

# Annals of Clinical Gastroenterology and Hepatology

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**Review Article**      **Published Date:-2020-10-20 00:00:00**

[Liver disease in the Era of Coronavirus Disease 19 \(COVID-19\) pandemic](#)

Coronavirus infections have caused outbreaks in humans: SARS-COV ((Severe Acute Respiratory Syndrome) and MERS-CoV (Middle East Respiratory Syndrome) resulting in significant mortality and morbidity

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**Research Article**      **Published Date:-2020-10-05 00:00:00**

[Percutaneous abdomino-pelvic abscess drainage in complicated Crohn's disease](#)

**Purpose:** Percutaneous abscess drainage (PAD) is the first-line approach for abscess in Crohn's disease (CD) since it procrastinates or avoids surgery especially in postoperative abscesses [within 30 days post-operative (p.o.)]. We retrospectively evaluated the effectiveness, complications and outcome after PAD in postoperative and spontaneous abscesses and factors influencing the outcomes.

**Methods:** We performed PAD in 91 abscesses, 45 (49,5%) postoperative and 46 (50,5%) spontaneous.

We defined the overall success (OS) as clinical (CS) and technical success (TS) when imaging documented the resolution of the abscess with no surgery within 30 days.

Conversely, patients without abscess at the time of surgery, were considered as TS but clinical failure (CF).

We also analyzed the overall failure (OF) defined as CF with or without technical failure (TF).

Overall technical success (OTS) was OS plus TS. Complications were classified as major and minor according to the Interventional Radiology Criteria.

**Results:** In postoperative abscesses we found 91% OS, 9% OF, no TF and 100% OTS.

In spontaneous abscesses we found 33% OS, 67% OF, 6.4% TF, 95,6% OTS.

A total abscess resolution was achieved in 97,8% of patients. No major complication occurred; only 1 case of minor complication. Factors statistically influencing the outcome were postoperative vs spontaneous collections (OF: 9% vs. 67%,  $p < 0.0001$ ), multiloculated vs uniloculated collections (OF: 38% vs. 1%,  $p < 0.0001$ ) and upper abdominal vs lower location (OF: 13% vs. 25%,  $p < 0.05$ ).

**Conclusion:** Our data confirms the safety and effectiveness of PAD even in cases needing surgery within 30 days; most remarkable, PAD allows avoidance of early reoperation in almost all the patients with postoperative abscess.

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**Research Article**      **Published Date:-2020-06-04 00:00:00**

[Biomarkers in Enteropathic Arthritis](#)

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Inflammatory Bowel Disease (IBD)-associated arthritis is called Enteropathic Arthritis (EA) which is classified among the group of Spondyloarthritis (SpA), because its presentation is variable. The current trend is to classify them as autoinflammatory rather than autoimmune diseases, since no antibodies have yet been identified. The study of biomarkers (BM) will help us with early identification and hence, to provide treatment in the early stages, prior to radiographic progression, which will enable prompt identification of the disease phenotype. 42 patients diagnosed with IBD were included, of which 48% were females; the mean age of the study group was  $48.12 \pm 5.02$  (95% CI). The average time of evolution of disease was  $37.57 \pm 14.28$  months; most patients referred to the rheumatologist had a diagnosis of ulcerative colitis (83%). According to our analysis, we were able to determine that the three most significant variables influencing the development of sacroiliitis were: Lactoferrin, ANCA and HLA B27 ( $p < 0.5$ ). The variable that can be ruled out because of its almost neglectable contribution was fecal calprotectin.

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**Case Report**                      **Published Date:-2020-06-02 00:00:00**

[Transcatheter arterial chemoembolization combined with molecular targeted therapy for a patient with hepatocellular carcinoma with intrahepatic metastasis and main portal vein tumor thrombus: A case report and literature review](#)

Hepatocellular carcinoma (HCC) is characterized by high morbidity, high recurrence, and high mortality rates. In China, the morbidity of HCC is fifth among all malignant tumors and HCC is the third most common cause of cancer-related deaths. Most HCC patients also have liver cirrhosis. Surgery is the sole curative method for HCC; however, many patients are diagnosed with HCC during its advanced stages so radical resection can no longer be performed. Therefore, the proportion of patients who undergo radical hepatectomy is less than 30%. Patients with mildly advanced HCC cannot undergo hepatectomy and thus transcatheter arterial chemoembolization (TACE) and/or biological targeted therapy are alternative options. However, data on the effects of TACE therapy or biological targeted therapy are limited. Therefore, an investigation of multimodal and individualized treatments is critical to ensure the best treatment. In June 2018, we treated an advanced HCC patient with multiple metastases and right portal vein tumor thrombus. The patient exhibited partial remission after undergoing treatment with TACE and crizotinib capsules for 1 month. The case and a literature review are reported here.

