern Regions of Romania

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Abstract

**Aim:** To evaluate the prevalence of HBV, HCV, HDV and HEV infections in populations with different categories of risk and the seroprevalence of HBV and HCV infections in subjects asking for a medical examination. **Method:** We conducted a cross-sectional, epidemiological study in 2,851 subjects from the SubCarpathian and South-Eastern Romania (including 17 counties, 34% of the country area and 42% of the population). The subjects were divided into four groups: controls (n=2,540, i.e. consecutive subjects asking for a medical examination), subjects with very low risk (students; n=44), with low risk (doctors and nurses; n=93) and with high risk for viral hepatitis (hemodialysis patients; n=174). All subjects were screened for HBsAg, antiHCV and ALT level. In populations at risk, antiHBs, HBeAg, antiHBe, antiHBc (IgG), HBV-DNA, HCV-RNA, antiHDV(IgG) and antiHEV(IgG) were also assessed. **Results:** In controls, HBV seroprevalence was 5.59% and HCV seroprevalence 4.56%. The risk factors for HBV infection were: age, male gender and South-East region of Romania. The risk factors for HCV infection were: age, female gender, elevated ALT level and the South-East region of Romania. In the very low risk population HBV, HCV, HDV and HEV seroprevalence was: 2.27%, 0%, 0% and 12.5%, respectively. In low risk population the seroprevalence was 2.15%, 1.07%, 0% and 13.98%. In hemodialysis patients, HBV and HCV seroprevalence were 7.91%, respectively 39.26%. HCV-RNA was detectable in 20.69% cases. **Conclusion:** In the South and South-Eastern Romania the seroprevalence of viral hepatitis infections is intermediate, similar to other Romanian regions or the Balkans.

**Key words**
Liver Biopsy: Ultrasonography Guidance is not Superior to the Blind Method

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Abstract

Aim: The aim of this study was to evaluate our experience with adequate liver biopsy samples and compare the complication rates of blind and US-guided biopsies, as well as to compare the histological yield of blind and US-guided biopsy specimens.

Methods: We retrospectively analyzed 205 consecutive patients that underwent liver biopsies during a 12-month period. Liver biopsy was performed via the blind method in 152 patients, and via US-guidance in 53 patients. Biopsy specimens were evaluated according to length, presence of fragmentation, crush artifacts, adequacy for diagnosis, and the number of portal tracts and central veins. We also evaluated the rates of mortality and major life-threatening complications.

Results: All the biopsy specimens were adequate for histological evaluation, except in 8 cases, of which 4 were in the blind biopsy group (2.63%) and 4 were in the US-guided biopsy group (7.54%) (P > 0.05). There were no statistically significant differences between the two groups in terms of the specimen fragmentation, or number of portal tracts and central veins in each specimen. Mean specimen length in the US-guided liver biopsy group was 12.58 ± 5.59 mm, and in the blind biopsy group 16.22 ± 9.91 mm (P < 0.005). There was no mortality or major complications in either of the two study groups.

Conclusion: US-guided biopsy was not superior to blind biopsy, an unexpected result. Gastroenterologists/hepatologists should be encouraged to perform liver biopsies via the blind method.

Key words
Performance of Unidimensional Transient Elastography in Staging Non-Alcoholic Steatohepatitis

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Abstract

Background/aims: Transient elastography (TE) is a noninvasive method for predicting liver fibrosis, mainly validated in patients with viral hepatitis. Information is still limited concerning its performance in non-alcoholic steatohepatitis (NASH) patients. We aimed to assess the value of TE in the prediction of fibrosis stage in NASH as well as the factors determining the discordance between the TE-predicted and the biopsy-proven fibrosis stage in these patients. Methods. Liver biopsy and TE were performed on 72 consecutive NASH patients. Fibrosis, lobular inflammation, ballooning and steatosis were evaluated (Brunt system). Results: Liver stiffness (LS) values ranged from 2.80 to 16.90 kPa. In the univariate analysis, LS was correlated with fibrosis (r=0.661; p<0.0001), steatosis (r=0.435; p<0.0001), ballooning (r=0.385; p=0.001) and lobular inflammation (r=0.364; p=0.002). In multivariate analysis, only fibrosis significantly correlated with LS (p<0.0001). The median (and range) LS values (kPa) according to the fibrosis stages were: 4.90 (2.80-7.30) for F0; 6.15 (4.80-12.50) for F1; 6.90 (3.30-16.90) for F2 and 14.00 (10.70-14.10) for F3, with significant difference between stages, except for F1-F2 (p=0.249). Cut off values were calculated for predicting each fibrosis stage: 5.3kPa (AUROC=0.879) for F1; 6.8kPa (AUROC=0.789) for F2; and 10.4kPa (AUROC=0.978) for F3. Patients with false-positive results had a significantly higher ALT level than those with concordant results (p=0.039). Conclusion: In NASH patients, TE allows a reliable assessment and prediction of liver fibrosis, especially in advanced stages. Steatosis, ballooning and inflammation do not influence liver stiffness.

