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Editorial Office

3rd Medical Clinic
Str. Croitorilor no. 19-21
400162 Cluj-Napoca, Romania
Tel./Fax: +40-264-433335
e-mail: editorjgld@gmail.com
monacal@umfcluj.ro
<http://www.jgld.ro>

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Irritable Bowel Syndrome: a Population Based Study

Babak Khoshkrood-Mansoori, Mohamad Amin Pourhoseingholi, Azadeh Safaee, Bijan Moghimi-Dehkordi, Babk Sedigh-Tonekaboni, Asma Pourhoseingholi, Manijeh Habibi, Mohamad Reza Zali

Department of Health System Research, Research Center for Gastroenterology and Liver Disease, Shahid Beheshti University (M.C), Tehran, Iran

Abstract

Background: The prevalence of irritable bowel syndrome (IBS) is relatively high, but up to now, no population based study in Iran has used the ROME III criteria. The aim of the present study was to determine the prevalence of IBS by using the ROME III criteria in the adult population of Iran. **Methods:** A face to face survey was conducted in a large area of the Tehran province. IBS was diagnosed by using a validated questionnaire based on the ROME III criteria. **Results:** The study population comprised 18,180 participants, with a female to male ratio of 1. 15.3% of participants complained of gastrointestinal (GI) symptoms, while the prevalence of IBS was estimated to be 1.1% (139 women, 59 men, $p=0.000$). IBS patients were more likely to be married, and older. The most common presenting symptoms of IBS were abdominal pain that was relieved by defecation (94%), change in fecal consistency (78%), and change in bowel frequency (70%). Constipation was predominant in 52% of IBS cases, diarrhea was predominant in 18%, and 8% experienced intermittent diarrhea and constipation. **Conclusion:** The prevalence of IBS is relatively low in the Iranian adult population according to the ROME III criteria. The most probable reasons are the specificity of ROME III criteria and the characteristic low prevalence of GI symptoms in the study population.

Key words

Epidemiology - irritable bowel syndrome - prevalence - Iran - ROME III.

Amiodarone Hepatotoxicity in the Context of the Metabolic Syndrome and Right-sided Heart Failure

Wissam Mattar¹, Beth Juliar², Irmina Gradus-Pizlo³, Paul Y. Kwo⁴

1) Washington Hospital Center, Washington, DC; 2) Department of Biostatistics; 3) Division of Cardiology; 4) Division of Gastroenterology and Hepatology, Indiana University, Indianapolis, IN, USA

Abstract

Background: Amiodarone is associated with varying degrees of hepatotoxicity. **Aims:** to study the association between the presence of the metabolic syndrome or right-sided heart failure and the prevalence of amiodarone induced liver disease. **Methods:** Retrospective chart review of patients who received amiodarone for ≥ 60 days at a university affiliated community hospital. We collected information about clinical progression and liver chemistries on 409 included patients. Subgroup analysis was based on the presence or absence of right-sided heart failure and the metabolic syndrome. **Results:** The 409 patients (58% male, 55% Caucasian) had a mean age of 62 years, mean follow up of 37.6 months and mean cumulative amiodarone dose of 295 ± 404 grams. No subjects developed clinical hepatitis, cirrhosis or death related to amiodarone. Eight patients developed amiodarone hepatotoxicity, 5 required discontinuation and 3 required dose reduction of the medication with resolution of the transaminitis in all. No differences in liver chemistries at follow up between patients with or without the metabolic syndrome and with or without right cardiac dysfunction were noted. **Conclusion:** Administration of amiodarone was associated with a low incidence of hepatotoxicity without relationship to cumulative dose. The presence of the metabolic syndrome or right-sided heart failure does not increase the incidence of amiodarone hepatotoxicity.

Key words

Amiodarone - liver - drug-induced hepatitis - metabolic syndrome - congestive heart failure.

