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Research Article

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[Bleeding from Varices: Still a Heavy Burden in Patients with Cirrhosis](#)

Introduction: Bleeding from varices is a severe complication in patients with cirrhosis. Despite its treatment has been well established in the last three decades the mortality can be still high. This study compares the epidemiological features and the bleeding-related outcomes of a group of patients published about ten years ago with a more recent group of 168 consecutive patients.

Methods: The diagnosis, the treatment, and the main outcomes (5-day failure, 5-day and 6-week rebleeding, 5-day and 6-week mortality) of variceal bleeding were evaluated according to the current guidelines.

Results: The number of patients with cirrhosis admitted for variceal bleeding every year has progressively decreased in the last ten years. The age sex and severity of liver disease, evaluated with Child Pugh and MELD scores, were comparable in the two series. In the more recent series, there were significantly fewer patients with HCV infection and more patients with alcohol-related cirrhosis. The main outcomes of bleeding were comparable too. Overall, at 6 weeks 36.4% of patients did not overcome the bleeding episode.

Conclusion: The decreasing incidence of bleeding from varices is likely attributable to antiviral treatment of HCV and HBV and the larger diffusion of beta-blockers in primary prophylaxis. Despite the larger application of the gold standard therapy, the mortality of variceal bleeding remains high in patients with cirrhosis.

Research Article

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[Bispectral Index Monitoring: Ability to Detect Deep Sedation during Endoscopy](#)

Background: Clinical practice guidelines recommend monitoring the depth of anesthesia during endoscopic examination of the gastrointestinal tract using sedation scales, despite their subjective nature, while the use of the bispectral index, an objective measure, during sedation, remains controversial. The main objective of this study was to assess the ability of bispectral index monitoring to characterize the depth of anesthesia during endoscopy.

Methods: We conducted a cross-sectional study to assess the performance of the bispectral index using data from a multicentre clinical trial with 180 patients undergoing scheduled colonoscopies. Sedation was monitored using the bispectral index and Ramsay Sedation Scale. Data on sedation were recorded at five-time points (t1 to t5) during the colonoscopy.

Results: Bispectral values were significantly associated with Ramsay scores (ρ , -0.73; $p < 0.0001$). In regression analysis, each unit increase in bispectral value was associated with a reduction in the risk of a high Ramsay score (> 3) at all points (OR 0.922; 95% CI: 0.865–0.979; $p < 0.0001$ at t1). Receiver operating characteristic curve analysis found areas under the curve of 0.8272 for a bispectral index cut-off for deep sedation of 69.76 (sensitivity, 95.35%; negative predictive value, 97.53%) when reaching the colic flexure (t2) and 0.8399 for a cut-off of 69.29 (sensitivity, 96.15%; negative predictive value, 98.81%) at the end of the colonoscopy (t5).

Conclusion: Bispectral index monitoring enables objective real-time reliable assessment of sedation. It enables easy continuous monitoring with a very good performance for detecting deep sedation and correlates with a clinical scale routinely used in endoscopic procedures.

Research Article

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[Myosteatosis and Frailty Factors associated with the occurrence of Complications in Cirrhotic patients: MYOFACC study](#)

Background and aim: Cirrhosis leads to sarcopenia and to life-threatening complications in decompensated stages. The objective of this study is to show the impact of the loss of muscle mass and function on hepatic decompensations.

Methods: Our study compares a group of cirrhotic patients with controls matched with the same sex and age. A questionnaire was created to collect demographic, anthropometric, and cirrhosis characteristics. Several CT scan sections were analyzed and the average measurements have been grouped into tertiles to estimate the impact on cirrhotic complications.

Results: Our study included 33 controls and 33 cirrhotic patients of which 59.4% had NASH. Anthropometric characteristics were similar in cirrhotics men and women. Grip strength was significantly lower in cirrhotic men. Using the skeletal muscle index we found 39.39% of cirrhotic patients were sarcopenic mostly men 84.61%. In Cirrhotic men, the density of the psoas and paravertebral muscles was lower than in controls. In women psoas and paravertebral muscle areas were comparable and the total muscle surface in cirrhotic patients was higher. There was a negative correlation between this surface and the density of the psoas ($r = -0.293$ $p = 0.017$) indicating the presence of myosteatosi s in women. Analysing tertile groups showed a significantly higher incidence of complications related to liver disease and liver failure in patients with the psoas and paravertebral muscle density in the lowest tertile and in the frail population according to the frailty index.

Conclusion: Cirrhotic patients have myosteatosi s and sarcopenia associated with a higher incidence of complications related to hepatic failure.

Thesis **Published Date:-2023-09-12 11:46:06**

[Pattern of Clinical Presentation and Management of Inflammatory Bowel Disease](#)

Background: Inflammatory bowel disease (IBD) is characterized by non-specific chronic relapsing inflammation of the gastrointestinal tract and extra-intestinal manifestations. It includes Crohn's disease (CD) ulcerative colitis (UC) and unclassified colitis.

Objective: To assess the clinical presentations and management of inflammatory bowel disease in Sudanese patients.

Methodology: Prospective, cross-section hospital-based study was conducted at Soba University Hospital (SUH) and Ibn Sina Hospital, in a period from December 2016 to March 2017.

Data was entered and analyzed with SPSS, an interview questionnaire containing demographic, clinical, type of IBD, treatment, and complications.

Results: A total of 64 IBD patients were included, 50% were diagnosed with UC, 28.1% with CD and 21.9% unclassified type.

The most frequent age in UC patients was 41 – 50 years 34.4%, in CD was 31- 40 years 38.9% and for the unclassified type was 51 – 70 years 57.2%.

The female was higher in CD while males were higher in Ulcerative colitis disease, symptoms were diarrhea, rectal bleeding, abdominal pain, rectal pain, tenesmus and fatigue.

Study participants received 5 amino salicylic acid, and steroids, especially in the oral formulation. Minimal usage of topical forms, azathioprine, and biological agents.

Conclusion: The study concluded UC is more common than CD. This should be taken into account as an important update for internal medicine professionals to adjust their expectations and lines of diagnosis, and management. The emergence of the unclassified type in Sudan requires good communication between the pathologists and the physicians and MDT meetings in every patient with suspicion of IBD.

Review Article **Published Date:-2023-08-18 10:46:22**

[Prospective Coronavirus Liver Effects: Available Knowledge](#)

The global pandemic COVID-19, caused by SARS-CoV-2, affected millions of people. COVID-19 is known for its respiratory symptoms, but new research reveals it may also affect other organ systems, including the liver. This abstract reviews COVID-19 and liver function. The virus enters host cells through liver-expressed angiotensin-converting enzyme 2 (ACE2) receptors. Thus, viral infection and replication may target the liver. Virus-induced inflammation and cytokine production may also harm the liver. ALT and AST elevations are the most prevalent liver abnormalities in COVID-19 patients. Liver function test abnormalities frequently indicate serious illness and poor clinical outcomes. COVID-19 may worsen pre-existing liver diseases such as NAFLD and chronic viral hepatitis. Drug-induced liver damage (DILI) from COVID-19 therapies including antivirals and corticosteroids complicates liver complications care. Recent investigations have also shown that COVID-19 may cause long-term liver damage. In conclusion, COVID-19 infection, immune-mediated damage, and treatment problems may severely compromise liver function. Optimizing patient treatment and discovering targeted medicines requires understanding COVID-19's liver role. To reduce the effects of COVID-19 on liver function, further study is required to understand the mechanisms and long-term effects.