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**Case Report**                      **Published Date:-2020-05-21 07:00:00**

[Acute pancreatitis with uncommon presentation of myocardial infarction](#)

Acute pancreatitis is inflammation of the pancreas that may be accompanied by a systemic inflammatory response which results in impairment of the functioning of various organs, systems. Pancreatitis associated vascular complications very often cause morbidity and mortality. There are various cardiovascular complications like shock, hypovolemia, pericardial effusion, and sometimes ST-T changes in the electrocardiogram (ECG) presenting as acute myocardial infarction (AMI). Acute myocardial infarction complicating acute pancreatitis has rarely been studied and the exact process of myocardial injury still remains unclear. We here report a case of Acute Pancreatitis associated with acute myocardial infarction.

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**Review Article**                      **Published Date:-2020-05-21 05:00:00**

[Microbiome and Gastroesophageal Disease: Pathogenesis and Implications for Therapy](#)

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There is growing evidence that gastroesophageal disease is influenced by the esophageal microbiome, and that commensal bacteria of the oropharynx, stomach, and colon are thought to have a role in modulating pathogenesis. These emerging hypotheses are based on observed changes in the composition of the esophageal flora, notably, repeated observations: 1. There is an abundance of gram-positive bacteria in the healthy esophagus. 2. The esophageal bacterial population becomes increasingly gram negative with disease progression. Associated with this shift to a more gram negative prevalence is an increase in the potential for the presence of antigenic lipopolysaccharide (LPS). The immunoreactivity of LPS endotoxin is thought to promote susceptibility to inflammation and disease.

The pathogenesis of the more common diseases of the esophagus e.g. gastroesophageal reflux disease (GERD), esophageal dysmotility (achalasia), eosinophilic esophagitis (EoE), Barrett's esophagus (BE), and esophageal cancer, are well-established. Emerging data suggest however, that these are all characterized by an immune-mediated inflammatory cascade, propagated by a dysbiotic state. Thereby, the ability of the healthy "normative state" to protect against foreign bacteria is compromised. This dysbiosis thereby can create adverse inflammatory or immunoregulatory responses with progression of disease.

In the normal healthy state, the esophageal microbiome is constituted in-part, by a multitude of gram positive bacteria, many of which produce antibacterial peptides called bacteriocins. Bacteriocins are selective and used to maintain population integrity by killing off foreign bacteria. When the "normative biome" is interrupted (e.g. antibiotics, medications, diet, environmental factors), the constitutional changes may allow a more hospitable imbalance favoring the proliferation of opportunistic pathogens. Therefore it seems rational that defining, perhaps that defining, perhaps cultivating, a protective bacterial community that could help prevent or mitigate inflammatory diseases of the esophagus. Furthermore, in conjunction with evidence demonstrating that some bacteriocins are cytotoxic or antiproliferative toward cancer cell lines, further exploration might provide a rich source of effective peptide-based drug targets.

Therapeutic options targeting the microbiome, including prebiotics, probiotics, antibiotics and bacteriocins, have been studied, albeit the attributable effects on the esophagus for the most part, have been unrecognized by clinicians. This review focuses on the current knowledge of the involvement of the microbiome in esophageal diseases (most notably GERD/Barrett's esophagus/esophageal cancer) and identifies emerging new concepts for treatment.

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**Case Report**                      **Published Date:-2020-05-21 00:00:00**

[Frequent, Genetic Polyps-Familial Adenomatous Polyposis](#)

Familial adenomatous polyposis is an autosomal dominant syndrome of variable penetration and constitutes the second frequent inherited syndrome enunciating the emergence of a colorectal carcinoma. The syndrome is accompanied by exemplification of defective adenomatous polyposis coli (APC) gene located upon chromosome 5q21 with a prototypic denomination of colonic adenomatous polyps usually exceeding a > 100. Incriminated individuals develop innumerable colonic and rectal polyps, particularly during early teenage years and are accompanied by an almost 100% possible emergence of colorectal carcinoma within 40 years in untreated subjects [1]. Prophylactic colectomy is advisable to substantially reduce possible occurrence of colorectal carcinoma. Familial adenomatous polyposis is concurrent with associated neoplasms such as gastric or duodenal cancer, hepatoblastoma or desmoid tumour along with a probable emergence of extra-colonic carcinomas [1,2].