Efficacy and Safety of Peginterferon alfa-2a (40KD) in HBeAg-positive Chronic Hepatitis B Patients

Florin Alexandru Căruntu¹, Adrian Streinu-Cercel¹, Liliana Simona Gheorghe², Mircea Grigorescu³, Ioan Sporea⁴, Carol Stanciu⁵, Dan Andronescu⁶, Florea Voinea⁷, Mircea Diculescu², Alexandru Oproiu⁸, Radu Voiosu⁹

1) National Institute for Infectious Diseases „Prof. Dr. Matei Balș”, Bucharest; 2) Clinical Institute Fundeni, Gastroenterology and Hepatology Center, Bucharest; 3) Clinical Emergency Hospital, Gastroenterology Department, Cluj-Napoca; 4) Emergency County Hospital, Gastroenterology Department, Timisoara; 5) Gastroenterology and Hepatology Institute, Iasi; 6) Clinical University Emergency Hospital, Gastroenterology Department, Bucharest; 7) Clinical Emergency County Hospital, Gastroenterology Department, Constanta; 8) “Ionescu Agrippa” Hospital, Gastroenterology Department, Bucharest; 9) Colentina Hospital Bucharest, Gastroenterology & Hepatology Department, Bucharest, Romania

Abstract

Aim: The study was designed to evaluate the efficacy and safety of peginterferon α -2a in HBeAg-positive chronic hepatitis B patients, nonresponders or relapsers after previous lamivudine or standard interferon therapy. **Methods:** This prospective, national, multicentric, open label, not randomized trial enrolled 43 HBeAg-positive chronic hepatitis B patients with detectable HBsAg for at least 6 months prior to screening, positive HBeAg and negative anti-HBe, serum HBV DNA levels of at least 500,000 copies/mL by PCR assay, elevated ALT up to 10 x ULN, no response or relapse after previous lamivudine or standard interferon therapy. All eligible patients received pegIFN α -2a 180 μ g weekly for 48 weeks with 24 weeks treatment free follow-up. There were two main efficacy assessments: HBeAg seroconversion and viral suppression below 100,000 copies/mL. **Results:** HBeAg seroconversion rate at the end-of-treatment was 4.65% (n=2; p<0.05) increasing to 11.62% 24 weeks after end of therapy (n=5; p<0.05). The rate of viral suppression at levels below 100,000 copies/mL was 23.25% (n=10; p< 0.05) at end-of-treatment, and 16.3% (n=7; p<0.05) at end of follow-up. ALT normalization was obtained in 20.9% (p<0.05) of patients at end-of-treatment, the percentage being significantly higher - 37.2% (p<0.05) at the end of follow-up. **Conclusions:** Even in a difficult-to-treat patient population with HBeAg-positive chronic hepatitis B, peginterferon alfa 2a proved to be efficient in a defined proportion of patients. The increase in HBeAg seroconversion rate from end-of-treatment (4.65%) to the end of follow-up period (11.62%) also proves the benefits of prolonged immunological effect of pegIFN α -2a.

Key words

Alanine aminotransferase - chronic hepatitis B - hepatitis B e antigen - hepatitis B virus - interferon α -2a - viral DNA.

The Long-term Evolution of Chronic Hepatitis B Acquired in Childhood

Roberta M. Manzat Saplacan¹, Petru A. Mircea¹, Simona D. Valean¹, Nicolae Miu², Lucia Burac², Cornel Valean³,
Mircea Nanulescu³

1) 1st Medical Clinic; 2) 2nd Pediatric Clinic; 3) 3rd Pediatric Clinic; University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Romania

Abstract

The **aim** of this study was to assess the long-term evolution of chronic hepatitis B acquired in childhood. **Methods:** The study was carried out in 2007 - 2008 on a group of 77 adult patients who were diagnosed with chronic hepatitis B in childhood. The actual assessment included epidemiological, clinical, biological and virological data, ultrasound examination in all patients and liver histology in 3 patients. **Results:** From the 77 patients, 69 were HBeAg positive and the other 8 patients were anti-HBe positive when the diagnosis was made in their childhood. Thirty-seven patients from the HBeAg positive group and 2 patients from the anti-HBe group had been treated in childhood with IFN- α and the other 38 patients remained untreated (32 patients with HBeAg positive and 6 patients anti-HBe positive). Overall, 78.26% seroconverted to anti-HBe (87.50% untreated and 70.27% of patients treated with IFN). After a median follow-up period of 13 years, 36 patients from the HBeAg positive group (48.65% of treated patients and 56.25% of untreated ones) became inactive carriers. Seroconversion to anti-HBs, in the HBeAg positive group, occurred in 10.14% of cases (8.1% in treated patients) without statistical significance. Three patients from the whole group developed cirrhosis but none developed hepatocellular carcinoma. **Conclusion:** The long-term outcome in our patients with CHB acquired in childhood did not differ between treated and untreated patients.

Key words

Chronic hepatitis B - children - viral load - HBe seroconversion - interferon therapy.