Key words
Non-alcoholic steatohepatitis - fibrosis - noninvasive - transient elastography - Fibroscan - liver biopsy – liver stiffness.
Isolation and Characterization of Hepatic Cancer Cells with Stem-Like Properties from Hepatocellular Carcinoma

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Abstract

Background & Aims. Major burdens in the treatment of hepatocellular carcinoma (HCC) are the high percentage of recurrence and resistance to chemotherapy. Hepatic cancer stem cells provide a reservoir of cells that can self-renew, maintain the tumor by generating differentiated non-stem cells which make up the bulk of the tumor and are responsible for recurrence after ablative surgery and chemoradiotherapy. The objective of this study was to identify and characterize a self-renewing subpopulation of human liver tumor cells with a distinctive genetic profile that adds the capacity to proliferate despite chemotherapy and promotes cancer recurrence. Methods. Stemness properties of tumor cells isolated from a HCC biopsy were established by their capacity to form spheroids and by cell proliferation assays. The cells also showed enhanced chemoresistance to cancer drugs. The up-regulation of stem cell markers is proven by immunocytochemistry stainings and reverse transcription – PCR. Results. Cells had a high proliferative potential, even when cultured in medium supplemented with doxorubicin and carboplatin, eliminated Rhodamine 123 immediately in culture and also formed spheroids in suspension. Molecular diagnosis techniques showed that cells expressed the stem cell markers Oct 3/4 and CXCR4. Cells were also positive for CD133 and CD90 cancer stem cell specific markers, with monoclonal antibody staining. Conclusion. The unique characteristics identified in cancer stem cells explain self-renewal and could drive metastasis in patients that have received treatment for cancer. The identification and cloning of such cells can aid in developing of better therapeutic approaches for patients with HCC, as chemosensitive pretherapeutic assays or targeted therapies.

Key words
Cancer stem cells - hepatocellular carcinoma - isolation - characterization - chemotherapy resistance.
Multiple Primary Malignancies – Epidemiological Analysis at a Single Tertiary Institution

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Abstract

Background: A literature review on 1,104 269 cancer patients concluded that the prevalence of multiple primary malignancies (MPM) is between 0.73% and 11.7%. MPMs seem to have higher incidence than that influenced by hazard only. Aim: The purpose of this study was to investigate clinically useful information for effective screening for synchronous and metachronous second primary cancers and to identify a potential surveillance protocol. Methods: Using statistical and epidemiological indicators we evaluated the patients with MPMs (double locations) admitted to the Institute of Oncology “Prof. Dr. Ion Chiricuță”, Cluj-Napoca between 2001 and 2004. Results: Out of the 63 cases, 22 cases (34.9%) were synchronous tumors while 41 cases (65.1%) were metachronous tumors, the occurrence interval ranging from 6.2 to 254 months, with an average of 34.6 months for the entire group. Almost half of the metachronous tumors (20 cases) occurred between 6.2 and 24 months while 14 cases (20%) were detected after a 5-year interval. The most frequent malignant associations were ovary–colon, ovary-breast, breast–breast. Both primary and secondary tumors tended to be in an advanced stage explained by the low compliance of the patients to follow-up. Conclusions: The possibility that MPMs exist must always be considered during pretreatment evaluation. Screening procedures are especially useful for the early detection of associated tumors, whereas careful monitoring of patients treated for primary cancer and a good communication between patients and medical care team would ensure an early detection for secondary tumors, and, subsequently, an appropriate management.

Key words
Synchronous/metachronous - tumors - primary malignancy - multiple primary malignancy.
CASE REPORTS

A Large Cystic Tumor with Bile Duct Communication Originating Around the Hepatic Hilum

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Abstract

Biliary cystic tumors are rare neoplasms occurring in the liver and less frequently in the extrahepatic biliary system. Recently, biliary cystic tumors in the liver are thought to be divided into a biliary mucinous cystic neoplasm and intraductal papillary neoplasm of the bile duct. We report a case of a large cystic tumor originating around the hepatic hilum which had luminal communication with the bile duct. A 74 year-old-woman underwent abdominal ultrasonography for a routine checkup. It revealed a large cystic tumor in the liver. CT scan and MRI showed a multilocular cystic tumor about 12 cm in diameter with a mural nodule occupying the medial and anterior segment of the liver. Intraoperative cholangiography showed a communication between the cystic tumor and the bile duct. Central bisegmentectomy of the liver and extrahepatic bile duct resection was performed. A papillary tumor existed in the common hepatic duct and was connected with the cystic tumor in the liver. The tumor was mostly composed of noninvasive papillary adenocarcinoma with adenoma components, and was associated with focal microinvasion of adenocarcinoma. Ovarian-like stroma was not observed. This lesion was diagnosed as a cystic variant of intraductal papillary neoplasm of the bile duct. The patient is alive with no recurrence for 18 months since the surgery.