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**Case Report**                      **Published Date:-2020-04-07 00:00:00**

[Hyperparathyroidism in celiac disease: A case study from UAE](#)

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Celiac disease affects 1% of the world population; however it is under diagnosed in UAE. The disease has many clinical manifestations, ranging from severe malabsorption to minimally symptomatic or non-symptomatic presentation. Hypocalcaemia is a common finding in celiac disease and could be the only presentation of the disease; however hypercalcemia has been previously reported in patients with celiac disease either due to primary hyperparathyroidism or tertiary hyperparathyroidism due to prolonged hypocalcaemia. A normal calcium level on the other hand in patients with untreated celiac disease who also have primary hyperparathyroidism can be due to interplay of these two conditions and may delay the diagnosis of primary Hyperparathyroidism. We report the very first case from our practice in UAE with untreated celiac disease and normal calcium level at presentation, where a diagnosis of primary hyperparathyroidism was not entertained initially. Patient went on gluten free diet which then caused normalization of intestinal abnormalities and likely calcium absorption manifesting as hypercalcemia on subsequent labs. This led to further work up and finally the diagnosis of Primary hyperparathyroidism due to parathyroid adenoma.

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**Research Article**

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[Laparoscopic anterior transgastric cystogastrostomy for the treatment of pancreatic pseudocysts](#)

**Introduction:** Pancreatic pseudocysts (PPs) are mostly delayed complications of acute or chronic pancreatitis and trauma. Pancreatic pseudocysts are usually managed by supportive medical treatment without surgical procedure. All the surgical interventions (percutaneous, endoscopic or surgical approaches) are based on the location, size, symptoms, complications of the pancreatic pseudocyst and medical condition of the patients. Recently, laparoscopic cystogastrostomy has become most appropriate approach especially for retrogastric pancreatic pseudocysts. In this study, we would like to report results of laparoscopic anterior transgastric cystogastrostomy by using linear articulated endo GIA stapler (Covidien medium thick purple) and versa-lifter (versa lifter®, laparoscopic retractor, manufactured by protomedlabs, France) in 14 pancreatic pseudocysts patients.

**Methods:** We retrospectively analyzed data of patients with pancreatic pseudocysts treated by laparoscopic anterior transgastric cystogastrostomy from September 2010 to October 2014. All of the patients were controlled for the recurrence of pancreatic pseudocysts in February 2017.

**Results:** 14 patients with pancreatic pseudocysts were managed by laparoscopic anterior transgastric cysto-gastrostomy. Conversion was performed in only one patient (7%). There were no symptoms and signs of recurrence of pancreatic pseudocyst during on average 43.6 months follow up time.

**Conclusion:** Laparoscopic cystogastrostomy by using articulated linear endo-GIA stapler and versa-lifter is a safe and effective method for management of appropriate retro-gastric pancreatic pseudocysts.

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**Research Article**

**Published Date:-2020-02-05 00:00:00**

[Heterotopic Gastric Mucosa of the Proximal Esophagus: An Under recognized Entity](#)

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Heterotopic gastric mucosa (HGM) is an islet of gastric mucosa within the esophageal mucosa. These lesions can sit throughout the digestive tract and rarely in the upper third of the esophagus. The pathophysiology of HGM remains poorly understood.

Our study aims to estimate the prevalence of HGM, clinical signs, endoscopic, microscopic aspects and different epidemiological factors associated.

All patients from a single endoscopy center with HGM of the upper third of the esophagus were included over a 5-month evaluation period. All lesions seen in endoscopy were confirmed by histological analysis.

The prevalence was 1.3% with a clear male predominance. 80% of patients were symptomatic and received medical treatment, clinical evolution was good. No case of dysplasia was identified and no complication was observed.

Due to insufficient data in the evolutionary literature, the management of HGM remains debated and could resemble that of Barrett's esophagus for monitoring and therapeutic management, particularly in the event of symptoms or dysplasia.

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