Real Time Elastography – a Non-invasive Diagnostic Method of Small Hepatocellular Carcinoma in Cirrhosis

Liana Gheorghe¹, Speranta Iacob¹, Razvan Iacob¹, Mona Dumbrava¹, Gabriel Becheanu¹, Vlad Herlea¹, Cristian Gheorghe¹, Ioana Lupescu², Irinel Popescu¹

1) Fundeni Clinical Institute of Digestive Diseases & Liver Transplantation; 2) Department of Radiology and Medical Imaging, Fundeni Clinical Institute, Bucharest, Romania

Abstract

Background: Small nodules (<3 cm) detected on ultrasound (US) in cirrhotics represent the most challenging category for noninvasive diagnosis of hepatocellular carcinoma (HCC). **Aim:** To evaluate real-time sonoelastography as a noninvasive tool for the diagnosis of small HCC nodules in cirrhotic patients. **Methods:** 42 cirrhotic patients with 58 nodules (1-3 cm) were evaluated with real-time elastography (Hitachi EUB-6500); the mean intensity of colors red, blue, green were measured using a semi-quantitative method. Analysis of histograms for each color of the sonoelastography images was performed for quantifying the elasticity of nodule tissue in comparison with the cirrhotic liver tissue. AUROC curves were constructed to define the best cut-off points to distinguish malignant features of the nodules. Univariate and multivariate logistic regression analysis was performed. **Results:** 595 sonoelastography images from 42 patients (25 men; 17 women) were analyzed. The mean age was 56.4±10.7 years and 69% patients were in Child-Pugh class A, 19% class B, 11% class C. For the mean intensity of green color AUROC=0.81, a cut-off value of <108.7 being diagnostic for HCC with a Sp=91.1%, Se=50%, PPV=92.1%, NPV=47.1%. Mean intensity of blue color proved to be an excellent diagnostic tool for HCC (AUROC=0.94); for a cut-off value>128.9, Sp=92.2%, Se=78.9%, PPV=95.4%, NPV=68%. Independent predictive factors of HCC for a small nodule in cirrhotic patients were: blue color>128.9 at sonoelastography and hypervascular appearance at Doppler US. **Conclusions:** US elastography is a promising method for the non-invasive diagnosis of early HCC. Blue color at elastography and hypervascular aspects are independent predictors of HCC.

Key words

Hepatocellular carcinoma - cirrhosis - real-time elastography - noninvasive diagnosis.

Segmental Liver Resection for Colorectal Metastases

Daniel V. Kostov, Georgi L. Kobakov¹

Department of Surgery, Naval Hospital of Varna; 1) Division of Surgery, Regional Dispensary and Hospital of Oncologic Diseases of Varna, Bulgaria

Abstract

Background: The question, whether to perform either a segmental, or a major liver resection if both procedures are technically feasible, continues to be under debate. **Methods:** Outcomes from 188 liver resections for colorectal cancer liver metastases in the Naval Hospital of Varna in 2000-2007 were reviewed. All surviving patients were followed-up for a minimum of 2 years. Morbidity, mortality, mean blood loss, mean blood transfusion, disease-free survival and overall survival rates of the patients undergoing segmental liver resection (group one, n=76) and major liver resection (group two, n=112) were statistically compared. **Results:** No patients died in group one while 7 patients (3.7%) died in the early postoperative period in group two. There were 18 postoperative complications in group one (23%) and 38 in group two (33%) ($p<0.05$). The mean blood loss was $1,245\pm 128$ mL in group two and 423 ± 232 mL in group one ($p<0.001$) while the mean blood transfusion requirement was 2 units (0-18 units) for patients with major liver resections and 0.5 unit (0-3 units) for those with segmentectomies ($p<0.006$). There were no statistically significant differences in disease-free survival ($p=0.545$) and overall survival rates ($p=0.750$) between both groups. **Conclusion:** Segmental resection enables sufficient liver volume conservation. It results in lower perioperative morbidity and mortality rates and more seldom postoperative failure. Thus it warrants disease-free and overall survival rates similar to those following the major resection.

Key words

Segmentectomy - hepatectomy - colorectal liver metastases - diagnosis - surgical procedures - complications - survival rate.