Keywords
Biliary cystic tumor - bile duct communication - intraductal papillary neoplasm of the bile duct (IPN-B)
Solitary Fibrous Liver Tumor: Is Surgical Approach the Best Option?

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Abstract
Solitary fibrous tumor of the liver is a rare tumor, where the evolution, malignant potential, and invasive growth have not been well defined. Although most cases are benign, there is no strict correlation between histological findings and biological behavior, and follow-up surveillance is necessary. We present the case of a large solitary hepatic fibrous tumor and its clinical outcome after a 4-year follow-up. Additional therapeutic options are also reviewed. The surgical resection is a plausible therapy in large solitary fibrous tumors of the liver, although liver transplantation may be discussed when the tumor is considered unresectable. However, such aggressive approaches are questionable in asymptomatic patients due to the natural history of this tumor, which is not well known, and the risk of complications.

Keywords
Solitary fibrous tumor - liver tumor - liver transplantation - CT scan - MRI
Polypoid Vascular and Lymphatic Malformation of the Duodenum: a Case Report

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Abstract

Polypoid vascular and lymphatic malformation of the small intestine is rare. We report the case of a polypoid vascular and lymphatic malformation of the duodenum in a 58-year-old woman presenting with post-prandial epigastric discomfort. She did not have common symptoms of intestinal vascular and lymphatic malformation, such as gastrointestinal bleeding, steatorrhea, and hypoalbuminemia. A 5.0 x 0.8-cm semipedunculated polypoid lesion was found in the duodenal bulb with protrusion into the prepyloric antrum and was successfully removed using an endoscopic snare.

Keywords
Vascular malformation - lymphatic abnormalities - duodenum - duodenal polyp - endoscopic polypectomy.
NSAID-induced Colopathy. A Case Series

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Abstract

The adverse effects of non-steroidal anti-inflammatory drugs (NSAIDs) on the upper gastrointestinal tract and small intestine are well established. The effect of such therapy on the large intestine, so called NSAID colopathy, is less well described. We present four such cases demonstrating the characteristic endoscopic findings. One case in particular is, to our knowledge, the first report of the natural history of this clinical entity, initially presenting with the acute picture of inflammation and ulceration with subsequent progression to the more chronic development of diaphragm-like fibrous strictures. NSAID-induced colonic damage is a clinically significant condition. Two of our patients presented with bloody diarrhoea while the other two patients developed symptomatic anaemia. With the increasing use of enteric coated and sustained release NSAID preparations this condition is likely to become more frequent. Increasing awareness of its clinical presentation and of its spectrum of endoscopic findings facilitates a more prompt diagnosis and appropriate treatment to be established.

Key words
NSAID - colopathy - anemia - lower digestive hemorrhage - colon stricture.
State-of-the Art Endoscopic Imaging in Lung Cancer: Should Specialties Collide or Concur?

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Abstract

Endoscopic ultrasound has been recently established as a routine diagnostic and staging procedure in lung cancer patients, mainly because of the possibility of tissue sampling. Transesophageal endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) represents a method which not only allows the visualization of the upper gastrointestinal tract, but also offers good visualisation of the posterior and inferior mediastinum. Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) permits the assessment of the tumors in the anterior mediastinum. Based on previously published literature, it is obvious that this minimally invasive procedure now offers the possibility of tissue diagnosis in mediastinal masses including primary tumours or secondary lesions from both benign and malignant diseases.

Key words
The Added Value of Real-time Harmonics Contrast-Enhanced Endoscopic Ultrasonography for the Characterisation of Pancreatic Diseases in Routine Practice

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Abstract

Endoscopic ultrasonography is an imaging method used in the diagnosis of pancreatic diseases. The differentiation between inflammatory tumor-like masses and pancreatic adenocarcinoma still remains difficult. Contrast enhanced harmonic endoscopic ultrasonography (CEH-EUS) is a new technique, recently available in commercial use and less evaluated. It is used to characterize the microcirculation in pancreatic disorders - hypervascularized masses such as neuroendocrine tumors or hypovascularized masses such as adenocarcinomas - and to better visualize the necrotic areas in acute pancreatitis and the vascularisation of mural nodules and septa in pancreatic cystic lesions.

Key words