

ABSTRACTS

WE PUBLISH HERE ABSTRACTS OF SPECIAL INTEREST TO OUR READERS FROM PREVIOUSLY PUBLISHED MATERIAL IN WORLD LITERATURE, WE REFER TO AUTHORS AND PUBLISHERS FOR KIND PERMISSION.

1. COLORECTAL POLYPS:

Authors : 1. Dr Nawal M AL - Khalidi ,C.A.B.M.,F.I.C.M.S (GE)

2. Dr Makki H Fayadh , MRCP , FRCP

3. Dr Taha A AL - Karboli , F.I.C.M.S., F.I.C.M.S. (GE)

Publisher : accepted for publication in the journal of the faculty of medicine - Baghdad.

Abstract:

A retrospective study of 43 patients carried out at G.I.T.

During that period 1607 colonoscopies were carried out ,64 of them were found to have colorectal polyps (CRP) (4%). 44 patients were studied .

The age ranged from 3Years to 86 years (mean 36.4years), the Histopathological distribution was, adenomatous polyps in 20 patients (12 tubulovillous,6 tubular ,2 villous). retention polyps in 12 cases , while Hyperplastic polyps were found in 9 patients, two patients with hamartomas ,and one patient with neurofibroma . Adenomatous polyps were more common in male patients, while retention polyps & hyperplastic ones were more common in females.

Adenomatous polyps were found more common in adults & elderly ones while retention polyps were more common in children.

The most common site for all colorectal polyps was the rectum (76%). Bleeding per rectum was the most common clinical presentation. Endoscopic appearance was one of the important clinical application to differentiate between the different types of the polyps, cauliflower appearance was highly suggestive of adenomatous polyps (18/20), they are larger than the others with mean size of 2cm.

The adenomatous polyps are not uncommon, being precancerous, they need early diagnosis & good follow up.

2. ENDOSCOPIC DILATION OF BENIGN ESOPHAGEAL STRICTURES; Report on 1043

Authors : J.C. Pereira - Lima , M.D., Ph.D.

R.P. Ramires , M.D.

I. Zamin , Jr , M.D. et al.....

Publisher : American Journal of Gastroenterology , Vol. 94 NO. 6 1999

Abstract:

Objective: endoscopic dilation is considered the best treatment for most cases of benign esophageal strictures, although the best dilation technique and the kind of structure is the most amenable to treatment is still controversial. We report on our experience on a large series of patients treated by dilation without the aid of fluoroscopy and compare the results of this therapy among patients with strictures from different causes.

Methods: between 1992 and 1997 , we performed 1043 dilation sessions on 153 patients. Treatment was considered adequate if the esophageal lumen could be dilated up to the size of a 42f catheter. If the structure recurred after initial successful treatment, the stricture was dilated again up to a 42f catheter.

Results: one hundred forty patients (96 men, 44 women; mean age, 54.1 yr) were followed-up for a mean of 20.5 months (4 to 62 months). Stricture's etiology was postsurgical in 80 patients, peptic in 37 , caustic in 12 , and from other causes in 11 patients. Adequate dilation was achieved in 93.5 % of the patients (131 of 140). Patients with peptic strictures needed a median of three sessions to be adequately dilated during follow-up in comparison to five sessions among patients with postsurgical or caustic strictures (P = 0.07). There were four perforations, with one death (2.8 % and 0.7 % per patient and 0.4 % and 0.1 % per session, respectively).

Conclusions: endoscopic dilation without the aid of fluoroscopy is safe and effective in relieving dysphagia caused by benign strictures of different causes, although repeated sessions are necessary because of stricture recurrence. (Am J Gastroenterol 1999; 94: 1497 - 1501. □ 1999 by Am. Coll. Of Gastroenterology).

3. INTRADUCTAL PAPILLARY - MUCINOUS TUMORS OF THE PANCREAS:

Differential diagnosis between benign and malignant tumors by endoscopic ultrasonography:

Authors : Hiroaki Kubo, M. D.

Yoshiharu Chijiwa, M.D.

Kazuya Akahoshi, M.D. Etal.....

Publisher : American Journal of Gastroenterology, Vol. 96 NO. 5 2000

Abstract:

OBJECTIVES: Recently, intraductal papillary-mucinous tumor (IPMT) of the pancreas has increasingly been recognized. However, differential diagnosis between benign and malignant IPMT is often difficult using conventional imaging modalities. The purpose of this study was to retrospectively investigate the value of endoscopic ultrasonography (EUS) for differentiating malignant from benign IPMT.

METHODS: A total of 51 patients with IPMT were preoperatively examined by EUS. The endosonographic finding of the resected specimens.

RESULTS: In main duct type IPMT, the diameter of the main pancreatic duct (MPD) was $> 10\text{mm}$ in seven of the eight malignant tumors, compared with two of the seven benign tumors ($p < 0.05$). In branch duct type IPMT, three of the four large tumors ($> 40\text{mm}$) with irregular thick septa were malignant lesions. In both main duct type IPMT and branch duct IPMT, eight patients had large mural nodules ($> 10\text{mm}$); seven of the eight tumors were malignant and one of the eight tumors was benign. When the tumor was diagnosed as malignant according to above three findings, EUS was able to differentiate between malignant and benign IPMT with an accuracy of 86%.

CONCLUSIONS: main duct type tumors with $> 10\text{mm}$ dilated MPD, branch duct type tumors ($> 40\text{mm}$) with irregular septa, and large mural nodules ($> 10\text{mm}$) strongly suggest malignancy on EUS. EUS would be a useful modality for differentiating between benign and malignant IPMT. (AM J Gastroenterol 2001;96: 1429-1434. □ 2001 by Am. Coll. Of Gastroenterology)

4. EVALUATION OF PROGNOSIS OF SQUAMOUS CELL CARCINOMA OF THE OESOPHAGUS BY ENDOSCOPIC ULTRASONOGRAPHY :

Authors : M Shinkai, Y Niwa, T Arisawa, etal.....

Publisher : GUT, 2000, 47, 120 - 125

Abstract:

Background /aims- For pretherapeutic staging of squamous cell carcinoma of the oesophagus, endoscopic ultrasonography (EUS) is considered the most profitable modality because it can provide cross sectional imaging of the tumor. The aim of this study was to evaluate the relation between prognosis and EUS findings, especially tumor area, in squamous cell carcinoma of the oesophagus.

Patients/methods- A total of 113 patients with squamous cell carcinoma of the oesophagus underwent EUS for pretherapeutic examination at Nagoya University Hospital. We compared EUS findings, histological results, and outcome. In addition, we measured the area of the tumor on EUS images ($n=113$) and evaluated if EUS area correlated with volume of the tumor on histological findings ($n=50$).

Results - The overall accuracy rate of EUS was 83.2 % (94/113) for depth of tumor invasion and 67.6 % (69/102) for periesophageal lymph node metastasis. The EUS area increased in proportion to the development of tumor infiltration, and patients with lymph node metastasis had a larger EUS area than patients without lymph node metastasis. There was a close correlation between EUS area and volume of the tumor on histological findings. If EUS area of the tumour was less than 50 mm^2 , the five year survival rate was 100%. As EUS area increased, the survival rate decreased.

Conclusions - Measurement of EUS area of the tumor is reliable for quantification of the tumor and prediction of prognosis in patients with squamous cell carcinoma of the oesophagus.