C677T and A1298C Mutations in the MTHFR Gene and Survival in Colorectal Cancer

Gelu Osian¹, Lucia Procopciuc², Liviu Vlad¹, Cornel Iancu¹, Teodora Mocan¹, Lucian Mocan¹

1) 3rd Surgical Department; 2) Biochemistry Department, University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Romania

Abstract

Background and aims: Our preliminary results laboratory have shown some association between C677T and A1298C MTHFR mutations and factors influencing survival in colorectal cancer. We studied the survival of patients with colorectal cancer depending on the initial Dukes-MAC stage of the disease at the time of diagnosis and the MTHFR mutation present. **Methods:** We randomly selected 69 patients with sporadic colorectal cancer who underwent surgery at the Surgical Clinic III Cluj between October 2003 and May 2005. The study ended on 15 March 2008. Survival data was verified in 48 cases. Survival analyses were performed using Kaplan-Mayer survival curves and median survival time was calculated. The comparison of two or more categories was performed using the Logrank test, considering the threshold value $p \leq 0.05$. **Results:** In both stage B and C patients with the CT/TT mutation have a poorer survival rate than those with the wild CC genotype ($p < 0.05$). The presence of the C677T mutation (CT or TT genotype) in patients diagnosed in stage D did not result as a significant survival risk factor (HR=0.537, 95% CI 0.128-2.184) $p > 0.05$. Patients diagnosed with stage C colorectal cancer, who have the 1298C allele, have significantly better survival than those without this allele, 60% vs. 15.4%, ($p = 0.0016$). **Conclusions:** In our study in both stage B and C, patients with the CT/TT mutation have poorer survival than the wild CC genotype. In stage B patients, the A1298C mutation is a negative prognostic factor. The presence of the A1298C mutation in a hetero- or homozygous form plays a protective role in stage C.

Key words

MTHFR - colorectal cancer - survival.

Staging Laparoscopy in Digestive Cancers

Valentin Muntean¹, Traian Oniu¹, Corneliu Lungoci¹, Ovidiu Fabian¹, Doru Munteanu², Geza Molnar², Vasile Bintintan³

1) CF Clinical Hospital; 2) Emergency Clinical Hospital "Octavian Fodor"; 3) Emergency Clinical County Hospital, University of Medicine and Pharmacy, Cluj-Napoca, Romania

Abstract

Background. Laparoscopy and laparoscopic ultrasonography may assist in the more accurate staging of digestive cancers. We assessed the diagnostic value of staging laparoscopy in patients with cancers of lower esophagus, stomach, liver, biliary tract, pancreas and colon. **Material and method.** Extended staging laparoscopy, laparoscopic ultrasonography and peritoneal cytology were performed in 165 patients with primary digestive cancers, admitted between January 2006 and December 2008 at three tertiary referral hospitals participating in the study. Staging laparoscopy was immediately followed by open surgery in 63 patients without distant metastases or with uncertain primary tumor resectability, and in 20 colorectal cancer patients with resectable hepatic metastases. The sensibility, sensitivity and diagnostic accuracy of staging laparoscopy for distant metastases and tumor resectability were assessed against the findings on open surgery and the final pathological report. **Results.** An unnecessary laparotomy was avoided in 36 of the 99 patients (36.4%) without distant metastases on imaging pre-therapeutic staging. The staging laparoscopy sensitivity for distant metastases varied between 66% and 100% and the diagnostic accuracy between 87% for the lower esophageal cancer and 100% for the biliary tract tumors. The overall morbidity of staging laparoscopy was 2.5% and the mortality 0. **Conclusion.** Staging laparoscopy avoids unnecessary laparotomies and changes the therapeutic plan in a significant number of patients. It can be performed just before the planned surgery or as a separate diagnostic procedure. The laparoscopy indications in digestive cancers are changing fast, with ongoing new developments in cancer treatment and laparoscopic technology.

Key words

Esophageal cancer - gastric cancer - pancreatic cancer - colon cancer - staging laparoscopy - laparoscopic ultrasonography - peritoneal cytology.

Excellent Enteric Explorers

Matthijs P Somford, Geertruid MH Marres, George P van der Schelling

Amphia Hospital, Breda, The Netherlands

Abstract

As if following the natural course of an ingested particle, several structures in the gastrointestinal tract which were named after their discoverers are presented including concise backgrounds of these pioneers of the human intestines.

Key words

Eponyms - gastro-intestinal tract.

Multiple Synchronous Granular Cell Tumors Involving the Colon, Appendix and Mesentery: a Case Report and Review of the Literature

Husain Saleh^{1,2}, Mohammed El-Fakharany¹, Maurice Frankle²

1) Wayne State University; 2) Detroit Medical Center, Detroit, MI, USA

Abstract

A granular cell tumor (GCT) is typically a benign neural tumor of Schwann cell origin that occurs in the 4th to 6th decade of life usually as a solitary painless nodule in the dermis or subcutis. It can also be found in internal organs including the larynx, bronchus and gastrointestinal (GI) tract. Within the GI tract, it is most common in the esophagus followed by colon. Colonic GCT is mostly found incidentally during colonoscopy or surgical resection as a solitary submucosal sessile nodule, although, some may cause rectal bleeding. In this report, we describe a case of a 62 year-old woman who was found to have submucosal rectosigmoid mass at screening sigmoidoscopy. Full colonoscopy and CT-scan studies revealed multiple GCTs of the colon, appendix and the mesentery, raising the suspicion of malignant metastatic disease. However, surgical resection of all the masses in an exploratory laparotomy proved them to be benign GCTs. This case emphasizes the need to consider GCTs of the GI tract when multiple asymptomatic lesions are found incidentally in the colon before any aggressive surgical intervention is undertaken. It is also the first case of GCT involving the mesentery. A literature review of GCT of the GI tract is also provided.

Key words

Granular cell tumor - GI tract - colon - mesentery - multiple.

Asymptomatic Brain Finding Results on MRI in a Patient with Crohn's Disease: a Case Report

Georgios Kouklakis¹, Asimena Babali¹, Anthia Gatopoulou¹, Nikolaos Lirantzopoulos², Eleni Efremidou², Konstantinos Vathikolias³

1) Endoscopy Unit; 2) 1st Division of Surgery; 3) Division of Neurology, University Hospital of Alexandroupolis, Greece

Abstract

The association of inflammatory bowel disease with neurological involvement is unusual and often controversial. We report the case of a 39-year old man with Crohn's disease and an intracranial benign primary tumor, detected on MRI scan. The patient had been suffering from extensive perianal fistulas for 8 years, before inflammatory bowel disease was diagnosed six months ago. The patient, being enrolled in a research protocol, underwent brain MRI examination. Despite the absence of neurological symptoms and electromyography abnormalities, a meningioma was evidenced. Whether this is an incidental finding on brain MRI or whether it might be linked to Crohn's disease development as an extraintestinal, neurological disorder remains unclear. This information is especially important in view of the ethical and practical issues involved in the management of incidental findings in CD. This report might provide further confirmation of the hypothesis that central neurological disorders occur during CD.

Key words

Crohn's disease - MRI - brain findings.

Pancreatic Hamartoma and SAPHO Syndrome: a Case Report

Dorel Sampelean¹, Mircea Adam¹, Valentin Muntean², Bianca Hanescu¹, Jacob Domsa¹

1) 4th Medical Clinic; 2) 4th Surgical Clinic, University of Medicine and Pharmacy Iuliu Hatieganu, Cluj-Napoca, Romania

Abstract

We report the first case of an association of pancreatic hamartoma with SAPHO syndrome mimicking disseminated bone metastases. A 46 year old male with intermittent back pain for 10 years, relieved by NSAIDs and desquamation erythematous palmo-plantar eruption one year before, presented with symptoms of duodenal stenosis, a cystic tumor at the head of the pancreas and osteoformative (hyperostosis) and osteodestructive (osteitis) lesions of the clavicle, mandible, lumbar spine. The bone lesions resembled bone metastases, but an inflammatory infiltrate and fibrosis were found on the excisional biopsy of left clavicle, compatible with the SAPHO syndrome. The pancreatic tumor grew rapidly and showed a histological aspect of malignancy at laparoscopy. A cephalic duodenopancreatectomy was performed, but the histological findings established the diagnosis of pancreatic hamartoma. Several months later, the bone Tc99m scintigraphy was normal.

Key words

SAPHO syndrome - pancreatic hamartoma – osteitis - palmoplantar eruption - hyperostosis.

Primary Squamous Cell Carcinoma of the Liver

Seeta Naik¹, Waris Waris¹, Linda Carmosino¹, Anshu Mehrishi¹, Muhammad Wasif Saif²

1) Department of Hematology-Oncology, Nassau University Medical Center, NY; 2) Yale Cancer Center, Yale University School of Medicine, New Haven, CT, USA

Abstract

Primary squamous cell carcinoma (SCC) of the liver is rare. Totally twenty-two such cases have been reported in the literature. Primary SCC of the liver has been reported to be associated with hepatic teratoma, hepatic cyst, or hepatolithiasis. We present the first case of SCC of the liver with no history of prior liver insult, a parasitic infection or pre-existing hepatic cysts. In general, the prognosis of primary SCC of the liver is dismal with overall survival less than one year, but our patient who was treated initially with radiation and later by surgical resection has no evidence of disease recurrence over 6 years.

Key words

Squamous cell carcinoma - liver - surgery – cisplatin - 5-FU - cetuximab - erlotinib.

Two Cases of Non-Alcoholic Steato-Hepatitis Developing from Simple Fatty Liver

Soo Ryang Kim, Taisuke Nakajima, Kenji Ando, Keiji Mita, Katsumi Fukuda

Department of Gastroenterology, Kobe Asahi Hospital, Kobe, Japan.

Abstract

We describe two cases of non-alcoholic steatohepatitis (NASH) developing from simple fatty liver and detected by histological examination in two women. In both cases hypertension and diabetes mellitus showed no exacerbation during follow-up; hepatitis C antibody and hepatitis B surface antigen were negative; ultrasound (US) and computed tomography (CT) revealed fatty liver (moderate in one patient and severe in the other). Body mass index (BMI) was 48 and 44 in 2004 and 2007, respectively, in one and 24 in both 2006 and 2007, respectively, in the other. Liver function tests showed some fluctuation in aspartate aminotransferase and alanine aminotransferase. The first US-guided liver biopsy showed simple fatty liver; the second biopsy after two and a half years on one patient and one and a half years on the other, revealed histological features of NASH characterized by predominantly macrovesicular fatty change (40% in one and 80% in the other) with occasional ballooning, fibrosis (moderate in one and slight in the other) extending from zone 3 to zone 1, intraacinar inflammation with neutrophil infiltration, and mild portal chronic inflammation with piecemeal necrosis. Fibrosis progressed from stage 0 to stage 2 in two and a half years in one patient, and from stage 0 to stage 1 in one and a half years in the other. Clinicians should be vigilant during the clinical course of NASH developing from simple fatty liver.

Key words

Non-alcoholic steatohepatitis - simple fatty liver - body mass index - fibrosis - macrovesicular fatty change - ballooning.

Dental White Spots Associated with Gastro-esophageal Reflux in Orthodontic and Orthognathic Surgery Patients

Claudia Corega¹, Mihaela Baciut², Ligia Vaida³, Marius A.Corega¹, G. Baciut²

1) Department of Orthodontics; 2) Department of Maxillofacial Surgery, University of Medicine and Pharmacy Cluj-Napoca; 3) Department of Orthodontics, University of Medicine and Pharmacy, Oradea, Romania

Abstract

Gastro-esophageal reflux is a gastrointestinal disorder that might cause irreversible damages to the hard tissues of the teeth. The aim of this article is to report two cases of patients with severe dental demineralization associated with gastro-esophageal reflux during orthodontic and combined orthodontic-orthognathic surgery treatment. Diagnosis and prevention aspects are highlighted and discussed.

Key words

Gastro-esophageal reflux - dental white spots - orthodontic treatment - surgical treatment.

Tridimensional (3D) Endoscopic Ultrasound – a Pictorial Review

Adrian Săftoiu, Dan Ionuț Gheonea

Research Center of Gastroenterology and Hepatology Craiova, University of Medicine and Pharmacy
Craiova, Romania

Abstract

Tridimensional endoscopic ultrasound (3D-EUS) offers a better understanding of the spatial relations of examined lesions and allowing future assessment of the captured volume. 3D-EUS has been used with both radial and linear transducers, especially in an attempt to improve staging of esophageal, gastric, pancreatic or rectal tumors. The **aim** of this clinical imaging article was to show the capabilities and perspectives of linear 3D ultrasound, including contrast-enhanced 3D-EUS. The 3D reconstruction images were acquired with a freehand technique through rotation (torque) of the EUS scope along its long axis. 3D acquisition of contrast-enhanced EUS images was also used. Esophageal, gastric and mediastinal tumors are easily visualized by 3D-EUS reconstructions and also, 3D-EUS facilitates anatomical interpretation of the images in the pancreatobiliary area. In conclusion, the advantages of 3D reconstructions in EUS are clear and multiple, especially in the assessment of the location of tumors and their relationships with neighboring organs and blood vessels.

Key words

Endoscopic ultrasound - tridimensional (3D) - contrastenhancement.